



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Liberty Correctional Institution

in

Bristol, Florida

on

March 11-12, 2015

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1416	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1498	Current Main Unit Census	1416
Satellite Unit(s) Capacity	861	Current Satellite(s) Census	735
Total Capacity	2359	Total Current Census	2151

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1420	511	251	0	0
<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	
	2155	24	3	0	0	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		83	76	12	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0.5	0
RN	5.2	0
LPN	9	0
CMT-C	0	N/A
Dentist	1.5	1.5
Dental Assistant	2	0
Dental Hygienists	0.3	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Sr. Mental Health Clinician	0.2	0
Behavioral Specialist	1	0

OVERVIEW

Liberty Correctional Institution (LIBCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. LIBCI consists of a Main Unit, an on-site work camp, and a satellite facility.

The overall scope of services provided at LIBCI 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 mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at LIBCI on March 11-12, 2015. 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

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

- 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in four of the chronic illness clinics and in the general chronic illness clinic review; 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 was a finding requiring corrective action in the review of infirmary services; the item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, medication administration record review, or medical inmate requests. 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.

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, pharmacy services, or in the administration of the pill line.

INSTITUTIONAL TOUR

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

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 15 records reviewed, baseline data was incomplete or missing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness 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.*

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 5 of 18 records reviewed, there was no evidence of influenza vaccine or refusal.</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>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-3: In 4 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>PH-4: In 5 records, there was no evidence of influenza vaccine or refusal.</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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 4 of 14 records reviewed, there was no evidence that hepatitis A & B vaccines were given to inmates with hepatitis C infection and no prior history of A & B infection (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal 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: *Health Services Bulletin (HSB) 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. The HSB also indicates the hepatitis A vaccine is recommended for inmates with evidence of liver disease.*

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-6: In 2 of 10 records reviewed, the evaluation of the control of the disease and patient status was not documented at each CIC visit.	<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>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
PH-7: In 3 of 10 applicable records (17 reviewed), there was no evidence weekend telephone orders were countersigned by the clinician.	<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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
PH-8: In 6 of 13 records reviewed, the diagnosis was not recorded on the problem list.	<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</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 4 of 15 records reviewed, the periodic screening did not include all required elements (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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-9: *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, review of sick call access procedures, and the provision of health education. In one record, there was no evidence of a tuberculosis symptom questionnaire. In another record, the symptom questionnaire was in the chart but it was blank. In the third record, the tuberculin skin test was placed on 3/6/15 but the results were not recorded in the chart. In the last record, the weight of the inmate was missing.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: There was no evidence that all equipment was in working order (see discussion).</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-10: One dental chair has been broken since 2013 and the x-ray unit has been broken since 2011.

Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>PH-11: In 8 records, there was no evidence that the DC4-734 “Dental Health Questionnaire” was complete, current, and/or signed and stamped by the dentist (see discussion).</p> <p>PH-12: In 5 records, there was no evidence of an accurate diagnosis and appropriate treatment plan (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-11: In four records, the dental health questionnaire was not signed by the dentist. In one record, the questionnaire was signed but not dated. In three records, the questionnaire was not current.

Discussion PH-12: In four records, x-rays were taken but were not read by a dentist and treatment plans were not indicated. The dental surveyor noted that without treatment plans, timely and appropriate measures might not be taken to maintain optimal dental health and function. Additionally, in one of those records, a full mouth x-ray series was taken by staff but was not ordered by a dentist. The dental surveyor expressed concern that staff may be working outside their scope of practice by taking x-rays without doctor’s orders. In the fifth record, the inmate was placed on antibiotics on 3/2/15 with no explanation as to why. On 1/28/14 it was noted that a root canal was needed for this inmate but as of the date of this survey it had not been done.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-13: The over-the-counter medications count did not match what was recorded on the inventory logs.</p> <p>PH-14: Monthly inspection tags were not current on all first aid kits in the dorm areas.</p> <p>PH-15: There was water on the floor in I-dorm in the entry area as well as in the exam room.</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>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at LIBCI 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 265 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 available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. The staff at LIBCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services.

In addition to the items outlined in the tables above, patient education was not always clearly documented in the records. It should be noted that in the sick call charts, a line was drawn through the boxes on the protocol forms indicating that all education was provided rather than indicating the specific instruction given. CMA surveyors expressed concern that incomplete or inadequate documentation could lead to misinterpretation, as it was not clear if the patient education had been done or was lined through as not done.

LIBCI has recently undergone some changes in staffing which may have exacerbated or contributed to several of the deficiencies noted in this report. Key staff, including the medical director, director of nursing, and health services administrator have been onboard eight months or less. The dentist position has been vacant since August 2014 with staff from neighboring institutions providing coverage. The clinic staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. With the attentiveness and teamwork exhibited by the new staff at LIBCI, it is believed that the CMA corrective action plan process will be beneficial in rectifying the deficiencies noted in this report.

MENTAL HEALTH FINDINGS

Liberty Correctional Institution (LIBCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at LIBCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of psychiatric restraint.

USE OF FORCE REVIEW

There were no applicable use of force episodes for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies and Special Housing. There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

There were findings in the review of mental health systems; the items to be addressed are indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 2 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 9 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 2 records, the DC4-673B “Inpatient Mental Health Daily Nursing Evaluation” was not completed once per shift.</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:** According to the Department’s HSB, during the fourth day of infirmary 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 two of the four applicable records, there was no documentation by the attending clinician that this was considered.*

***Discussion MH-2:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 “Observation Checklist.” In 9 records, there were gaps in the checklist indicating the inmate was not observed as required.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 4 of 12 records reviewed, a DC4-663 “Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information,” was not signed or valid prior to conducting an interview with the inmate.</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 who have submitted an inmate request 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(s)
<p>MH-5: In 5 of 10 outpatient records reviewed, the Individual Service Plan (ISP) lacked pertinent information (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 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-5: In four records, the ISP lacked the inmate's relevant medical condition. In one record, there was no history of suicide attempts documented although it was listed elsewhere in the record.

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: There was no documentation indicating the clinical staff received twelve hours of relevant in-service training annually.</p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>MH-7: There was no documentation indicating staff (medical, nursing and mental health) received annual training on psychiatric restraints.</p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MH-8: Paint was peeling from the walls of an Isolation Management Room (IMR).

Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION – MENTAL HEALTH

At the time of the survey, LIBCI mental health staff was providing outpatient services to approximately 20 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow. The inmates interviewed were knowledgeable about how to access care and the documented inmate requests were responded to and followed up in a timely manner. Staff was knowledgeable about the inmates on their caseload. Responses to psychological emergencies were timely and resulting dispositions were clinically appropriate. Additionally, inmates interviewed were complimentary of their experiences with mental health staff.

There were relatively few areas identified during the survey that required corrective action. The majority of the findings were related to documentation and evidence of training. The mental health staff were cooperative and helpful during the survey process and responsive to the findings noted. Medical records were well-organized and readily available. After a review of mental health records and interviews with staff and inmates and taking into account the relatively few findings listed above, the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are 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.