
MARION CORRECTIONAL INSTITUTION



August 16-18, 2022

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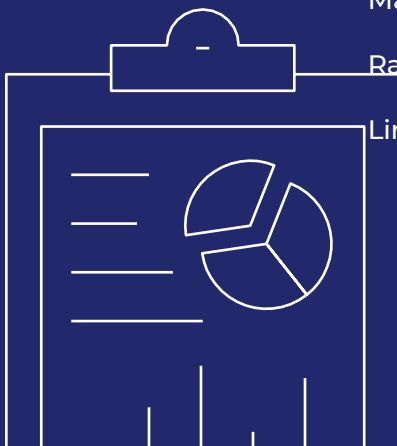
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BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.

METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Marion Correctional Institutional (MARCI) 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, 2, and 3. MARCI consists of a Main Unit, a Re-Entry Center, and a Work Camp. ¹

Institutional Potential and Actual Workload

Main Unit Capacity	1324	Current Main Unit Census	1378
Satellite Unit(s) Capacity	132	Current Satellite(s) Census	99
Work Camp Capacity	280	Current Work Camp Census	272
Total Capacity	1736	Total Current Census	1749

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	667	641	82	0	2	N/A
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	1152	47	155	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	11	10	1	N/A	N/A	N/A

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	0
Registered Nurse	5	0
Licensed Practical Nurse	8	1
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric APRN/PA	1	1
Psychological Services Director	0	0
Psychologists	1	0
Mental Health Professional	3	0
Aftercare Coordinator	1	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

MARION CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at MARCI on August 16-18, 2022. 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.

Detailed below are results from the institutional survey of Marion Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	15	3	0	83%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	3	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	4	3	1	14	75%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	16	16	0	2	100%
7 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	17	100%

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	17	17	0	0	100%
2 There is evidence of an appropriate physical examination	17	17	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	17	16	1	0	94%
4 Annual laboratory work is completed as required	17	15	2	0	88%
5 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	1	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	16	12	4	1	75%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	11	9	2	6	82%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	17	14	3	0	82%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	16	16	0	1	100%
10 Medications appropriate for the diagnosis are prescribed	16	15	1	1	94%
11 Patients are receiving insulin as prescribed	11	11	0	6	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	6	6	0	11	100%

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	15	1	0	94%
2	There is evidence of an appropriate physical examination	16	16	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	13	3	0	81%
4	Annual laboratory work is completed as required	16	14	2	0	88%
5	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	15	100%
6	Medications appropriate for the diagnosis are prescribed	8	8	0	8	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	9	8	1	7	89%
8	Abdominal ultrasounds are completed at the required intervals	12	12	0	4	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	12	12	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	12	12	0	4	100%
12	Hepatitis C treatment was started within the appropriate time frame	12	12	0	4	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	7	7	0	9	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	7	7	0	9	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	3	3	0	13	100%

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 The inmate is enrolled in all clinics appropriate for their diagnosis	13	13	0	0	100%
2 Appropriate patient education is provided	13	13	0	0	100%
3 The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	13	3	10	0	23%
4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	11	11	0	2	100%

General Chronic Illness Clinic Discussion:

Screen 3: In these records, M-3 inmates were scheduled every six months rather than at 90 days as required.

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	13	13	0	0	100%
2 There is evidence of an appropriate physical examination	13	13	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	11	11	0	2	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	0	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	10	100%

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis was appropriate for inclusion in the neurology clinic	9	9	0	0	100%
2 There is evidence of an appropriate physical examination	9	8	1	0	89%
3 Annual laboratory work is completed as required	8	7	1	1	88%
4 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	7	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	9	8	1	0	89%
6 Medications appropriate for the diagnosis are prescribed	8	8	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	8	100%

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	8	8	0	0	100%
2 There is evidence of an appropriate physical examination	8	8	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	8	8	0	0	100%
4 Annual laboratory work is completed as required	8	8	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	8	8	0	0	100%
8 Oncological treatments are received as prescribed	8	8	0	0	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	3	100%

