



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Mayo Correctional Institution Annex

In

Mayo, Florida

on

March 21-23, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1414	Male	Close	5

Institutional Potential/Actual Workload

Annex Unit Capacity	1412	Current Annex Unit Census	1127
Satellite Unit(s) Capacity	328	Current Satellite(s) Census	287
Total Capacity	1740		1414

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		994	350	102	1	3
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1397	53	N/A	N/A	N/A	N/A

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>
	97	42	0	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	6.6	3.6
LPN	7.2	.6
Dentist	1.5	.5
Dental Assistant	2	1
Dental Hygienists	1	1

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	.2	0
Behavioral Specialist	N/A	N/A
Mental Health Professional	1	0
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

OVERVIEW

Mayo Correctional Institution Annex (MAYAN) houses male inmates of minimum, medium, and close custody levels. The Institution grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1 and 2. MAYAN consists of an Annex Unit and a Work Camp. The Main Unit has been closed.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MAYAN on March 21-23, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals no more than 6 months and no less than 12 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.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in three of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

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

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care or dental systems.

ADMINISTRATIVE PROCESSES REVIEW

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

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.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>PH-1: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-2: In 3 records, the baseline information was incomplete or missing (see discussion).</p> <p>PH-3: In 8 records, inmates were not seen according to their M-grades (see discussion).</p> <p>PH-4: In 3 records, the chronic illness clinic forms were incomplete (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: Per Department standards, the DC4-770 series must be completed in its entirety. The DC4-770 series includes the Clinic Flow Sheet(s) and the Baseline History and Procedures narrative. The narrative was blank in two of the three records.

Discussion PH-3: In all eight records, the clinician indicated on the clinic visit sheet that the inmates were to be scheduled for 180 days, however all were M-grade 3. The patient's profile sheet was not updated so subsequently the inmates remained a grade 3 in the Offender Based Information System (OBIS). Per Health Services Bulletin (HSB) 15.03.13, an M-3 should be followed in the chronic illness clinic every three months.

Discussion PH-4: Per HSB 15.03.05, chronic illness clinic visits are to be combined for patients with multiple diagnoses. In two records, one of the multiple diagnoses was not addressed. In the third record, there was no signature stamp for the clinician.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-5: In 3 of 6 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p> <p>PH-6: In 5 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 6 of 14 applicable records (15 reviewed), there was no evidence of hepatitis A & B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 1 of 4 applicable records (6 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 4 of 13 applicable records (19 reviewed), there was no evidence that the follow-up assessment was completed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-9: *In 3 records, there was no indication that a follow-up was completed after a referral was made to the clinician. One of those referrals was made after a sick call visit in January, and two were from February. In the other record, an X-ray was done on 3/9/17 but there was no record of clinician notes or further assessment.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inmate records revealed the following deficiencies:</p> <p>PH-10: In 6 records, the consultation log was incomplete for the incident (see discussion).</p> <p>PH-11: In 1 of 2 applicable records, there was no evidence that the alternate treatment plan (ATP) was documented in the medical record (see discussion).</p> <p>PH-12: In 1 of 2 applicable records, there was no evidence that the ATP was implemented (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: *The consultation log was difficult to follow. Initial consults are logged and if an appointment is pending at the end of the month, that consult is brought forward to the next month. This process is repeated until all information is received and this process can take several months. Since the system does not update the original entry, it appears that consultations have been open many months. Surveyors asked for an updated log but when staff ran the log, different names appeared each time it was run. Staff indicated that there was a multi-step process to hide and unhide entries. Logs are an important tool medical staff can use to gather “at a glance” data about the health issues of an inmate. Surveyors expressed concern with the current process and the impacts it may have on receiving timely medical diagnoses or treatment recommendations.*

Discussion PH-11 & PH-12: *There was a progress note dated 2/17/17 stating that the consultation from 12/15/16 was evaluated and resubmitted but there is no documentation of the ATP itself or evidence that it was implemented. Per HSB 15.09.04, the institution’s medical director is responsible for documenting the non-approval and describing the alternative plan of care in the progress notes.*

Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: In 1 of 5 applicable records (17 reviewed), there was no evidence that a clinic visit took place as scheduled after arrival at the institution.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferred into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 3 of 15 records reviewed, there was no evidence that all diagnostic tests were completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-14: Per HSB 15.03.04, an annual chest x-ray is required for inmates ages 55-77 years of age and who are either a current smoker or quit smoking in the previous 15 years, who have had a one pack a day smoking habit for 30 years. The annual chest x-ray was not found in any of the three records and could not be located by staff.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: There were some expired supplies located in the medical unit.</p> <p>PH-16: Over-the-counter medications were not readily available or dispensed correctly in all dorms (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have 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>

