



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Okeechobee Correctional Institution

In

Okeechobee, Florida

on

February 19-21, 2019

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2510	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1356	Current Main Unit Census	1719
Satellite Unit(s) Capacity	798	Current Satellite(s) Census	791
Total Capacity	2154	Census	2510

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
	1633	691	173	0	3	0
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	2403	100	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	93	46	38	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
RN	9	2
LPN	8	2
Dentist	1	1
Dental Assistant	2	0
Dental Hygienists	1	1

Mental Health Staffing: Main Unit

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

OVERVIEW

Okeechobee Correctional Institution (OKECI) 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, and 2. OKECI consists of a Main Unit, work camp, and a re-entry center.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at OKECI on February 19-21, 2019. 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

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

- 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 findings requiring corrective action in six of the chronic illness clinics and in the general chronic illness clinic review. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call services. There were findings requiring corrective action in the review of emergency care and the infirmary. The items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were no findings in the review of dental care. There was a finding requiring corrective action in the review of dental systems. 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.

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-1: In 4 of 16 records reviewed, the diagnosis was not documented as required (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: In two records, an increase in lipid levels was not documented. Benign prostatic hyperplasia and hypertension were not listed on the problem list in the other two records.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-2: In 11 records, there was no evidence of appropriate exam for diagnosis (see discussion).</p> <p>PH-3: In 3 records, there was no evidence that control of the disease was evaluated at each visit.</p> <p>PH-4: In 3 records, laboratory or diagnostic testing was not completed as required (see discussion).</p> <p>PH-5: In 4 of 10 applicable records, abnormal labs were not addressed timely.</p> <p>PH-6: In 4 records, there was no evidence of flu vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: In ten records, there was no documented sensory exam or vascular status of the extremities for inmates with diabetes. In the remaining record, a thyroid exam was not documented.

Discussion PH-4: In two records, an electrocardiogram (EKG) was not completed. In the remaining record, a lipid profile was not ordered.

Gastrointestinal Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-7: In 5 records, there was no evidence of screening for hepatocellular carcinoma when indicated.</p> <p>PH-8: In 9 records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p> <p>PH-9: In 4 records, there was no evidence of flu vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-10: In 5 of 12 records reviewed, the control of the disease was not evaluated at each clinic visit.</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>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-11: In 2 of 10 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-12: In 2 of 10 applicable records, the control of the disease was not evaluated at each clinic visit.</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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: In 5 of 13 records reviewed, there was no evidence of flu 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>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-14: In 2 records, aspartate aminotransferase (AST) and alanine transaminase (ALT) were not completed as 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 tuberculosis clinic to evaluate the effectiveness of corrections.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-15: In 2 of 6 applicable records, the patient did not have monthly AST/ALT when indicated (see discussion).</p> <p>PH-16: In 2 of 2 applicable records, there was no indication that a patient having adverse drug reactions was referred to the provider immediately (see discussion).</p>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-14: In both records, there was no evidence of AST and ALT from December 2018 until the time of the survey.

Discussion PH-15: HSB 15.03.05, Appendix #5 indicates that inmates with HIV and chronic hepatitis should be scheduled for AST/ALT tests monthly for the first three months. In both records, there was no evidence of labs from December 2018 until the time of the survey.

Discussion PH-16: In both records, the patient had an elevated ALT in December 2018 and there was no evidence that the provider had seen them or addressed the issue by the time of the survey.

Emergency Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-17: In 1 of 4 applicable records, there was no indication of immediate response by medical staff for a life-threatening condition (see discussion).</p> <p>PH-18: In 2 of 5 records, there was no evidence that the inmate was evaluated the next working day after returning from an outside hospital (see discussion).</p> <p>PH-19: In 2 of 9 records, there was no documentation that required follow-up occurred timely and consistent with medical needs (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 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-17: Documentation indicated the inmate was lethargic with changes in levels of consciousness. He was returned to the dorm without further evaluation.

Discussion PH-18: In one record, the inmate returned to the institution and was seen only by nursing, not an advanced level provider. In the second record, the inmate returned from the hospital emergency room on 1/08/19 and was not seen by the clinician until 1/14/19.

Discussion PH-19: In one record, the inmate had a CT done at an outside hospital on 1/08/19. There was no indication that the results were reviewed by the clinician at the institution. In the second record, an inmate returned to the institution with sutures and instructions for removal. There was no documentation that his sutures were removed.

Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
PH-20: In 3 of 10 applicable records (12 reviewed), the infirmiry nursing discharge note did not contain all required components.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmiry services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-21: In 3 records, consultations were not conducted timely (see discussion).</p> <p>PH-22: In 3 of 11 applicable records, follow-up diagnostics and appointments did not occur as recommended by the specialist (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-21: In one record, the clinician made a request for the inmate to see a corneal specialist on 9/27/18; however, he did not see the ophthalmologist until 12/05/18. On 12/17/18 another referral was made to a corneal specialist per the ophthalmologist's recommendation, but there was no indication that this occurred. On 2/14/19 an urgent referral was made to a corneal specialist "due to threat of long-term permanent vision loss." This appointment had not taken place by the time of the survey. In another record, a gastro consult was requested 11/15/18; however, the appointment did not take place until 1/15/19 and indicated the need for

an esophagogastroduodenoscopy (EGD). In the last record, a request was made on 12/10/18 for a consult related to abdominal pain and recurring urinary tract infections. At the time of the survey no appointment had been made nor was a plan addressed in the medical record.

Discussion PH-22: In the first record, the referral to a corneal specialist was not completed and another “urgent” referral was requested with no indication that it took place. In a second record, a colonoscopy was ordered on 12/17/18 and had not taken place by the time of the survey. Lastly, an EGD was scheduled for 2/21/19 as a result of a consultation; however, there was no indication this was completed.

Intra-System Transfers	
Finding(s)	Suggested Corrective Action(s)
PH-23: In 4 of 16 records reviewed, vital signs were not recorded on admission.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates recently transferred to the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medication Administration Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-24: In 4 of 12 records reviewed, there was no evidence that there was a corresponding clinician note for all medication orders.	<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 single dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems

Finding(s)	Suggested Corrective Action(s)
PH-25: Necessary equipment was not available (see discussion).	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-25: *The X-ray developer was not working and needed to be repaired or replaced.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
PH-26: Inmate housing areas were not clean, organized, or operational (see discussion).	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-26: *Alpha dorm showers three through five were not working, urinals were slow moving, toilet two was not functional, sink six didn't turn on, and sink eight didn't turn off.*

CONCLUSION – PHYSICAL HEALTH

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

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services, but expressed concern about cleanliness in the dorms and the frequency of tinea pedis and tinea cruris infections. An inspection of the medical areas revealed that they were adequately stocked and clean. However, the dental x-ray machine was not working, and inmate housing areas had non-functioning equipment.

Several concerns were identified in the provision of clinical services. Those concerns included incomplete or missing evaluations and documentation, labs not completed or addressed timely, and vaccinations not given to inmates who met the criteria for receiving them as a priority. CMA surveyors expressed concern regarding delays in the completion of consultations and untimely or missing tests/procedures recommended by specialists. Interruptions in these processes could lead to further deterioration of the inmates' health or increase the possibility of adverse health outcomes.

Additionally, during the review of inmates with hepatitis C in the gastrointestinal clinic, an issue arose regarding appropriate medication prescribing. According to HSB 15.03.09 Supplement #3, "in general, NSAIDs should be avoided in advanced liver disease/cirrhosis." Twenty-five percent of the records reviewed in this area were prescribed a daily aspirin regimen. While this practice is not generally commensurate with community standards, it is not strictly forbidden. CMA staff and surveyors advised that there should be adequate documentation of rationale to justify the exception to this rule.

Staff were helpful throughout the survey process and indicated they would use the results of this survey to improve inmate health care in the areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were findings requiring corrective action in the review of inmate requests, psychological emergencies, and special housing. The items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 6 records 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 a SHOS admission (see discussion).</p> <p>MH-2: In 2 records, the admission order was incomplete (see discussion).</p> <p>MH-3: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-4: In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-5: In 4 records, there was no evidence of daily rounds by the attending clinician.</p> <p>MH-6: In 3 records, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge.</p> <p>MH-7: In 3 records, entries to the medical record were not timed, dated, stamped, or signed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: In one record, the emergency evaluation was documented on an incidental note instead of the required form and some pertinent clinical information was not addressed. Per policy, staff are to complete either "Mental Health Emergency Evaluation" or "Mental Health Emergency Nursing Assessment" (DC4-642G or DC4-683A, respectively) to ensure all components of the evaluation are addressed. Although the correct forms were used to document the emergency evaluation in the two remaining records, the forms were incomplete.

Discussion MH-2: In both records, the admission order did not address continuous observation or safety checks every 15 minutes.

Discussion MH-3: According to the Department's 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 indication that the attending clinician considered a higher level of care.

