BAKER RE-ENTRY CENTER

CORRECTIONAL MEDICAL AUTHORITY

June 17-18, 2026

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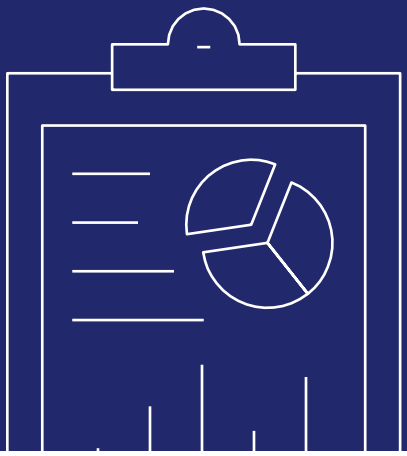

BACKGROUND AND SCOPE

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 the Florida Department of Corrections (FDC) 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

Baker Re-Entry Center (BAKRE) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. BAKRE consists of a Main Unit, Work Camp, Transitional House, and a Community Release Center. [1]

Institutional Potential and Actual Workload

Main Unit Capacity	468	**Current Main Unit Census**	444
Satellite Unit(s) Capacity	683	**Current Satellite(s) Census**	444
Total Capacity	1,151	**Total Current Census**	888

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	557	315	16	0	0	251
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**Mental Health Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	846	41	1	0	0	0

Inmates Assigned to Special Housing Status

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

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	3	0
Licensed Practical Nurse	3	1
DON/Nurse Manager	1	0
Dentist	0	0
Dental Assistant	0	0
Dental Hygienist	0	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric Provider	0	0
Mental Health Clinical Director	0	0
Psychologist	0	0
Behavioral Health Specialist	1	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health Nurse	0	0

BAKER RE-ENTRY CENTER SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at BAKRE on June 17-18, 2026. 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 BAKRE. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	**0**	**Mental Health Survey Findings**	**0**

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	17	16	1	0	94%
2	Annual laboratory work is completed as required	17	17	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	10	100%
5	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
	Overall Compliance Score 99%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	14	14	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	12	12	0	2	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	3	3	0	11	100%
4	Abnormal labs are reviewed and addressed in a timely manner	5	5	0	9	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	11	11	0	3	100%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	2	2	0	12	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	3	3	0	11	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	4	4	0	10	100%
9	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
10	Inmates receive insulin as prescribed	0	0	0	14	N/A
11	Referrals to specialists for more in-depth treatment are made as indicated	2	2	0	12	100%
	Overall Compliance Score 100%					

Gastrointestinal Chronic Illness Clinic

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

General Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Record	YES	NO	N/A	Compliance Percentage
1	Inmates are enrolled in all clinics appropriate to their diagnoses	18	18	0	0	100%
2	At each clinic visit there will be an evaluation as to the control of the disease and patient status	17	17	0	1	100%
3	Appropriate patient education is provided	18	18	0	0	100%
4	Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	18	18	0	0	100%
5	There is evidence labs are available to the clinician prior to the visit and are reviewed	18	18	0	0	100%
6	There is evidence of pneumococcal vaccination or refusal	17	17	0	1	100%
7	There is evidence of influenza vaccination or refusal	18	18	0	0	100%
	Overall Compliance Score 100%					

Immunity Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	10	10	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	10	10	0	0	100%
3	There is evidence of an appropriate physical examination	10	10	0	0	100%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	10	10	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	9	100%
6	The inmate is receiving HIV medication(s) as prescribed	10	8	2	0	80%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	9	9	0	1	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	10	N/A
Overall Compliance Score 97%						

Miscellaneous Chronic Illness Clinic

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

Neurology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	10	10	0	0	100%
2	Annual laboratory work is completed as required	10	10	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	9	9	0	1	100%
4	Medications appropriate for the diagnosis are prescribed	9	9	0	1	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	10	N/A
	Overall Compliance Score 100%					

Oncology Chronic Illness Clinic

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

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	15	14	1	0	93%
2	A pulse oximetry is recordered at each visit.	15	15	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	8	8	0	7	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	15	N/A
	Overall Compliance Score 98%					

Tuberculosis Chronic Illness Clinic

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

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	0	0	0	18	N/A
2	Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	18	0	0	100%
3	Vital signs including weight are documented	18	18	0	0	100%
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	15	15	0	3	100%
6	Verbal orders received from the clinician are noted and carried out timely	14	14	0	4	100%
7	Follow-up visits are completed in a timely manner	10	10	0	8	100%
8	Provider's orders from the follow-up visit are completed as required	10	10	0	8	100%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	1	1	0	17	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	1	1	0	17	100%
	Overall Compliance Score 100%					

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3	Nursing assessments are completed in their entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Findings requiring clinician notification are made in accordance with protocols	1	1	0	17	100%
7	Verbal orders received from the clinician are noted and carried out timely	1	1	0	17	100%
8	Follow-up visits are completed in a timely manner	4	4	0	14	100%
9	Clinician orders from the follow-up visit are completed as required	11	11	0	7	100%
	Overall Compliance Score 100%					

Other Medical Records Review

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	13	13	0	0	100%
2	Referrals are processed in a timely manner	13	12	1	0	92%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	12	12	0	1	100%
4	The provider monitors inmates weekly to determine deterioration or status change	3	3	0	10	100%
5	Consultation reports are reviewed by the clinician in a timely manner	11	11	0	2	100%
6	The consultant's treatment recommendations are incorporated into the treatment plan	11	11	0	2	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	2	100%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	13	N/A
9	There is evidence that the ATPs are implemented	0	0	0	13	N/A
	Overall Compliance Score 99%					

