



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Northwest Florida Reception Center**

in

**Chipley, Florida**

on

**October 1-2, 2014**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2637	Male	Close	5

### Institutional Potential/Actual Workload

Main Unit Capacity	1930	Current Main Unit Census	1271
Annex Capacity	1484	Current Annex Census	1366
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
<b>Total Capacity</b>	<b>3414</b>	<b>Total Current Census</b>	<b>2637</b>

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1444	855	286	6	4
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1778	186	635	0	0	83

### 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>
	105	60	52	0	0	0

## OVERVIEW

Northwest Florida Reception Center (NWFRC) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1 through 3. NWFRC consists of a Main Unit and an Annex. The Annex is responsible for the reception and orientation of inmates newly sanctioned to the state and houses new commitments, inmates in transit to permanent institutions, and permanent party inmates.

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, infirmary services, and outpatient mental health services.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at NWFRC on October 1-2, 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 upon request.

## **PHYSICAL HEALTH FINDINGS – MAIN UNIT**

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

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

#### **EPISODIC CARE REVIEW**

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

#### **DENTAL REVIEW**

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

#### **OTHER RECORD REVIEW**

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

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

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 7 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-2: In 3 of 15 applicable records, there was no evidence that the inmates with cardiovascular disease were prescribed low-dose aspirin (see discussion).</b></p> <p><b>PH-3: In 8 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-4: In 6 of 14 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular 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:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

***Discussion PH-2:** Per Health Services Bulletin (HSB) 15.03.05 Attachment 4, inmates with known cardiovascular disease should be on low dose aspirin unless contraindicated.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>PH-5: In 5 of 15 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-6: In 5 of 16 applicable records,</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p>

### Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
there was no evidence of influenza vaccine or refusal.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-7: In 9 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-8: In 5 of 11 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-9: In 4 of 15 applicable records, there was no evidence of influenza vaccine or refusal.</b></p> <p><b>PH-10: In 9 records, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-10:** Health Services Bulletin 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. The HSB also indicates the hepatitis A vaccine is recommended for inmates with evidence of liver disease.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-11: In 4 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-12: In 9 of 14 applicable records, there was no evidence that seizures were classified (see discussion).</b></p> <p><b>PH-13: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p> <p><b>PH-14: In 3 of 10 applicable records, there was no evidence of influenza vaccine or refusal (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

***Discussion PH-12:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial or complex partial seizures.*

***Discussion PH-13 & 14:** Patients in the Neurology Clinic alone are not automatically considered top priority for offering pneumococcal or influenza vaccinations, but the inmate records reviewed revealed additional diagnoses which indicated that immunization was needed according to HSB 15.03.30. Two of the three inmates in need of the pneumococcal vaccine had a history of asthma and the third inmate had cardiovascular disease. The three inmates in need of the influenza vaccine had cardiovascular disease, COPD, and asthma respectively.*

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 4 inmate records revealed the following deficiencies:</b></p> <p><b>PH-15: In 1 record, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p>

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-16: In 1 record, there was no evidence of influenza vaccine or refusal.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-17: In 4 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-18: In 4 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>PH-19: In 2 records, the diagnosis was not on the problem list.</b></p> <p><b>PH-20: In 2 records, there was no evidence of monthly nursing follow-ups (see discussion).</b></p> <p><b>PH-21: In 1 of 3 applicable records, there was no evidence that medication was discontinued and/or that the inmate</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>



## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>was referred to the clinician after exhibiting adverse effects (see discussion).</p> <p><b>PH-22:</b> In 4 of 7 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</p> <p><b>PH-23:</b> In 2 of 8 applicable records, there was no evidence of influenza vaccine or refusal (see discussion).</p> <p><b>PH-24:</b> In 3 records, there was no evidence that treatment began in a timely manner (see discussion).</p>	

**Discussion PH-20:** *In both records, the September monthly follow-up was missing.*

**Discussion PH-21:** *Per HSB 15.03.18 the use of INH should be interrupted and the inmate referred to a clinician if the ALT and AST is greater than three times the upper limits of normal range and/or the inmate has any signs or symptoms of adverse effects. In this record the AST was three times the upper limit and the ALT was five times the upper limit but the medication was continued.*

