

# BLACKWATER CORRECTIONAL FACILITY



**August 13-15, 2024**

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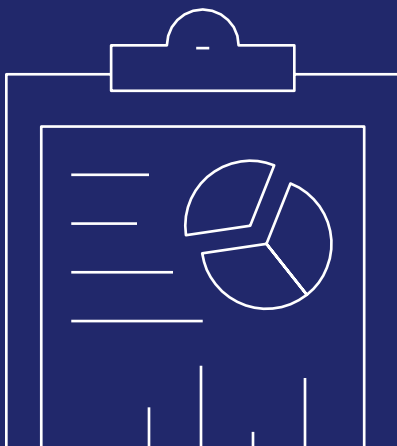
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## BACKGROUND AND SCOPE

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.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Blackwater Correctional Facility (BRCF) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1, 2 and 3. BRCF consists of a Main Unit only.

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	2000	<b>Current Main Unit Census</b>	1995
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	2000	<b>Total Current Census</b>	1995

### 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>	
	1109	808	78	0	0	377	
<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>
	1125	195	675	0	0	0	11

### 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>
	63	70	N/A	N/A	N/A	N/A

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	12	1
Licensed Practical Nurse	11	1
DON/Nurse Manager	1	0
Dentist	1	1
Dental Assistant	1	0
Dental Hygienist	1	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0.75	0
Psychiatric APRN/PA	1	0
Psychological Services Director	N/A	N/A
Psychologist	1	0
Mental Health Professional	7	2
Aftercare Coordinator	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

## BLACKWATER CORRECTIONAL FACILITY SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at BRCF on August 13-15, 2024. 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 BRCF. 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	18	18	0	0	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	10	10	0	8	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	15	15	0	3	100%
7	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
<b>Overall Compliance Score 100%</b>						

**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	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	10	7	0	59%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
4	Annual laboratory work is completed as required	17	17	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	11	10	1	6	91%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	6	6	0	11	100%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	7	7	0	10	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	8	8	0	9	100%
10	Medications appropriate for the diagnosis are prescribed	15	15	0	2	100%
11	Patients are receiving insulin as prescribed	6	6	0	11	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
<b>Overall Compliance Score 95%</b>						

**Endocrine Clinic Discussion:**

Screen 2: In five records, there was no evidence of a thyroid examination. In two records, the physical examination did not include a complete examination of the foot.



### 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	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	15	15	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	2	2	0	13	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	15	15	0	0	100%
8	Abdominal ultrasounds are completed at the required intervals	14	14	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	15	15	0	0	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	15	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	15	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	15	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	15	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	15	N/A
<b>Overall Compliance Score 100%</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	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	15	1	0	94%
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 98%</b>						

**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)	13	13	0	0	100%
2 There is evidence of an appropriate physical examination.	13	13	0	0	100%
3 Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	13	13	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	13	N/A
5 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	0	100%
6 The inmate receives HIV medication(s) as prescribed	13	12	1	0	92%
7 At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
8 There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	13	13	0	0	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
<b>Overall Compliance Score 99%</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	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	14	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	10	10	0	4	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	12	12	0	2	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	10	9	1	4	90%
<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	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	14	1	0	93%
3 Annual laboratory work is completed as required	15	14	1	0	93%
4 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	1	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	13	13	0	2	100%
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>					

