



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Northwest Florida Reception Center

in

Chipley, Florida

on

June 5-7, 2018

CMA Staff Members

Jane Holmes-Cain, LCSW
Kathy McLaughlin, BS
Monica Dodrill, RN
Lynne Babchuck, LCSW

Clinical Surveyors

James Langston, MD
Erik Gooch, DO
Ashok Manocha, DDS
Michael Railey, PhD
Julie Holt, ARNP
Joanne Pintacuda, ARNP
Deanna Epley, ARNP
Susan Porterfield, ARNP
Mary Jane Valbracht, ARNP
Patricia Meeker, RN
Suzanne Brown, RN
Paige Parker, RN
Dynitia Brimm, LCSW
Jennifer Barr, LCSW
Mandy Petroski-Moore, LCSW

Distributed on July 2, 2018
CAP Due Date: August 1, 2018

DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2142	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1303	Current Main Unit Census	940
Annex Capacity	1615	Annex Census	1135
Work Release	71	Work Release	67
Total Capacity	2989	Total Current Census	2142

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1270	600	231	3	11
<i>Mental Health Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		<i>Impaired</i>
	1	2	3	4	5	
	1379	110	554	N/A	N/A	94

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		135	164	N/A	N/A	N/A

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
RN	5.2	1
LPN	11.3	1
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0.5
Psychiatrist ARNP/PA	1	1
Psychological Services Director	1	0
Psychologist	1	1
Mental Health Professional	7	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	5.2	3
LPN	11.3	2
Dentist	1	0
Dental Assistant	2.5	0
Dental Hygienists	1	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	1	1
Psychological Services Director	1	0
Psychologist	0	0
Mental Health Professional	5	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

OVERVIEW

Northwest Florida Reception Center (NWFRC) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. NWFRC consists of a Main Unit, Annex, and a work release center. The primary mission of the Annex is the reception and orientation of inmates newly sanctioned to the state correctional system.

The overall scope of services provided at NWFRC 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 NWFRC on June 5-7, 2018. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS – MAIN UNIT

Northwest Florida Reception Center-Main (NWFRC-Main) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at NWFRC-Main:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- 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 no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in six 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 infirmary care, sick call, and emergency 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 or medication administration. There were findings requiring corrective action in the review of consultations, inmate requests, 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 systems or dental care.

ADMINISTRATIVE PROCESSES REVIEW

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

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.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-1: In 5 of 11 applicable records, there was no evidence of an annual fundoscopic examination.</p> <p>PH-2: In 2 of 8 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p> <p>PH-3: In 2 of 10 applicable records, there was no evidence that inmates with vascular disease or high risk were prescribed aspirin.</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>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 2 of 10 applicable records (11 reviewed), there was no evidence of hepatitis 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 immunity 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-5: In 1 of 3 applicable records (5 reviewed), there was no evidence of a referral to a specialist when indicated (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 miscellaneous 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:** This inmate was referred for visual field testing on 1/8/16 and 5/2/17. There was no evidence the inmate was ever seen. The clinician documented on 5/2/18 at the clinic visit that the patient had an optometry appointment pending although there was no record of another consultation request.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-6: In 4 of 7 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-7: In 2 of 6 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 neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-8: In 3 records, there was no evidence of an appropriate examination for the disease (see discussion).</p> <p>PH-9: In 1 record, there was no evidence that marker or radiological studies were completed at appropriate intervals (see discussion).</p> <p>PH-10: In 2 records, there was no evidence of the control of the disease or the status of the patient.</p> <p>PH-11: In 2 of 2 applicable records, there was no evidence of a referral to a specialist when indicated (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 oncology 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-8: *In one record, the inmate had a melanoma diagnosis in 2016 but there was no assessment of the skin at the clinic visit. In another record, cancer was not addressed at all at the clinic visit. In the last record, the documentation indicated that the inmate had refused further care so an assessment was not done. A signed refusal could not be located by CMA surveyors or institutional staff.*

Discussion PH-9: *In this record, an inmate with a history of colon cancer had not received a carcinoembryonic antigen (CEA) marker test since 2/1/17.*

