



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY LANCASTER CORRECTIONAL INSTITUTION

SEPTEMBER 21-23, 2021

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Lancaster Correctional Institution (LANCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1, 2, and 3. LANCI consists of a Main Unit.<sup>1</sup>

## Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	<b>525</b>	<b>Current Main Unit Census</b>	<b>492</b>
<b>Annex Capacity</b>	<b>N/A</b>	<b>Current Annex Census</b>	<b>N/A</b>
<b>Satellite Unit(s) Capacity</b>	<b>436</b>	<b>Current Satellite(s) Census</b>	<b>371</b>
<b>Total Capacity</b>	<b>961</b>	<b>Total Current Census</b>	<b>863</b>

## Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	<b>551</b>	<b>290</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>232</b>
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>MH Inpatient</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	<b>766</b>	<b>73</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>24</b>

## Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	<b>20</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0.2	0
Clinical Associate	1	0
Registered Nurse	2	3
Licensed Practical Nurse	3	3
CMT-C	0	0
Dentist	0.6	0
Dental Assistant	1	0
Dental Hygienist	0	0

Mental Health Unit Staffing

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

# LANCASTER CORRECTIONAL INSTITUTION SURVEY SUMMARY

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The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health systems at Lancaster Correctional Institution on September 21-23, 2021. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

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

## Physical Health Clinical Records Review

### *Chronic Illness Clinic Review*

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	16	0
Cardiovascular Clinic	17	2
Endocrine Clinic	13	0
Gastrointestinal Clinic	15	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	7	1
Neurology Clinic	9	0
Oncology Clinic	2	1
Respiratory Clinic	12	0
Tuberculosis Clinic	2	1

### *EPISODIC CARE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	17	0
Infirmity Care	N/A	N/A
Sick Call	18	0

***OTHER MEDICAL RECORDS REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	18	1
Inmate Request	17	0
Intra-System Transfers	16	0
Medication Administration	12	1
Periodic Screenings	14	0

***DENTAL CARE AND SYSTEMS REVIEW***

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

***ADMINISTRATIVE PROCESSES REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	1

***INSTITUTIONAL TOUR REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

***ADDITIONAL ADMINISTRATIVE ISSUES***

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

# PHYSICAL HEALTH SURVEY FINDINGS

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

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 4 records, there was no evidence of pneumococcal vaccination or refusal.</b></p> <p><b>PH-2: In 4 records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular 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
<p><b>PH-3: In 2 of 7 records reviewed, there was no evidence of a referral to a specialist when indicated.</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>

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-4: In 1 of 2 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-5: In 1 of 2 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Consultations Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-6: In 4 of 18 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Medication Administration Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-7: In 12 of 12 records reviewed, there was no evidence medication orders were signed, dated, and/or timed by the clinician.</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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



## Administration of the Pill Line

Finding(s)	Suggested Corrective Action
<p><b>Observation of the pill line revealed the following deficiency:</b></p> <p><b>PH-8: Medical personnel did not wash their hands prior to beginning the pill line.</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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Institutional Tour

Finding(s)	Suggested Corrective Action
<p><b>A tour of the facility revealed the following deficiency:</b></p> <p><b>PH-9: There was no evidence that out-of-date medications were segregated (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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-9:** *There were two expired medications stored with current medications in the medical area.*

## PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at LANCI provides comprehensive medical care through sick call, chronic illness clinics, and general nursing services. Medical grades are M1-M4. Infirmery care and immunity clinic services are not provided at LANCI. 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.

Upon arrival to the institution the records needed for the physical health portion of the survey were only partially available and a few records could not be located. It was after noon before a majority of records were accessible, resulting in a delay for the surveyors to complete their reviews. This issue should be corrected with the impending implementation of the electronic medical record. The medical records that were available were organized according to Department policy.

The institutional tour revealed that observed areas on the compound were clean and orderly. Interviews with correctional officers, medical staff, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. Inmates interviewed described the health care as adequate, however, several indicated requests for sick call and emergency care were not handled timely.

There were very few findings resulting from the review of inmate records. Some documentation issues identified included missing signatures on medication orders and outdated problem lists. Additional clinical findings included a lack of influenza and pneumococcal vaccinations that occurred across multiple chronic illness clinics.

The staff at LANCI appeared dedicated to the inmate population they serve and indicated they would use the results of the survey and the corrective action process to improve inmate health care.

## Mental Health Clinical Records Review

### *SELF-INJURY AND SUICIDE PREVENTION REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	6	3

### *USE OF FORCE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	2	3

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	5	2
Inmate Requests	14	1
Special Housing	9	1

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	17	5
Outpatient Psychotropic Medication Practices	17	0

### *AFTERCARE PLANNING REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	12	1

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	2

## MENTAL HEALTH SURVEY FINDINGS

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

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 6 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 3 records, inmates were not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-2: In 1 of 5 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p> <p><b>MH-3: In 4 of 5 applicable records, the Individualized Service Plan (ISP) was not revised within 14 days 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 with SHOS 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:** Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In three records, there were blanks on the form indicating safety checks were not completed during that time period. Additionally, some signatures and initials were missing. Without signatures and initials, it was impossible to determine who performed the observations.