### 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	7	7	0	0	100%
2 There is evidence of an appropriate physical examination	7	7	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	7	7	0	0	100%
4 Annual laboratory work is completed as required	7	7	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	7	7	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	0	100%
7 Medications appropriate for the diagnosis are prescribed	7	7	0	0	100%
8 Oncological treatments are received as prescribed	2	2	0	5	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	5	100%
<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	17	17	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	12	11	1	5	92%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	3	100%
4 A peak flow reading is recorded at each visit	17	17	0	0	100%
5 There is evidence of an appropriate physical examination	17	17	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
<b>Overall Compliance Score 99%</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	3	3	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	3	3	0	0	100%
3	There is evidence of initial and ongoing education	3	3	0	0	100%
4	There is evidence of monthly nursing follow-up	3	3	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	3	3	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	3	3	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	1	1	0	2	100%
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	3	N/A
9	The appropriate medication regimen is prescribed	3	3	0	0	100%
10	The inmate receives TB medications as prescribed	3	3	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	2	2	0	1	100%
12	Documentation of the CIC visit includes an appropriate physical examination	3	3	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	3	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	7	7	0	11	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	17	1	0	94%
3 Vital signs including weight are documented	18	17	1	0	94%
4 There is evidence of appropriate and applicable patient education	18	18	0	0	100%
5 Findings requiring clinician notification are made in accordance with protocols	13	10	3	5	77%
6 Follow-up visits are completed timely	13	12	1	5	92%
7 Clinician's orders from the follow-up visit are completed as required	6	6	0	12	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	0	0	0	18	N/A
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	0	0	0	18	N/A
<b>Overall Compliance Score 94%</b>					

### Emergency Services Discussion:

Screen 5: In the first record, there was no provider signature or other documentation in the electronic health record, indicating that the inmate was appropriately referred. In the second record, there was no evidence that the inmate was referred to the clinician after "possible inhalation poisoning." In the third record, the clinician was not notified of significantly elevated blood sugars.

**Outpatient Infirmary Care**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	10	10	0	0	100%
2	All orders are received and implemented	10	9	1	0	90%
3	The inmate is evaluated within one hour of being placed on observation status	10	10	0	0	100%
4	Patient evaluations are documented at least once every eight hours	10	10	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	9	100%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	10	10	0	0	100%
7	A discharge note containing all of the required information is completed as required	10	10	0	0	100%
<b>Compliance Percentage 99%</b>						

### *Inpatient Infirmary Care*

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	13	12	1	0	92%
2 All orders are received and implemented	13	12	1	0	92%
3 A thorough nursing assessment is completed within two hours of admission	13	13	0	0	100%
4 A Morse Fall Scale is completed at the required intervals	13	10	3	0	77%
5 Nursing assessments are completed at the required intervals	13	13	0	0	100%
6 Clinician rounds are completed and documented as required	13	13	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	13	12	1	0	92%
8 A discharge note containing all of the required information is completed as required	13	13	0	0	100%
9 A discharge summary is completed by the clinician within 72 hours of discharge	13	12	1	0	92%
<b>Overall Compliance Score 94%</b>					

### *Inpatient Infirmary Care Discussion:*

Screen 4: In two records, the Morse Fall Scale (MFS) was not completed for two days of the infirmary admission. In one record, the MFS was not completed for one day of the infirmary admission.

## 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	17	1	0	94%
2 The inmate is assessed in the appropriate time frame	18	17	1	0	94%
3 The nursing assessment is completed in its entirety	18	16	2	0	89%
4 Complete vital signs including weight are documented	18	17	1	0	94%
5 There is evidence of applicable patient education	18	16	2	0	89%
6 Referrals to a higher level of care are made in accordance with protocols	9	7	2	9	78%
7 Follow-up visits are completed in a timely manner	9	9	0	9	100%
8 Clinician orders from the follow-up visit are completed as required	9	9	0	9	100%
<b>Overall Compliance Score 92%</b>					

### Sick Call Services Discussion:

Screen 6: In one record, the inmate reported his pain level at a “10/10”. He was not referred to the provider as was indicated. In the second record, the inmate was evaluated by nursing for a previously undiagnosed hernia but was not referred to the 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	10	1	5	91%
3 The inmate is seen in chronic illness clinic as regularly scheduled	8	7	1	8	88%
4 All emergencies are responded to within the required time frame	3	3	0	13	100%
5 The response to the emergency is appropriate	3	3	0	13	100%
6 All sick call appointments are triaged and responded to within the required time frame	9	7	2	7	78%
7 New or pending consultations progress as clinically required	0	0	0	16	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	10	9	1	6	90%
<b>Overall Compliance Score 92%</b>					

### Confinement Medical Review Discussion:

Screen 6: In the first record, the sick call request was submitted for a finger injury and difficulty urinating. However, only the finger issue was addressed at the sick call encounter. In the second record, the inmate reported a “knot in leg” on 3/28/24. As of the date of the survey, the diagnosis remains pending, although a specialist has been consulted to rule out the possibility of osteosarcoma.

