



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Martin Correctional Institution**

in

**Indiantown, Florida**

on

**November 13 – 14, 2013**

### **CMA Staff Members**

Jane Holmes-Cain, LCSW

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### **Mental Health Team Members:**

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**Distributed on December 16, 2013**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,146	Male	Close	5

### Institutional Potential/Actual Workload

Main Unit Capacity	1,146	Current Main Unit Census	1,481
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	740	Current Satellite(s) Census	740
Total Capacity	1,886	Total Current Census	2,221

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1,478	680	274	6	7
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1,727	232	484	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>
	82	66	112	0	0	0

## DEMOGRAPHICS

### Medical Staffing:

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	2	0
RN	8	4
LPN	14	1

### Mental Health Staffing:

	Number of Positions	Number of Vacancies
Psychiatric Clinical Associate	1	0
Psychological Services Director	1	0
Behavioral Health Specialist	5	0
Mental Health LPN	1	0

## OVERVIEW

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

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MARCI on November 13-14, 2013. 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 monthly 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 monthly 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**

Martin Correctional Institution (MARCI) provides outpatient and inpatient 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 does not require CIC care more often than six 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 findings requiring corrective action in seven of the chronic illness clinics; the items to be addressed are indicated in the tables below.

#### **EPISODIC CARE REVIEW**

There were findings requiring corrective action in the review of emergency care, infirmary care, and sick call services. The items to be addressed are indicated in the tables below.

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers. There were findings requiring corrective action in the review of consultations, medication administration, and preventive care; 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 systems or dental care.

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control and pharmacy services.

#### **INSTITUTIONAL TOUR**

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

**Cardiovascular Clinic Record  
Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 2 of 5 applicable records (19 reviewed), there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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><b>PH-2: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, the baseline history was incomplete or missing (see discussion).</b></p> <p><b>(b) In 5 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 6 of 9 applicable records, there was no evidence of an annual dilated fundoscopic examination.</b></p> <p><b>(d) In 2 of 9 applicable records, there was no evidence of ACE or ARB therapy or contraindication noted in the medical record.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2(a):** Baseline history and physical examination data was frequently missing from the current "Chronic Illness Clinic Flowsheets"(DC4-770). Per policy (Health Services Bulletins 15.12.03 and 15.03.05), 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. Although*

addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.

<b>Gastrointestinal Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-3: A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 13 applicable records, there was no evidence of influenza vaccine or refusal (see discussion).</b></p> <p><b>(b) In 8 of 14 applicable records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-3(a):** According to the pre-survey questionnaire completed by MARCI, the administration of influenza vaccinations had been delayed this season. Although the immunizations were received on time, it was discovered that MARCI had stored them improperly and thus, had to order a new supply. Upon receipt, MARCI began prioritizing inmates to receive their influenza vaccinations. In this clinic, however, three inmates with hepatitis C, enrolled in both the cardiovascular and gastrointestinal clinics had not received a vaccination since 2010 or 2011. The fourth inmate, enrolled in the gastrointestinal clinic only, last received a vaccination in 2011.

**Discussion PH-3(b):** Health Services Bulletin 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.

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 8 records, the baseline physical examination or form, “Communicable Diseases Record” (DC4-710) was incomplete or missing.</b></p> <p><b>(b) In 4 of 4 applicable records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>(c) In 5 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 1 of 2 applicable records (13 reviewed) there was no evidence of a referral to a specialist when indicated (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-5:** *This inmate had an elevated PSA on 7/9/13 but no referral had been made as of the date of this survey.*



## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 6 records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the “monthly nursing follow-up” form DC4-719 was incomplete.</b></p> <p><b>(b) In 2 records, there was no evidence that AST and ALT tests were repeated as ordered.</b></p> <p><b>(c) In 1 of 3 applicable records, there was no evidence that an inmate with elevated AST/ALT or other adverse reactions had the tuberculosis medication discontinued (see discussion).</b></p> <p><b>(d) In 1 of 1 applicable record, there was no evidence that at the completion of therapy the inmate was referred to the clinician for a chronic illness visit.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>(e) In 2 records, there was no evidence that labs were available prior to the clinic visit and reviewed or addressed in a timely manner.</b></p> <p><b>(f) In 1 of 1 applicable record, there was no evidence of pneumococcal vaccine or refusal.</b></p>	

**Discussion PH-7(c):** Per HSB 15.03.18, the medication should be interrupted if the ALT and AST is elevated (i.e. equal to or greater than three times the upper limits of the normal range) and/or the inmate has any signs or symptoms of adverse effects, such as mild hypersensitivity reaction, gastrointestinal complaints, neurological symptoms, or signs or symptoms of active TB disease.

### Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 13 records reviewed, there was no evidence of the documentation of complete vital signs.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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)
<p><b>PH-9: A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 6 records, there was no evidence that health care personnel made rounds at least every 2 hours (see discussion).</b></p> <p><b>(b) In 3 records, the inpatient file was incomplete and did not contain all the minimum requirements (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-9(a):** Per Health Services Bulletin 15.03.26, staff shall make rounds at least every two hours for all patients in the infirmary. These rounds are to be documented on the "Infirmary Rounds Documentation Log" (DC4-717). In all six records reviewed, the log was incomplete. Additionally, the log for 8/26/13 could not be located by institutional staff.

**Discussion PH-9(b):** In two records reviewed, the history and physical was missing. In one of those records, the daily nursing evaluation was also missing. In the third record, the clinician's signature was missing on the admission form.

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 4 of 18 records reviewed, the nursing assessment forms or the SOAPE notes were incomplete and did not adequately describe the problem, assessment, or plan of action (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-10:** Sick call encounters may be documented on the "Nursing Protocol Series" (DC4-683) or alternatively, may be documented in SOAPE format if no nursing protocol exists.

*In many of the records reviewed, the SOAPE format was used and CMA surveyors noted that clinical documentation did not contain all necessary information and was more thorough when Department forms were utilized.*

<b>Consultations Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>(b) In 3 of 11 applicable records, the consultation log did not accurately reflect the completion of the consultation (see discussion).</b></p> <p><b>(c) In 1 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-11(b):** The consultation log was consistently missing key information such as the date an appointment was set, the appointment date, appointment completion information, the date the consultation was returned, and whether or not follow-up was requested. The outcome/procedures ordered column was often blank or deferred to the next month. Surveyors felt this could impede the ability to assess the inmate’s continuum of care and may lead to consultations being missed or delayed to the detriment of the patient.*

***Discussion PH-11(c):** Policy requires that the Chief Health Officer document the denial in the progress notes and describe an “alternative plan of care” (Health Services Bulletin, 15.09.04, effective date 3/28/13).*

**Medication Administration Record  
Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: A comprehensive review of 7 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the medication orders were not signed, dated, and/or timed.</b></p> <p><b>(b) In 3 records, the medication administration record (MAR) was not completed, signed, and/or initialed.</b></p> <p><b>(c) In 1 of 1 applicable record, there was no evidence of appropriate counseling after non-compliance.</b></p> <p><b>(d) In 2 of 4 applicable records, the review of the MAR revealed lapses in medication administration.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Preventive/Periodic Screening  
Record Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-13: A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the periodic screening was incomplete (see discussion).</b></p> <p><b>(b) In 1 of 3 applicable records there was no evidence a referral to a clinician was completed (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-13(a):** *The requirements for the administration and review of periodic screening labs and diagnostic testing are governed by Health Services Bulletin 15.03.04. In this clinic*

there were several areas in which CMA surveyors noted deficiencies. In one record there was no note documenting that lab results were reviewed. In two records, the stool hemocult cards were missing. In the last record the hemocult card was turned in but no results were recorded.

**Discussion PH-13(b):** On 5/15/13, the inmate declared a medical emergency with complaints of right ankle pain. The inmate was given ibuprofen, ice packs, and a cane. An x-ray was completed on 5/22/13 to rule out a fracture. The clinician's note on 5/29/13 reported severe sprain. On 8/4/13, the inmate was referred to a clinician for continued right ankle pain but as of the date of this survey the inmate had not been seen.