Discussion PH-16: *Per Department Procedure 406.001, specific over-the-counter (OTC) medications are to be made available in all general population and special housing areas to include antacids, acetaminophen and ibuprofen. Ibuprofen was not available in I dorm or C dorm. In I dorm, two packets rather than two pills of acetaminophen were being distributed to inmates which resulted in receiving twice the dosage intended. CMA surveyors expressed concern that too much acetaminophen may lead to negative side effects such as liver damage or overdose. In C dorm, there was no tracking mechanism in place to identify when a medication was given or to whom. The OTC meds were signed out to officers for their wings and given as requested.*

CONCLUSION

The physical health staff at MAYAN serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. With the exception of the infirmary charts, medical records were in order and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. All inmates interviewed, however, expressed dissatisfaction with the care they have received.

There were several findings related to clinical care that included the timeliness of appointments for inmates. Pneumococcal vaccinations were not given according to protocol in two of the chronic illness clinics and hepatitis A & B vaccinations were not given appropriately in the gastrointestinal clinic. Diagnostic testing for periodic screenings and follow-up assessments after sick call services were not done. The other deficiencies were primarily documentation or administrative issues. The distribution of over-the-counter medications in the dorms and the consultation log process were of particular concern to the CMA surveyors. Both items are systems issues that can lead to adverse health outcomes for inmates.

It is clear that the CMA corrective action process will be beneficial to MAYAN as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

There was a finding requiring corrective action in the review of use of force episodes; 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, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient mental health services; the items to be addressed are indicated in the table below.

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>A comprehensive review of 6 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission (see discussion).</p> <p>MH-2: In 3 records, SHOS orders were not cosigned by the next working day or were incomplete (see discussion).</p> <p>MH-3: In 3 records, the “Infirmarary/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission (see discussion).</p> <p>MH-4: In 2 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-5: In 1 of 5 applicable records, daily rounds by the attending clinician were not completed on all business days.</p> <p>MH-6: In 1 of 5 applicable records, daily counseling was not provided on all business days.</p> <p>MH-7: In 4 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge from SHOS (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: *In both records, the assessment form was present but was incomplete.*

Discussion MH-2: *In one record, the order for SHOS was missing. In the remaining two records, the telephone order was not co-signed by the physician on the next business day.*

Discussion MH-3: *In two records, the Morse Fall Scale (DC4-684A) was not completed. In the last record, multiple areas of this assessment form were blank.*

Discussion MH-4: *According to the Department’s Health Services Bulliten during the fourth day of infirmarary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In both charts reviewed, there was no indication that this was considered.*

Discussion MH-7: In four records, there was no documentation to verify that this evaluation was completed and that the decision to discharge the inmate from SHOS was clinically appropriate.

Use of Force	
Finding(s)	Suggested Corrective Action(s)
<p>MH-8: In 1 of 1 records reviewed, nursing staff did not complete a physical exam immediately following a use of force episode (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: In this record, the nursing assessment was completed and lists an approximate time for both the use of force episode and the exam. While this inmate was listed on the Emergency Nursing Log, the times were blank, making it impossible to determine if this exam occurred within an hour of the event.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 6 of 8 applicable records, the Bio-psychosocial Assessment (BPSA) was not approved by the multi-disciplinary services team within 30 days of initiation of mental health services, or change in S-grade (see discussion).</p> <p>MH-10: In 6 records, short term goals on the Individualized Service Plan (ISP) were not written as required (see discussion).</p> <p>MH-11: In 4 records, the ISP was not signed by all relevant parties (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: In four records, this document was signed by the Senior Psychologist but not by the Mental Health Professional. In the remaining two records, the BPSA was signed by the Mental Health Professional but was lacking the signature of the Senior Psychologist.

Discussion MH-10: In six records, the short term goals were not measurable.

Discussion MH-11: In four records, the signature of the inmate was missing. Without the signature, it is unclear if the inmate is actively participating in the planning of his treatment goals.

CONCLUSION – MENTAL HEALTH

The staff at MAYAN serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The majority of findings in this report were noted in the review of SHOS. Emergency evaluations and nursing assessments were not consistently completed and telephone orders were not co-signed by the next working day. In several cases, there was no evidence of a face-to-face evaluation by the attending clinician prior to discharge. Additionally there were findings related to required signatures on Bio-psychosocial Assessments and Individualized Service Plans.

Inmates reported that overall they are satisfied with the level of care and easy access to mental health services. There were no findings noted in the review of inmate requests, special housing or psychological emergencies. The Mental Health Professional is knowledgeable and familiar with inmates on her caseload. Inmates receive individual therapy and case management according to their ISP. Medical records were well organized, readily available, and maintained to departmental format. Staff throughout the facility were cooperative and helpful during the survey and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

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