**Discussion PH-22 & 23:** *Although these inmates were diagnosed with latent TB infection and not active disease, the records revealed additional diagnoses which indicated that immunization was needed according to HSB 15.03.30. Of the four inmates who needed the pneumococcal vaccine, two had cardiovascular disease, one had hypertension, and one had asthma. The two inmates who needed the influenza vaccine both had cardiovascular disease.*

**Discussion PH-24:** *Per HSB 15.03.18 treatment of latent tuberculosis infection shall be considered for all inmates who have a positive skin test when active disease has been ruled out and there are no contraindications to treatment because it substantially reduces the risk that infection with M. tuberculosis will progress to TB disease. All three records indicated positive skin tests over 10 mm. In one record, the inmate had a positive tuberculin skin test on 4/7/14, received a chest x-ray the same day, but treatment did not begin until July. In another record, the inmate had a positive skin test on 5/24/14. The chest x-ray was not done until 7/24/14 even though the inmate's previous skin test in May 2013 was negative which indicated conversion. Treatment did not start until August. In the third record, the inmate had a positive skin test on 5/6/14 but did not start treatment until 7/18/14.*

## Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-25: In 7 of 10 applicable records (16 reviewed), there was no evidence of appropriate follow-up (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-25:** *Two records referred to fractures not being followed-up for two to four weeks. One record referred to a suspected fracture that was not followed-up for ten days. In one of the two records with fractures, x-rays were completed on 8/28/14 and a progress note dated 9/15/14 stated “avulsion fracture to the left index finger – schedule to be evaluated.” The inmate was not seen until 9/22/14. In the other record, an inmate with a 5<sup>th</sup> finger fracture confirmed on 7/31/14 was not addressed by the clinician until 8/13/14. In another record, an inmate with pain, swelling, and bruising of the left ankle received an x-ray on 8/18/14. Although there was no fracture, the x-ray was not reviewed for ten days.*

*In another record there was no evidence of hemocult cards submitted or followed-up on by the clinician even though the inmate was seen for blood in the stool. In the fifth record, an inmate was seen for a cyst in his left armpit. The clinician was immediately notified per protocol and the inmate was to return in two days for a wound check. No further follow-up was documented. In another record an inmate was seen for an abscess on the lip. A progress note dated 8/11/14 stated “reschedule due to clinician’s absence” but a follow-up appointment was not rescheduled as of the date of this survey. In the last record, an inmate suffered a human bite on 9/12/14. The plan stated “get HIV test, Hep A, B, & C.” The HIV test was done timely but the hepatitis testing had not been completed as of the time of this survey.*

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-26: In 1 of 5 applicable records (16 reviewed), there was no evidence of appropriate follow-up (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-26:** On 8/12/14 an inmate was seen in sick call for left knee pain. The inmate had previously been seen on 7/15/14 with fluid on the knee and an x-ray was done at that time. On 8/20/14 the incidental note documented that a record review with the clinician was needed to evaluate for an orthopedic consult. Neither the record review nor the consult had been completed as of the date of this survey.*

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-27: In 3 of 11 applicable records, there was no evidence that all medications were administered according to the clinician's orders (see discussion).</b></p> <p><b>PH-28: In 4 records, there was no evidence that the clinician provided complete care orders for an inmate (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**PH-29:** In 5 records, there was no evidence that all orders were implemented (see discussion).

**PH-30:** In 1 of 1 applicable record, there was no evidence that telephone orders were countersigned by the clinician.

**PH-31:** In 2 of 8 applicable records, there was no evidence that the inmate was discharged after 23 hours or admitted to the infirmary (see discussion).

**PH-32:** In 4 of 5 applicable records, there was no evidence that the blue inpatient record contained all the required items (see discussion).

