
POLK CORRECTIONAL INSTITUTION



December 6-8, 2022

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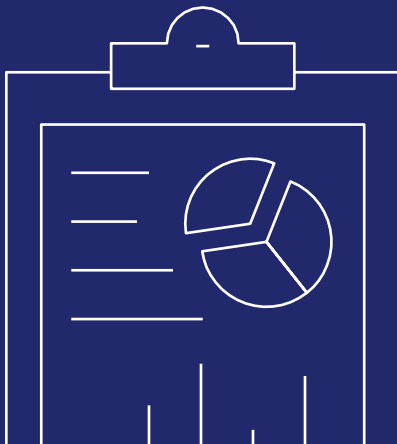
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BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.

METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Polk Correctional Institutional (POLCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. POLCI consists of a Main Unit, Work Camp, Road Prison, Transitional House, and a Community Release Center. ¹

Institutional Potential and Actual Workload

Main Unit Capacity	1043	Current Main Unit Census	1355
Satellite Unit(s) Capacity	580	Current Satellite(s) Census	540
Total Capacity	1623	Total Current Census	1895

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	1173	649	73	0	0	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	1806	84	5	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	47	35	0	0	0	0

Medical Unit Staffing

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.5	0
Registered Nurse	6.1	3.3
Licensed Practical Nurse	8.2	3.6
DON/Nurse Manager	1	1
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Mental Health Professional	1	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

POLK CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at POLCI on December 6-8, 2022. 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.

Serious concerns were noted in the review of physical healthcare at Polk CI. The findings themselves were not related to one component, rather were related to many areas including insufficient documentation, delays in treatment, inadequate laboratory and diagnostic testing, and medication administration issues. In addition to the number of findings noted, compliance percentages were low in many areas indicating that the deficiencies have resulted in significant impediments to basic standards of care. Hampering the survey process was a significant lapse in documentation in the electronic medical record (EMR). Poor and incomplete documentation can lead to medical errors, disrupt continuity of care, and cause delays in treatment.

At the time of the survey, the health services administrator was filling in for the director of nursing and conducting infirmary rounds. Staff reported several vacant nursing positions. Staff vacancies, the totality of the findings and, lack of systems in place to address these findings could lead to serious deficiencies in patient care.

After the survey, FDC and Centurion regional staff took action to determine the cause of the nonconformities to policy and procedure and implement systems to prevent further noncompliance. It is the expectation of the CMA that corrective action monitoring will lead to immediate improvement of health care services. CMA staff will revisit the institution within approximately 60 days of the approval of the corrective action plan.

Detailed below are results from the institutional survey of Polk Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen. Below is a summary of total survey findings.

Survey Findings Summary			
Physical Health Survey Findings	49	Mental Health Survey Findings	2

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	11	1	0	92%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
4 Annual laboratory work is completed as required	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	9	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	5	5	0	7	100%
7 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the endocrine clinic	10	10	0	0	100%
2	There is evidence of an appropriate physical examination	10	9	1	0	90%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
4	Annual laboratory work is completed as required	10	10	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	7	6	1	3	86%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	8	2	6	2	25%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	8	7	1	2	88%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	8	4	4	2	50%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	3	3	0	7	100%
10	Medications appropriate for the diagnosis are prescribed	10	10	0	0	100%
11	Patients are receiving insulin as prescribed	7	3	4	3	43%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A

Endocrine Clinic Discussion:

Screen 11: In all four records, there were multiple blanks on the Medication Administration Record (MAR), indicating the inmate may not have been offered his insulin on those days.

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	11	11	0	0	100%
2	There is evidence of an appropriate physical examination	11	11	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	2	100%
4	Annual laboratory work is completed as required	11	11	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	9	9	0	2	100%
6	Medications appropriate for the diagnosis are prescribed	2	2	0	9	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	5	6	0	45%
8	Abdominal ultrasounds are completed at the required intervals	11	9	2	0	82%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	9	9	0	2	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	9	8	1	2	89%
12	Hepatitis C treatment is started within the appropriate time frame	8	7	1	3	88%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	11	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	10	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	6	6	0	5	100%

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	8	8	0	50%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

General Chronic Illness Clinic Discussion:

Screen 3: In these records, M-3 inmates were scheduled every 180 days rather than at 90 days as required.