Discussion PH-11: *In one record, an inmate with melanoma in 2016 had not seen a dermatologist since the diagnosis. In another record, it was documented that an inmate with colon cancer was refusing his consult for GI and colonoscopy, but a signed refusal could not be found by CMA surveyors or institutional staff.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>PH-12: In 3 records, there was no evidence of the monthly follow-up provided by nursing (see discussion).</p> <p>PH-13: In 1 of 4 applicable records, the AST and ALT tests were not repeated as ordered.</p> <p>PH-14: In 3 records, there was no evidence that the inmate was being given the correct number of doses of Isoniazid (INH) (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-12 & PH-14:** In one record, the inmate received INH in March and April but none after that. There was only one documented monthly follow-up and it was dated 3/28/18. In another record, the order for INH was written 4/5/18 at Central Florida Reception Center. The inmate arrived at NWFRC on 4/17/18 but did not receive medication on the 17th, 24th, 27th, or 31st. The only follow-up documented was on 4/17/18. In the last record, the inmate arrived at this institution on 5/3/18 but there was no evidence that he has received medications since his arrival. There has not been another nursing follow-up since his arrival on 5/3/18.*

Infirmary Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-15: In 6 of 9 applicable records, there was no evidence of a complete discharge note by the nurse.</p> <p>PH-16: In 1 of 4 applicable records, there was no evidence of a discharge summary by the clinician within 72 hours of discharge.</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 infirmary care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: In 2 of 10 applicable records (16 reviewed), there was no evidence of a referral to a clinician when indicated (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 emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-17: In one record, there was blood in the stool. In the other record, the inmate had a pain level of 7 out of 10 and hematuria. Per the protocols used, both required clinician notifications.

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-18: In 4 of 8 applicable records (18 reviewed), there was no evidence of timely follow-up by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of 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-18: The inmates were seen in sick call on 3/22/18, 3/28/18, 4/6/18, and 5/15/18 respectively. As of the date of the survey, there was no documentation of a follow-up by the clinician although indicated.

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-19: In 9 of 14 records reviewed, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-20: In 1 of 1 applicable record (15 reviewed), there was no evidence that the inmate was referred to the clinician for follow-up when indicated (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-20: *The inmate's blood pressure was 153/98 at the time of the screening. There was no indication it was re-checked or that he was referred for follow-up.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>PH-21: In 4 of 10 applicable records (17 reviewed), there was no evidence that the indicated outcome of the request occurred timely (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 medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-21: *In one record, the inmate requested a pneumococcal and influenza vaccination. He was given the influenza vaccination, but the pneumococcal vaccination was not addressed. In another record, the inmate requested information on when his return to Reception Medical Center (RMC) for follow-up was scheduled. The inmate had been seen at RMC on 8/9/17 and a computerized axial tomography (CAT), esophagogastroduodenoscopy (EGD) and colonoscopy were recommended ASAP. The CAT was completed on 9/8/17 but the colonoscopy had not been completed as of the date of the survey. The appointment had been scheduled 11/8/17 but was cancelled due to transportation issues. The inmate was prepped again on 12/4/17 but the appointment was cancelled. The inmate request was answered on 2/6/18 stating he may need additional testing and that his chart would be referred to the clinician. At his clinic visit with the clinician on 5/24/18, it was documented that the EGD and colonoscopy had not been completed but there was no record of a new request for it. In the third record, the inmate requested treatment of his kidney stones on 5/23/18. The request was answered on 5/24/18 that a urology consult was pending approval and that the inmate had been given medication for pain. The consultation was requested but had not been completed as of the date of the survey. In the last record, the inmate requested information regarding follow-up with the eye doctor. The request was dated 4/11/18 and was answered 4/16/18 that an appointment was scheduled in the near future. As of the date of the survey, the inmate had not been seen.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-22: There was no evidence that over-the-counter medications were available and distributed correctly in all dorms (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, inspection, 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)
PH-23: There was no evidence that first aid kits were inspected monthly.	

Discussion PH-22: Over-the-counter medications were distributed to inmates without documenting who was receiving the medications, the time, or amount given.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at NWFRC-Main serves a difficult population that includes inmates with 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 institutional tour revealed that observed areas on the compound were clean and neat. Interviews held with medical staff, correctional officers, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. The majority of inmates interviewed described the health care as adequate.

Many concerns were identified in the review of records regarding the provision of medical services. Necessary referrals and follow-up appointments were often missed or not completed timely. This was evident in emergency care, sick call, miscellaneous and oncology clinics, as well as periodic screenings and inmate requests. CMA surveyors expressed concern that delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes. In addition, required annual labs were not completed, seizures were not classified, and infirmary discharge notes were often incomplete. Documentation in several records indicated that inmates had refused treatment; however, signed refusals could not be found.

NWFRC-Main has recently undergone many changes in personnel and staffing, including several key positions. This may have exacerbated or contributed to several of the deficiencies noted on this report. It is clear that the institution will benefit from the CAP process as they use the results of the survey to make improvements where deficiencies were found.

