



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Lake Correctional Institution**

In

**Clermont, Florida**

on

**February 27-March 1, 2018**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1078	Male	Close	5

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1093	<b>Current Main Unit Census</b>	1078
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1093	<b>Census</b>	1078

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>	
		408	399	122	1	3	14
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>			
	1	2	3	4	5	6	<i>Impaired</i>
	562	58	312	23	0	57	4

## 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>
	39	42	0	0	0	0

# DEMOGRAPHICS

## Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	5.2	0
LPN	6.9	1.0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

## Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	3	0
Psychiatrist ARNP/PA	1	0
Psychological Services Director	1	0
Psychologist	3	0
Mental Health Professional	15	0
Human Services Counselor	0	0
Activity Technician	3	0
Mental Health RN	13.6	5
Mental Health LPN	8.4	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, 2, 3, 4, 5, and 6. LAKCI consists of the Main Unit only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at LAKCI on February 27-March 1, 2018. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

## **Exit Conference and Final Report**

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

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

# **PHYSICAL HEALTH FINDINGS**

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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than 30 days) inpatient, infirmary, or designated housing.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

There were findings requiring corrective action in the review of emergency care, sick call services, and the infirmary. 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 medication administration, periodic screenings, or inmate requests. There were findings requiring corrective action in the review of consultations and intra-system transfers. The items to be addressed are indicated in the tables below.

### **DENTAL REVIEW**

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

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **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.

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 14 records, there was no evidence of an appropriate physical examination (see discussion).</b></p> <p><b>PH-2: In 3 records, there was no evidence that CD4 and HIV viral loads were 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 immunity 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:** In one record, there was no evidence of a fundoscopic examination. In two records, there was no evidence of perirectal examinations. In the remaining eleven records, there was no evidence of either fundoscopic or perirectal examinations.

**Discussion PH-2:** In three records, these labs were completed more than 120 days apart.

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 2 of 10 applicable records (13 reviewed), there was no evidence that abnormal labs were addressed in a timely manner (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-3:** In one record, low Vitamin D and B6 levels were not addressed. In the second record, a low Tegretol level was not addressed.

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 8 of 15 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</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 4 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 1 record, the diagnosis was not recorded on the problem list.</b></p> <p><b>PH-6: In 1 record, there was no evidence of initial and ongoing education.</b></p> <p><b>PH-7: In 1 record, there was no evidence of monthly nursing follow-up (see discussion).</b></p> <p><b>PH-8: In 4 records, there was no evidence that AST/ALT labs were completed as ordered (see discussion).</b></p> <p><b>PH-9: In 1 record, there was no evidence that the inmate was given the correct number of doses of INH (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-7:** The nursing manual states that inmates should be provided a monthly follow-up therapeutic encounter while receiving treatment for tuberculosis. This should be documented on DC4-719 and in narrative form on DC4-701F. At the time of the survey, staff were unable to locate the required documentation.*

***Discussion PH-8:** In all four records, these tests were ordered monthly but not completed.*

**Discussion PH-9:** In one record, there was no documentation that the medication was provided to the inmate between his arrival on 1/03/18 until time of the survey.

### Emergency Care Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 records revealed the following deficiencies:</b></p> <p><b>PH-10: In 2 of 9 applicable records, there was no evidence that a referral was made to a higher level of care when indicated (see discussion).</b></p> <p><b>PH-11: In 1 of 3 records, there was no evidence of immediate response by medical staff to a potentially life-threatening condition (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 emergency care 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-10:** In the first record, the physician was not notified of an elevated heart rate as required by protocol. In the second record, an X-ray was completed without a clinician's order.

**Discussion PH-11:** In one record, chest pain was not reported to the physician as required by protocol.

### Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In 2 of 7 applicable records (18 reviewed), there was no evidence that follow-up occurred timely (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 sick call 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-12:** In the first record, follow-up took place a month after the sick call visit. In the second record, medications were ordered for an inmate without corresponding documentation that the inmate was seen or the record was reviewed.



## Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 9 records, there was no evidence that all orders were received and implemented (see discussion).</b></p> <p><b>PH-14: In 8 of 8 applicable records, the nursing discharge note was incomplete or missing.</b></p> <p><b>PH-15: In 1 of 2 applicable outpatient records, there was no evidence nursing evaluations were completed at the required intervals (see discussion).</b></p> <p><b>PH-16: In 3 of 8 applicable inpatient records, there was no evidence nursing evaluations were completed at the required intervals (see discussion).</b></p> <p><b>PH-17: In 4 of 8 applicable records, there was no evidence of clinician rounds as required.</b></p> <p><b>PH-18: In 5 of 8 applicable records, there was no evidence of weekend/holiday phone rounds by clinician as required.</b></p> <p><b>PH-19: In 2 of 5 applicable records, there was no evidence of a discharge summary completed within 72 hours of 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 records of inmates receiving infirmiry 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-13:** *In eight records, vital signs were not documented at the frequency ordered by the clinician. In one record, vital signs and intake and output levels were not monitored as ordered.*

**Discussion PH-15:** *According to Department policy, the inmate must have at a minimum, an evaluation at least once every eight hours. The time between evaluations was 14 hours.*

**Discussion PH-16:** *In two chronic infirmiry admissions, there were one or more weekly nursing evaluations missing. In one acute infirmiry admission, there was one or more daily nursing evaluations missing.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-20: In 1 of 2 applicable records (17 reviewed), there was no evidence that the alternative treatment plan (ATP) was implemented (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 consultation 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-20:** In one record, there was no evidence the ATP involving a fracture to the right hand documented on 11/17/17 was implemented.*

## Intra-system Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-21: In 5 of 16 records reviewed, there was no evidence that the clinician reviewed the medical 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 of inmates transferring into the institution 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-22: There was no evidence that necessary equipment was available and in working order (see discussion).</b></p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-22:** Since 12/27/17, the dental vacuum unit has not been functioning properly. The clinic has not been able to provide cleanings, restorative treatment, root canal therapy, or surgery since that time.*

## Dental Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-23: In 6 of 17 applicable records, dental appointments were not completed timely.</b></p> <p><b>PH-24: In 2 of 7 applicable records, there was no evidence that follow-up appointments needed for sick call or routine care were completed timely and/or adequately (see discussion).</b></p> <p><b>PH-25: In 2 of 7 applicable records, there was no evidence that consultation or specialty services were performed in a timely manner.</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-24:** In one record, the inmate presented with pain on 1/05/18. He was given an antibiotic and analgesic and the tooth was ordered to be extracted. As of the time of the survey, the extraction had not been completed. In the second record, the inmate was seen on 12/28/17 and two dental extractions were ordered. The teeth were not extracted until 1/23/18.*

## Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the pharmacy revealed the following deficiencies:</b></p> <p><b>PH-26: There was no evidence that the narcotic count was conducted as required (see discussion).</b></p> <p><b>PH-27: There was no evidence that out of date controlled substances were labeled as expired and segregated from other medications (see discussion).</b></p> <p><b>PH-28: There was no evidence of a stock level perpetual inventory sheet for each pharmaceutical storage area (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 the pharmacy area to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-26 & PH-27:** According to the Nursing Manual, two nurses count each narcotic at change of shift. A current balance of each narcotic must be documented on the Narcotic Accounting Log (DC4-781E) and both nurses sign the Narcotic Key Exchange Log (DC4-802). This log should be turned in to the control room at the end of each 24-hour period. After the oncoming nurse has confirmed an accurate count, he/she accepts responsibility for the key. At the time of the survey, only one nurse had access to the narcotic key and was not working that day. It was impossible to determine if the expired controlled substances were segregated as the box could not be unlocked by staff on site. Additionally, narcotic counts could not be conducted as required if only one staff member had access to this key.

**Discussion PH-28:** According to the Nursing Manual, all stock/legend medications are to be inventoried and counted once weekly. Although a log was present at the time of the survey, it was incomplete, with multiple blanks.

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-29: There was no evidence the medical isolation room was inspected as required (see discussion).</b></p> <p><b>PH-30: Procedures to access sick call services and pill line schedules were not posted in A-dorm.</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-29:** There was no evidence that regular checks of the negative air pressure system occurred.

## CONCLUSION – PHYSICAL HEALTH

The physical health staff at LAKCI 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. Half of the inmates interviewed described the health care as adequate, with the remaining half reporting dissatisfaction with health care services. Overall, medical records were well organized and documentation appeared to be filed in a timely manner. The staff at LAKCI was helpful throughout the survey process.