**PH-33:** In 1 of 5 applicable records, there was no evidence of a weekly progress note by the clinician.

**PH-34:** In 1 of 3 applicable records, there was no evidence of a discharge summary by the clinician.

***Discussion PH-27:** In the three records, Naprosyn, Simvastin, and Rocephin were ordered, respectively, but the medications were not reflected on the MAR as being administered.*

***Discussion PH-28:** In one record, only the medications were addressed in the care orders. In two records, the frequency of vital signs was not addressed and in the last record, the activity level of the inmate was not addressed.*

***Discussion PH-29:** In three records neuro checks were not completed as ordered by the clinician. In two records, vital signs were not done every shift.*

***Discussion PH-31:** Per HSB 15.03.26, the length of stay for a patient in observation status is not to exceed 23 hours. If further evaluation and care is required after 23 hours, the patient must be discharged from outpatient observation status and admitted to inpatient acute illness status. In one record the inmate had a seizure and was admitted to the infirmary for observation on 5/2/14 but was not discharged until 5/4/14. In the other record, the inmate was admitted for Bells palsy on 3/31/14 and was not discharged until 4/2/14.*

***Discussion PH-32:** In the four records indicated, there was no history and physical present in the blue inpatient chart.*

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-35: There was no evidence that all equipment was in working order (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-35:** Two of the four dental chairs were non-functional. There was also a water leak in the ceiling of the clinic that had resulted in rusted light fixtures. The surveyor expressed concern of possible mold contamination.*

## Dental Care Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>PH-36: In 4 of 17 applicable records, there was no evidence of a current and completed Dental Health Questionnaire.</b></p> <p><b>PH-37: In 4 of 17 applicable records, there was no evidence that timely and appropriate measures were taken to maintain optimal dental health and function (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

***Discussion PH-37:** In two records, a full mouth x-ray series was taken on 9/3/14 but had not been read by a dentist as of the time of this survey. In another record, bite wing x-rays were taken on 5/12/14 but were not reviewed until 9/15/14. In the last record, full mouth x-rays were taken on 7/7/14 and reviewed at a sick call visit on 9/2/14 but no treatment plan was documented.*

## Consultations

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-38: In 3 records, there was no evidence that the consultation was performed in a timely manner (see discussion).</b></p> <p><b>PH-39: In 7 of 11 applicable records, the new diagnosis was not reflected on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-38:** In one record a consultation for retinal vein occlusion was requested on 3/20/14. The consultation log indicated that the consult was returned on 8/20/14 however there was nothing in the chart. When staff was asked to locate the consultation results, it was discovered that the consult had actually been rescheduled for 10/14/14 and had not yet occurred. In another record, a consultation was requested on 2/25/14 for an inmate with basal cell carcinoma but was denied for clarification and further information. The request was resubmitted on 4/7/14 and the returned consultation stated “urgent cancer,” however surgery was not performed until 7/8/14. In the last record, a consultation request for a CT scan on an inmate with multiple comorbidities and complaints of hemoptysis since March was made on 8/7/14. The consultation log indicated that the consultation was returned on 8/26/14 but was actually completed on 9/5/14.*

## Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-40: In 5 records, the DC4-760A “Health Information Transfer/Arrival Summary was incomplete (see discussion).</b></p> <p><b>PH-41: In 16 records, there was no evidence that a clinician reviewed the health record and the DC4-760A within 7 days of arrival.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transfers 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-40:** In all five records, inmate passes were not addressed.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-42: All bags of IV solution were expired.</b></p> <p><b>PH-43: Procedures to access medical services were not posted in the confinement area.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **PHYSICAL HEALTH FINDINGS - ANNEX**

Northwest Florida Reception Center (NWFRC)-Annex provides outpatient and inpatient 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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in nine 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 care or infirmary services. There was a finding requiring corrective action in the review of sick call; the item to be addressed is indicated in the table below.

#### **DENTAL REVIEW**

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

#### **OTHER RECORD REVIEW**

There were no findings requiring corrective action in the review of periodic screenings or the reception process. There were findings requiring corrective action in the review of consultations and medication administration; 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.



## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 5 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-2: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-3: In 3 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular 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:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-4: In 4 records, the diagnosis was not on the problem list.</b></p> <p><b>PH-5: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-6: In 3 records, the Chronic Illness Clinic (CIC) forms and progress notes were not completed, legible, dated, timed, signed, and/or signature stamped (see discussion).</b></p> <p><b>PH-7: In 6 records, there was no evidence of completed annual labs (see</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>discussion).</p> <p><b>PH-8: In 2 of 7 applicable records, there is no evidence of fundoscopic exam.</b></p> <p><b>PH-9: In 2 of 3 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months.</b></p>	

