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# BAY CORRECTIONAL FACILITY

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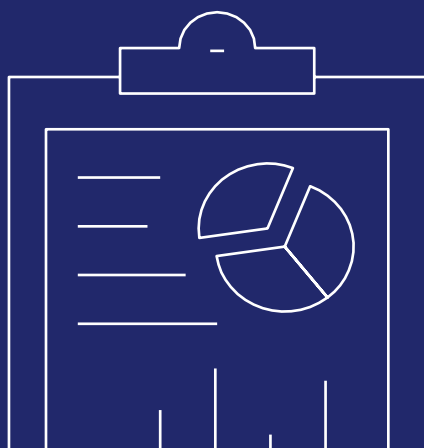
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## BACKGROUND AND SCOPE

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.
- 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.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Bay Correctional Facility (BAYCF) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. BAYCF consists of a Main Unit.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	985	<b>Current Main Unit Census</b>	976
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	985	<b>Total Current Census</b>	976

### Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>	
	510	444	22	0	0	0	
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>Mental Health Inpatient</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Impaired</b>
	569	60	347	0	0	0	0

### Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	23	23	0	N/A	N/A	N/A

<sup>1</sup> 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	1	0
Registered Nurse	5	1
Licensed Practical Nurse	7	3
DON/Nurse Manager	1	1
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	1	0

## Mental Health Unit Staffing

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

## BAY CORRECTIONAL FACILITY SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at BAYCF on January 7-9, 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 BAYCF. 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			
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# 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	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	18	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	1	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	10	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	9	8	1	9	89%
7 Medications appropriate for the diagnosis are prescribed	18	17	1	0	94%
8 Patients are referred to a specialist for more in-depth treatment as indicated	2	1	1	16	50%
<b>Overall Compliance Score 92%</b>					

### Cardiovascular Chronic Illness Clinic Discussion:

Screen 8: In one record, the inmate had a recent myocardial infarction and had not been evaluated by a cardiologist.

**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	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
4 Annual laboratory work is completed as required	14	14	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	1	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	11	1	3	92%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	4	3	1	11	75%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	1	1	0	14	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	11	11	0	4	100%
10 Medications appropriate for the diagnosis are prescribed	13	13	0	2	100%
11 Patients are receiving insulin as prescribed	9	9	0	6	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	4	3	1	11	75%
<b>Overall Compliance Score 95%</b>					

**Endocrine Clinic Discussion:**

Screen 12: In the deficient record, the inmate’s last recorded dilated fundoscopic examination was completed in June of 2022.

### 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	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	13	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
4	Annual laboratory work is completed as required	13	13	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	1	1	0	12	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	12	6	6	1	50%
8	Abdominal ultrasounds are completed at the required intervals	12	11	1	1	92%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	9	9	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	13	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	13	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	13	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	13	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	13	N/A
<b>Overall Compliance Score 94%</b>						

**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	15	1	0	94%
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	12	4	0	75%
4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%
<b>Overall Compliance Score 92%</b>					

**General Chronic Illness Clinic Discussion:**

Screen 3: Although scheduled appropriately for 90-day appointments, these inmates with a medical grade of 3 (M-3) were not seen accordingly.

**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)	1	1	0	0	100%
2	There is evidence of an appropriate physical examination.	1	1	0	0	100%
3	CD4, HIV viral load, and CMP are completed as required.	1	1	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	1	N/A
5	There is evidence abnormal labs are reviewed and abnormalities addressed in a timely manner	0	0	0	1	N/A
6	Is the inmate receiving HIV medications as prescribed?	1	1	0	0	100%
7	At each clinic visit there will be evaluation as to the control of the disease and an evaluation as to the status of the patient	1	1	0	0	100%
8	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	1	1	0	0	100%
9	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	N/A
<b>Overall Compliance Score 100%</b>						