MENTAL HEALTH FINDINGS – MAIN UNIT

Northwest Florida Reception Center-Main (NWFRC-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at NWFRC-Main:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-Harm Observation Status (SHOS). The items to be addressed are indicated in the table below. There were no episodes of restraints at NWFRC-Main.

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or special housing. There were findings requiring corrective action in the review of inmate requests. 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 mental health services and psychiatric medication practices. The items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were no findings in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

There were no findings 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 12 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 3 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 1 of 4 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-3: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days (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 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-1: In two records, neither the “Mental Health Emergency Evaluation” or “Mental Health Emergency Nursing Assessment” (DC-642G or DC-683A, respectively) were able to be located by staff. In the remaining record, there was an evaluation present, but it was not dated and therefore it is unclear if it coincided with the date of admission.

Discussion MH-2: According to the Department’s Health Services Bulletin (HSB), during the fourth day of infirmary 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 one record, there was “no attending available to evaluate” on the fourth day of SHOS.

Discussion MH-3: In one record, the inmate was discharged on 5/11/18 but was not seen for follow-up until 6/05/18. In another record, the inmate was discharged on 2/28/18 and was not seen until 3/13/18. In the remaining record, the inmate was discharged on 2/05/18; however, was not seen for follow-up. He was re-admitted on 2/24/18.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 2 of 9 records reviewed, the post use of force exam was not 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 use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-4: *In one record, there was no documentation that corresponded with the date on the Use of Force log. In the second record, the assessment was present but incomplete.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 inmate requests revealed the following deficiencies:</p> <p>MH-5: In 3 of 14 applicable records, the identified request was not responded to within the appropriate time frame (see discussion).</p> <p>MH-6: In 3 of 12 applicable records, the referral or interview did not occur as intended (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 inmate requests 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: *Inmate-initiated requests will be responded to within ten working days. Dating, timing, signing, and stamping documents related to the inmate request and subsequent response is important in maintaining these deadlines. In one record, the response was not signed or dated, making it impossible to determine if the response was timely. In the two remaining records, the response was greater than ten days.*

Discussion MH-6: *In one record, an inmate with active auditory hallucinations submitted a request to see psychiatry for medications on 2/27/18. The inmate was not seen by psychiatry until 3/26/18. In the remaining two records, there was no evidence that the inmate was seen by mental health in response to requests submitted on 3/01/18 and 3/23/18.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-7: In 5 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-8: In 5 records, the inmate did not receive services as listed on the ISP (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-7:** In four records, the ISP was not signed by the inmate. The remaining record was not signed by psychiatry. Without the signature of all members of the treatment team and the inmate, it is difficult to determine if the inmate is aware of his treatment goals and that all are in agreement with the plan of care.*

***Discussion MH-8:** In three records, the inmate did not receive psychiatry services every 60 days as indicated on his ISP. In one record, the inmate did not receive therapy every 60 days as indicated on his ISP. In the remaining record, the inmate's ISP indicated psychiatry every 90 days; however, he was not seen between 1/24/18 and 5/10/18.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-9: In 7 of 13 applicable records, follow-up lab tests were not completed as required (see discussion).</p> <p>MH-10: In 6 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-11: In 4 records, documentation of follow-up psychiatric contacts did not contain the required clinical information (see discussion).</p> <p>MH-12: In 4 of 11 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-13: In 3 of 6 applicable records, there was no evidence of rationale for the use of an Emergency Treatment Order (ETO).</p> <p>MH-14: In 5 of 6 applicable records, the ETO was not signed/co-signed by the physician within 24 hours (see discussion).</p> <p>MH-15: In 1 of 1 applicable record, the ETO was not written for each administration of psychotropic medications without informed consent.</p> <p>MH-16: In 2 of 6 applicable records, there was no evidence that the ETO was administered in the least restrictive manner (see discussion).</p>	

Discussion MH-9: In all seven records, lipid profiles were not completed per protocol for inmates taking antipsychotic medications. One of these records contained no indication of a valproic acid level after a dose change of Depakote.

Discussion MH-11: According to Health Services Bulletin (HSB 15.05.09) the prescribing clinician shall include the following in his/her progress notes: effects of prescribed medication(s) on targeted symptoms and behavior, rationale for change of medication, increasing or decreasing medication, and side effects of the medication. In four records, documentation was incomplete on portions of the form. The information provided for prompts addressed was scant with superficial details and few rationales for changes in treatment.