Immunity Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	12	12	0	0	100%
2	There is evidence of an appropriate physical examination.	12	4	8	0	33%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	12	12	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	11	11	0	1	100%
5	A CBC is collected annually	12	12	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	N/A
7	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	12	12	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	12	N/A
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	12	6	6	0	50%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	12	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Immunity Chronic Illness Clinic Discussion:

Screen 2: In these records, the assessments conducted by the Department of Health (DOH) provider were missing several components of the physical examination. These included evaluations of the head, eyes, ears, nose, throat, lungs, heart, abdomen, and ano-genital areas, as well as the neurological and lymphatic systems. Additionally, there was no record review or further follow-up documented by the institution's provider to address these items.

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	10	1	0	91%
3 Medications appropriate for the diagnosis are prescribed	11	10	1	0	91%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	9	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	6	3	3	5	50%

Miscellaneous Clinic Discussion:

Screen 6: In two records, glaucoma follow-up appointments were overdue but had not yet been requested or scheduled. In another record, CMA surveyors indicated an inmate with chronic vertigo may benefit from a referral to an ear, nose, throat specialist or a neurologist.

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 Annual laboratory work is completed as required	11	11	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	5	5	0	6	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	9	9	0	2	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

Oncology Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	The diagnosis is appropriate for inclusion in the oncology clinic	7	7	0	0	100%
2	There is evidence of an appropriate physical examination	7	6	1	0	86%
3	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	6	3	3	1	50%
4	Annual laboratory work is completed as required	7	7	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	7	N/A
6	At each visit there is an evaluation of the control of the disease and the status of the patient	7	7	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	0	0	0	7	N/A
8	Oncological treatments are received as prescribed	0	0	0	7	N/A
9	Patients are referred to a specialist for more in-depth treatment as indicated	2	0	2	5	0%

Oncology Chronic Illness Clinic Discussion:

Screen 9: In one record, an inmate with a history of bladder cancer and multiple urinary tract infections had no cystoscopy or urine cytology since 2020. In the other record, there was no evidence of a colonoscopy for an inmate with a history of colon cancer.

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	16	16	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	9	9	0	7	100%
3	Medications appropriate for the diagnosis are prescribed	15	15	0	1	100%
4	A peak flow reading is recorded at each visit	16	14	2	0	88%
5	There is evidence of an appropriate physical examination	16	16	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	0	94%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	5	5	0	0	100%
2 Baseline information is complete	4	4	0	1	100%
3 There is evidence of initial and ongoing education	5	3	2	0	60%
4 There is evidence of monthly nursing follow-up	5	3	2	0	60%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	2	3	0	40%
6 AST and ALT testing are repeated as ordered by the clinician	5	5	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	5	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	5	N/A
9 The appropriate medication regimen is prescribed	5	5	0	0	100%
10 The inmate receives TB medications as prescribed	5	4	1	0	80%
11 The Inmate is seen by the clinician at the completion of therapy	2	1	1	3	50%
12 Documentation of the CIC visit includes an appropriate physical examination	1	1	0	4	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	5	N/A

Episodic Care

Emergency Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	4	4	0	14	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	15	3	0	83%
3	Vital signs including weight are documented	18	17	1	0	94%
4	There is evidence of appropriate and applicable patient education	17	13	4	1	76%
5	Findings requiring clinician notification are made in accordance with protocols	17	12	5	1	71%
6	Follow-up visits are completed timely	16	6	10	2	38%
7	Clinician's orders from the follow-up visit are completed as required	10	8	2	8	80%
8	Appropriate documentation was completed for patient's requiring transport to a local emergency room	1	1	0	17	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	17	100%

Emergency Services Care Discussion:

Screen 6: In the affected records, there was no documentation by the clinician to indicate that follow-up was completed. In some cases, the clinician wrote an order for further diagnostics but there was no corresponding note indicating the specific treatments and education provided.

Outpatient Infirmery Care

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmery or placed on observation status. Admission status is appropriate for the presenting complaint/condition	10	6	4	0	60%
2 All orders are received and implemented	10	4	6	0	40%
3 The inmate is evaluated within one hour of being placed on observation status	10	9	1	0	90%
4 Patient evaluations are documented at least once every eight hours	9	7	2	1	78%
5 Weekend and holiday clinician phone rounds are completed and documented as required	2	1	1	8	50%
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	10	10	0	0	100%
7 A discharge note containing all of the required information is completed as required	8	4	4	2	50%

Outpatient Infirmery Care Discussion:

Screen 1: Clinician orders for infirmery admission and care were not found in the EMR by CMA surveyors nor by institutional staff. There were, however, notes by the nurses regarding the orders. There was no clinician signature on the nurse's notes, and no indication how the orders were received, making it appear that nurses were working outside their scope of practice.

Screen 2: In three records, vital signs were not recorded at the required intervals. In two records, there was no evidence that medications were administered as indicated.