**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	11	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	6	6	0	5	100%
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	11	10	1	0	91%
6 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	10	100%
<b>Overall Compliance Score 98%</b>					

### 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	10	10	0	0	100%
2 There is evidence of an appropriate physical examination	10	9	1	0	90%
3 Annual laboratory work is completed as required	10	10	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	0	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	10	10	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A
<b>Overall Compliance Score 98%</b>					

### Oncology 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 oncology clinic	8	8	0	0	100%
2 There is evidence of an appropriate physical examination	8	8	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	4	4	0	4	100%
4 Annual laboratory work is completed as required	8	8	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	7	7	0	1	100%
7 Medications appropriate for the diagnosis are prescribed	3	3	0	5	100%
8 Oncological treatments are received as prescribed	0	0	0	8	N/A
9 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	8	N/A
<b>Overall Compliance Score 100%</b>					

**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	15	15	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	9	9	0	6	100%
3	Medications appropriate for the diagnosis are prescribed	13	13	0	2	100%
4	A peak flow reading is recorded at each visit	15	14	1	0	93%
5	There is evidence of an appropriate physical examination	15	15	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	15	14	1	0	93%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
<b>Overall Compliance Score 98%</b>						

**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	9	9	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	9	9	0	0	100%
3	There is evidence of initial and ongoing education	9	9	0	0	100%
4	There is evidence of monthly nursing follow-up	9	9	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	9	9	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	9	9	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	3	3	0	6	100%
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	9	N/A
9	The appropriate medication regimen is prescribed	9	9	0	0	100%
10	The inmate receives TB medications as prescribed	9	9	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	2	2	0	7	100%
12	Documentation of the CIC visit includes an appropriate physical examination	9	9	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	9	N/A
<b>Overall Compliance Score 100%</b>						

## 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	18	18	0	0	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	12	6	0	67%
4 There is evidence of appropriate and applicable patient education	18	17	1	0	94%
5 Findings requiring clinician notification are made in accordance with protocols	16	15	1	2	94%
6 Follow-up visits are completed timely	15	13	2	3	87%
7 Clinician's orders from the follow-up visit are completed as required	15	15	0	3	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	5	5	0	13	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	7	7	0	11	100%
<b>Overall Compliance Score 94%</b>					

#### Emergency Services Discussion:

Screen 3: In all the deficient records, current weight was not documented.

## 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	16	2	0	89%
4 Complete vital signs including weight are documented	17	17	0	1	100%
5 There is evidence of applicable patient education	17	17	0	1	100%
6 Referrals to a higher level of care are made in accordance with protocols	10	9	1	8	90%
7 Follow-up visits are completed in a timely manner	10	8	2	8	80%
8 Clinician orders from the follow-up visit are completed as required	10	7	3	8	70%
<b>Overall Compliance Score 91%</b>					

### Sick Call Services Discussion:

Screen 8: In all three records, the inmate did not receive medications as prescribed by the medical provider.

## Other Medical Records Review

### Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Pre-Special Housing Health Evaluation is complete and accurate	16	16	0	0	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	11	11	0	5	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	9	9	0	7	100%
4	All emergencies are responded to within the required time frame	2	2	0	14	100%
5	The response to the emergency is appropriate	2	2	0	14	100%
6	All sick call appointments are triaged and responded to within the required time frame	14	14	0	2	100%
7	New or pending consultations progress as clinically required	5	5	0	11	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	14	14	0	2	100%
<b>Overall Compliance Score 100%</b>						

## 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	14	12	2	1	86%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	14	6	8	1	43%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	11	2	9	4	18%
4 The consultation report is reviewed by the clinician in a timely manner	7	3	4	8	43%
5 The consultant's treatment recommendations are incorporated into the treatment plan	6	5	1	9	83%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	6	3	3	9	50%
7 The diagnosis is recorded on the problem list	6	6	0	9	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	15	N/A
9 There is evidence that the ATP is implemented	0	0	0	15	N/A
<b>Overall Compliance Score 60%</b>					

### Consultation Services Discussion:

Screen 2: In two records, the consultation was not submitted to Utilization Management (UM) and therefore, was never processed. In one record, an urgent consultation was not submitted for one month. In the remaining records, urgent consultations were not submitted within the required time frame.