Discussion MH-14: The use of psychotropic medications without an inmate's informed consent is restricted to situations in which the inmate presents an immediate danger of causing serious bodily harm to self or others, and no less intrusive or restrictive intervention is available, or would be effective. Such treatment may be provided upon the written order of a psychiatrist or other qualified prescribing clinician and must specify in the order that it is an "ETO" or "emergency treatment order." If a telephone order is received, it must be co-signed by a physician within 24 hours. In five of six records containing ETOs, there was no evidence of timely co-signature.

Discussion MH-16: In two records, there was minimal documentation to support the reason for administration of an ETO. Interventions such as supportive listening, verbal de-escalation, or psychotropic medications offered by mouth should be attempted prior to an ETO being given. However, if the emergency escalates rapidly or these interventions would likely not be successful, there should be a rationale as to why, which includes descriptive behavioral terms, quotes from the inmate, and observations that may or may not support the inmate's statements.

CONCLUSION – MENTAL HEALTH

The staff at NWFRC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to over 440 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.

Almost half of the findings noted were in the area of psychotropic medication practices. Laboratory studies, AIMS assessments, and psychiatric follow-up were not completed timely. Progress notes were brief and lacked required information. Emergency treatment orders were not appropriately co-signed and minimal rationales were provided for administration of psychotropic medications without the consent of the inmate. It was also unclear from the documentation if other less restrictive or invasive interventions were attempted.

Additionally, there were areas where incomplete assessments were noted. Prior to placement in SHOS and after a use of force episode, incomplete nursing documentation was noted. Mental health follow-up was inconsistent after inmate requests for services and after an acute care admission to the infirmary for mental health reasons. Individualized service plans were often unsigned by inmates and frequently psychiatry and therapy services were not provided in accordance with the ISP.

There were no findings related to psychological emergencies, special housing, aftercare planning, or in the review of mental health systems. In interviews, mental health staff demonstrated familiarity with policies, training, and staff education expectations. Inmates reported that they know how to access mental health and were able to explain the process. Mental health staff were cooperative and helpful throughout the survey. They are receptive to using the CAP process to improve mental health services at NWFRC-Main.

PHYSICAL HEALTH FINDINGS – ANNEX

Northwest Florida Reception Center-Annex (NWFRC-Annex) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at NWFRC-Annex:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- 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 no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in three of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency services. There were findings requiring corrective action in the review of infirmary care and sick call. 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 inmate requests, medication administration, or periodic screenings. 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.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

RECEPTION PROCESS

There were no findings requiring corrective action in the review of reception records or in the reception process.

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.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: In 1 of 4 applicable records (12 reviewed), there was no evidence of the required fundoscopic examination.	<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)
PH-2: In 5 of 12 records reviewed, there was no evidence of hepatitis B vaccination or refusal.	<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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 8 applicable records (13 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 respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmiry Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 5 of 10 records reviewed, there was no evidence of a nursing discharge note (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 infirmiry care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In two records, the discharge note was present but did not contain all the required components. In three records, there was no discharge note.*

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
PH-5: In 5 of 15 records reviewed, there was no evidence of patient education.	<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 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)
PH-6: In 3 of 9 records reviewed, the consultation log was incomplete.	<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>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 4 of 15 records reviewed, there was no evidence the clinician reviewed the health record within seven 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 institution 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:** In two records, the review occurred late. In one record, the clinician section was blank indicating the chart had not been reviewed. In the last record, the signature was present but was not dated or timed.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 4 of 18 records reviewed, there was no evidence of an adequate number of radiographs for diagnosis.</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 dental services to evaluate the effectiveness of corrections.</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>A tour of the facility revealed the following deficiencies:</p> <p>PH-9: There was no evidence that over-the-counter (OTC) medications were available and distributed correctly in all dorms (see discussion).</p> <p>PH-10: There was no evidence that first aid kits were inspected monthly</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>

Discussion PH-9: OTC medications in confinement areas were distributed without documenting who received the medication or what dosage.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at NWFRC-Annex serves a difficult population that includes inmates with 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, infection control, and reception activities.

A physical inspection revealed that all areas of the compound were clean. Interviews with institutional personnel and inmates revealed that all were familiar with how to obtain both routine and emergency services. Inmates described the overall health care as adequate but identified long wait times as an impediment to access. Medical charts were well maintained and documents were filed in a timely manner.