<b>Institutional Tour</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-14: A tour of the facility revealed the following deficiencies:</b></p> <p><b>Sick call/exam rooms:</b></p> <p><b>(a) Medical areas were unorganized with medications not properly or securely stored (see discussion).</b></p> <p><b>(b) Hand washing stations were inadequately maintained (see discussion).</b></p> <p><b>(c) The sharps container for biohazardous waste was present but not in proper range of use.</b></p> <p><b>Infirmery Area:</b></p> <p><b>(d) Adequate hand washing facilities were not provided (see discussion).</b></p> <p><b>(e) Inmates were not within sight or sound of nurse's station (see discussion).</b></p> <p><b>(f) Personal protective equipment for universal precautions was not available in the infirmery.</b></p> <p><b>(g) The medical isolation room was not being checked daily when in use and the log documenting that the air was properly exhausted was not found.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>Inmate Housing areas:</b></p> <p><b>(h) The hot or cold faucet was not working in D Dorm (see discussion).</b></p> <p><b>(i) Procedures to access medical, dental, and mental health services were not posted in A, B, or D dorms.</b></p> <p><b>Pill Distribution:</b></p> <p><b>(j) An oral cavity check was not conducted by staff to ensure medications were swallowed.</b></p>	

**Discussion PH-14(a):** Multiple medications and vaccinations were maintained in an unsecured drawer. Many of these medications necessitate refrigeration for proper storage and multiple medications were expired or not dated once opened.

**Discussion PH-14(b):** There was only a pump soap dispenser which was empty at the time of the survey.

**Discussion PH-14(d):** There were no hand washing stations available in the infirmary areas. Staff and inmates must utilize hand washing stations in the medical exam rooms.

**Discussion PH-14(e):** There was not a nurse's station in the infirmary area and no call system present for inmate's to contact medical staff.

**Discussion PH-14(h):** Institutional staff reported that a work order had been submitted prior to the start of the survey.

## **CONCLUSION – PHYSICAL HEALTH**

The physical health staff at MARCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient 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 218 records and found deficiencies in 103 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 readily available to the surveyors. Overall, medical charts were well organized and documents appeared to be filed in a timely manner. When surveyors were unable to find a particular document, institutional staff were often able to locate and retrieve it. Interviews conducted by CMA indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Inmates generally expressed satisfaction with access to health care services.

There were several concerns regarding administrative processes or systems. As noted earlier, the influenza vaccinations originally received by the institution had to be discarded due to improper storage. During the tour of the medical services area, the surveyor found a drawer containing medications and vaccines including pneumococcal vaccine that was not refrigerated or dated, PPD antigen that was not refrigerated, expired Lidocaine, and insulin that was opened but not dated. Surveyors noted that improper storage could lead to inactive or ineffective medical interventions. Access to improperly stored medications and syringes is also a security risk for both inmates and medical staff.

Lastly, it was noted by surveyors that referrals to specialists or other outside consultants were not always documented or completed as per policy. For example, in one case, the consultation request for an ultrasound of a testicular mass was dated 6/7/13. The consultation log was not complete and the “outcome/procedures ordered” entry indicated “see July log”. The July log contained many blanks with “see August log” as the outcome. The August log remained blank with “see July log” as the outcome. The inmate was out to court in July and August but returned to the facility in September. As of the date of the survey, the ultrasound had not been done. Another case involved an inmate with a history of metastatic prostate cancer since 2011. On 1/9/13, a consultation request was made for an evaluation and recommendation for a treatment plan. In May 2013, the consultant suggested using a new medication. A drug exception request was made on 10/9/13 but disapproved on 10/18/13 until bone scan results could be reviewed. Surveyors expressed concern regarding the timeliness of this action given the inmate’s cancer diagnosis. It was not until after the survey and five months after the initial recommendation, that the determination to begin the medication was made.

Although the physical healthcare staff appeared to be committed to providing quality health services to the inmates, there were several areas in which concerns were raised. The administrative process deficiencies, coupled with the clinical services issues outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population. Overall, MARCI appears to be providing adequate care to its inmate population. Physical health 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.



# **MENTAL HEALTH FINDINGS**

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).

## **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-Harm Observation Status (SHOS) and mental health restraints; the items to be addressed are indicated in the table below.

## **USE OF FORCE REVIEW**

There was a finding requiring corrective action in the review of use of force records; the item to be addressed is indicated in the table below.