***Discussion PH-6:** In one record the CIC flowsheet was not completed from the 2 previous clinic visits and contained a note for the doctor to complete. In two records no documentation could be found of a complete evaluation including sensory and vascular status of the extremities and examination of the feet.*

***Discussion PH-7:** Per Health Service Bulletin (HSB) 15.03.05 Appendix #2, inmates will have a basic metabolic profile, lipid profile, and urine dipstick. A microalbuminuria will be done if the urine is negative for protein. In three records, the urine dipstick was not done and in the other three records, microalbuminuria was not completed.*

***Discussion PH-9:** 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.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>PH-10: In 4 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-11: In 3 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In 3 of 9 records reviewed, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 inmate records revealed the following deficiencies:</b></p> <p><b>PH-13: In 3 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-14: In 6 records, there was no evidence that seizures were classified (see discussion).</b></p> <p><b>PH-15: In 2 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

**Discussion PH-14:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial or complex partial seizures.

**Discussion PH-15:** In one record, the inmate complained of muscle spasms and twitching side effects from Depakote, but there was no indication that alternative medications or dosage options were considered. In another record, there was no evidence a patient enrolled in the neurology clinic with a history of chronic seizures was prescribed anti-seizure medications or refusal of treatment.

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 6 inmate records revealed the following deficiencies:</b></p> <p><b>PH-16: In 2 records, there was no evidence of hepatitis B vaccine or refusal (see discussion).</b></p> <p><b>PH-17: In 3 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-18: In 3 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-16:** Per HSB 15.03.30 states that inmates who have evidence of HIV infection and no evidence of past hepatitis B infection should be given the hepatitis B vaccination.*

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 4 inmate records revealed the following deficiencies:</b></p> <p><b>PH-19: In 3 records, there was no evidence of a diagnosis of malignancies documented on all forms.</b></p> <p><b>PH-20: In 2 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-21: In 2 records, the (CIC) forms and progress notes were not completed, legible, dated, timed, signed, and/or signature stamped (see discussion).</b></p> <p><b>PH-22: In 1 record, there was no evidence the patient was seen as often as the clinician determined necessary, not to exceed 365 days (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-21:** One record had no clinic flowsheet in the chart for a notated visit and one record's CIC form had no baseline data including diagnosis or treatments, no vital statistics, and no mention of appropriate exam of cervical nodes.

**Discussion PH-22:** The inmate completed radiation for prostate cancer in January 2014 and was scheduled for follow up in six months in the oncology clinic. Notes indicated the patient was seen at eight months in August but no DC4-770H "Oncology Chronic Illness Clinic Flowsheet" could be located.

<b>Respiratory Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-23: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-24: In 2 of 10 applicable records, patients with reactive airway disease diagnosis were not classified as mild, moderate, or severe.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

<b>Tuberculosis Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-25: In 5 of 9 records reviewed, the baseline information was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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>

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-26: In 1 of 5 applicable records (16 reviewed), there was no evidence of appropriate follow-up (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records 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-26:** In one record, an inmate seen on 8/18/14 for an ongoing left wrist injury was documented as receiving follow-up treatment on his right wrist. The inmate was to be seen for an additional follow-up in two weeks but had not been seen at the time of this survey.*

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-27: There was no evidence that preventive dentistry/oral hygiene posters or plaques were displayed in the dental area.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Consultations

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 inmate records revealed the following deficiencies:</b></p> <p><b>PH-28: In 3 records, there was no evidence the referral was sent to Utilization Management in a timely manner (see discussion).</b></p> <p><b>PH-29: In 6 of 6 applicable records, there was no evidence the consultation reports were signed and dated by the referring physician.</b></p> <p><b>PH-30: In 3 records, there was no evidence the consultation was performed in a timely manner (see discussion).</b></p> <p><b>PH-31: In 4 of 8 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>PH-32: In 1 of 4 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan (see discussion).</b></p> <p><b>PH-33: In 3 records, there was no evidence the consultation log was complete and accurate (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-28 and PH-30:** In one record an order was written on 12/5/13 for a follow-up echocardiogram in two months, however, the consultation request was not submitted until 8/5/14 and the appointment was not scheduled until 10/27/14. In another record the patient had a CT chest scan on 7/3/14 showing a mass in the upper right lobe of the lung with evidence of metastasis. A follow-up appointment did not occur until 9/9/14 and the consultation request submitted on 9/16/14 remained pending at the time of this survey. In the third record a patient with osteomyelitis was referred for an orthopedic consult on 8/1/14 and had an appointment date of 9/8/14 which was discovered to have been cancelled without rescheduling.

