
APALACHEE CORRECTIONAL INSTITUTION- EAST UNIT



September 16-18, 2025

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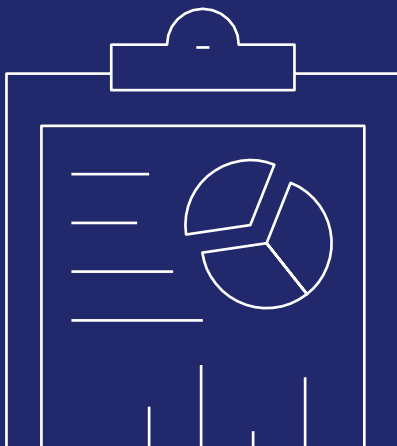
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BACKGROUND AND SCOPE

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 whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning
- 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
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- Inmates have access to timely and appropriate referral and consultation services
- Psychotropic medication practices are safe and effective
- Inmates are free from the inappropriate use of restrictive control procedures
- There is sufficient documentation exists to provide a clear picture of the inmate's care and treatment
- There are enough 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.

Apalachee Correctional Institution East Unit (ACI East) 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, 2, and 3. ACI East consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Capacity	1169	Main Census	1065
Satellite Unit(s) Capacity	680	Current Satellite(s) Census	706
Total Capacity	1849	Total Current Census	1771

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	637	424	24	0	5	0	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	
	487	94	510	N/A	N/A	N/A	8

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	85	62	42	0	31	28

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	0
Registered Nurse	14	1
Licensed Practical Nurse	16	2
DON/Nurse Manager	2	0
Dentist	2	0
Dental Assistant	2	0
Dental Hygienist	2	1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	2	0
Psychological Services Director	1	0
Psychologist	0	0
Mental Health Professional	6	0
Aftercare Coordinator	1	0
Activity Technician	0	0
Mental Health Nurse	1	1

APALACHEE CORRECTIONAL INSTITUTION EAST UNIT

The CMA conducted a thorough review of the medical, mental health, and dental systems at ACI East on September 16-18, 2025. 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.

Detailed below are results from the institutional survey of ACI East. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	12	Mental Health Survey Findings	13

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 There is evidence of appropriate physical examinations	18	18	0	0	100%
2 Annual laboratory work is completed as required	17	17	0	1	100%
3 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	15	100%
4 Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	11	100%
5 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6 Referrals to specialists for more in-depth treatment are made as indicated	3	3	0	15	100%
Overall Compliance Score 100%					

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	17	17	0	0	100%
2 Annual laboratory work for diabetic inmates is completed as required	13	13	0	4	100%
3 Annual laboratory work for inmates with thyroid disorders is completed as required	5	5	0	12	100%
4 Abnormal labs are reviewed and addressed in a timely manner	16	15	1	1	94%
5 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	11	1	5	92%
6 Inmates with HgbA1c over 8% are seen at least every 90 days	9	9	0	8	100%
7 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	4	4	0	13	100%
8 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	11	11	0	6	100%
9 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
10 Inmates receive insulin as prescribed	8	7	1	9	88%
11 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 97%					

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Annual laboratory work is completed as required	16	16	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	6	6	0	10	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	16	15	1	0	94%
6	Abdominal ultrasounds are completed at the required intervals	15	15	0	1	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	15	15	0	1	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	3	3	0	13	100%
10	Hepatitis C treatment is started within the appropriate time frame	3	3	0	13	100%
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	3	3	0	13	100%
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A
Overall Compliance Score 99%						

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2 At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3 Appropriate patient education is provided	14	14	0	0	100%
4 Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
5 There is evidence labs are available to the clinician prior to the visit and are reviewed	9	9	0	5	100%
6 There is evidence of pneumococcal vaccination or refusal	12	12	0	2	100%
7 There is evidence of influenza vaccination or refusal	2	2	0	12	100%
Overall Compliance Score 100%					

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)	17	17	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	17	17	0	0	100%
3	There is evidence of an appropriate physical examination	17	17	0	0	100%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	17	17	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	17	N/A
6	The inmate is receiving HIV medication(s) as prescribed	17	17	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	6	6	0	11	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 100%						