Screen 3: Per policy, urgent consultations are to be completed within 14 business days.

- An urgent request for orthopedic evaluation was submitted on 8/27/24 but was not completed for one month.
- An urgent request written 9/26/24 to the orthopedist for small avulsion fracture of the right talus was not completed for more than one month.
- An urgent request written 9/25/24 for a CT scan of the chest due to a suspicious lung mass was not completed for one month.
- An urgent request written 10/14/24 for orthopedic evaluation was not completed by the time of the survey.
- A cardiology consult written 9/17/24 did not identify the acuity of the condition and whether it should be completed urgently or routinely. The inmate was not evaluated for three months.
- An urgent request was written on 11/12/24 for urological services for an inmate with history of bladder cancer. The consult was still pending as of the date of the survey.
- An urgent consult with the neurologist was written on 10/18/24 due to an eye lesion discovered on an optometry exam. The inmate was transferred to another institution on 12/5/24 with the consult still pending.

- An urgent request for urological treatment was submitted on 9/23/24 for an inmate with a history of testicular cancer and orchiectomy. The appointment was not completed for almost one month. Per policy, routine consultations are to be completed within 45 days.
- A routine request to evaluate a neck mass was not completed for three months.

Screen 4: In two records, the consultation report was not reviewed for three weeks. In two records, there was no evidence that the clinical provider reviewed the documentation.

Screen 6: In the first record, the inmate was not returned to the consultant after the required diagnostic testing. In the second record, the cardiologist recommended on 12/18/24 that the inmate undergo additional testing (echocardiogram and stress testing) and return to the clinic. However, the testing has yet to be completed. In the third record, an MRI was recommended by the orthopedist on 10/31/24 but was not completed by the survey date.

**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	17	17	0	0	100%
2 The request is responded to within the appropriate time frame	17	17	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	17	17	0	0	100%
4 The follow-up to the request occurs as intended	3	2	1	14	67%
<b>Overall Compliance Score 92%</b>					

**Medical Inmate Requests Discussion:**

Screen 4: In the deficient record, the inmate requested assistance on 11/26/24 for an inoperable CPAP machine. As of 1/8/25, the machine had not been fixed.

**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	7	5	0	58%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	8	0	8	4	0%
4 There is evidence of pneumococcal vaccination or refusal	10	7	3	2	70%
5 There is evidence of influenza vaccination or refusal	12	12	0	0	100%
<b>Overall Compliance Score 66%</b>					

**Medication And Vaccination Administration Discussion:**

Screen 1: In three records, there were blanks on the Medication Administration Record (MAR), indicating the inmate may not have been offered his medications on the corresponding days. In the remaining records, there was no evidence that keep-on-person (KOP) medications were dispensed as prescribed.

Screen 3: If an inmate misses three consecutive or five total doses within a month, staff is required to meet with the inmate. At that time, a refusal of all future doses can be signed, and the chart forwarded to the clinician for disposition. In these records, there was no evidence this escalation process was followed.

**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 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3 The inmate's medications reflect continuity of care	11	11	0	7	100%
4 The medical record reflects continuity of care for inmate's pending consultations	2	2	0	16	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	6	6	0	12	100%
6 Special passes/therapeutic diets are reviewed and continued	2	2	0	16	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%
<b>Overall Compliance Score 100%</b>					

## 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	16	15	1	0	94%
2	All components of the screening are completed and documented as required	16	10	6	0	63%
3	All diagnostic tests are completed prior to the periodic screening encounter	16	4	12	0	25%
4	Referral to a clinician occurs if indicated	5	3	2	11	60%
5	All applicable health education is provided	16	14	2	0	88%
<b>Overall Compliance Score 66%</b>						

### Periodic Screenings Discussion:

Screen 2: In four records, inmates were not provided with results of laboratory testing. In one record, the status of tuberculin skin testing was not documented. In the last record, the inmate's level of orientation was not documented.