## 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	11	11	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	11	11	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	11	4	7	0	36%
4 The consultation report is reviewed by the clinician in a timely manner	11	11	0	0	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	11	11	0	0	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	0	100%
7 The diagnosis is recorded on the problem list	11	11	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	11	N/A
9 There is evidence that the ATP is implemented	0	0	0	11	N/A
<b>Overall Compliance Score 91%</b>					

### Consultations Discussion:

Screen 3: In the first and second records, urgent cardiac evaluations were not completed for over one month. In the third record, an urgent evaluation for a toe ulcer took more than six weeks. In the fourth record, an urgent nephrology evaluation was not completed for more than five weeks. In the fifth record, an urgent evaluation for retinopathy was not completed for two months. In the sixth record, an urgent urology appointment was not completed for almost four months. In the seventh record, an urgent appointment was cancelled but never rescheduled.

### 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	18	16	2	0	89%
2 The request is responded to within the appropriate time frame	18	17	1	0	94%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	16	2	0	89%
4 The follow-up to the request occurs as intended	14	14	0	4	100%
<b>Overall Compliance Score 93%</b>					

### 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	11	1	0	92%
2 Allergies are listed on the MAR or the medication page in the EMR	8	8	0	4	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	3	0	3	9	0%
4 There is evidence of pneumococcal vaccination or refusal	10	10	0	2	100%
5 There is evidence of influenza vaccination or refusal	10	10	0	2	100%
<b>Overall Compliance Score 78%</b>					

**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	15	3	0	83%
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	9	8	1	9	89%
4 The medical record reflects continuity of care for inmate's pending consultations	2	1	1	16	50%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	9	9	0	9	100%
6 Special passes/therapeutic diets are reviewed and continued	4	4	0	14	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 89%</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	17	16	1	0	94%
2 All components of the screening are completed and documented as required	17	6	11	0	35%
3 All diagnostic tests are completed prior to the periodic screening encounter	17	7	10	0	41%
4 Referral to a clinician occurs if indicated	1	1	0	16	100%
5 All applicable health education is provided	17	5	12	0	29%
<b>Overall Compliance Score 60%</b>					

### Periodic Screenings Discussion:

Screen 2: In four records, the inmate's orientation was not assessed. In five records, there was no evidence the inmate was presented with his lab results at the periodic screening encounter. In one record, the tuberculosis symptom screen was incomplete. In the remaining record, weights and vital signs were not compared to previous screening encounters.

Screen 3: In three records, there was no evidence of the fasting plasma glucose (FPG). In one record, there was no evidence of the FPG or hemocult cards. In one record, diagnostic testing was not completed until after the periodic screening encounter. In four records, there was no evidence that laboratory testing was conducted after fasting. In the remaining record, hemocult cards were not returned and there was no evidence of the low dose CT scan for an inmate with an applicable smoking history.

Screen 5: In eight records, health education was incomplete. In the remaining records, there was no evidence of patient education.

**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	12	12	0	0	100%
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	12	N/A
3 There is documentation that the alleged victim was provided education on STIs	5	4	1	7	80%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	12	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	12	N/A
6 Repeat STI testing is completed as required	2	2	0	10	100%
7 A mental health referral is submitted following the completion of the medical screening	12	7	5	0	58%
8 The inmate is evaluated by mental health by the next working day	9	7	2	3	78%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	12	N/A
<b>Overall Compliance Score 83%</b>					

**PREA Discussion:**

Screen 7: In five records, the referral erroneously indicated that mental health staff had seven days to complete their evaluation. Policy requires this evaluation to be completed the next business day.