Inpatient Infirmary Care

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	14	11	3	0	79%
2	All orders are received and implemented	14	6	8	0	43%
3	A thorough nursing assessment is completed within two hours of admission	14	11	3	0	79%
4	A Morse Fall Scale is completed at the required intervals	14	7	7	0	50%
5	Nursing assessments are completed at the required intervals	14	7	7	0	50%
6	Clinician rounds are completed and documented as required	13	4	9	1	31%
7	Weekend and holiday clinician phone rounds are completed and documented as required	9	1	8	5	11%
8	A discharge note containing all of the required information is completed as required	14	1	13	0	7%
9	A discharge summary is completed by the clinician within 72 hours of discharge	14	11	3	0	79%

Inpatient Infirmary Care Discussion:

Screen 1: Clinician orders for infirmary admission were not found in the EMR by CMA surveyors nor by institutional staff.

Screen 2: In seven records, vital signs were not recorded at the required intervals. In one record, an X-ray was completed seven days after it was ordered.

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	9	9	0	50%
5	There is evidence of applicable patient education	18	17	1	0	94%
6	Referrals to a higher level of care are made in accordance with protocols	12	9	3	6	75%
7	Follow-up visits are completed in a timely manner	7	3	4	11	43%
8	Clinician orders from the follow-up visit are completed as required	3	3	0	15	100%

Other Medical Records Review

Confinement Medical Review

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Special Housing Health Appraisal is complete and accurate	9	9	0	0	100%
2	All medications are continued as prescribed while the inmate is held in special housing	5	5	0	4	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	2	2	0	7	100%
4	All emergencies are responded to within the required time frame	5	5	0	4	100%
5	The response to the emergency is appropriate	5	5	0	4	100%
6	All sick call appointments are triaged and responded to within the required time frame	2	2	0	7	100%
7	New or pending consultations progress as clinically required	1	1	0	8	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	3	3	0	6	100%

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of clinical information is sufficient to obtain the needed consultation	9	9	0	0	100%
2	The referral was sent to Utilization Management in a timely manner consistent with the clinical needs of the inmate	8	8	0	1	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	8	7	1	1	88%
4	The consultation report is reviewed by the clinician in a timely manner	7	7	0	2	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	7	7	0	2	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	7	6	1	2	86%
7	The diagnosis is recorded on the problem list	9	9	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	8	100%
9	There is evidence that the ATP is implemented	1	1	0	8	100%

Medical Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	15	12	3	0	80%
2	The request is responded to within the appropriate time frame	12	12	0	3	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	12	8	4	3	67%
4	The follow-up to the request occurred as intended	5	5	0	10	100%

Medication And Vaccination Administration

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The inmate receives medications as prescribed	12	3	9	0	25%
2	The Medication Administration Record (MAR)contains accurate allergy information	6	6	0	6	100%
3	Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications.	6	6	0	6	100%
4	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	8	4	4	4	50%
5	There is evidence of pneumococcal vaccination or refusal	11	6	5	1	55%
6	There is evidence of influenza vaccination or refusal	11	10	1	1	91%
7	There is evidence of COVID-19 vaccination or refusal	8	5	3	4	63%

Medication And Vaccination Administration Discussion:

Screen 1: In all of the deficient records, there were multiple blanks on the Medication Administration Record (MAR) indicating that inmates may not have received or been offered medications on those days.

Intra-System Transfers

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	17	16	1	0	94%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	17	16		0	94%
3	The inmate's medications reflect continuity of care	12	10	2	5	83%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	17	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) takes place as scheduled	13	11	2	4	85%
6	Special passes/therapeutic diets are reviewed and continued	7	7	0	10	100%
7	A clinician reviews the health record and DC4-760A within 7 days of arrival	17	10	7	0	59%

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	15	9	6	2	60%
2	All components of the screening are completed and documented as required	17	7	10	0	41%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	3	14	0	18%
4	Referral to a clinician occurs if indicated	7	6	1	10	86%
5	All applicable health education is provided	17	16	1	0	94%

Periodic Screenings Discussion:

Screen 3: In these records, required diagnostics were not done or were completed more than four weeks prior to the periodic screening appointment.