Screen 3: In the first and second records, there was no evidence of stool testing and the fasting plasma glucose levels. In the third and fourth records, the fasting blood glucose was missing. In the fifth and sixth records, prostate specific antigen levels were not completed for inmates with a history of prostate related issues. In the seventh record, laboratory testing was not completed in the required time frame. In the eighth and ninth records, there was no evidence of the required stool testing. In the tenth and eleventh records, there was no evidence of the low-dose CT scan for inmates with an applicable smoking history. In the twelfth record, the complete blood count (CBC) was not documented.

Screen 4: In two records, inmates were not referred to the clinician although there were documented vision changes.

**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	8	7	1	0	88%
2 If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	8	N/A
3 There is documentation that the alleged victim was provided education on STIs	3	2	1	5	67%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	1	0	1	7	0%
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	8	N/A
6 Repeat STI testing is completed as required	1	0	1	7	0%
7 A mental health referral is submitted following the completion of the medical screening	8	1	7	0	13%
8 The inmate is evaluated by mental health by the next working day	8	6	2	0	75%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	1	0	1	0	0%
<b>Overall Compliance Score 35%</b>					

**PREA Discussion:**

Screens 4 and 6: In the deficient record, the inmate reported an alleged rape with penetration and the exchange of bodily fluids. There was no evidence of testing for sexually transmitted infections or prophylactic HIV treatment.

Screen 7: In five records, the referral erroneously indicated that mental health staff had seven days to complete their evaluation. In one record, the referral was incomplete. In the last record, there was no evidence the referral was submitted.

Screen 8: In the first record, the mental health evaluation was not located. In the second record, documentation of the PREA evaluation indicated it was completed within “two minutes”. CMA surveyors were concerned that this time was insufficient to complete a thorough assessment of the inmate’s current mental state.

Screen 9: In the deficient record, the mental health evaluation revealed delusional thinking in an unmedicated S-3 inmate. The inmate was not referred for more frequent monitoring by the case manager or evaluation by the psychiatric provider.

# 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	16	16	0	2	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	14	0	4	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	16	16	0	2	100%	
6 The treatment plan is appropriate for the diagnosis	17	17	0	1	100%	
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	12	12	0	6	100%	
8 Dental findings are accurately documented	18	18	0	0	100%	
9 Sick call appointments are completed timely	12	12	0	6	100%	
10 Follow-up appointments for sick call or other routine care are completed timely	4	4	0	14	100%	
11 Consultations or specialty services are completed timely	2	2	0	16	100%	
12 Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%	
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	12	12	0	6	100%	
14 The use of dental materials including anesthetic agent are accurately documented	12	12	0	6	100%	
15 Applicable patient education for dental services is provided	18	18	0	0	100%	
<b>Overall Compliance Score 100%</b>						

## 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	0	1	0	0%
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%
<b>Overall Compliance Score 93%</b>				

### Dental Systems Discussion:

Screen 1: Dental licenses were not displayed in the dental clinic.

## 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)	10	7	3	0	70%
2	The nursing evaluation is completed within 2 hours of admission	10	10	0	0	100%
3	Guidelines for SHOS management are observed	3	3	0	7	100%
4	The inmate is observed at the frequency ordered by the clinician	10	7	3	0	70%
5	Nursing evaluations are completed once per shift	10	9	1	0	90%
6	There is evidence of daily rounds by the attending clinician	10	7	3	0	70%
7	There is evidence of daily counseling provided by mental health staff	10	8	2	0	80%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	9	9	0	1	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	6	2	4	4	33%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	7	0	7	3	0%
<b>Overall Compliance Score 71%</b>						

#### Self-Injury and Suicide Prevention Discussion:

Screen 4: In each of these records, safety observations were not documented for an entire 24-hour period of the admission. During an acute mental health crisis, observing the inmate for safety is crucial. Without these forms in the record, it is impossible to tell if inmates were monitored for self-harm behaviors.