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	9	9	0	0	100%
2 Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	5	5	0	4	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	5	5	0	4	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	14	13	1	0	93%
2 Annual laboratory work is completed as required	14	13	1	0	93%
3 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	12	100%
4 Medications appropriate for the diagnosis are prescribed	13	13	0	1	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	14	N/A
Overall Compliance Score 96%					

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	6	5	1	0	83%
2 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	3	100%
3 Annual laboratory work is completed as required	6	6	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	4	100%
5 Medications appropriate for the diagnosis are prescribed	3	3	0	3	100%
6 Oncological treatments are received as prescribed	2	2	0	4	100%
7 Referrals to a specialist for more in-depth treatment are made as indicated	2	2	0	4	100%
Overall Compliance Score 98%					

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	16	15	1	0	94%
2 Pulmonary function testing is completed as indicated	16	16	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4 Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	0	0	0	16	N/A
5 Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	15	100%
Overall Compliance Score 98%					

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	5	5	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	5	5	0	0	100%
3	There is evidence of initial and ongoing education	5	5	0	0	100%
4	There is evidence of monthly nursing follow-ups	4	4	0	1	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	0	100%
6	AST and ALT tests 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	1	1	0	4	100%
8	Inmates with adverse reactions 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	3	3	0	2	100%
10	Inmates receive medications as prescribed	2	2	0	3	100%
11	Inmates are seen by the clinician at the completion of therapy	1	1	0	4	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	5	N/A
Overall Compliance Score 100%						

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	6	6	0	12	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	12	6	0	67%
3 Vital signs including weight are documented	18	17	1	0	94%
4 There is evidence of appropriate and applicable patient education	17	16	1	1	94%
5 Findings requiring clinician notification are made in accordance with protocols	16	15	1	2	94%
6 Verbal orders received from the clinician are noted and carried out timely	12	12	0	6	100%
7 Follow-up visits are completed in a timely manner	4	4	0	14	100%
8 Provider's orders from the follow-up visit are completed as required	3	3	0	15	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	3	3	0	15	100%
10 The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	4	3	1	14	75%
Overall Compliance Score 92%					

Emergency Services Discussion:

Screen 2:

- In the first record, the patient had complaints of a rash on his groin, inner arms, and thighs, as well as swollen genitals. There was no documentation of a skin assessment or education for either issue. The patient was later sent to the outside hospital.
- In the second record, the patient came in for abdominal pain with a blood pressure reading of 157/101. His elevated blood pressure was not addressed.
- In the third record, the patient came in for an eye injury after an altercation with another inmate. The assessment says “eye red & inflamed” but there was no vision assessment or PERRLA. The patient was referred to the provider who prescribed eye drops. Approximately one hour later, the patient returned to medical stating he saw something in his eye. The provider documented that a foreign object was visible in his right eye, and he was sent to an outside hospital after flushing attempts to remove the object were unsuccessful.
- In the fourth record, the patient was brought to the medical unit after being found unconscious in the dorm. Narcan was administered but rather than using the Poisoning/OD Protocol, staff used the

Respiratory/SOB Protocol even though the patient had no history of asthma or breathing issues. The patient was then sent by EMS to the outside hospital. He returned with a diagnosis of “s/p Fentanyl od.”

- In the fifth record, the inmate came in with complaints of smoke inhalation from a fire in the dorm. The Chest Pain Protocol was used; however, clinical surveyors noted that the Respiratory Protocol would have been more appropriate following an episode of smoke inhalation.
- In the sixth record, the nursing protocol contained contradictory information. For example, the inmate was reported to be both “lethargic” as well as “confused and agitated.”

Screen 10: The inmate was sent to outside hospital following an overdose of Fentanyl. He was not referred to mental health as per protocol.

Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician’s orders specify whether inmates are admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	13	13	0	0	100%
2 All orders are received and implemented	13	13	0	0	100%
3 Inmates are evaluated within one hour of being placed on observation status	13	13	0	0	100%
4 Evaluations are documented at least once every eight hours	12	12	0	1	100%
5 Weekend and holiday clinician phone rounds are completed and documented as required	6	6	0	7	100%
6 Inmates are discharged within 23 hours or admitted to the infirmary for continued care	13	13	0	0	100%
7 Discharge notes containing all of the required information are completed as required	13	12	1	0	92%
Compliance Percentage 99%					

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	7	7	0	0	100%
2 All orders are received and implemented	7	4	3	0	57%
3 Thorough nursing assessments are completed within two hours of admission	7	7	0	0	100%
4 Morse Fall Scales are completed at the required intervals	7	7	0	0	100%
5 Nursing assessments are completed at the required intervals	7	7	0	0	100%
6 All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	3	3	0	4	100%
7 Clinician rounds are completed and documented as required	6	6	0	1	100%
8 Weekend and holiday clinician phone rounds are completed and documented as required	6	6	0	1	100%
9 Nursing discharge notes containing all of the required information are completed as required	5	5	0	2	100%
10 Discharge summaries are completed by the clinician within 72 hours of discharge	5	5	0	2	100%
Overall Compliance Score 96%					

Inpatient Infirmary Care Discussion:

Screen 2: In the first record, labs were ordered but never drawn. In the second record, input and output was not documented as ordered. In the remaining record, vital signs were not documented at the intervals specified by the medical provider.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 Inmates are assessed in the appropriate time frame	18	15	3	0	83%
3 Nursing assessments are completed in their entirety	18	17	1	0	94%
4 Complete vital signs including weight are documented	18	18	0	0	100%
5 There is evidence of applicable patient education	18	17	1	0	94%
6 Findings requiring clinician notification are made in accordance with protocols	13	13	0	5	100%
7 Verbal orders received from the clinician are noted and carried out timely	12	12	0	6	100%
8 Follow-up visits are completed in a timely manner	12	12	0	6	100%
9 Clinician orders from the follow-up visit are completed as required	12	12	0	6	100%
Overall Compliance Score 97%					

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Pre-confinement examinations are completed prior to placement in special housing	15	14	1	0	93%
2 Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	15	14	1	0	93%
3 All active medications continue as ordered while inmates are held in special housing	11	6	5	4	55%
4 Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	12	12	0	3	100%
5 All medical emergencies are responded to timely and appropriately	1	0	1	14	0%
6 Medical inmate requests are responded to timely and appropriately.	14	14	0	1	100%
7 All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	14	11	3	1	79%
Overall Compliance Score 74%					

Confinement Medical Review Discussion:

Screen 3: In five records, documentation indicated that inmates did not have their active keep-on-person (KOP) medications with them upon transfer to confinement. There was no documentation in the medical record that medications were obtained and provided to the inmates to be administered as KOP or direct observation therapy (DOT).

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	13	13	0	0	100%
2 Referrals are processed in a timely manner	13	13	0	0	100%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	13	11	2	0	85%
4 The provider monitors inmates weekly to determine deterioration or status change	3	2	1	10	67%
5 Consultation reports are reviewed by the clinician in a timely manner	12	11	1	1	92%
6 The consultant's treatment recommendations are incorporated into the treatment plan	10	9	1	3	90%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	8	1	4	89%
8 Alternative treatment plans (ATP) are documented in the medical record	0	0	0	13	N/A
9 There is evidence that the ATPs are implemented	0	0	0	13	N/A
Overall Compliance Score 89%					

Health Care Grievances

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	12	12	0	0	100%
2 The identified requests are responded to within 15 calendar days from the date of receipt	11	11	0	1	100%
3 Documentation is completed in a SOAP note format	12	12	0	0	100%
4 The responses, resolutions, or clinical dispositions are appropriate	12	8	4	0	67%
Overall Compliance Score 92%					

Health Care Grievances Discussion:

Screen 4:

- In the first record, the inmate requested that an attack by an inmate be added to his medical record. The response was “there is no documentation in your chart 5/17/25 where you rec’d injuries.” However, there is a mental health emergency documented on 5/17/25 that describes the alleged altercation.
- In the second record, the inmate’s grievance was that he was having trouble getting his medications. The response was “You have no future administrations of these meds.” The prescription was still active at the time of his grievance.
- In the third record, the inmate’s grievance was that he put in a sick call on 6/10/25 and hadn’t been seen. The grievance was written 6/19/25. The response was, “when in special housing it is your responsibility to keep a copy of the sick call form to provide to the nursing staff.” Placement in confinement should never be a barrier to the accessing of health services. Additionally, the inmate should have been educated on the process of submitting a sick call request in confinement.
- In the last record, the inmate asked for glasses and medical shoes. The response regarding the glasses was appropriate. The response for the medical shoes was “you have a valid shoe pass.” He was not asking for a pass, but for the shoes. He had previous requests on 7/1/24, 9/18/24, and 12/17/24. The grievance was dated 4/18/25 and he submitted another request on 5/16/25.

