



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Moore Haven Correctional Facility

in

Moore Haven, Florida

on

November 5-6, 2014

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Distributed on: November 25, 2014

CAP Due Date: December 29, 2014

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
985	Male	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	1008	Current Main Unit Census	985
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1008	Total Current Census	985

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		687	163	126	1	N/A
<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>
	742	56	179	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>
		10	13	5	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	8	1
LPN	6	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	.5	0
Sr. Mental Health Clinician	.5	0
Behavioral Specialist	2	0

OVERVIEW

Moore Haven Correctional Facility (MHCF) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. MHCF consists of a Main Unit only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at MMHFC on November 5-6, 2014. 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

Moore Haven Correctional Facility (MHCF) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at MHCF:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in five of the chronic illness clinics; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of infirmary services. There were findings requiring corrective action in the review of emergency care and sick call services; 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 services.

OTHER MEDICAL RECORD REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were no findings requiring corrective action as a result of the institutional tour.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>PH-1: In 3 records, there was no evidence of completed annual labs (see discussion).</p> <p>PH-2: In 3 of 4 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: Per Health Services Bulletin(HSB)15.03.05 Appendix #2 inmates will have a BMP, lipid profile, and a urine dipstick done annually. A microalbuminuria will be done if the urine is negative for protein. Additionally, inmates with hypothyroidism will have a TSH determination at least annually. In all three records, the annual urine dipstick was not completed.

Discussion PH-2: Per HSB 15.03.05 Appendix #2, inmates with HgbA1c over 8.0 or whose blood sugars are uncontrolled should be seen at least every four months to address tighter blood glucose control. In all three records, follow-up was scheduled for six months.

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>PH-3: In 3 records, there was no evidence of completed annual labs (see discussion).</p> <p>PH-4: In 3 records, there was no evidence of hepatitis A & B vaccine given to inmates with hepatitis C infection and no prior history of A & B infection.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-3: Per HSB 15.03.05 Appendix #8, all inmates will have a CBC with platelets, comprehensive metabolic profile (glucose, BUN, creatinine, Na+, K+, Cl-, CO2, Ca+2, total protein, albumin, total bilirubin, alkaline phosphatase, AST, ALT) and urinalysis at least annually. In all three records, the annual urinalysis was not completed.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 1 of 3 applicable records (14 reviewed), there was no evidence of appropriate opportunistic infection prophylaxis (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-5:** Per HSB 15.03.08 prophylaxis against opportunistic infections and antiretroviral therapy will be considered for Human Immunodeficiency Virus positive inmate patients as clinically indicated per CDC Guidelines. In one record, an inmate with a CD4 count of 45 had not received prophylaxis for mycobacterium avium complex (MAC) disease. Per the CDC guidelines, HIV-infected adults and adolescents should receive chemoprophylaxis against disseminated MAC disease if they have CD4 counts <50 cells/mm³ (AI).*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 1 of 3 applicable records (12 reviewed), there was no evidence that an inmate with moderate to severe reactive airway disease was started on anti-inflammatory medication (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory 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-6:** Patients with a diagnosis of reactive airway disease will be classified as mild, moderate or severe. Patients with moderate to severe reactive airway disease will be started on anti-inflammatory inhalers unless contraindicated.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 2 of 5 applicable records (6 reviewed), there was no evidence of pneumococcal vaccine or refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis 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-7:** Patients receiving treatment for latent tuberculosis infection are not automatically considered top priority for offering pneumococcal vaccinations but the inmate records reviewed revealed additional risk factors which indicated that immunization was needed. The inmates were aged 19-64 with a history of cigarette smoking.*

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 1 of 1 applicable record (16 reviewed), there was no evidence that the follow-up assessment was signed by the clinician.</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 emergency care 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 2 of 7 applicable records (16 reviewed), there was no evidence that the follow-up assessment was signature stamped by the clinician.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 inmate records revealed the following deficiencies:</p> <p>PH-10: In 7 records, the diagnosis was not reflected on the problem list.</p> <p>PH-11: In 3 of 10 applicable records, there was no evidence that the Consultation Appointment Log (DC4-797F) was complete and accurate (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-11: The consultation log was not updated to reflect the outcomes of the consultation appointments. In the above noted deficiencies, key information including the appointment status (complete or incomplete), the consultation status (returned or not-returned), follow-up requirements, and the outcome/procedures ordered were left blank.

Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: In 4 of 14 records reviewed, there was no evidence that the clinician reviewed the health record and the Health Information Transfer/Arrival Summary (DC4-760A) within 7 days of arrival (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 transferring into the facility to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-12:** Department Procedure 401.017 states a clinician will review the health record and the DC4-760A within seven days of arrival. The four records indicated above had not been reviewed at the time of the survey and the arrival dates were 10/13/14, 10/20/14, 10/20/14, and 9/22/14.*

CONCLUSION

The physical health staff at MHCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 222 records and found deficiencies in 63 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 not readily available. Due to limited space in the medical department, the survey had to be conducted in the Warden's conference area and charts had to be brought back and forth from the medical records area which created some delay in receiving charts. The staff at MHCF was helpful throughout the survey process, however, and worked diligently to bring the needed charts and any missing documents that were requested to the survey area.

Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. The institutional tour revealed that all observed areas on the compound were clean and neat.

When analyzing the data, there were some trends identified in clinical services related to missing required annual labs, abnormal labs being addressed in a timely manner, and lack of vaccinations. Additionally, CMA surveyors noted several administrative deficiencies regarding medical record keeping. Although documents were generally placed in the medical charts in a timely manner, they were often filed out of order and some charts contained loose pages. Many documents were missing inmate identifying information and the left side of the chart was often unattached to the record jacket. Surveyors expressed concern that this could lead to misplaced or lost documentation making it difficult to maintain continuity of care.

Based on the findings of this survey, it appears that MHCF is providing adequate physical health care to its inmate population. It is clear, however, that the corrective action process will be beneficial to MHCF 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

Moore Haven Correctional Facility (MHCF) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at MHCF:

- 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 or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests. There were findings requiring corrective action in the review of psychological emergencies and special housing; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were findings requiring corrective action in the aftercare planning review, the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</p> <p>MH-1: In 4 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>MH-2: In 2 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-3: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-4: In 3 records, daily rounds were not conducted by the attending clinician.</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-2: According to the Department's HSB, during the fourth day of infirmity mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In two of the four applicable records, there was no documentation by the attending clinician that this was considered.

Discussion MH-3: Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist." In two records, entire pages were missing (one page covers observations for a 24 hour period). In two other records, gaps were noted on the forms indicating the inmate was not observed during the specified time frame.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 3 records, the post use of force physical exam was not completed in its entirety (see discussion).</p> <p>MH-6: In 1 of 2 applicable records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** In the three records reviewed, there was no physician signature indicating that he/she had reviewed the exam. In addition, one of the records contained an inmate diagram that indicated there were no injuries to the inmate during the use of force episode, however the “no injuries” box was unchecked. It was unclear from that documentation whether the inmate had or had not been injured during the incident.*

Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 4 of 12 records, there was no documentation that the clinician had considered the inmate’s history of mental health treatment and past suicide attempts.</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 psychological emergency episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: In 1 of 4 applicable records (13 reviewed), an identified problem in adjustment was not responded to in a clinically appropriate manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates in special housing 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:** The mental status exam indicated "symptom severity level increased" but there was no action taken such as an ISP review, referral for medication, or additional intervention.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 26 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 5 of 21 applicable records, informed consents were not present.</p> <p>MH-10: In 2 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</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 (inmates on mental health medication) to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 22 outpatient records revealed the following deficiencies:</p> <p>MH-11: In 2 of 3 applicable records, the Biopsychosocial Assessment (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>MH-12: In 6 of 19 applicable records, the Individual Service Plan (ISP) was not individualized and lacked pertinent information (see discussion).</p> <p>MH-13: In 7 of 19 applicable records, the ISP was not signed by a member or members of the MDST and/or inmate or a refusal was not documented on form DC4-711A.</p> <p>MH-14: In 4 of 19 applicable records, mental health problems were not recorded on the problem list.</p> <p>MH-15: In 1 of 2 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-12:** In four records, there was no history of harmfulness or escape addressed on the ISP. In one record, the inmate had two new problems added (anxiety and depression) but there was no other treatment related information including justification for the newly added problems. In another record, the diagnosis was changed from major depressive disorder to schizoaffective disorder with no explanation or written justification.*