Screen 6: In the first record, there was no documentation of weekend rounds. The second record was missing over a week of daily rounds by the attending clinician. In the last record, there was no evidence that the inmate was seen by the provider at all during the infirmary admission.

Screen 9: After the discontinuation of self-harm observation status (SHOS), mental health staff should meet with the inmate between the 1<sup>st</sup> and 6<sup>th</sup> calendar days and again 7-14 days after discharge. In one record, staff met with the inmate more than three weeks later and did not address the infirmary admission. In the next record, the visit was two weeks overdue. In the third record, staff met with the inmate approximately 60 days

after discharge. In the remaining record, there was no indication that follow-up care took place after the acute mental health crisis.

## 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	13	13	0	0	100%
2	The emergency is responded to within one hour	13	12	1	0	92%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	13	12	1	0	92%
4	Documentation indicates the clinician fully assessed suicide risk	13	13	0	0	100%
5	A thorough mental status examination is completed	13	13	0	0	100%
6	Appropriate interventions are made	13	12	1	0	92%
7	The disposition is clinically appropriate	13	12	1	0	92%
8	There is appropriate follow-up as indicated in response to the emergency	9	8	1	4	89%
<b>Overall Compliance Score 95%</b>						

**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	13	1	0	93%
2 The request is responded to within the appropriate time frame	13	11	2	1	85%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	13	13	0	1	100%
4 The follow-up to the request occurs as intended	8	2	6	6	25%
5 Consent for treatment is obtained prior to conducting an interview	9	6	3	5	67%
<b>Overall Compliance Score 74%</b>					

**Mental Health Inmate Requests Discussion:**

Screen 4: In three records, the inmate was requesting to be seen by a therapist to deal with adjustment difficulties or symptom management. However, clinician notes did not provide adequate interventions or a plan for future treatment. In one record, an S-3 inmate, already taking psychotropic medications, asked to be seen by the provider to discuss medication changes or adjustments. After his second request, he was seen by the provider, but this was not addressed. In the remaining two records, the inmates requested to be evaluated for psychiatric medication. The clinician did not document a rationale for why a referral to psychiatry was not indicated.

## 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	12	10	2	0	83%
2	Psychotropic medications continue as ordered while inmates are held in special housing	6	5	1	6	83%
3	A mental status examination (MSE) is completed in the required time frame	12	4	8	0	33%
4	Follow-up MSEs are completed in the required time frame	7	3	4	5	43%
5	MSEs are sufficient to identify problems in adjustment	10	5	5	2	50%
6	Mental health staff responds to identified problems in adjustment	2	1	1	10	50%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	12	12	0	0	100%
8	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
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	12	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	12	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	12	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	12	N/A
<b>Overall Compliance Score 63%</b>						

### Special Housing Discussion:

Screen 3: In two records, the documentation was completed late. In the remaining six records, the inmate was seen by mental health, but the documentation did not contain evidence of a complete mental status examination.

Screen 4: In one record, the forms were partially completed. In the remaining three records, there was no evidence the inmate was evaluated at the necessary intervals based on S-grade.

Screen 5: In these records, the documentation was incomplete. Therefore, it was impossible to determine if the exams were sufficient to identify problems with the inmates' adjustment to the confinement unit.

Screen 6: In this record, the inmate presented with paranoia, persecutory delusions, auditory and visual hallucinations and problems with memory that made it difficult to function. However, a referral was not made to psychiatry and no plan was made for future treatment.