**Discussion PH-32:** On 12/5/13 the inmate was seen by a cardiologist at RMC who ordered follow-up lab work and EKG in two months which were not completed at the time of this survey.

**Discussion PH-33:** In one record the log indicated an appointment was kept but no consultation documents were found in the record. Staff referred to a separate internal log and reported that the appointment was actually cancelled. Surveyors were concerned that keeping two separate consultation logs could result in additional medical errors. Another consultation requested in September was not reflected on the consultation log and the last case does not reflect the follow-up request.

<b>Medication Administration</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-34: In 3 of 12 records reviewed, there was no evidence the Medication Administration Record (MAR) listed any allergies (see discussion).</b>	<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 medication administration 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-34:** In one record an allergy to Doxycycline was not listed on an order in April or on the September MAR. Another record had a Lidocaine allergy listed on a September order but No Known Drug Allergies (NKDA) on the MAR. In the final record, the allergy line was left blank.



## **CONCLUSIONS – PHYSICAL HEALTH**

### **MAIN UNIT**

The physical health staff at NWFRC serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. 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 238 records and found deficiencies in 120 records, not all of which are findings requiring corrective action. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available to the surveyors. Overall, documents appeared to be filed in a timely manner and charts were generally organized in accordance with Department policy. Interviews conducted by surveyors and CMA staff showed that institutional personnel and inmates were familiar with how to obtain both routine medical and emergency services.

Although there were no findings requiring corrective action in the miscellaneous or the immunity clinics, medication administration or periodic screenings, several trends were discovered in other areas when analyzing the data. As outlined in the tables above, baseline historical data was missing in five of the seven chronic illness clinics with findings. Influenza and/or pneumococcal vaccinations were missing in all seven of the clinics that had findings. Timely and appropriate follow-up was not provided in sick call or emergency care. Additional concerns were identified in the areas of consultations, infirmary care, intra-system transfers, and the dental clinic.

There were two consultations reviewed that were of particular concern to CMA surveyors. In one record, an inmate with multiple comorbidities and a history of tobacco use presented to the clinic with hemoptysis in March. Medical staff began testing to rule out tuberculosis; the inmate tested negative. In April, it was recommended that a CT scan be performed but it was not done. X-rays were completed in July and August indicating a mass in the right lung. The CT scan was done on 9/5/14 with findings compatible with primary malignancy and recommending a biopsy. A consultation request for a biopsy was submitted for approval on 9/29/14 but was still pending at the time of the survey. In the other record, a biopsy was performed on 2/17/14 to rule out skin cancer and a request for an oncology consultation was submitted on 2/25/14. The consultation was denied for clarification and further information and resubmitted on 4/7/14. The consultation was returned on 6/18/14 with the recommendation of "urgent cancer." Surgery was performed almost three weeks later on 7/8/14. In both of these cases, five months passed from the time the need of consultation services was identified until the receipt of services with results that indicated the inmates had cancer.

The dental care findings revealed that the x-rays taken at the Main Unit were not read in a timely manner and that there was not a dentist of record for x-ray orders. The dental surveyor expressed concern that staff may be working outside their scope of practice by taking x-rays without doctor's orders. Additionally, of the charts pulled for this survey, there was a one to five month wait before the x-rays were reviewed by a dentist.

NWFRC has recently undergone some changes in staffing, including the Chief Health Officer and the Dentist. It should be noted that the Chief Health Officer position was vacant from April to August and the Main Unit has been without a dentist since December 2013. This may have exacerbated or contributed to several of the deficiencies noted in this report.

Survey findings indicated that these deficiencies along with the clinical services issues discussed and outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population.

## **ANNEX**

The physical health staff at the NWFRC-Annex also provides physical health care on an outpatient and inpatient bases to a complex population of inmates with multiple medical and psychiatric comorbidities. The physical health team reviewed 184 records and found deficiencies in 71 records, not all of which are findings requiring corrective action. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available for the surveyors. Documents were generally filed in a timely manner and charts were organized in accordance with Department policy. The institutional tour revealed that observed areas on the compound were clean and neat.