Medical Inmate Grievances

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	11	11	0	0	100%
2	The identified requests are responded to within 15 calendar days from the date of receipt	11	11	0	0	100%
3	Documentation is completed in a SOAP note format	11	11	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	11	10	1	0	91%
	Overall Compliance Score 98%					

Medical Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	12	11	1	6	92%
	Overall Compliance Score 98%					

Medication And Vaccination Administration

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

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3	Medications reflect continuity of care.	5	5	0	13	100%
4	The medical record reflects continuity of care for pending consultations	0	0	0	18	N/A
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	5	5	0	13	100%
6	Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
7	Special passes/therapeutic diets are reviewed and continued	0	0	0	18	N/A
8	A clinician reviews the health record and DC4-760A within seven days of arrival	17	16	1	1	94%
	Overall Compliance Score 99%					

Periodic Screenings

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Periodic screening encounters are completed up to 30 days after the due date	16	16	0	0	100%
2	Screenings include documentation of vital signs and appropriate follow-up	16	16	0	0	100%
3	Screenings are completed in their entirety	16	16	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	16	14	2	0	88%
5	Referrals to a clinician occur if indicated	4	4	0	12	100%
6	All applicable health education is provided	16	16	0	0	100%
	Overall Compliance Score 98%					

PREA

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	3	3	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	2	2	0	1	N/A
3	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	2	100%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	3	N/A
5	Repeat STI testing is completed as required	1	1	0	2	100%
6	Mental health referrals are submitted following the completion of the medical screening	3	3	0	0	100%
7	Inmates are evaluated by mental health by the next working day	0	0	0	3	N/A
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	3	N/A
	Overall Compliance Score 100%					

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	1	1	0	0	100%
2	Nursing evaluations are completed within two hours of admission	1	1	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	0	0	0	1	N/A
4	Guidelines for SHOS management are observed	0	0	0	1	N/A
5	SHOS infirmary orders contain required components, and are received and implemented accordingly	1	1	0	0	100%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	1	1	0	0	100%
7	Nursing evaluations are completed once per shift	1	1	0	0	100%
8	There is evidence of daily rounds by the attending clinician	0	0	0	1	N/A
9	There is evidence of daily counseling provided by mental health staff	0	0	0	1	N/A
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	0	0	0	1	N/A
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	0	0	0	1	N/A
12	There is evidence of adequate post-discharge follow-up by mental health staff	0	0	0	1	N/A
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	0	0	0	1	N/A
14	Potential changes needed in inmates' care are addressed as clinically indicated	0	0	0	1	N/A
	Overall Compliance Score 100%					

Access To Mental Health Services

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	7	7	0	0	100%
2	Identified requests are responded to within the appropriate time frame	7	7	0	0	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	7	7	0	0	100%
4	Follow-up to the requests occur as intended	7	7	0	0	100%
5	Consents for treatment are obtained prior to conducting an interview	5	4	1	2	80%
Overall Compliance Score 96%						

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	13	12	1	0	92%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	7	6	1	6	86%
3	Inmates are interviewed by mental health staff within 14 days of arrival	7	7	0	6	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	7	7	0	6	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	1	1	0	12	100%
6	BPSAs are present in the records	13	13	0	0	100%
7	ISPs are individualized and addresses all required components	13	13	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	13	13	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	13	13	0	0	100%

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	13	13	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	13	13	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	11	11	0	2	100%
13	Qualifying events are addressed on the ISP	0	0	0	13	N/A
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	13	N/A
15	Case management is provided at least every 60 days for inmates without psychotic disorders	13	13	0	0	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	13	13	0	0	100%
17	Frequency of clinical contacts is sufficient	13	13	0	0	100%
Overall Compliance Score 99%						

Institutional Systems Tour

Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
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%
	Overall Compliance Score 100%				

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/ hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Pharmacy

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

Psychiatric Restraint

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Ten inmates agreed to participate in interviews. Inmates were complementary of medical services and indicated that sick call and emergency services are administered timely. Several inmates reported that they have experienced delays in getting keep-on-person (KOP) medication refills. The inmates that have received dental and mental health services indicated they are satisfied with their care.

MEDICAL STAFF INTERVIEWS

Three members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff were aware of emergency plans and reported that security staff are cooperative and helpful when assistance is required. Interviewees felt they work well as a team including security and mental health staff. While staff expressed overall satisfaction with the facility operations, they explained that the pharmacy switch has had an impact on the availability of both KOP and single dose medication.

MENTAL HEALTH STAFF INTERVIEWS

Mental health services are provided by one team member. The mental health professional demonstrated familiarity with policies and procedures related to the accessing of mental health services and appeared dedicated to meeting the needs of the inmates on the caseload.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Officers demonstrated proficiency in both emergency and routine sick call procedures, including the specific regulatory requirements for inmates in restrictive housing. They described a collaborative relationship with medical and mental health staff at the institution.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	**Total Number Finding**
Dental Care	N/A
Dental Systems	N/A
Institutional Tour	
Assessment Area	**Total Number Finding**
Physical Health Systems	0
Total Findings	
Total	**0**

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	**Total Number Finding**
Mental Health Systems	0
Total Findings	
Total	**0**

Recommendations

There were no findings requiring corrective action as a result of the survey. Staff are encouraged to maintain their commitment to providing consistent, quality healthcare services to the incarcerated population.