There were relatively few findings requiring corrective action. CMA surveyors noted that documentation reflected good clinical management and that follow-up health care appeared timely. Staff were receptive to the feedback provided by the CMA staff and indicated they would use the CAP process to improve care in areas found to be deficient.

MENTAL HEALTH FINDINGS - ANNEX

Northwest Florida Reception Center-Annex (NWFRC-Annex) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at NWFRC-Annex:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings 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 restraints for review.

USE OF FORCE REVIEW

There were no findings in the review of use of force.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of psychological emergencies. There were findings in the review of special housing and inmate requests. The items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

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

RECEPTION SERVICES REVIEW

There was a finding in the review of reception services. The item to be addressed is indicated in the table below.

AFTERCARE PLANNING REVIEW

There were no findings in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

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

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

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-1: In 4 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed as required.</p> <p>MH-2: In 4 records, there was no evidence of daily rounds 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 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>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>MH-3: In 2 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-4: In 2 records, the inmate did not receive medications as prescribed (see discussion).</p> <p>MH-5: In 4 records, the initial mental status examination was not completed within the required time frame (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 monthly 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-4: *In one record, one dose of medication was not given and no refusal was found. In the second record, the Medication Administration Record (MAR) for April and May could not be located, therefore, surveyors were unable to determine if the inmate received the medication as prescribed.*

Discussion MH-5: *According to staff, a referral from nursing to mental health is generated when an inmate is placed in confinement. In these records, the mental health staff did not receive a referral, therefore, were unaware of the inmate’s placement. Staff indicated a plan is in place to rectify this issue.*

Inmate Request

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 1 of 4 applicable records (6 reviewed), the response to the request was inadequate (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-6:** In this request the inmate reported he was suicidal, homicidal, and depressed. Although he was seen in a timely manner, these issues were not addressed.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>MH-7: In 3 of 14 applicable records, the inmate did not receive medication as prescribed (see discussion).</p> <p>MH-8: In 4 records, follow-up sessions were not conducted at the required intervals.</p> <p>MH-9: In 1 of 1 applicable record, the rationale for giving an emergency treatment order (ETO) was not clearly documented.</p> <p>MH-10: In 1 of 1 applicable record, the ETO was not cosigned within 24 hours (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-7:** In one record, an order to discontinue Celexa was written on 2/9/18; however, the inmate continued to receive the medication through the end of February. In another record, the MAR for May could not be located, therefore, surveyors were unable to determine if the inmate received his medication. In the remaining record, medications were*

given without a current order. A new order was eventually received; however, there was no indication the inmate was seen by the provider.

Discussion MH-10: The telephone order was received 4/22/18; however, it was not cosigned until 4/25/18.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-11: In 4 of 16 applicable records, the Individualized Services Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-12: In 3 of 13 applicable records, the ISP was not revised at 180-day intervals.</p> <p>MH-13: In 4 records, problems were not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-11: In four records, the ISP was not signed by the inmate to indicate he participated in the planning of his treatment goals.

Reception	
Finding(s)	Suggested Corrective Action(s)
<p>MH-14: In 1 of 3 applicable records (14 reviewed), intelligence testing was not 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 applicable 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-14: The Department's Health Services Bulletin (HSB 15.05.17) outlines specific requirements for psychological testing for all newly gained inmates. Initial testing is completed, and based on scores received, specific follow-up testing is required. The initial testing was administered; however, follow-up testing did not occur as directed in the HSB.

CONCLUSION – MENTAL HEALTH

The staff at NWFRC-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health reception services are provided to inmates newly received to the Florida Department of Corrections (FDC). Outpatient services, including case management and individual counseling, are provided to nearly 400 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. Reportable findings requiring corrective action are outlined in the tables above.

Many of the findings noted are related to incomplete nursing assessments, medication orders, and ISPs. Nursing evaluations for inmates in SHOS and special housing were incomplete. Inmates housed in both general population and confinement did not consistently receive medications as prescribed and there were documentation issues regarding ETOs. Although ISPs were individualized, they were not consistently signed by the inmate.

Inmates were seen for counseling and case management more frequently than indicated on their ISPs. Psychiatry staff are required to see inmates two weeks after prescribing a new medication, then two weeks later. While this did not consistently occur, in many cases inmates were seen for routine follow-up more frequently than required. Documentation was thorough and informative, making it easy for surveyors to follow the course of treatment. There were no findings in the review of psychological emergencies, discharge planning, use of force, or mental health systems. Staff were cooperative and helpful throughout the survey process. Overall, staff were responsive to using the CAP process to improve inmate mental health services at NWFRC-Annex.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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