Discussion MH-4: Physician's orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). There were blanks on the checklists in three records. In the remaining record, there was no evidence that safety checks were completed.

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

Discussion MH-8: According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who was exposed to chemical agents and classified as S2 or S3. In the record reviewed, there was no indication that a referral was made.

Psychological Emergencies	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 psychological emergencies revealed the following deficiencies:</p> <p>MH-9: In 2 records, there was no indication in the record that the inmate declared an emergency (see discussion).</p> <p>MH-10: In 2 of 8 applicable records, there was no evidence of a thorough clinical evaluation by the clinician (see discussion).</p> <p>MH-11: In 2 of 8 applicable records, the disposition was not clinically appropriate (see discussion).</p> <p>MH-12: In 1 of 5 applicable records, follow-up was indicated but not provided (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 psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: The emergency log indicated that the inmate declared a psychological emergency. In two records, there was no documented evidence that this occurred.

Discussion MH-10: In both records, the clinician completed part of the assessment but did not address all components. The inmates' history of mental health treatment and past suicide attempts should be considered when responding to a psychological emergency.

Discussion MH-11: In one record, an inmate reported suicidal ideation with a plan to hang himself. The inmate was returned to housing on the compound without clinical rationale as to why he would not be placed in SHOS. In the remaining record, the disposition was not documented.

Discussion MH-12: In one record, an inmate declared a psychological emergency and reported auditory command hallucinations and suicidal ideation. He was not seen by mental health until one month later during confinement rounds. Additionally, there was no documentation regarding consideration of psychotropic medication. According to HSB 15.05.19, in emergent situations, psychotropic medication management can be provided by a non-psychiatric prescribing clinician. In these situations, the inmate shall be interviewed jointly by the mental health professional who will assess mental status and adaptive functioning and by the non-psychiatric prescribing clinician, who will be responsible for the medication management. Due to the severity of symptoms reported, an interview or documentation regarding why this was not indicated would be prudent.

Inmate Requests	
Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 10 inmate requests revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-13: In 5 records, a copy of the inmate request form was not present (see discussion).	Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.
MH-14: In 2 of 4 applicable records, the interview or referral did not occur as intended in response to an inmate request (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion MH-13: In these five records, the request was documented on the log but was not in the record and could not be located by staff. Therefore, it could not be determined if the request was answered appropriately.

Discussion MH-14: In one record, an inmate request for a meeting was submitted 11/05/18 and the interview occurred on 11/26/18. In the second record, an inmate requested an evaluation for psychotropic medications on 11/05/18 and there was no indication this was addressed by the time of the survey. According to HSB 15.05.19, in response to a request for non-emergent psychiatric consultations, the mental health professional should evaluate the inmate to determine if this referral was indicated. Documentation should include clinical rationale for his/her disposition in the health record. There was no indication that this evaluation took place.

Special Housing

Finding(s)	Suggested Corrective Action(s)
MH-15: In 6 of 15 applicable records (18 reviewed), initial mental status exams (MSE) were not completed within the required time frame (see discussion).	<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-15: In two records, the MSE was not completed timely. In the remaining four records, there was no evidence that an MSE was completed.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 14 outpatient records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-16: In 1 of 5 applicable records, the sex offender screening was not conducted as required.	Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.
MH-17: In 3 records, the Individualized Services Plan (ISP) was not signed by all relevant parties.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
MH-18: Sex offender treatment groups were not offered (see discussion).	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-18: *There are two inmates within two years of expiration of sentence (EOS) who are on the sex offender treatment waiting list. There was no indication this group was being offered.*

CONCLUSION

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

Findings were noted related to the accessing of mental health services. Inmate requests and psychological emergency evaluations were either incomplete, not addressed timely, or could not be located by institutional staff. Mental status exams for inmates held in confinement were either missing or not completed timely. Sex offender screenings were not completed consistently, and a sex offender treatment group was not offered to inmates on the waiting list and within two years of EOS.

There were several findings noted in the review of infirmary services for acute mental health care. Inmates were not seen daily by the attending clinician or did not receive a face-to-face evaluation prior to discharge. Additionally, safety checks were not completed as ordered. CMA staff expressed concern that without having full-time staff who can serve as the attending clinician for inmates on SHOS, it will be difficult to ensure patient safety.

The staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload and a strong desire to provide sufficient services. Documentation of therapeutic encounters was complete and informative and ISPs were individualized to meet the inmates' needs. When reviewing mental health records, the course and progress of treatment was clear. Staff indicated they would use the CMA corrective action plan to improve the areas that were found to be deficient.

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. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.