Interviews conducted by surveyors and CMA staff showed that institutional personnel and inmates were familiar with how to obtain both routine medical and emergency services. However, these interviews along with record documentations revealed a trend for frequent rescheduling of clinic visits and sick call appointments. Surveyors were concerned that the frequency of rescheduling could lead to medical errors.

Seven of the chronic illness clinics had missing baseline information and other documentation-related findings which could lead to medical errors and impede continuity of care. Additional concerns included the omission of allergies that were previously noted in the medical records on Medication Administration Records (MAR) and prescription orders.

CMA surveyors were particularly concerned about the findings related to consultations. A follow-up orthopedic appointment for a patient with osteomyelitis was recorded on the consultation log as occurring in August, but surveyors found no documentation of the consult. Upon investigation it was discovered in a separate, internal log that the appointment had actually been cancelled with no evidence of being rescheduled. Staff suggested there may be no plan to pursue the referral as the inmate is scheduled for release in April of 2015 and could possibly be seen by the Veteran's Administration for this condition. Surveyors indicated that keeping different logs could lead to medical errors and were concerned that without proper on-going treatment and follow-up the inmate could potentially be at risk for a loss of limb due to poor management of the disease. Additionally, an inmate referred for an oncology consult based on probable cancer findings from a radiology report in early July had a physician's note from early September that read, "patient will be seen immediately" for follow-up on his condition. At the time of this survey, the oncology consultation had not been approved and surveyors were concerned that continued delay of diagnosis and treatment could be harmful to the patient's treatment outcome.

Based on the findings of this survey, it is clear that the corrective action process will be beneficial for the NWFRC-Annex 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 - MAIN**

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

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint at NWFRC.

### **USE OF FORCE REVIEW**

There were no findings requiring corrective action in the review of use of force episodes.

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

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests, or special housing.

### **OUTPATIENT SERVICES REVIEW**

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

### **AFTERCARE PLANNING REVIEW**

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

### **MENTAL HEALTH SYSTEMS REVIEW**

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

### Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 5 of 10 records reviewed, physician's orders were not signed, dated, or timed.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions 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><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-2: In 3 of 11 applicable records, initial lab tests were not completed as required.</b></p> <p><b>MH-3: In 13 records, physician's orders were not signed, dated, or timed.</b></p> <p><b>MH-4: In 4 of 17 applicable records, informed consents for medications were not present.</b></p> <p><b>MH-5: In 3 of 6 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-6: In 3 of 5 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>MH-7: In 3 of 4 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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 the last AIMS was dated 11/25/13, however Akathisia was documented in subsequent progress notes. The Risperdal was not discontinued until 8/4/14. In the second record, the last AIMS noted was dated 10/22/13. In the final record, there was no baseline AIMS present in the record.

<b>Outpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-8: In 4 of 18 records reviewed, the Individualized Service Plan (ISP) was not signed by all members of the treatment team.</b>	<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>

# **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 or psychiatric ARNP care).

## **CLINICAL RECORDS REVIEW**

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

There were no episodes of psychiatric restraints at NWFRC-Annex. There was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below.

### **USE OF FORCE REVIEW**

There were no findings requiring corrective action in the review of use of force episodes.

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

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

### **RECEPTION PROCESS**

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

### **AFTERCARE PLANNING REVIEW**

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

### **MENTAL HEALTH SYSTEM REVIEW**

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

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 4 of 6 SHOS admissions reviewed, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist." In two records, one fifteen minute interval was left blank. In one record, two fifteen minute intervals were blank. In the last record, the first eleven hours in SHOS, in addition to four hours on the second day were blank.

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: In 3 of 14 applicable records (15 reviewed), there was no documentation that the response to the inmate request addressed the stated need (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-2:** In two records, the inmate requests were contained in the medical record but no response was written on the form or in the progress notes. In the third record, an inmate requested information regarding why his medications had been stopped. The response by institutional staff was that the inmate "was getting meds", although the medical record indicated a gap in the administration of medication.

