



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Marion Correctional Institution

In

Ocala, Florida

on

January 9-11, 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
1383	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	868	Current Main Unit Census	1383
Satellite Unit(s) Capacity	293	Current Satellite(s) Census	381
Total Capacity	1161	Census	1764

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1118	526	110	1	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	
	1456	42	260	N/A	N/A	3

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	55	44	0	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6	2
LPN	10	1
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatrist ARNP/PA	0	0
Psychological Services Director	1	0
Psychologist	0	0
Mental Health Professional	3	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

OVERVIEW

Marion Correctional Institution (MARCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. MARCI consists of the Main only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MARCI on January 9-11, 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

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

- 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.

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 three of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There were findings requiring corrective action in the review of the infirmary. The items to be addressed are indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers, inmate requests, or periodic screenings. There were findings requiring corrective action in the review of consultations and medication administration. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems; the item to be addressed is indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pill line, infection control, or pharmacy services.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 1 of 2 applicable records (13 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</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>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-2: In 2 of 2 applicable records, inmates with known or suspected cirrhosis were not screened for hepatocellular cancer.</p> <p>PH-3: In 3 records, there was no evidence of hepatitis A or B vaccination 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 gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 10 records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial seizures, or complex partial seizures.</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>

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>PH-5: In 1 of 4 applicable records, there was no evidence of weekend and/or holiday phone rounds.</p> <p>PH-6: In 2 of 7 applicable records, there was no evidence of a discharge summary completed by the clinician (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 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-6: *In the first record, the discharge summary was not completed. In the second record, the inpatient record for the admission was unable to be located therefore the completion of the discharge summary could not be verified.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 9 of 12 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services 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(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-8: In 3 records, there was no evidence of a corresponding note in the medical record by the provider.</p> <p>PH-9: In 3 records, the documentation on the medication administration record (MAR) was inadequate (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 inmates on single dose medications 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: *In all three records, the individual MARs did not match clinician's order (e.g. the start/stop dates were different each month of the MARs reviewed).*

Dental Systems

Finding(s)	Suggested Corrective Action(s)
PH-10: There was no evidence of appropriate autoclave testing.	Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
A tour of the facility revealed the following deficiencies: PH-11: The log for the medical refrigerator was not adequately maintained. PH-12: There was no evidence of regular glucometer testing.	Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at MARCI 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 inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates were complementary of their experiences at the medical clinic. A review of the inmate housing areas revealed no negative findings and all observed areas on the compound were clean and neat.

There were relatively few clinical findings requiring corrective action. Of concern to CMA surveyors were deficiencies in vaccinations and the clinical management of inmates with advanced liver disease in the gastrointestinal clinic. Several deficiencies in documentation were noted in the areas of medication administration and infirmary care. CMA clinical surveyors noted that missing or inaccurate documentation could lead to errors in patient care.

Based on the findings of this survey, it is clear that the corrective action process will be beneficial to MARCI 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

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

- 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 care).

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 restraints at Marion CI.

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 psychological emergencies, special housing, and inmate requests.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

There were no findings in the review of mental health systems.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>MH-1: In 1 record, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission.</p> <p>MH-2: In 1 record, the daily nursing assessment was not completed.</p> <p>MH-3: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</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>

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>MH-4: In 5 records, there was no evidence of a written referral by physical health staff to mental health (see discussion).</p> <p>MH-5: In 6 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-4: According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3.

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>MH-6: In 7 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-7: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</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-6:** In four records, medication orders lapsed before the inmate was seen by the psychiatrist. In one record there were blanks on the Medication Administration Record (MAR). In another record, the December MAR could not be located. In the remaining record, the medication was not transcribed on to the MAR, therefore the inmate was never offered the medication.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>MH-8: In 5 of 8 applicable records, the Bio-psychosocial Assessment (BPSA) was not approved by the Multi-Disciplinary Services Team (MDST) within 30 days of initiation of mental health services.</p> <p>MH-9: In 5 of 8 applicable records, the initial Individualized Service Plan (ISP) was not completed within 30 days of initiation of mental health services.</p> <p>MH-10: In 7 of 16 applicable records, the ISP was not signed by the inmate.</p> <p>MH-11: In 5 records, mental health problems were not recorded on the problem list.</p> <p>MH-12: In 5 of 15 applicable records, there was no documentation that the</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>inmate received the services listed on the ISP (see discussion).</p> <p>MH-13: In 4 of 16 applicable records, counseling for inmates without evidence of a psychotic disorder was not provided or refused at least every 90 days.</p> <p>MH-14: In 1 of 2 applicable records, counseling for inmates with evidence of a psychotic disorder was not provided or refused at least every 30 days.</p> <p>MH-15: In 5 records, case management was not provided at least every 90 days.</p> <p>MH-16: In 5 records the frequency of clinical contacts was insufficient.</p>	

***Discussion MH-12:** Inmates were not seen for counseling, case management or psychiatric follow-up at the intervals listed on the ISP.*

CONCLUSION

The staff at MARCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management, individual counseling and psychiatric care, are provided to approximately 300 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and complete sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings noted in this report were related to missing or late assessments. Inmates were not seen timely for regularly scheduled case management, counseling and psychiatric appointments. BPSAs and ISPs were either not completed or not completed timely for inmates who were either newly received at the institution or had an increase in their mental health grade. Additionally, inmates were not seen as required after discharge from SHOS or a use of force episode. Although it did not rise to the level of a finding, surveyors noted that some medical records were disorganized. Staff were able to locate many documents requested, however enough time had lapsed that they should have already been filed in the medical record.

There were no findings in the review of psychological emergencies, inmate requests, special housing and aftercare planning. Documentation and assessments that were present were relevant and thorough, and staff seemed genuinely concerned for the inmates in their care. The psychologist position had been vacant for some time; however, it was recently filled. Surveyors were hopeful that since this key position has been filled, inmates will receive services in a timelier manner.

Staff throughout the facility were cooperative and helpful during the survey process and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

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

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.