A comprehensive review of medical records revealed several significant trends. A number of records contained incomplete assessments or evaluations. Follow-up in sick call and emergency care was not completed timely. Of particular concern to CMA surveyors was a lack of documentation which indicated clinician's infirmity orders were implemented, as a majority of records reviewed did not contain vital signs at the frequency required by the clinician. Additionally, abnormal laboratory findings were not addressed within appropriate time frames.

Equipment required to provide essential dental services had been out of working order since the last week of December 2017. Although the dentist continued to write orders for inmates to be transferred to a nearby facility "ASAP" for dental procedures, this did not occur timely.

Based on the findings of this survey and discussions above, the CMA corrective action plan process will be beneficial to LAKCI 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**

Lake Correctional Institution (LAKCI) 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 no findings requiring corrective action in the use of psychiatric restraints. 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.

### **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. There were findings requiring corrective action in the review of psychological emergencies and special housing; 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 mental health services; 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 mental health services; the items to be addressed are indicated in the tables below.

### **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 23 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 12 records, there was no evidence of a thorough assessment prior to placement in SHOS (see discussion).</b></p> <p><b>MH-2: In 3 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</b></p> <p><b>MH-3: In 12 records, the daily nursing evaluation 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 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:** In eight records, the mental health emergency was documented on an incidental note which did not address all required components (e.g. mental health and suicide history, history of violence, suicide risk assessment, etc.). In one record, the nursing assessment indicated the inmate had no prior history of self-injurious behaviors however he had a history of several serious suicide attempts including an attempted hanging the previous week. In three records, the emergency assessment was unable to be located.

**Discussion MH-2:** According to the Department's Health Services Bulletin, during the fourth day of infirmity mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable records, there was no evidence that transfer to a higher level of care was considered within the required time frame.

**Discussion MH-3:** In 11 records, the subjective information section was left blank. In the remaining record, the assessment could not be located.

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-4: In 4 of 9 applicable records, there was no evidence of a written referral by physical health staff to mental health.</b></p> <p><b>MH-5: In 2 of 9 applicable records, there was no indication that mental health staff interviewed the inmate the next</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p>

### Use of Force

Finding(s)	Suggested Corrective Action(s)
working day to determine the level of mental health care needed.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<b>MH-6: In 7 of 17 records reviewed, there was no evidence that the inmate's history of suicide attempts and self-injurious behaviors were assessed.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</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 12 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-7: In 4 records, the "Special Housing Health Appraisal" (DC4-769) was incomplete or missing (see discussion).</b></p> <p><b>MH-8: In 2 of 3 applicable records, there was no evidence of appropriate follow-up when problems in adjustment were identified (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-7:** *In all four records, the form was not completed in its entirety.*

**Discussion MH-8:** *In the first record, an inmate with a history of depression indicated worsening emotional distress in the context of several acute stressors. This inmate may have benefitted from additional supportive counseling and reeducation on emergency mental health services. In the*



second record, an inmate reported an increase in mood instability and requested psychiatric follow-up, however there was no indication that this occurred.

<b>Outpatient Psychotropic Medication Practices</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>MH-9: In 1 of 1 applicable records, there was no evidence that abnormal labs were addressed timely (see discussion).</b></p> <p><b>MH-10: In 4 of 14 applicable records, follow-up lab tests were not ordered and/or conducted as required.</b></p> <p><b>MH-11: In 8 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>MH-12: In 7 of 8 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p> <p><b>MH-13: In 7 of 8 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-14: In 2 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frames.</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-9:** *In this record, a subtherapeutic Depakote level was not addressed in the psychiatric documentation.*