**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	7	7	0	0	100%
2 The post use-of-force physical examination is completed in its entirety	7	6	1	0	86%
3 There is evidence physical health staff completed a referral to mental health staff	7	4	3	0	57%
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	7	2	5	0	29%
5 Recent changes in the inmate's condition are addressed	1	1	0	6	100%
6 There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	6	100%
7 A physician's order is documented if force is used to provide medical treatment	0	0	0	7	N/A
<b>Overall Compliance Score 79%</b>					

**Use of Force Discussion:**

Screen 3 and 4: In these records, medical staff failed to send a referral to mental health. After a use of force, inmates should be evaluated by mental health staff on the next business day. Four inmates were not seen for follow-up by mental health staff, and one was seen late.

## Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	13	5	0	72%
2	The inmate is interviewed by mental health staff within 14 days of arrival	8	4	4	10	50%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	5	5	0	13	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	3	1	2	15	33%
5	Consent is obtained prior to initiating sex offender treatment	2	0	2	16	0%
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	17	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	4	0	14	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	4	2	2	14	50%
12	The ISP is individualized and addresses all required components	18	14	4	0	78%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	15	13	2	3	87%
14	ISP goals are time limited and written in objective, measurable behavioral terms	15	14	1	3	93%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	15	14	1	3	93%

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	13	5	8	5	38%
17	The ISP is reviewed and revised at least every 180 days	14	2	12	4	14%
18	Identified problems are recorded on the problem list	16	8	8	2	50%
19	The diagnosis is clinically appropriate	17	15	2	1	88%
20	There is evidence the inmate received the mental health services described in the ISP	15	6	9	3	40%
21	Counseling is offered at least once every 60 days	18	4	14	0	22%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	0	3	15	0%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	12	4	8	6	33%
24	Progress notes are of sufficient detail to follow the course of treatment	18	16	2	0	89%
25	The frequency of clinical contacts is sufficient	18	4	14	0	22%
<b>Overall Compliance Score 57%</b>						

**Outpatient Mental Health Services Discussion:**

Screen 1: In two records, the consent to treatment was signed after the initiation of mental health services. In two records, the consent was valid at the time of the survey but had several months' time lapse between when the previous consent expired, and the new consent was signed. In the remaining record, the annual consent had expired four months prior to the date of the survey without a valid form on file.

Screen 2: In one record, the initial mental health interview with the inmate was completed more than two weeks after it was due. In the remaining three records, there was no indication the interview took place nor was there evidence of refusal.

Screen 11: In the first record, the inmate was assigned a psychological grade of three (S-3) in January of 2024. However, the individualized service plan (ISP) was not initiated until December of 2024. In the second record, the inmate arrived at the facility in February 2024 and there was no indication the ISP was completed by the time of the CMA survey.

Screen 12: In one record, pertinent information was missing including history of self-harm, institutional adjustment, compliance, and provisional diagnosis. In the remaining three records, staff was unable to locate an ISP for the inmate.

Screen 16: In all deficient records, the inmate's signature was not documented. Without the signature of the inmate and the treatment team, it is impossible to determine if all agree with the plan of care.

Screen 20, 21, 22, 23, & 25: In these records, there was no indication that mental health services were provided on a consistent basis. Multiple delays and lack of scheduled appointments were noted for many individuals receiving case management, individual therapy, and psychiatric services. Overall, the frequency of clinical contacts was insufficient to provide therapeutic continuity of care.

**Outpatient Psychotropic Medication Practices**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	1	1	0	17	100%
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	1	1	0	17	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	3	2	1	15	67%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	11	9	2	7	82%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	17	16	1	1	94%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	17	10	7	1	59%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	14	1	13	4	7%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	15	2	13	3	13%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	16	16	0	2	100%
12 Informed consents are signed for each medication prescribed	16	13	3	2	81%
13 Follow-up sessions are conducted at appropriate intervals	15	4	11	3	27%
14 Documentation of psychiatric encounters is complete and accurate	15	2	13	3	13%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	6	5	1	12	83%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A
<b>Overall Compliance Score 62%</b>					

***Outpatient Psychotropic Medication Practices Discussion:***

Screen 4: In this record, on 10/25/24 labs were completed to determine if the dose of a mood stabilizer was appropriate. The subtherapeutic level lab result was received by a medical provider who documented “route to them” (presumably mental health providers). However, there was no indication that the psychiatric provider was aware of the abnormal lab, either at the time it was supposed to be referred or at additional psychiatric encounters.