Screen 8: In two records, the evaluation was completed but not within the required time frame.

## 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	15	15	0	3	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	15	15	0	3	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	18	18	0	0	100%	
6 The treatment plan is appropriate for the diagnosis	15	15	0	3	100%	
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	17	15	2	1	87%	
8 Dental findings are accurately documented	17	17	0	1	100%	
9 Sick call appointments are completed timely	15	14	1	3	93%	
10 Follow-up appointments for sick call or other routine care are completed timely	7	7	0	11	100%	
11 Consultations or specialty services are completed timely	4	4	0	14	100%	
12 Consultant's treatment recommendations are incorporated into the treatment plan	4	4	0	14	100%	
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	15	15	0	2	100%	
14 The use of dental materials including anesthetic agent are accurately documented	17	17	0	1	100%	
15 Applicable patient education for dental services is provided	17	17	0	1	100%	

**Overall Compliance Score 99%**

## Dental Systems

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

## 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)	12	12	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	12	12	0	0	100%
3	Guidelines for SHOS management are observed	6	6	0	6	100%
4	The inmate is observed at the frequency ordered by the clinician	12	9	3	0	75%
5	Nursing evaluations are completed once per shift	12	11	1	0	92%
6	There is evidence of daily rounds by the attending clinician	12	12	0	0	100%
7	There is evidence of daily counseling provided by mental health staff	12	12	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	12	12	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	8	7	1	4	88%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	6	5	1	6	83%
<b>Overall Compliance Score 94%</b>						

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

Screen 4: In the first record, two hours and 45 minutes of safety checks were missing. In the second record, there were blanks for 45 minutes on one day, and a missing 15-minute check on a different day of the admission. In the last record, there was no indication that staff observed the patient for safety during eight full hours of this acute care mental health infirmary admission.

## Access To Mental Health Services

### Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is documentation in the medical record indicating the inmate has declared a mental health emergency	14	14	0	0	100%
2 The emergency is responded to within one hour	14	14	0	0	100%
3 Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	14	14	0	0	100%
4 Documentation indicates the clinician fully assessed suicide risk	14	14	0	0	100%
5 A thorough mental status examination is completed	14	13	1	0	93%
6 Appropriate interventions are made	14	14	0	0	100%
7 The disposition is clinically appropriate	14	14	0	0	100%
8 There is appropriate follow-up as indicated in response to the emergency	5	5	0	9	100%
<b>Overall Compliance Score 99%</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	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	15	12	3	2	80%
5	Consent for treatment is obtained prior to conducting an interview	16	12	4	1	75%
<b>Overall Compliance Score 91%</b>						

## 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	15	15	0	1	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	9	9	0	7	100%
3	A mental status examination (MSE) is completed in the required time frame	15	14	1	1	93%
4	Follow-up MSEs are completed in the required time frame	11	11	0	5	100%
5	MSEs are sufficient to identify problems in adjustment	16	16	0	0	100%
6	Mental health staff responds to identified problems in adjustment	1	1	0	15	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	10	10	0	6	100%
<b>Overall Compliance Score 99%</b>						



**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	12	12	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	12	12	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	12	10	2	0	83%
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	12	12	0	0	100%
5	Recent changes in the inmate's condition are addressed	10	10	0	2	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	9	9	0	3	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A
<b>Overall Compliance Score 97%</b>						

