



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Polk Correctional Institution

In

Polk City, Florida

on

March 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
1780	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1200	Current Main Unit Census	1217
Satellite Unit(s) Capacity	587	Current Satellite(s) Census	563
Total Capacity	1787	Census	1780

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		799	406	51	0	0
<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	
	1218	38	0	N/A	N/A	

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		54	42	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	.5	0
RN	5.2	.60
LPN	8.2	1.8
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

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

OVERVIEW

Polk Correctional Institution (POLCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, and 2. POLCI consists of a Main Unit, work camp, and three work release centers.

The overall scope of services provided at POLCI 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 POLCI on March 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 provided preliminary information regarding deficiencies at the close of the survey and via a preliminary report submitted five days after the survey. 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

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

- 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.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings in four 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, sick call, or infirmary services.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of medical inmate requests, periodic screenings, or intra-system transfers. 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.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care or dental systems.

ADMINISTRATIVE PROCESSES REVIEW

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-1: In 10 of 14 applicable records, there was no evidence of an appropriate exam for the diagnosis (see discussion).</p> <p>PH-2: In 2 of 10 applicable records, there was no evidence of an annual fundoscopic examination.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** In ten records, there was no documented sensory exam or vascular status of the extremities for inmates with diabetes.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 9 applicable records (10 reviewed), 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>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 1 of 4 records reviewed, marker studies and/or radiological studies were not performed as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 4 of 15 records reviewed, there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, clinical information and the indication for consultation was not documented in the medical record (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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 2 of 7 applicable records, there was not an incidental note completed timely to address the consultant's treatment recommendations and the plan of care (see discussion).</p> <p>PH-8: In 1 of 2 applicable records, there was no evidence appointments for follow-up or additional diagnostic tests were not completed per the consultant's recommendation (see discussion).</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-6:** In two records, neither the Consultation Request form (DC4-702) or the Pre-Approval form (DC4-669) was included in the medical record. Without this information being contained in the medical record, it is likely to be missed when an inmate transfers to another facility. Staff indicated that depending on the type of appointment or procedure, one or both forms are used.*

***Discussion PH-7:** In one record, an MRI was completed in December 2018 and an incidental note was not done until 2/07/19. In another record, the clinician made a note to adjust medications after a consultation. However, a referral was not initiated timely for the procedure recommended by the specialist.*

***Discussion PH-8:** In this record, the consultant recommended a laser capsulotomy on 11/06/18. The clinician's request for this procedure was delayed but occurred on 3/13/19. However, the procedure was not completed by the time of the survey.*

Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-9: In 3 records, there was no evidence that orders were signed, dated, and/or timed by the clinician.</p> <p>PH-10: In 5 records, there was no evidence of a corresponding note for all medication orders.</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 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>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-11: First aid kits in the dorms were not checked monthly.</p>	<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>

CONCLUSION – PHYSICAL HEALTH

The physical health staff at POLCI 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.

CMA clinical surveyors noted several examples where clinical care met the established standards set forth in the Health Services Bulletins, including the timeliness of chronic clinic appointments, infirmary services, dental, sick call and emergency visits, as well as subsequent follow-up appointments. There were relatively few deficiencies that required corrective action.

Documentation of clinical encounters while timely, were frequently incomplete and did not address all required components. Review of the consultation process revealed areas of concern including lack of incidental notes, incomplete documentation, and missing corresponding treatment plans, making it difficult to follow the plan of care. The consultation log had small font and was difficult to read, not updated completely, and often, procedures or tests were moved forward to future months. CMA surveyors expressed concern that there are too many avenues for consultations, procedures and/or tests to get dropped, missed or overlooked.

Interviews conducted by staff and surveyors indicated that inmates and staff were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with the health services they received. CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management.

The staff at POLCI indicated they would use the corrective action plan (CAP) process to improve the areas that were found to be deficient.

MENTAL HEALTH FINDINGS

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

- 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 POLCI.

USE OF FORCE REVIEW

There were no episodes of chemical use of force available for review at POLCI.

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

MENTAL HEALTH SYSTEMS REVIEW

There was a finding 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 4 records revealed the following deficiencies:</p> <p>MH-1: In 1 record, admission orders were not signed/co-signed the next working day.</p> <p>MH-2: In 1 record, the admission order was incomplete (see discussion).</p> <p>MH-3: In 3 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-4: In 1 record, there was no evidence the clinician conducted a face-to-face evaluation prior to discharge.</p> <p>MH-5: In 4 records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

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

***Discussion MH-5:** In all four records reviewed, there was no evidence that this took place.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 3 of 10 applicable records, 11 reviewed, there was no evidence the record was reviewed within 24 hours of arrival (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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-6:** The “Health Information Arrival/Transfer Summary” (DC4-760A) should be completed by qualified health care staff to ensure no unreasonable delays in medication or mental health treatment. In three records, this form was not found in the record and there was no indication that the review was completed.*

Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
MH-7: Outpatient therapeutic groups were not provided to meet the needs of the inmate population.	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

There is one full-time Mental Health Professional assigned to POLCI who provides outpatient mental health services to approximately 40 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The quality of progress notes and summaries was excellent, and the documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services.

Many of the deficiencies were noted in the area of acute care infirmary services for inmates on SHOS. Orders for admission were incomplete, daily nursing assessments were not completed as required, and an inmate was discharged without a face-to-face evaluation by a physician. In all four SHOS admissions reviewed, there was no follow-up assessment, which should occur within seven days of discharge. CMA surveyors expressed concern that lack of contact and monitoring after a mental health crisis could lead to detrimental outcomes.

Another finding pertained to the provision of therapeutic groups. According to the Department's Health Services Bulletin, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of inmates who are eligible for ongoing outpatient services.

Surveyors voiced concern regarding the amount of refusals for mental status exams (MSE) for inmates held in confinement. In all 11 records reviewed, the inmates refused to come out of their cells for the MSE. Staff reported there is an interview room and security is cooperative and willing to escort inmates to their appointments. One inmate stated, and staff confirmed, that frequently he will refuse and schedule services for after his time in confinement has ended. Another inmate reported that on one occasion, he was notified of time constraint and asked to sign a refusal, which he did. Because these exams serve the important function of assessing current mental status and adjustment to the confinement setting, surveyors felt further investigation may be warranted to determine if any barriers exist that prevent the inmates from participating in this important evaluation.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, the institution will benefit from the Correctional Medical Authority CAP process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are 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.