## Use of Force

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 2 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-4: In 1 record, a written referral to mental health by physical health staff was not present.</b></p> <p><b>MH-5: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p> <p><b>MH-6: In 1 record, the progress note did not include the inmate's condition, clinical changes, or medication refusals or adjustments (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 with a use of force to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-6:** The inmate refused the Mental Status Examination (MSE) and the form was left blank. However, some parts of the MSE can be observed and documented.*

## Psychological Emergencies

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 5 psychological emergencies revealed the following deficiencies:</b></p> <p><b>MH-7: In 5 records, the psychological emergency was not responded to within 1 hour (see discussion).</b></p> <p><b>MH-8: In 1 out of 2 applicable records, there was no evidence 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 with psychological emergencies 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:** The psychological emergencies were not logged as required by Department policy; therefore, surveyors were unable to verify the time of the declaration.*

***Discussion MH-8:** A psychological emergency was declared on 8/23/21. Follow-up was completed by the mental health professional (MHP) on 8/27/21. A referral to psychiatry was completed and marked as "urgent." The patient was not evaluated until 9/10/21.*

## Inmate Requests

Finding(s)	Suggested Corrective Action
<p><b>MH-9: In 3 of 12 applicable records (14 reviewed), an interview or referral did not occur as intended in response to an inmate request (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 with inmate requests 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 the first record, the inmate requested an evaluation for psychotropic medications. The inmate was seen on 7/14/21 with further follow-up to be completed within two weeks. There was no evidence that this follow-up occurred. In the second record, the inmate declared a “psych emergency” on the request dated 8/17/21. However, the inmate was not seen for 10 days. In the third record, in a request dated 8/3/21, the inmate asked for a review of a medication order because he believed that he was being given the wrong dose. A psychiatry note dated 7/23/21 indicated Vistaril should be increased from 75 mg to 100mg; however, the subsequent order was written for 75mg. The inmate continued to receive 75 mg through 9/21/21.*

## Special Housing

Finding(s)	Suggested Corrective Action
<p><b>MH-10: In 4 of 9 records reviewed, the initial mental status examination (MSE) was 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 records with special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>MH-11: In 4 records, nursing staff did not review the record within 24 hours of the inmate's arrival to ensure there were no delays in medication or treatment.</b></p> <p><b>MH-12: In 1 of 5 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multidisciplinary services team (MDST) within 30 days of initiating mental health services (see discussion).</b></p> <p><b>MH-13: In 4 of 9 applicable records, the Individualized Service Plan (ISP) was not updated within 30 days of receiving S-2 or S-3 grade at this institution.</b></p> <p><b>MH-14: In 4 records, the ISP was not individualized and/or did not contain required components (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 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-12:** *The BPSA was completed in August of 2021. The inmate was made a S-3 in April of 2021.*

**Discussion MH-14:** *In one record, the ISP indicated 100% treatment compliance by the inmate. However, the inmate had a history of refusing mental health appointments. In another record, the inmate had a long history of depression that was not addressed on the ISP. Additionally, in a third record, 100% treatment compliance was reported although the inmate had not yet been offered mental health services. In the fourth record, the ISP lacked the rationale for removing mood swings from the problem list.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action
<p><b>MH-15: In 4 of 12 records reviewed, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence.</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 with aftercare planning to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p><b>MH-16: Outpatient therapeutic groups were not provided to meet the needs of the inmate population (see discussion).</b></p> <p><b>MH-17: There was no evidence that a "Mental Health Emergency Log" (DC4-781A) was maintained (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Create a monitoring tool to evaluate the timeliness of mental health documentation added to the medical record. Conduct biweekly monitoring of no less than ten outpatient mental health 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-16:** According to Health Services Bulletin (HSB) 15.05.18, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of the inmates who are eligible for ongoing outpatient services. At the time of the survey, no therapeutic groups were being offered at LANCI.

**Discussion MH-17:** The majority of emergencies were not logged according to Department policy.



## MENTAL HEALTH SURVEY CONCLUSION

The staff at LANCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Staff provide mental health outpatient services, including psychotropic medication management, case management, and individual counseling to approximately 170 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

LANCI staff reported that several significant events occurred prior to the start of the survey. LANCI became responsible for the medical and mental health care for inmates from a neighboring institution resulting in a significant increase in the number of inmates requiring psychiatric services. Staff indicated the mental health caseload increased by over 100 inmates in the previous month. Both the psychologist and psychiatrist positions were part time and the psychologist recently resigned. Additionally, multiple staff members were also reported to be out due to COVID-19.

As noted in the physical health section of this report, the requested medical records were not readily available for review. Once obtained, they were disorganized and contained misfiled or loose documents. Additionally, in many cases, documents were not filed in the record; however, upon request, many were located. These missing documents included MARs that had not been filed for several months. This disorganization should be corrected with the implementation of the electronic medical record.

Several deficiencies were noted in the review of mental health services. ISPs were not updated as required and follow-up and assessments were not provided in several areas of review. However, there were no findings requiring corrective action in the review of psychiatric medication practices.

Interviews with inmates indicated they were familiar with the process to access care and overall found mental health services to be adequate. Mental health staff expressed familiarity with mental health policies and competency in multiple therapeutic techniques. Overall, staff were receptive to feedback from the CMA and expressed their desire to improve mental health services in the areas found to be deficient.

# Survey Process

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The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems, specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.

- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.