## 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	15	3	0	83%
2	The inmate is interviewed by mental health staff within 14 days of arrival	12	10	2	6	83%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	11	11	0	7	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	2	2	0	16	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	1	1	0	17	100%
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	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	3	1	14	75%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	4	4	0	14	100%
12	The ISP is individualized and addresses all required components	18	18	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	18	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	18	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
16 The ISP is signed by the inmate and all members of the treatment team	18	15	3	0	83%
17 The ISP is reviewed and revised at least every 180 days	17	16	1	1	94%
18 Identified problems are recorded on the problem list	18	18	0	0	100%
19 The diagnosis is clinically appropriate	18	17	1	0	94%
20 There is evidence the inmate received the mental health services described in the ISP	18	17	1	0	94%
21 Counseling is offered at least once every 60 days	15	15	0	3	100%
22 Case management is provided every 30 days to S3 inmates with psychotic disorders	4	4	0	14	100%
23 Case management is provided at least every 60 days for inmates without psychotic disorders	14	14	0	4	100%
24 The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25 The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26 The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27 Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28 Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29 Progress notes are of sufficient detail to follow the course of treatment	0	0	0	18	N/A
30 The frequency of clinical contacts is sufficient	0	0	0	18	N/A
<b>Overall Compliance Score 95%</b>					

### 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	0	0	0	18	N/A
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.	8	7	1	10	88%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	10	8	2	8	80%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	11	8	3	7	73%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	15	3	0	83%
7 Drug Except Requests (DER) are clinically appropriate	4	4	0	14	100%
8 The inmate receives medication(s) as prescribed	18	8	10	0	44%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	10	0	10	8	0%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	13	3	10	5	23%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	18	0	0	100%
12 Informed consents are signed for each medication prescribed	18	17	1	0	94%
13 Follow-up sessions are conducted at appropriate intervals	18	12	6	0	67%
14 Documentation of psychiatric encounters is complete and accurate	18	11	7	0	61%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	12	11	1	6	92%
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 72%</b>					

**Outpatient Psychotropic Medication Practices Discussion:**

Screen 5: In two records, required labs for antipsychotic and antidepressant medications were not completed annually, without evidence of refusal. In the remaining record, the patient was prescribed Tegretol for which therapeutic dosing is dependent on lab results. However, there was no lab work completed in mid-April or in June, after each dose adjustment. Additionally, CBC and LFT's were not completed in July, three months after initiation of treatment.

Screen 8: In ten records, the inmate did not receive medications as prescribed.

- On 11/18/23 the inmate's appointment was cancelled, and his prescription expired 10 days later. He did not receive his psychotropic medication from 11/29/23 until he was seen again on 5/11/24.
- The inmate's prescription expired resulting in a lapse in medication from 4/1/24 – 4/4/24 and again from 7/4/24 -7/10/24.
- In this record, the inmate was prescribed a long-acting injectable medication to be administered every 30 days. During the review period, one injection was given three days late and the next was four days late. The last injection he received was almost three weeks overdue.
- The inmate was partially compliant with his psychotropic medications until 2/19/24. The medication administration record (MAR) indicated the medication was placed on "hold". There was no corresponding refusal or documentation explaining why the medication was not given. On 3/4/24 the inmate submitted a request asking for medication, which had an active order at that time. On 4/5/24 psychiatry filled out a refusal for "medication"; however, there was no signature from the inmate or

witnesses to indicate that he verbally refused. The inmate was not seen again until 7/11/24 when psychiatry wrote that he was not on medication and was asking to restart it.

- Medications were held for 10 days in March 2024 without explanation.
- The inmate's medications were put on hold without documentation of a rationale. He wrote three requests for the medication, but they were not restarted for several months.
- The inmate's medication was put on hold by nursing staff on 10/18/23 and were not offered through the end of the active prescription in December 2023. He requested that the medication be restarted on 3/28/24 but this was not done until 5/20/24.
- Benzatropine was not given in July and August 2024 and there was no order to discontinue the medication.
- The inmate was discharged from an inpatient unit 11/21/23 on Abilify, Effexor and Buspar. These medications were renewed on 12/11/23. He was seen on 2/28/24 and Effexor and Buspar were ordered but Abilify was replaced with Seroquel without a clinical rationale. Seroquel was not started until 3/13/24 resulting in a lapse in antipsychotic medication for more than two weeks. Additionally, he missed four doses of medication in April 2024.
- Prolixin was not given 9/6-9/10/23 and 2/21-2/26/24 despite an active order. Additionally, multiple blanks on MAR were noted in December 2023. A medication order expired causing missed doses from 5/22-5/25/24.