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the respiratory clinic	16	15	1	0	94%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	11	11	0	5	100%
3 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4 A peak flow reading is recorded at each visit	16	11	5	0	69%
5 There is evidence of an appropriate physical examination	16	16	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	2	2	0	0	100%
2 Baseline information is complete	1	1	0	1	100%
3 There is evidence of initial and ongoing education	2	2	0	0	100%
4 There is evidence of monthly nursing follow-up	2	2	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	2	2	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	2	2	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	2	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	2	N/A
9 The appropriate medication regimen is prescribed	2	2	0	0	100%
10 The inmate receives TB medications as prescribed	2	2	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	2	2	0	0	100%
12 Documentation of the CIC visit includes an appropriate physical examination	2	2	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	2	N/A

Episodic Care

Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	0	0	0	17	N/A
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	17	17	0	0	100%
3 Vital signs including weight are documented	17	14	3	0	82%
4 There is evidence of appropriate and applicable patient education	17	13	4	0	76%
5 Findings requiring clinician notification are made in accordance with protocols	13	12	1	4	92%
6 Follow-up visits are completed timely	13	11	2	4	85%
7 Clinician's orders from the follow-up visit are completed as required	11	10	1	6	91%
8 Appropriate documentation was completed for patient's requiring transport to a local emergency room	0	0	0	17	N/A
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	16	100%

Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status; admission status is appropriate for the presenting complaint/condition	13	12	1	0	92%
2 All orders are received and implemented	13	9	4	0	69%
3 The inmate is evaluated within one hour of being placed in observation status	13	9	4	0	69%
4 Patient evaluations are documented at least once every eight hours	13	12	1	0	92%
5 Weekend and holiday clinician phone rounds are completed and documented as required	3	3	0	10	100%
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	13	13	0	0	100%
7 A discharge note containing all of the required information is completed as required	12	9	3	1	75%

Outpatient Infirmary Care Discussion:

Screen 2: In these records, vital signs, fluid administration, and neuro checks were not completed at the intervals ordered by the clinician. Additionally, an EKG was ordered but never completed.

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status; admission status is appropriate for the presenting complaint/condition	11	11	0	0	100%
2 All orders are received and implemented	11	6	5	0	55%
3 A thorough nursing assessment is completed within two hours of admission	11	9	2	0	82%
4 A Morse Fall Scale is completed at the required intervals	11	11	0	0	100%
5 Nursing assessments are completed at the required intervals	11	11	0	0	100%
6 Clinician rounds are completed and documented as required	11	9	2	0	82%
7 Weekend and holiday clinician phone rounds are completed and documented as required	10	9	1	1	90%
8 A discharge note containing all of the required information is completed as required	9	5	4	2	56%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	0	9	2	90%

Inpatient Infirmary Care Discussion:

Screen 2: In three records, vital signs were not completed at the required intervals. In one record, there was no documentation regarding medication administration. In the last record, the patient was admitted on 2/15/22 but orders were not received until 2/16/22.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	15	3	0	83%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	17	1	0	94%
5 There is evidence of applicable patient education	18	16	2	0	89%
6 Referrals to a higher level of care are made in accordance with protocols	15	15	0	3	100%
7 Follow-up visits are completed in a timely manner	14	8	6	4	57%
8 Clinician orders from the follow-up visit are completed as required	13	12	1	5	92%

Sick Call Services Discussion:

Screen 7: In the deficient records, the clinician follow-up occurred from 24 days to 2 ½ months after the initial sick call appointment.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Special Housing Health Appraisal is complete and accurate	10	10	0	0	100%
2 All medications are continued as prescribed while the inmate is held in special housing	3	3	0	7	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	0	0	0	10	N/A
4 All emergencies are responded to within the required time frame	0	0	0	10	N/A
5 The response to the emergency is appropriate	0	0	0	10	N/A
6 All sick call appointments are triaged and responded to within the required time frame	3	3	0	7	100%
7 New or pending consultations progressed as clinically required	0	0	0	10	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	2	2	0	8	100%

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of clinical information is sufficient to obtain the needed consultation	18	18	0	0	100%
2	The referral was sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	18	18	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	18	15	3	0	83%
4	The consultation report is reviewed by the clinician in a timely manner	18	16	2	0	89%
5	The consultant's treatment recommendations are incorporated into the treatment plan	17	17	0	1	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	15	14	1	3	93%
7	The diagnosis is recorded on the problem list	18	18	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	17	100%
9	There is evidence that the APT is implemented	1	1	0	17	100%