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Copies of the inmate request form are present in the electronic health record	17	17	0	0	100%
2 Requests are responded to within the appropriate time frame	17	17	0	0	100%
3 Responses are direct, address the stated need and are clinically appropriate	17	14	3	0	82%
4 Follow-up to the requests occur as intended	6	6	0	11	100%
Overall Compliance Score 96%					

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Inmates receive medications as prescribed	12	10	2	0	83%
2 Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	12	0	0	100%
3 Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	1	1	0	11	100%
Overall Compliance Score 94%					

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)	18	18	0	0	100%
2 Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3 Medications reflect continuity of care.	13	13	0	5	100%
4 The medical record reflects continuity of care for pending consultations	1	1	0	17	100%
5 The medical record reflects continuity of care for pending chronic illness clinic appointments	11	8	3	7	73%
6 Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
7 Special passes/therapeutic diets are reviewed and continued	5	4	1	13	80%
8 A clinician reviews the health record and DC4-760A within seven days of arrival	18	18	0	0	100%
Overall Compliance Score 93%					

Intra-System Transfers Discussion:

Screen 5: Per Health Services Bulletin 15.03.05, when an inmate is transferred to another institution, he/she must be seen at the receiving institution within the previously established time frame. In these records, the chronic clinic visits did not occur as scheduled.

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Periodic screening encounters are completed within one month of the due date	17	17	0	0	100%
2 Screenings include documentation of vital signs and appropriate follow-up	17	15	2	0	88%
3 Screenings are completed in their entirety	17	17	0	0	100%
4 All diagnostic tests are completed within 28 days prior to the periodic screening encounter	17	13	4	0	76%
5 Referrals to a clinician occur if indicated	4	4	0	13	100%
6 All applicable health education is provided	17	17	0	0	100%
Overall Compliance Score 94%					

Periodic Screenings Discussion:

Screen 4: In all four records, the low-dose CT was not completed as required by policy.

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	18	18	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	7	6	1	11	86%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	17	100%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	18	N/A
5	Repeat STI testing is completed as required	4	2	2	14	50%
6	Mental health referrals are submitted following the completion of the medical screening	18	18	0	0	100%
7	Inmates are evaluated by mental health by the next working day	18	17	1	0	94%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	18	N/A
Overall Compliance Score 88%						

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1 Allergies are documented in the EMR	18	18	0	0	100%	
2 There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%	
3 Dental appointments are completed in a timely manner	11	11	0	7	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	12	12	0	6	100%	
5 There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	12	12	0	6	100%	
6 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	10	10	0	8	100%	
7 Sick call appointments are completed in a timely manner	13	13	0	5	100%	
8 Follow-up appointments for sick call or other routine care are completed in a timely manner	8	8	0	10	100%	
9 Consultations or specialty services are completed in a timely manner	6	6	0	12	100%	
10 Consultant's treatment recommendations are incorporated into the treatment plan	6	6	0	12	100%	
11 There is evidence of informed consent or refusal for extractions and/or endodontic care	13	13	0	5	100%	
12 The use of dental materials including anesthetic agent are accurately documented	17	17	0	1	100%	
13 Applicable patient education for dental services is provided	18	18	0	0	100%	
Overall Compliance Score 100%						

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	1	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	1	0	100%
3	The autoclave is tested appropriately, and the autoclave log is maintained and up to date	1	1	0	100%
4	Sharps containers are available and properly utilized	1	1	0	100%
5	Biohazardous waste is properly disposed	1	1	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	1	0	100%
7	Dental instruments and equipment are properly sterilized	1	1	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	1	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	1	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	1	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	1	0	100%
12	Necessary equipment is available, adequate, and in working order.	1	1	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	1	0	100%