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records of S-3 inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</p> <p>MH-16: In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days EOS.</p> <p>MH-17: In 3 of 9 applicable records, the Consent and Authorization form (DC-711B) was not dated.</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 records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MENTAL HEALTH SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-18: Logs were incorrect, illegible, or 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 the Inmate Request and SHOS log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-18:** The Inmate Request Log was difficult to read and many of the dates listed on the log did not correspond to requests in the medical records. It is unknown if the log was correct and the request was not present, or if the log was incorrect. In addition, the SHOS Log lacked many of the documented SHOS episodes that were correctly documented on the Infirmary Log.*

CONCLUSION

The mental health staff at MHCF serves a complex and difficult population. Outpatient services, including case management and individual and group counseling, are provided to approximately 179 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

Upon entry into the institution, some difficulties were immediately identified. A quick tour of the medical area revealed limited work space. As a result, the team set up in the Warden's conference room to conduct the survey. Some staff, including the psychiatrist and Senior Mental Health Clinician, did not have office space. The Senior Mental Health Clinician was working in an empty infirmary room and using a chair as a desk to chart patient information. The psychiatrist reported using the lab room (which is void of a telephone) as an office to chart and see inmates. Although the psychiatrist and Senior Mental Health Clinician each only work two days per week, they both identified difficulties working with the current space limitations. In addition, there is one small waiting area for inmates shared by all mental health staff. This presents scheduling limitations, as there are days in which four mental health staff have inmates scheduled to be seen on the same day. Mental health staff reported staggering their inmate contacts to avoid having inmates on his/her individual caseload occupying all of the waiting area. Staff should be commended for their hard work and creativity in overcoming these facility constraints.

In addition to the findings listed above, there were some concerns regarding the discontinuation of mental health medication. One half of the 26 S-3 inmates chosen for review were not prescribed mental health medication and all but two had their medication discontinued at MHCF. While it is not uncommon to see S-3 inmates not prescribed mental health medication, it is rare to see so many. On many occasions, it was difficult to identify a rationale for this discontinuation. However, in some cases documentation indicated the inmates wanted to try treatment without medication and in one case the inmate was taken off medication due to an increased lab result. Additionally, surveyors had concern over the immediacy at which the medication was discontinued without titration. Surveyors noted that while most of the medications do not require titration to counteract withdrawal, those inmates with a long history of pharmacological treatment may benefit from monitoring while slowly decreasing the medication to establish a healthy symptom baseline. In addition, surveyors noted that there was no additional intervention documented for those whose mental health medication was discontinued.

It should be noted that on April 23, 2014, MHCF received an influx of 50 S-3 inmates. A second influx of 50 S-3 inmates was received on April 30, 2014 followed by the last 50 S-3 inmates on May 7, 2014. Prior to that, MHCF mental health staff served only S-2 inmates. The addition of S-3 inmates requires some adjustment, including the addition of a psychiatrist. The mental health staff at MHCF appeared dedicated and hardworking. The staff were responsive during the survey and were quick to assist in locating records and answering questions. Staff interviewed were familiar with inmates on their caseloads. Oftentimes inmates in need were seen more frequently than the plan of care indicated. In addition, some S-1 inmates were provided short term counseling to combat stressors and crises that could lead to a need in an S-grade increase. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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