Medical Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	17	17	0	0	100%
2	The request is responded to within the appropriate time frame	17	17	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	17	17	0	0	100%
4	The follow-up to the request occurred as intended	17	17	0	0	100%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate received medications as prescribed	12	12	0	0	100%
2 The Medication Administration Record (MAR) contains accurate allergy information	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	1	1	0	11	100%
4 There is evidence of pneumococcal vaccination or refusal	9	4	5	3	44%
5 There is evidence of influenza vaccination or refusal	12	9	3	0	75%
6 There is evidence of COVID-19 vaccination or refusal	11	11	0	1	100%

Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	17	17	0	0	100%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	17	16	1	0	94%
3 The inmate's medications reflect continuity of care	15	15	0	2	100%
4 The medical record reflects continuity of care for inmate's pending consultations	1	1	0	16	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	15	12	3	2	80%
6 Special passes/therapeutic diets are reviewed and continued	8	8	0	9	100%
7 A clinician reviewed the health record and DC4-760A within seven (7) days of arrival	17	6	11	0	35%

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	18	15	3	0	83%
2 All components of the screening are completed and documented as required	18	18	0	0	100%
3 All diagnostic tests are completed prior to the periodic screening encounter	18	2	16	0	11%
4 Referral to a clinician occurs if indicated	1	1	0	17	100%
5 All applicable health education is provided	18	18	0	0	100%

Periodic Screenings Discussion:

Screen 3: In four records, there was no evidence of any required lab work. In eight records, labs were completed outside of the required time frames. In the remaining records, one or more of the required tests was not completed.

Dental Review

Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	17	17	0	0	100%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	17	17	0	0	100%
3	There is evidence of a regional head and neck examination completed at required intervals	17	17	0	0	100%
4	Dental appointments are completed in a timely manner	12	12	0	5	100%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	9	5	3	64%
6	There is evidence of accurate diagnosis based on a complete dental examination	17	15	2	0	88%
7	The treatment plan is appropriate for the diagnosis	17	16	1	0	94%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	12	12	0	5	100%
9	Dental findings are accurately documented	12	5	7	5	42%
10	Sick call appointments are completed timely	12	10	2	5	83%
11	Follow-up appointments for sick call or other routine care are completed timely	2	2	0	15	100%
12	Consultations or specialty services are completed timely	5	5	0	12	100%
13	Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	17	N/A
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	11	11	0	6	100%
15	The use of dental materials including anesthetic agent are accurately documented	15	15	0	2	100%
16	Applicable patient education for dental services is provided	13	13	0	4	100%

Dental Care Discussion:

Screen 5: CMA dental surveyors expressed concern that multiple radiographs within a short period of time may result in over exposure of radiation.

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	6	6	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	6	6	0	0	100%
3	Guidelines for SHOS management are observed	2	2	0	4	100%
4	The inmate is observed at the frequency ordered by the clinician	6	6	0	0	100%
5	Nursing evaluations are completed once per shift	6	6	0	0	100%
6	There is evidence of daily rounds by the attending clinician	6	6	0	0	100%
7	There is evidence of daily counseling provided by mental health staff	6	6	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	6	6	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	4	4	0	2	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	2	2	0	4	100%

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	2	2	0	0	100%
2	The emergency is responded to within one hour	2	2	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	2	2	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	2	2	0	0	100%
5	A thorough mental status examination is completed	2	2	0	0	100%
6	Appropriate interventions are made	2	2	0	0	100%
7	The disposition is clinically appropriate	2	2	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	1	1	0	1	100%

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	18	17	1	0	94%
2	The request is responded to within the appropriate time frame	18	18	0	0	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	18	17	1	0	94%
4	The follow-up to the request occurred as intended	13	11	2	5	85%
5	Consent for treatment is obtained prior to conducting an interview	14	14	0	4	100%

Special Housing

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The pre-confinement examination is completed prior to placement in special housing	5	5	0	0	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	1	0	1	4	0%
3	A mental status examination (MSE) is completed in the required time frame	5	5	0	0	100%
4	Follow-up MSEs are completed in the required time frame	0	0	0	5	N/A
5	MSEs are sufficient to identify problems in adjustment	5	2	3	0	40%
6	Mental health staff responded to identified problems in adjustment	0	0	0	5	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	1	1	0	4	100%

Special Housing Discussion:

Screen 5: In three records, the inmates refused to participate in the mental status examination (MSE). However, many components of the MSE are observable and may be completed by the mental health practitioner.