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-3: In 1 of 2 applicable records, a medical consultation or health appraisal was not conducted prior to the initiation of psychotropic medications (see discussion).</b></p> <p><b>MH-4: In 4 of 7 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>MH-5: In 1 of 2 applicable records, an approved Drug Exception Request (DER) was not completed.</b></p> <p><b>MH-6: In 5 of 17 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed (see discussion).</b></p> <p><b>MH-7: In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</b></p> <p><b>MH-8: In 4 of 8 applicable records, AIMS were not administered within the appropriate time frame (see discussion).</b></p> <p><b>MH-9: In 1 of 1 applicable record, the use of the ETO was not accompanied by a physician's order specifying the medication as an ETO (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-3:** *In this record, an inmate with a history of Parkinson's disease and dyskinesia did not receive a neurological consult. Additionally, there were other concerns identified by CMA surveyors in this medically and psychiatrically complex inmate. Due to a refusal to take oral medications, the inmate had been receiving intramuscular (IM) injections of Prolixin. Although it was noted that oral medications may be less likely to increase neurological symptoms, there was no evidence in the medical record that oral medications had been reoffered or that the risk of IM medications had been discussed with the inmate. At the time of the survey, the inmate had been off his antipsychotic medication since July and was experiencing psychotic symptoms. This inmate had recently been started on Sinemet to*



treat his parkinsonian symptoms. It was noted that this medication could place the inmate at risk for a further exacerbation of psychotic symptoms since the medication is a dopamine agonist. This case was discussed with institutional clinical staff who indicated they would address this issue, and an appointment was scheduled for the inmate while CMA staff were still on-site.

**Discussion MH-6:** In three records, consent forms for all prescribed medications were not present in the medical record. In one record, a generic consent form was used and common side effects and risks were not listed. In the last record, the risks and side effects section was left blank.

**Discussion MH-7:** In six records, an inmate was not seen within 14 days of a medication change. In the last record, an inmate was being followed every three months in the context of worsening depression. Although, the inmate was referred for inpatient services on 8/5/14, he never transitioned to a higher level of care and has not been seen by mental health staff since.

**Discussion MH-8:** In the first record, no AIMS had been administered since 5/20/14 despite a new onset of motor findings on that date. In the second record, no AIMS had been administered since 4/29/13 although the inmate had a history of tardive dyskinesia. In the third record, no AIMS had been administered since 5/20/14 for an inmate with Parkinson's disease and a previous AIMS score of 21. In the last record, no AIMS had been administered since 2/24/14.

**Discussion MH-9:** The unsigned order stated "STAT" and did not identify the order as an ETO.

<b>Outpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-10: In 3 of 12 applicable records, the "Inmate Transfer/Arrival Summary" (DC4-760A) was incomplete or not present in the medical record (see discussion).</b></p> <p><b>MH-11: In 5 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival (see discussion).</b></p> <p><b>MH-12: In 6 records, the Individualized Service Plan (ISP) was not signed by all members of the treatment team.</b></p> <p><b>MH-13: In 5 records, mental health problems were not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-10:** In the first record, the transfer summary was not completed by the receiving institution. In the second record, the clinician did not complete or sign the transfer summary. In the third record, the transfer summary was not contained in the medical record.

**Discussion MH-11:** In the first record, the interview was documented at 22 days. In the second record, the interview was documented at 30 days. In the third record, the interview was documented at 20 days. In the fourth record, the interview was documented at 47 days. In the last record, an inmate arrived at the Annex as an S2 on 2/11/14 but was not seen by mental health staff for five months.

Reception Process	
Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>MH-14: In 3 of 12 applicable records, a psychiatric evaluation was not completed within 10 days of arrival for inmates with a history of inpatient mental health care within the past six months or who have received psychotropic medication in the past 30 days.</b></p> <p><b>MH-15: In 2 of 7 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten applicable reception 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-15:** In the deficient records, there was no documentation of a check of medication compliance every two weeks.

## **CONCLUSIONS – MENTAL HEALTH**

### **MAIN**

The mental health staff at NWFRC serves a complex and difficult population. Outpatient services, including case management and individual and group counseling, are provided to nearly 600 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 performs sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

The findings noted were related to missing lab tests, informed consents for psychiatric medication, completion of AIMS testing, and missing signatures/dates/times on orders and ISPs. The areas of psychological emergencies, inmate requests, special housing, use of force, aftercare planning and mental health systems review were without deficiencies that require corrective action.