## **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

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

## **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient mental health services. There were findings requiring corrective action in the review of outpatient psychotropic medications; the items to be addressed are indicated in the table below.

## **AFTERCARE PLANNING REVIEW**

There were no findings requiring corrective action in the aftercare planning review.

## **MENTAL HEALTH SYSTEMS REVIEW**

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

**Self-Harm Observation Status  
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: A comprehensive review of 11 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the inmate’s admission orders were not signed/countersigned and/or not dated/timed (see discussion).</b></p> <p><b>(b) In 1 of 4 applicable records, the inmate was not evaluated by the 4<sup>th</sup> day of admission to determine the need for a transfer to CSU (see discussion).</b></p> <p><b>(c) In 4 records, the documentation does not indicate that the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>(d) In 3 records, the daily nursing evaluations were not completed once per shift.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1(a):** *In one record, the inmate was placed in SHOS via telephone order. That order was not signed by the admitting clinician and also lacked date and time. In another order, the telephone order was not signed until one month after it was initiated. In two other records, the telephone order was not dated.*

**Discussion MH-1(b):** *The Department’s Health Service Bulletin (HSB) states that during the fourth day of SHOS, the attending clinician will personally evaluate the inmate and determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In one record, there was no indication of this evaluation.*

**Discussion MH-1(c):** *The clinician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were to be documented on DC4-650 “Observation Checklist”. In four records, these checklists were missing and/or had gaps indicating observations were not completed.*

## Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the telephone order for restraints was not signed by the clinician.</b></p> <p><b>(b) In 1 record, the inmate's behavior was not observed every 15 minutes while in restraints.</b></p> <p><b>(c) In 1 of 1 applicable record, there was no documentation that the inmate was offered a bedpan/urinal every two hours.</b></p> <p><b>(d) In 2 records, respiration and circulation checks were not completed and/or documented every 15 minutes.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten restraint episodes (all if fewer than 10 episodes are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</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><b>MH-3: In 2 of 7 records reviewed, a written referral to mental health by physical health staff was not present in the medical record (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-3:** 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. In two records, there was no written referral present in the medical record. In addition, in one of the records there was no mental health follow-up.

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 4 of 15 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was not present or not completed in its entirety.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 3 applicable records, the psychiatric evaluation was not completed prior to initially prescribing psychotropic medication.</b></p> <p><b>(b) In 7 records, the clinician’s orders were not signed.</b></p> <p><b>(c) In 4 of 15 applicable records, informed consents did not reflect information relevant to the medication prescribed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5(c):** In four records, the consent form for one medication was used for another (i.e. name of medication scratched out and new name written in) instead of a required generic form.*

## **CONCLUSION**

MARCI provides outpatient mental health services. Mental health staff at MARCI serve a complex population. Outpatient services, including case management and individual and group counseling, are provided to over 715 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates.

Surveyors noted that documents often did not contain the required information. Many telephone orders (usually after hours) were not validated or signed by the clinician in a timely manner or (in many cases) at all. In addition, some of these orders lacked a date and/or time of signature. SHOS and restraint episodes lacked the required documentation of observations (e.g., 15 minute checks for both, offering of urinal, and check of circulation and respiration for restraints). Gaps in observation of either SHOS or restraints could lead to a self-harm attempt or an oversight in a necessary medical/mental health intervention.

Overall, the staff at MARCI was knowledgeable and helpful throughout the survey process. During interviews, staff presented as knowledgeable and dedicated to the inmates they serve. Staff interviews and record reviews indicated staff at MARCI was focused on symptom stabilization and crisis management and were working hard towards these goals. For example, if an inmate who is classified as an S1 utilizes an inmate request for mental health services, the staff will assess this inmate and provide interventions (including case management and individual therapy) to assist the inmate with identified problems/stressors and will continue to see the inmate until the issue is resolved. This appeared to be successful in many instances (based on those S1 inmate request reviews) in assisting an inmate through a crisis/stressor and preventing further interventions such as an SHOS admission or an increase in S grade. Inmate interviews revealed that inmates were knowledgeable on how to access care and generally satisfied with their mental health treatment at MARCI. Notwithstanding the findings identified above, the mental health staff at MARCI appear to be providing clinically appropriate care.

## 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.