Use of Force

COMPLIANCE SCORE

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	2	2	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	2	2	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	0	0	0	2	N/A
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	1	1	0	1	100%
5	Recent changes in the inmate's condition are addressed	1	1	0	1	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	1	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	2	N/A

Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	19	18	1	0	95%
2	The inmate was interviewed by mental health staff within 14 days of arrival	6	6	0	13	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	6	6	0	13	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	19	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	19	N/A
6	A clinically appropriate conclusion was reached following the sex offender screening	0	0	0	19	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	19	NA
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	19	N/A
9	The Bio-psychosocial (BPSA) is present in the record	19	19	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	19	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	4	4	0	15	100%
12	The ISP is individualized and addresses all required components	19	19	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	19	19	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	19	19	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	19	19	0	0	100%

Outpatient Mental Health Services

16	The ISP is signed by the inmate and all members of the treatment team	19	13	6	0	68%
17	The ISP is reviewed and revised at least every 180 days	17	17	0	2	100%
18	Identified problems are recorded on the problem list	19	19	0	0	100%
19	The diagnosis is clinically appropriate	19	19	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	19	19	0	0	100%
21	Counseling is offered at least once every 60 days	19	19	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	2	2	0	17	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	17	17	0	2	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	19	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	19	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	19	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	19	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	19	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	19	19	0	0	100%
30	The frequency of clinical contacts is sufficient	19	19	0	0	100%

Outpatient Mental Health Services Discussion:

Screen 16: In these records, the ISP was not signed by the inmate. Without the inmate's signature, CMA surveyors were unable to confirm that the inmate was in agreement with his treatment plan.

Outpatient Psychotropic Medications

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	1	1	0	15	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	16	N/A
3	Appropriate initial laboratory tests were ordered.	3	3	0	13	100%
4	Abnormal lab results required for mental health medications were followed up with appropriate treatment and/or referral in a timely manner	4	4	0	12	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	3	3	0	13	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	16	16	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	16	N/A
8	The inmate receives medication(s) as prescribed	11	3	8	5	27%
9	The nurse met with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	4	0	4	12	0%
10	The inmate signed DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	2	0	2	14	0%
11	Prescribed medication administration times are appropriate	16	16	0	0	100%
12	Informed consent forms are signed for each of medication prescribed	16	13	3	0	81%
13	Follow-up sessions are conducted at the appropriate intervals	16	16	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	16	16	0	0	100%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	5	3	2	11	60%
16	The rationale for the Emergency Treatment Order (ETO) was documented and it was clinically appropriate.	0	0	0	16	N/A
17	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	16	N/A
18	For each administration of the medication, an additional ETO is written.	0	0	0	16	N/A
19	The ETO is administered in the least restrictive manner	0	0	0	16	N/A
20	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	16	N/A

Outpatient Psychotropic Medications Discussion:

Screen 9: In six records, there were one or more blanks on the medication administration record (MAR) indicating the inmate may not have been offered his medications on the corresponding dates. In one record, the psychiatric provider increased the inmate’s Abilify, but he continued to receive the smaller dosage. In the eighth record, an inmate receiving keep-on-person (KOP) Zoloft and Trileptal likely missed multiple doses of medications, as the amount prescribed would not be enough to cover the intervals between psychiatric encounters.

Aftercare Planning

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Records	YES	NO	N/A	
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	7	7	0	1	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	7	7	0	1	100%
3	Appropriate patient care summaries are completed within 30 days of EOS	2	2	0	6	100%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	7	100%

Institutional Systems Tour

Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

Infirmary

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2 Handwashing facilities are available	1	0	0	100%
3 Infirmery beds are within sight or sound of staff	1	0	0	100%
4 Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5 Medical isolation room(s) have negative air pressure relative to other parts of the facility	0	0	1	N/A

Inmate Housing Areas

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2 Sinks and toilets are clean and operational	1	0	0	100%
3 Hot and cold water are available for showering and handwashing	1	0	0	100%
4 Over-the-counter medications (OTC) are available and logged	0	1	0	0%
5 Procedures to assess medical and dental sick call are posted in a conspicuous place	0	1	0	0%
6 First-aid kits are present in housing units	1	0	0	100%

Screen 4: Ibuprofen was not available in one dorm. Additionally, OTC medications were not logged.