PREA

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	5	5	0	0	100%
2	If the perpetrator is known, orders are obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	5	N/A
3	There is documentation that the alleged victim is provided education on STIs	1	0	1	4	0%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	1	0	1	4	0%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	5	N/A
6	Repeat STI testing is completed as required	1	0	1	4	0%
7	A mental health referral is submitted following the completion of the medical screening	5	4	1	0	80%
8	The inmate is evaluated by mental health by the next working day	5	4	1	0	80%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	1	0	1	4	0%

PREA Discussion:

Screens 3, 4, & 6: In this record, the patient denied sexual contact from a PREA incident during the nursing protocol assessment. However, during the required PREA mental health evaluation, the inmate reported multiple sexual encounters that included oral and vaginal intercourse with a staff member at another institution. There was no evidence that the inmate was provided with education about or testing for sexually transmitted infections (STI). Although the inmate refused the HIV test offered to inmates at the end of their sentences, he was not given the opportunity to refuse the required battery of STI tests required following a PREA incident.

Dental Review

Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	17	17	0	0	100%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	17	17	0	0	100%
3	There is evidence of a regional head and neck examination completed at required intervals	17	17	0	0	100%
4	Dental appointments are completed in a timely manner	14	13	1	3	93%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	14	0	3	100%
6	There is evidence of accurate diagnosis based on a complete dental examination	17	17	0	0	100%
7	The treatment plan is appropriate for the diagnosis	17	17	0	0	100%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	13	12	1	4	92%
9	Dental findings are accurately documented	17	17	0	0	100%
10	Sick call appointments are completed timely	7	7	0	10	100%
11	Follow-up appointments for sick call or other routine care are completed timely	3	3	0	14	100%
12	Consultations or specialty services are completed timely	2	1	1	15	50%
13	Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	16	100%
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	14	14	0	3	100%
15	The use of dental materials including anesthetic agent are accurately documented	17	17	0	0	100%
16	Applicable patient education for dental services is provided	14	14	0	3	100%

Dental Care Discussion:

Screen 12: The inmate presented with pain in teeth #19 & #20 in January 2022. The dentist referred to the oral surgeon; however, treatment was not completed until June 2022. The inmate submitted a grievance regarding

the pain during the wait time. Per staff, the delays were due to wait times at RMC. While CMA acknowledges that the wait times at RMC are not in the control of POLCI, surveyors expressed concern that delays in treatment or missed opportunities for follow-up could adversely impact health outcomes. Regional staff have recently been engaged to explore treatment alternatives in the community.

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	6	6	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	6	6	0	0	100%
3	Guidelines for SHOS management are observed	0	0	0	6	N/A
4	The inmate is observed at the frequency ordered by the clinician	6	6	0	0	100%
5	Nursing evaluations are completed once per shift	6	6	0	0	100%
6	There is evidence of daily rounds by the attending clinician	6	6	0	0	100%
7	There is evidence of daily counseling provided by mental health staff	6	6	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	6	6	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	6	6	0	0	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	0	0	0	6	N/A

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is documentation in the medical record indicating the inmate has declared a mental health emergency	14	14	0	0	100%
2 The emergency is responded to within one hour	14	14	0	0	100%
3 Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	14	14	0	0	100%
4 Documentation indicates the clinician fully assessed suicide risk	14	14	0	0	100%
5 A thorough mental status examination is completed	14	14	0	0	100%
6 Appropriate interventions are made	14	14	0	0	100%
7 The disposition is clinically appropriate	14	14	0	0	100%
8 There is appropriate follow-up as indicated in response to the emergency	3	3	0	11	100%

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	14	14	0	0	100%
2 The request is responded to within the appropriate time frame	14	14	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	14	14	0	0	100%
4 The follow-up to the request occurs as intended	13	11	2	1	85%
5 Consent for treatment is obtained prior to conducting an interview	10	6	4	4	60%

Special Housing

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The pre-confinement examination is completed prior to placement in special housing	8	7	1	0	88%
2 Psychotropic medications continue as ordered while inmates are held in special housing	0	0	0	8	N/A
3 A mental status examination (MSE) is completed in the required time frame	8	8	0	0	100%
4 Follow-up MSEs are completed in the required time frame	3	3	0	5	100%
5 MSEs are sufficient to identify problems in adjustment	3	3	0	5	100%
6 Mental health staff respond to identified problems in adjustment	0	0	0	8	N/A
7 Outpatient mental health treatment continues as indicated while the inmate is held in special housing	3	3	0	5	100%

Use of Force

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A post use-of-force physical examination is present in the record	1	1	0	0	100%
2 The post use-of-force physical examination is completed in its entirety	1	1	0	0	100%
3 There is evidence physical health staff completed a referral to mental health staff	1	1	0	0	100%
4 Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	1	1	0	0	100%
5 Recent changes in the inmate's condition are addressed	0	0	0	1	N/A
6 There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	0	100%
7 A physician's order is documented if force is used to provide medical treatment	0	0	0	1	N/A

Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	12	11	1	0	92%
2	The inmate is interviewed by mental health staff within 14 days of arrival	7	3	4	5	43%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	4	4	0	8	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	12	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	12	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	12	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	12	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	12	N/A
9	The Bio-psychosocial (BPSA) is present in the record	11	10	1	1	91%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	5	5	0	7	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	6	6	0	6	100%
12	The ISP is individualized and addresses all required components	12	12	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	12	12	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	12	12	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	12	12	0	0	100%

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
16	The ISP is signed by the inmate and all members of the treatment team	9	9	0	3	100%
17	The ISP is reviewed and revised at least every 180 days	12	12	0	0	100%
18	Identified problems are recorded on the problem list	12	12	0	0	100%
19	The diagnosis is clinically appropriate	12	12	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	12	12	0	0	100%
21	Counseling is offered at least once every 60 days	12	12	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	12	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	12	12	0	0	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	12	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	12	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	12	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	12	N/A
28	Mental health staff completes the CM referral assessment within five working days	0	0	0	12	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	12	12	0	0	100%
30	The frequency of clinical contacts is sufficient	12	12	0	0	100%

Institutional Systems Tour

Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	0	1	0	0%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

Pharmacy

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

Psychiatric Restraint

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All equipment is available and in working order	1	0	0	100%
2	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

Self-Injury/Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

Interview Summaries

INMATE INTERVIEWS

Eleven of twelve inmates agreed to participate in interviews with CMA staff. Although inmates generally endorsed the idea that medical services were adequate; half of them reported they had a medical issue that was not being addressed.

Overall, inmates were familiar with how to access medical, dental, and mental health services when needed. Additionally, they reported being seen the same day or the next day for sick call including mental health services. However, half of the inmates interviewed reported disruptions in continuity of care for medication services, including availability of over-the-counter (OTC) medications in the dorms and an inconsistent supply of keep-on-person (KOP) and single-dose medications.

Most of the inmates receiving dental services reported waiting approximately six months to begin a preventative care maintenance plan. However, when a dental problem arose, inmates stated they were seen promptly. Additionally, inmates were complimentary of the dental staff.

Inmates on the mental health caseload were extremely satisfied with case management and counseling. They indicated that services were therapeutically beneficial and that they were involved in planning of treatment goals.

MEDICAL STAFF INTERVIEWS

Four medical staff members participated in interviews with CMA clinical surveyors. All personnel reported that the medical care provided is adequate. All interviewees indicated that ongoing training for the EMR and MAR would be helpful for improving documentation. Staff suggested that having a laptop would be useful to avoid making notes while talking to the inmate and then going to another area to document in the EMR. They indicated that the current process is inefficient and cumbersome.

MENTAL HEALTH STAFF INTERVIEWS

There is one mental health professional (MHP) and one mental health clerk on staff. Staff interviewed appeared to be knowledgeable about the inmates on their caseload and dedicated to providing adequate clinical services.

SECURITY STAFF INTERVIEWS

Three security officers participated in interviews. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency and routine medical, mental, and dental care. They correctly verbalized procedures that pertained to inmates being placed in confinement and reported trainings in health-related topics were helpful for them.

Corrective Action and Recommendations

Corrective Action

Assessment Area	Total Number Finding
Chronic Illness Clinics Review	
Cardiovascular Clinic	0
Endocrine Clinic	3
Gastrointestinal Clinic	1
General Chronic Illness Clinics	1
Immunity Clinic	2
Miscellaneous Clinic	1
Neurology Clinic	0
Oncology Clinic	2
Respiratory Clinic	0
Tuberculosis Clinic	4
Episodic Care Review	
Emergency Care	3
Outpatient Infirmary Care	5
Inpatient Infirmary Care	9
Sick Call	3
Other Medical Records Review	
Confinement Medical Review	0
Consultations	0
Medical Inmate Request	1
Medication and Vaccine Administration	4
Intra-System Transfers	1
Periodic Screening	3
PREA Medical Review	4
Dental Review	
Dental Care	1
Dental System	0
Institutional Tour	
Institutional Tour	1
Total Findings	
Total	49

Mental Health Findings

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	0
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	1
Special Housing	0
Outpatient Mental Health Services Review	
Assessment Area	Total Number Finding
Outpatient Mental Health Services	1
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A
Total Findings	
Total	2

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA’s survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at POLCI, the CMA makes the following recommendations:

- Continue to train and support staff on optimally utilizing the electronic health record.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Establish a system to ensure that DOH and on-site provider reviews of immunity patients are coordinated and completed to include all required elements of the examination.
- Establish a system to ensure clinician referral and follow-up are completed for sick call and emergencies when required.