Screen 14: In seven records, documentation was not complete and/or accurate.

- There was no explanation regarding why Prolixin was changed to Stelazine.
- Documentation on 7/11/24 indicated the inmate was 100% compliant but he was being seen to restart medication. Additionally, documentation indicated labs were not needed; however, his last were drawn in May 2023 and the medications were being restarted. "No" was erroneously checked to indicate that his medications had been discontinued in the last 12 months.
- Medication changes were made without documentation as to evaluation of side effects or response.
- There was no rationale for a diagnosis change from Major Depressive Disorder to Unspecified Psychosis.
- There was no rationale indicating why the inmate who was diagnosed with Bipolar Disorder was not prescribed a mood stabilizer.
- Documentation by the provider erroneously indicated the inmate did not report hallucinations.
- There was no indication why medications weren't continued after the previous prescription expired.

## 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)	13	13	0	0	100%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	13	12	1	0	92%
3 Appropriate patient care summaries are completed within 30 days of EOS	3	3	0	10	100%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	12	100%
<b>Overall Compliance Score 98%</b>					

## 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	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
<b>Overall Compliance Score 100%</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	1	0	0	100%
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 100%</b>					

## 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	1	0	0	100%
2	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
<b>Overall Compliance Score 100%</b>					

### 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	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
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	1	0	0	100%
<b>Overall Compliance Percentage 100%</b>					

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA surveyors. Five reported medical issues that were not being addressed. None of the interviewees indicated they had ever been prevented from declaring an emergency. Conversely, two individuals indicated they had submitted sick call requests but had not received a response. Most inmates indicated they had no difficulty getting over the counter and prescription medications. Four of six inmates indicated their dental needs have been addressed. The majority of the inmates stated that mental health staff are helpful. Overall inmates reported they are satisfied with the quality of medical, mental health, and dental care provided at BRCF.

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

Six 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. Several staff reported difficulty gaining access to inmates. They indicated that they often have to wait for a security escort to see inmates in the dorm or for security to bring them to their appointments. Staff suggested improved communication between medical and security staff would be beneficial. Nursing staff distribute medications in the dorms; therefore, inmates are not required to go to pill line. Most staff interviewed indicated this process is working and inmates receive their medications as prescribed.

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

Interviews were conducted with four mental health staff. The mental health professionals (MHP) appeared dedicated to the inmates in their care and were generally knowledgeable about the inmates on their respective caseloads. They reported that they had high caseloads, but these have become more manageable due to recent hires. Staff were able to describe the suicide and self-harm prevention techniques utilized at this facility. Staff indicated that because their offices are located in the dorms, inmates can access their counselors much easier than if they had to go to the medical building for appointments.

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

Three 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 indicated they believe the inmates have adequate access to medical care.

# Corrective Action and Recommendations

## Physical Health Survey Findings Summary

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

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	0
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	0
<b>Total Findings</b>	
<b>Total</b>	<b>13</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	1
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	1
Special Housing	0
<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	1
Outpatient Psychotropic Medications	6
Aftercare Planning	0

<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	0
<b>Total Findings</b>	
<b>Total</b>	<b>9</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 BRCF, the CMA makes the following recommendations:

- Ensure nursing assessments and clinician rounds are completed for infirmary services.
- Ensure consultations and specialty services are completed within the required time frame.
- Review policies and procedures for periodic screening encounters; ensure that laboratory and diagnostic testing is complete.
- Review policies regarding the escalation protocol for inmates who refuse medication.
- Ensure that laboratory testing is completed timely for inmates receiving psychiatric services.
- Ensure that documentation of psychiatric encounters is complete and accurate.
- Ensure inmates receive psychotropic medications as prescribed.