Overall Compliance Score 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	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	11	10	1	0	91%
2	Nursing evaluations are completed within two hours of admission	11	9	2	0	82%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	10	4	6	1	40%
4	Guidelines for SHOS management are observed	4	3	1	7	75%
5	SHOS infirmatory orders contain required components, and are received and implemented accordingly	11	6	5	0	55%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	11	10	1	0	91%
7	Nursing evaluations are completed once per shift	11	8	3	0	73%
8	There is evidence of daily rounds by the attending clinician	10	8	2	1	80%
9	There is evidence of daily counseling provided by mental health staff	9	8	1	2	89%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	10	9	1	1	90%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	8	7	1	3	88%
12	There is evidence of adequate post-discharge follow-up by mental health staff	10	8	2	1	80%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	9	8	1	2	89%
14	Potential changes needed in inmates' care are addressed as clinically indicated	10	8	2	1	80%

Overall Compliance Score 79%

Self-Injury and Suicide Prevention Discussion:

Screen 7:

- In the first record, staff noted that the inmate refused five consecutive meals, was hallucinating, disoriented and anxious. The Hunger Strike Protocol was not used, and a provider was not notified.
- In the second record, the day shift assessment was completed by an LPN without countersign of an RN or medical provider. On two other days of the admission, the assessments were incomplete with multiple areas of the form not addressed. Additionally, "Continue POC" was indicated but no plan of care was found in the documentation since the initiation of the infirmary admission.
- The third record contained daily shift assessments by an LPN without countersign of an RN or medical provider. In another assessment "no falls in 30 days" was documented; however, the patient fell three days prior resulting in a head injury and a provider was not contacted. Additionally, there were multiple self-inflicted wounds, some which required medical treatment that were not adequately described. On the fourth day of the admission, he complained of feeling badly with increased pain in his abdomen. There was no evidence that this complaint was assessed by medical staff.

Psychiatric Restraints

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Appropriate precipitating behavioral signs indicating the need for psychiatric restraints are documented	2	2	0	0	100%
2	Less restrictive means of behavioral control are attempted prior to the application of restraints	2	2	0	0	100%
3	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	2	2	0	0	100%
4	The use of an ETO is accompanied by a physician's order specifying the medication as an emergency treatment	2	2	0	0	100%
5	The physician's use of an ETO has an accompanying order for admission to an isolation management room (IMR) and placement on Self-harm Observation Status (SHOS)	0	0	0	2	N/A
6	The medication administration record (MAR) includes identical information to the written or verbal order for psychotropic medication and is administered as indicated	2	2	0	0	100%
7	Physician's orders indicate the date, time, maximum duration of order, clinical rationale, and behavioral criteria for release	0	0	0	2	N/A
8	Behavior is observed every 15 minutes and documented	0	0	0	2	N/A
9	Food is offered at regular meal times and fluids and bedpan/urinal use are offered every two hours	0	0	0	2	N/A
10	Respiration and circulation checks are completed and documented	0	0	0	2	N/A
11	If four-point restraints are used, limbs are exercised every two hours	0	0	0	2	N/A
12	Vital signs are measured and recorded when the inmate is released from restraints	0	0	0	2	N/A
13	Psychiatric restraints are removed after 30 minutes of calm behavior	0	0	0	2	N/A
14	New orders are obtained every four hours	0	0	0	2	N/A
15	The physician personally assesses any inmate who remains in restraints for 24 hours	0	0	0	2	N/A
16	Inmates are referred to the multi-disciplinary services team (MDST)	0	0	0	2	N/A
Overall Compliance Score 100%						

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	13	13	0	0	100%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	2	1	1	11	50%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	13	10	3	0	77%
4	Documentation indicates the clinician fully assessed suicide risk	13	13	0	0	100%
5	Thorough mental status examinations are completed	13	13	0	0	100%
6	Appropriate interventions are made as indicated by presentation	13	11	2	0	85%
7	Dispositions are clinically appropriate	13	11	2	0	85%
8	There is appropriate follow-up as indicated in response to the emergency	10	9	1	3	90%
Overall Compliance Score 86%						

Psychological Emergency Discussion:

Screen 2: Mental health staff responded to this inmate-declared emergency and documented, "Patient had blood around neck and head area and stated that his bunkie had attacked him". A referral was not made to nursing nor was a provider contacted. There was no documented rationale as to why the injury was not reported to medical staff.