Screen 8: In eight records, inmates did not received medications as intended.

- In the first record, the order for psychotropic medications expired in April and again in September 2024. Each time, the inmate was without medication for approximately a week.
- In the second record, an antidepressant expired 9/21/24 causing the inmate to miss three days while staff obtained a 30-day order until he could be seen by psychiatry. On 10/30/24 the inmate was seen by the provider and another prescription was written. However, he did not receive medication for one week.
- In the third record, the provider ordered a mood stabilizer and an antipsychotic on 11/7/24. The medication order was not renewed until 12/14/24; therefore, he did not receive his medication for several days.
- In the fourth record, the medication order expired prior to the inmate’s appointment with psychiatry in October and November 2024. This caused him to miss a few days of medication each time.

- In the fifth record, orders for medications expired in March, April, and May 2024, resulting in multiple missed doses. Additionally, there was a duplicate order in August 2024. Documentation on the MAR indicated the inmate received double the intended dose.
- In the sixth record, medications were not offered consistently in May and August 2024 due to a lapse in prescriptions.
- In the seventh record, there were multiple blanks on the medication administration record (MAR) over several months. Additionally, it was noted that there were several months in which there were duplicate medication orders and/or orders that lapsed or at times overlapped. CMA surveyors expressed concern that the inmate may be receiving the wrong dosages of medications.

Screen 14: In thirteen records, documentation of the psychiatric encounter was incomplete or inaccurate.

- In the first record, a diagnosis of intermittent explosive disorder was added without adequate rationale and consensus of the treatment team.
- In the second record, medication was changed from Abilify to Prozac for an inmate diagnosed with bipolar disorder. Documentation indicated the clinician considered changing the diagnosis to major depressive disorder; however, this change did not occur. Additionally, a clinical rationale was not provided for the discontinuation of Abilify, an antipsychotic medication with mood stabilizing properties.
- In three records, antipsychotic medications were discontinued without justification or explanation. In one case multiple medications were changed although the inmate was not seen by the prescriber.
- In the next three records, changes were made to the medication regimen without a documented clinical rationale.
- In two records, documentation indicated that the inmate was 100% compliant with medication; however, multiple refusals were noted on the MAR.
- In the remaining three records, documentation by the provider appeared to be identical over several months of psychiatric encounters.

## 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)	10	2	8	0	20%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	10	1	9	0	10%
3 Appropriate patient care summaries are completed within 30 days of EOS	6	2	4	4	33%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	0	1	9	0%
<b>Overall Compliance Score 16%</b>					

### Aftercare Planning Discussion:

Screen 3: In all records, staff were unable to locate summaries and there was no evidence of refusal.

Screen 4: At the time of the survey, the inmate was approximately three weeks away from release. There was no evidence that assistance with social security benefits was provided.

## 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%
<b>Overall Compliance Score 100%</b>				

**Infirmary**

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

**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%
<b>Overall Compliance Score 83%</b>				

***Inmate Housing Areas Discussion:***

Screen 4: Over-the counter medications were not available in A-dorm.

***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%
<b>Overall Compliance Score 100%</b>				

**Psychiatric Restraint**

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

**Psychiatric Restraint Discussion:**

Screens 1, 2, & 3: During a tour of the facility, staff was unable to produce psychiatric restraint equipment, in all sizes, as required for institutions housing S-3 inmates. Additionally, clinical personnel interviewed were unable to verbalize accurate instructions for the safe application and use of restraint equipment.