**Discussion MH-11:** *In all eight records, there were blanks on the Medication Administration Record (MAR) without documentation of refusal, indicating the inmate did not receive his medications on those dates.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 19 inmate records revealed the following deficiencies:</b></p> <p><b>MH-15: In 2 of 9 applicable records, there was no evidence the clinician reviewed the health record within 7 days.</b></p> <p><b>MH-16: In 2 of 9 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</b></p> <p><b>MH-17: In 2 of 9 applicable records, the mental health screening evaluation did not include the required components.</b></p> <p><b>MH-18: In 1 of 1 applicable record, the Individualized Service Plan (ISP) was not completed within 30 days of initiation of mental health services.</b></p> <p><b>MH-19: In 9 records, the ISP was not signed by all relevant parties (see discussion).</b></p> <p><b>MH-20: In 2 of 10 applicable records, the ISP was not reviewed and revised at 180-day intervals.</b></p> <p><b>MH-21: In 6 records, mental health problems were not listed on the Problem List.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable 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-19:** *In all the records, the inmate did not sign the ISP indicating he was aware of and in agreement with the treatment plan.*

## Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-22: In 2 of 5 applicable records, an approved Drug Exception Request (DER) was not completed (see discussion).</b></p> <p><b>MH-23 In 3 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>MH-24: In 2 of 6 applicable records, informed consents for medications were not present or complete (see discussion).</b></p> <p><b>MH-25: In 5 of 9 applicable records, the emergency treatment order (ETO) was not complete (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 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-22:** *In both records, the inmate was prescribed two antipsychotics in the same therapeutic class.*

**Discussion MH-23:** *In two records, there were blanks on the MAR without documentation of refusal, indicating the inmate did not receive his medications on those dates. In the remaining record, the dosage of Buspar was decreased on 1/16/18, however the inmate continued to receive the higher dosage until 1/20/18.*

**Discussion MH-24:** *In both records, the consent form used was for the wrong medication.*

**Discussion MH-25:** *In some records, the telephone order was not cosigned within the required time frame and/or the time the order was signed was not noted. Additionally, some records did not specify the order as an ETO.*

## Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-26: In 5 records, a risk assessment for violence was not completed as required (see discussion).</b></p> <p><b>MH-27 In 13 records, the required hours of planned structured therapeutic services were not provided.</b></p> <p><b>MH-28: In 10 records, nursing evaluations were not documented or 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>

*Discussion MH-26: In these records, the assessment was late and/or there was no justification for the use or discontinued use of security restraints.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 7 records of S3 inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-29: In 4 records, consent to release information for continuity of care was missing or not completed within 30 days of EOS.</b></p> <p><b>MH-30: In 1 of 1 applicable record, assistance with Social Security benefits was not provided for inmates who met the criteria.</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 of 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

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-31: The system for filing SHOS observation checklists was inadequate (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-31:** *In the majority of SHOS episodes that occurred in the general population, the SHOS Observation Checklists (DC4-650) were not filed in the inmate's medical record. Although, most of the missing observation checklists were located by the conclusion of the survey, staff indicated that the protocols they had instituted to ensure timely filing were not being followed.*

## CONCLUSION

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

Many of the clinical findings for outpatient services were related to psychiatric medication practices, with AIMS assessments and labs not being completed as required. Additionally, there was evidence that inmates were not consistently receiving psychotropic medications as prescribed as well as the required counseling after consecutive missed doses. Lapses in psychotropic medication can cause physical consequences or decompensation of mental stability, especially those medications requiring titration. Several findings were related to inadequate documentation. Frequently, nursing assessments, including emergency evaluations and pre-confinement health appraisals, contained blanks or erroneous information.

Overall, outpatient mental health services were most notable for the frequency of clinical contacts; many inmates were seen at intervals greater than what was required by Department policy. A review of documentation also indicated that inmates received daily counseling while in SHOS as well as mental health follow-up once they were discharged.

There were clinical findings noted in the review of inpatient services related to missed or incorrect doses of medication. Protocols were not followed when requesting a DER and incorrect forms were used to indicate the inmate consented to the medications prescribed. Additionally, inmates were not offered the required number of planned structured therapeutic services. There was no evidence to justify the use or discontinuation of security restraints and there were documentation errors noted in nursing assessments and ETOs.

Inmates were seen as required by psychiatric and mental health providers on the inpatient units. ISPs were relevant and individualized. Progress notes were thorough and informative and surveyors were able to follow the course of treatment from the documentation provided.

Interviews with mental health indicated they were familiar with the inmates on the caseload and their treatment goals. Staff was helpful throughout the survey process and receptive to feedback offered by surveyors and CMA staff. They indicated they would use the results of the survey to improve care in areas that were found to be deficient.

## 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. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.