Screen 3: In two records, there was no evidence that nursing staff took the inmate's prior history of violence into consideration while evaluating the need for Self-Harm Observation Status (SHOS) admission. In the remaining record, the inmate's recent SHOS admission was not considered.

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2 Identified requests are responded to within the appropriate time frame	18	18	0	0	100%
3 Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	18	18	0	0	100%
4 Follow-up to the requests occur as intended	18	18	0	0	100%
5 Consents for treatment are obtained prior to conducting an interview	18	18	0	0	100%
Overall Compliance Score 100%					

Mental Health Inmate Grievances

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Grievances are in documented in the medical record	9	6	3	0	67%
2 Identified requests are responded to within fifteen (15) calendar days from the date of receipt.	9	9	0	0	100%
3 Documentation is completed in SOAP note format.	9	6	3	0	67%
4 The responses, resolutions, or clinical dispositions are appropriate	9	8	1	0	89%
Overall Compliance Score 81%					

Mental Health Inmate Grievances Discussion:

Screen 3: Responses to the inmate grievances were not documented in the medical record.

Special Housing

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Psychological emergencies are responded to timely and appropriately	2	2	0	13	100%
2	Mental status exams (MSE) are completed in the required time frame	15	14	1	0	93%
3	Follow-up mental status exams are completed in the required time frame	15	15	0	0	100%
4	MSEs are sufficient to identify any problems in adjustment	14	14	0	1	100%
5	Mental health staff responds to identified problems in adjustment	2	2	0	13	100%
6	Mental health inmate requests are responded to timely and appropriately	9	8	1	6	89%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	14	11	3	1	79%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	14	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	14	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	14	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	14	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	14	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	14	N/A
Overall Compliance Score 94%						

Special Housing Discussion:

Screen 7: In the first record, the psychiatric provider documented that the inmate could not be seen due to “being in confinement”. In the second record, the provider indicated the inmate would be seen within seven days while his psychotropic medications were being tapered; however, an appointment did not occur. In the last record, case management and counseling were provided at intervals of three minutes each.

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Post use-of-force physical examinations are present in the record	16	16	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	16	15	1	0	94%
3	There is evidence physical health staff completed a referral to mental health staff	16	16	0	0	100%
4	Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed	16	16	0	0	100%
5	Recent changes in the inmate's condition are addressed	16	16	0	0	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	14	13	1	2	93%
Overall Compliance Score 98%						

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Valid consent forms are completed prior to the initiation of mental health treatment	17	16	1	0	94%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	9	8	1	8	89%
3	Inmates are interviewed by mental health staff within 14 days of arrival	9	9	0	8	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	9	8	1	8	89%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	5	5	0	12	100%
6	BPSAs are present in the records	17	17	0	0	100%
7	ISPs are individualized and addresses all required components	17	17	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	17	17	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	17	17	0	0	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	17	17	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	17	14	3	0	82%
12	ISPs are reviewed and revised at least every 180 days	16	16	0	1	100%
13	Qualifying events are addressed on the ISP	3	3	0	14	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	7	6	1	10	86%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	11	10	1	6	91%
16	Individual counseling is provided at the required intervals or as specified in the ISP	17	17	0	0	100%
17	Frequency of clinical contacts is sufficient	16	16	0	1	100%
Overall Compliance Score 96%						

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	0	0	0	18	N/A
2 If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	2	2	0	16	100%
3 Appropriate initial laboratory tests are ordered	2	2	0	16	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	18	N/A
5 Appropriate follow-up laboratory studies are ordered and conducted as required	15	12	3	3	80%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	2	2	0	16	100%
8 Inmates receive medication(s) as prescribed	18	11	7	0	61%
9 The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	3	3	0	15	100%
10 Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	1	1	0	17	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	Prescribed medication administration times are appropriate	17	17	0	1	100%
12	Informed consents are signed for each medication prescribed	18	18	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	18	16	2	0	89%
14	Documentation of psychiatric encounters is complete and accurate	18	15	3	0	83%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	8	6	2	10	75%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	15	15	0	3	100%
Overall Compliance Score 92%						

Outpatient Psychotropic Medication Practices Discussion:

Screen 7: In two records, prescriptions expired prior to the psychiatric follow-up encounter, which resulted in a significant lapse in medications. In the third record, there were duplicate orders for Zoloft which specified different routes of administration (KOP and single-dosed). In the fourth record, the antipsychotic medication was not offered for 10 days, without evidence of refusal. In the fifth record, Buspar was not given for four days without explanation or evidence of refusal. In the sixth record, there were multiple orders for Risperdal; clinical surveyors were unable to determine that the inmate was receiving the correct dosage of the intended medication. In the last record, a Haldol Decanoate injection was ordered to be administered every two weeks. However, the inmate only received one dose in the months of July and August.

Aftercare Planning

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	5	5	0	0	100%
2	The appropriate consent form is signed by inmates within the required time frame	5	5	0	0	100%
3	Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	5	N/A
4	Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	3	3	0	2	100%
5	Appropriate patient care summaries are completed within the required time frame	5	5	0	0	100%
6	Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	5	2	3	0	40%
7	Any inmate qualifying for re-entry service planning is provided with a 30-day supply of their current psychiatric medications at the time of release	3	3	0	2	100%
Overall Compliance Score 90%						

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%
Compliance Percentage 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 Privacy shields or curtains are available for infirmary beds	0	1	0	0%
3 Infirmary 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%
Compliance Percentage 80%				

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 A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5 Over-the-counter medications are available and logged	1	0	0	100%
6 Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7 First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 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%
Overall Compliance Score 100%					

Psychiatric Restraint

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

Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	1	0	0	100%
3	Annual training for psychiatric restraint use provided to staff	0	1	0	0%
Compliance Percentage 67%					

Mental Health Services Discussion:

Screen 3: Per the Pre-Survey Questionnaire completed by ACI staff, mandatory restraint training took place for medical, dental and mental health employees. However, security staff is also required to participate in the training, and there was no evidence that they were included.

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA surveyors and staff. Although, the majority of inmates interviewed expressed satisfaction with health care services, there were several areas of common complaints that emerged. More than half of the inmates interviewed reported that OTC medications and sick call forms were rarely available in the dorms. Several inmates reported problems getting KOP medications refilled timely.

Overall, inmates on the mental health caseload expressed satisfaction with mental health services. They indicated that counseling, case management and medication services were beneficial. The inmates interviewed felt that the dental care was satisfactory.

MEDICAL STAFF INTERVIEWS

Five members of the medical team participated in interviews with CMA staff. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. Staff indicated high staff turnover has led to significant nursing shortages. Several interviewees recommended enhancing communication with security staff to streamline key operational processes. Specific improvements included ensuring inmates are escorted to scheduled appointments, confirming that individuals entering confinement have their prescribed medications, and promptly notifying medical personnel when OTC medications run out in housing units. Staff expressed a need for additional supplies including splints, band-aids, and scissors. Several staff indicated that mental health and medical split time in a room in confinement to see patients. They suggested an additional room in confinement would allow more inmates to be seen by the provider. One staff member suggested that an annual electronic medical record (EMR) training refreshers would be beneficial.

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health staff agreed to participate in interviews. All were aware of policies and procedures related to the accessing of routine and emergency mental health services and were knowledgeable about the inmates on their caseload. Staff indicated that the biggest challenges are cross-departmental communication with classification and lack of post-release resources for inmates.

SECURITY STAFF INTERVIEWS

Two correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. They described a good working relationship with medical and mental health staff. Additionally, one security officer indicated that that personal protective equipment was not always available in the housing units.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	1
Total Findings	
Total	12

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	4
Psychiatric Restraints	0
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	2
Mental Health Inmate Grievances	2
Mental Health Inmate Request	0
Special Housing	1
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	0
Outpatient Psychotropic Medications	2
Aftercare Planning	1

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	13

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 ACI East the CMA makes the following recommendations:

- Ensure that inmates transferring into the institution are seen timely for their chronic clinic appointments.
- Ensure that diagnostic testing is completed as required for periodic screening encounters.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Ensure that psychotropics medications are ordered and administered appropriately.
- Ensure that all psychological emergencies are documented accurately.
- Ensure that evaluations for inmates in SHOS are completed as required.