**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%
<b>Overall Compliance Score 100%</b>					

### 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%
<b>Overall Compliance Score 100%</b>				

### Mental Health Services

SCREEN QUESTION	YES	NO	N/A	Compliance Percentage
1 Adequate space is available for the mental health department	1	0	0	100%
2 The inpatient unit environment is safe and conducive to providing mental health care	0	0	1	N/A
3 Outpatient group therapy is offered	0	1	0	0%
<b>Compliance Percentage 50%</b>				

#### Mental Health Services Discussion:

Screen 3: According to the Pre-Survey Questionnaire (PSQ), Bay CF was not offering therapeutic groups to meet the needs of the inmate population, for 12 months prior to CMA's arrival. However, at the time of the survey, additional mental health staff had been hired and groups were being initiated.

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews. Overall, inmates were familiar with how to access medical, dental, and mental health services. Inmates reported that medical services were adequate and had improved since the arrival of the new provider. Several inmates, however, reported difficulty obtaining over-the-counter medications, as well as sick call forms in the dorms from the officers.

Nine inmates reported they have received mental health services and eight stated that they were satisfied with the quality of care provided. Seven inmates indicated they have used dental services and that their issues had been addressed.

### ***MEDICAL STAFF INTERVIEWS***

Five members of the medical team including clinical and administrative staff participated in interviews. All were knowledgeable about sick call and emergency procedures. Although there was concern voiced that sometimes a mental health emergency has to be assessed by medical because there is only one mental health staff person, most indicated the processes to obtain care works well. Overall, they indicated the care given is good but reported staff shortages as a hindrance. They also suggested improved communication between medical and security staff would be beneficial.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Three members of the mental health team were interviewed by CMA surveyors. They reported having one clinician and one psychologist until two mental health professional (MHP) positions were recently added. They indicated that continuing education for staff would be beneficial, as well as adding therapeutic groups and necessary group materials. One staff member suggested that inmates be able to submit requests electronically via tablet or kiosk, in addition to the current paper forms.

The team reported various forms of staffing, mostly informal. Psychiatry is completed via tele-health and clinicians are asked to provide several therapy sessions prior to referral for medication evaluation. All staff agreed that having a psychiatric provider onsite fulltime would be beneficial in improving inmate care. They felt that having regularly scheduled multi-disciplinary service team (MDST) meetings that include medical, security, nursing, mental health, classifications staff, and the inmate would be helpful to encourage a therapeutic milieu and increase continuity of care across departments.

### ***SECURITY STAFF INTERVIEWS***

Three correctional officers were interviewed. They correctly verbalized procedures that pertain to inmates being placed in special housing. Staff was knowledgeable about emergency and sick call procedures and did not have any suggestions for improvements.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	1
Endocrine Clinic	2
Gastrointestinal Clinic	1
General Chronic Illness Clinics	1
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	1
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	4
Medical Inmate Request	1
Medication and Vaccine Administration	3
Intra-System Transfers	0
Periodic Screening	3
PREA Medical Review	6
Female Preventative Health Screening	N/A

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>26</b>

### Mental Health Findings Summary

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	5
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	2
Psychological Emergencies	0
Mental Health Inmate Request	2
Special Housing	4
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	14
Outpatient Psychotropic Medications	6
Aftercare Planning	4

<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	4
<b>Total Findings</b>	
<b>Total</b>	<b>41</b>

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 BAYCF the CMA makes the following recommendations:

- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are seen as scheduled.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure the timely submission and completion of specialty services.
- Educate pill line nurses and mental health nurses on the escalation policy for missed doses to encourage counseling and compliance for missed medications.
- Provide additional education and training to security and healthcare staff for mental health emergencies and infirmary acute care mental health admissions.
- Ensure the inmate participates in the planning of his treatment and receives the services listed on his ISP.