Two issues arose during the review of SHOS that do not require corrective action, however warrant discussion. It was noted while reviewing daily nursing assessments, that some inmates were not receiving these assessments in a timely manner. Staff are required to provide a daily nursing assessment once per shift. Surveyors discovered that although staff working 12 hour shifts are completing the assessments once per shift as required, there are large gaps of time between assessments. For example, night shift may complete an assessment at 0600, and then day shift may complete the next assessment at 0730. The inmate may not be assessed again until 0600 the following day leaving a 22 hour gap between assessments. It was also noted that inmates were placed in the Isolation Management Room (IMR) prior to obtaining an order for SHOS. In each case the inmates were evaluated by mental health staff and SHOS was recommended. The inmates were placed in the IMR and observed every 15 minutes per protocol. In one case the inmate was placed in the IMR at 1030, however the order was not obtained until 1550. In the other case the inmate was placed in the cell at 1300 and the order was received at 1545. Staff reported that when a physician from another institution is on call, they are sometimes unable to immediately reach him/her. They were unaware of the process for contacting an alternate physician. Nursing staff were receptive to both issues and took steps to rectify the problem.

Staff was cooperative and helpful throughout the survey process. Medical records were well-organized and readily available. Surveyors noted that overall assessments were thorough and relevant. ISPs were goal directed and individualized. Case management and psychiatric notes addressed the issues documented on the ISP. The course of treatment was easy to follow from the documentation. Staff interviewed were knowledgeable and inmates expressed satisfaction with mental health services received. Although NWFRC-Main had relatively few mental health findings, it should be noted that the deficiencies listed above will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## ANNEX

Outpatient mental health services are provided at NWFRC-Annex. These services, including case management and individual counseling, were being provided to approximately 200 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform sex offender screenings when needed, and provide aftercare planning for eligible inmates on both units. Additionally, Annex staff conduct reception services, perform weekly rounds in confinement, and provide daily assessments for inmates in SHOS.

A review of outpatient mental health services was most notable for concerns regarding the timeliness of initial consultations with mental health staff, as there were multiple instances in which interviews were conducted significantly later than the 14 day period. Notwithstanding the findings identified above, inmates on the mental health case load were receiving the services outlined on their treatment plans, while individual counseling and case management notes demonstrated clinically appropriate interventions. Mental health staff were cooperative throughout the survey process and interviews with mental health staff revealed competency with Department policies and procedures.

A review of self-injury and suicide prevention practices revealed several lapses in the documentation of the required observations. Additionally, concern was raised that an inmate was discharged from SHOS even though the clinician's discharge summary indicated that the inmate was still expressing suicidal ideation. Clinical notes from the preceding day also indicated the existence of continued suicidal ideations, along with a documented plan. This inmate had a history of suicide attempts and multiple inpatient mental health hospitalizations.

There were some significant clinical concerns noted in the review of psychotropic medication practices. Overall, CMA clinical surveyors noted that documentation in the medical record in some cases lacked the rationale for changes in medications or dosages, even when it appeared that a medication may be contraindicated. For example, a hypertensive inmate on four cardiac medications was being treated with increasing doses of Effexor. There was no documentation in the medical record that a less vasoactive medication was considered, nor was there documentation of the necessity of the drug in spite of continued high blood pressure. Additionally, there was often a lack of documentation regarding underlying medical conditions that may affect psychiatric functioning, such as the case with several inmates with thyroid disorders. In these charts, there was no written documentation that the thyroid dysfunction was addressed. Additionally, AIMS were not consistently completed for inmates prescribed antipsychotic medication, including those for inmates with documented neurological complications. Lastly, there were multiple examples where inmates prescribed new medications did not receive psychiatric follow-up within two weeks as Department policy requires (Health Services Bulletin 15.05.19).

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 corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve mental health services.

## SURVEY PROCESS

The goals of every survey performed by the CMA are

- (1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- (2) to promote ongoing improvement in the correctional system of health services; and,
- (3) to assist the Department of Corrections 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 and 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 social workers. 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, i.e., 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. Findings identified in the department section require corrective action by central office security or program area staff.