Pharmacy

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2 Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3 The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4 The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5 Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6 A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7 There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All equipment is available and in working order	1	0	0	100%
2 There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

Self-Injury/Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff and clinical surveyors, while one patient declined participation. Although, inmates generally endorsed the idea that medical services were adequate; there were several complaints that were noted across multiple interviews. Many inmates reported delays in the sick call process and difficulty obtaining prescription and over-the-counter medications. Additionally, they indicated a desire to spend more time learning and asking questions about their healthcare diagnosis, lab results, and/or prognosis. Half of the inmates reported that they had an ongoing medical concern that was not being addressed. A third of the inmates interviewed reported an unresolved issue around the camp which involved itching and “scabies” that had been ongoing within the six months prior to the survey.

Inmates on the mental health caseload were complimentary of the treatment team which included mental health professionals (MHP), a psychologist, a mental health nurse, an after-care specialist, and a psychiatrist who attends via video conference. They reported that services provided by mental health were helpful and that their symptoms had improved.

All the inmates who received dental services were highly complementary of the dental team, with several inmates noting the timeliness of dental care and the professionalism of dental staff.

MEDICAL STAFF INTERVIEWS

Three members of the nursing team, as well as clerical, clinical, and administrative staff participated in interviews. All interviewees appeared knowledgeable about procedures related to accessing health services. They indicated that there were areas of opportunity for training all staff in the new electronic medical records (EMR) system. Additionally, it was expressed that clinician training regarding documentation requirements would be beneficial in expediting the consultation process.

While staffing levels were appropriate at the time of the survey, staff reported that there had been a lack of consistency in nursing leadership with more than six nursing directors filling the role since the last CMA survey. While several inmates reported being unable to consistently receive the medications they required, medical staff did not agree. Instead, nurses reported that inmates rarely run out of medications or have difficulty getting prescription and/or over-the-counter drugs timely.

Overall, medical staff voiced several positive comments including “I think we do a really good job here”, “I love everyone I work with here; they are the reason I come back”, “I enjoy this work and the services we provide are absolutely adequate”. In addition, multiple staff members indicated they were committed to ensuring that all inmate health care needs are met.

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health team participated in interviews with CMA clinical monitors and staff. All interviewees indicated they were familiar with policies and procedures for prevention of self-harm and expressed a strong desire to serve the inmates in their care. Staff reported they had sufficient resources to provide the care required.

While the multi-disciplinary services team (MDST) meets regularly, the psychiatric provider is off-site and tele-health is utilized. Staff reported that this system seems to be working well for them. Mental health staff endorsed a good working relationship with security staff including the warden, which they felt contributed to the efficient provision of mental health services.

SECURITY STAFF INTERVIEWS

Three security officers agreed to participate in interviews. They explained that Marion CI is an incentivized camp which is part of the FDC's strategic plan to improve inmate behavior, expand program opportunities, and encourage direct interaction between inmates and officers through increased presence on the compound. Security staff reported that the inmates work hard to get to this camp, and this is exhibited in their behavior. Officers were able to describe their role and responsibilities in their respective job capacity and were knowledgeable of the policies and procedures that enable inmates to access physical and mental health services.

Corrective Action and Recommendations

Corrective Action

Assessment Area	Total Number Finding
Chronic Illness Clinics Review	
Cardiovascular Clinic	1
Endocrine Clinic	1
Gastrointestinal Clinic	0
General Chronic Illness Clinics	1
Immunity Clinic	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	1
Tuberculosis Clinic	0
Episodic Care Review	
Emergency Care	1
Outpatient Infirmary Care	3
Inpatient Infirmary Care	2
Sick Call	1
Other Medical Records Review	
Confinement Medical Review	0
Consultations	0
Medical Inmate Request	0
Medication and Vaccine Administration	2
Intra-System Transfers	1
Periodic Screening	1
PREA Medical Review	0
Dental Review	
Dental Care	2
Dental System	0
Institutional Tour	
Institutional Tour	2

Mental Health Findings

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	0
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	2
Outpatient Mental Health Services Review	
Assessment Area	Total Number Finding
Outpatient Mental Health Services	1
Outpatient Psychotropic Medications	4
Aftercare Planning	0

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at MARCI, the CMA makes the following recommendations:

- Continue to train and support staff on optimally utilizing the electronic health record.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure that orders are received and implemented accordingly for infirmary admissions.