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# BAKER RE-ENTRY INSTITUTION

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## CLINICAL SURVEYORS

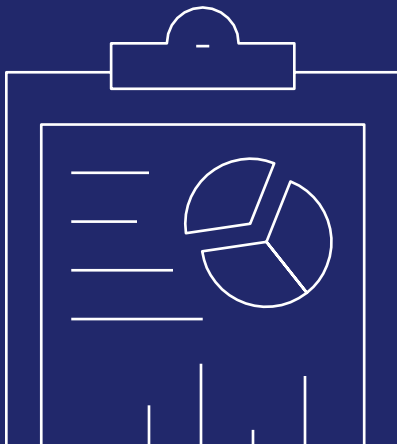
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## BACKGROUND AND SCOPE

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.
- 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 Institution (BAKRE) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. Baker Re-Entry consists of a Main Unit only.

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	468	<b>Current Main Unit Census</b>	455
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	468	<b>Total Current Census</b>	455

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	286	157	20	0	0	181
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	437	18	0	N/A	N/A	0

### Inmates Assigned to Special Housing Status

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

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	3	0
Licensed Practical Nurse	1	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 APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Mental Health Professional	1	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

## BAKER RE-ENTRY INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at BAKRE on April 5, 2023. 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 on April 25, 2023.

Detailed below are results from the institutional survey of Baker Re-Entry. 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	2	Mental Health Survey Findings	0

# 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	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	16	1	0	94%
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	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	10	100%
7	Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A

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



### 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	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	2	100%
4 Annual laboratory work is completed as required	10	10	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	1	100%
6 Medications appropriate for the diagnosis are prescribed	0	0	0	11	N/A
7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	8	3	0	73%
8 Abdominal ultrasounds are completed at the required intervals	9	9	0	2	100%
9 Inmates with chronic hepatitis will have liver function tests at the required intervals	10	10	0	1	100%
10 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A
11 Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	11	N/A
12 Hepatitis C treatment is started within the appropriate time frame	0	0	0	11	N/A
13 Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	11	N/A
14 Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	11	N/A
15 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	11	N/A

**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%

**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	6	6	0	0	100%
2	There is evidence of an appropriate physical examination	6	6	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	6	6	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	6	N/A
6	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	4	100%

**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	3	3	0	0	100%
2	There is evidence of an appropriate physical examination	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	At each visit there is an evaluation of the control of the disease and the status of the patient	3	3	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	3	3	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	3	N/A

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

**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	13	13	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	11	11	0	2	100%
3	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
4	A peak flow reading is recorded at each visit	13	13	0	0	100%
5	There is evidence of an appropriate physical examination	13	12	1	0	92%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	13	11	2	0	85%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A

## 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	15	15	0	0	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	15	15	0	0	100%
3	Vital signs including weight are documented	15	15	0	0	100%
4	There is evidence of appropriate and applicable patient education	15	15	0	0	100%
5	Findings requiring clinician notification are made in accordance with protocols	12	12	0	3	100%
6	Follow-up visits are completed timely	11	11	0	4	100%
7	Clinician's orders from the follow-up visit are completed as required	11	11	0	4	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	13	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	14	100%

**Sick Call Services**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	18	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	16	2	0	89%
6	Referrals to a higher level of care are made in accordance with protocols	6	6	0	12	100%
7	Follow-up visits are completed in a timely manner	5	5	0	13	100%
8	Clinician orders from the follow-up visit are completed as required	4	4	0	14	100%



## Other Medical Records Review

### 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	10	10	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	10	10	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	10	10	0	0	100%
4	The consultation report is reviewed by the clinician in a timely manner	10	10	0	0	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	10	10	0	0	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	10	10	0	0	100%
7	The diagnosis is recorded on the problem list	10	9	1	0	90%
8	The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	9	100%
9	There is evidence that the ATP is implemented	1	1	0	9	100%

### 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	11	11	0	0	100%
2	The request is responded to within the appropriate time frame	11	11	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	11	11	0	0	100%
4	The follow-up to the request occurs as intended	11	11	0	0	100%

### Medication And Vaccination Administration

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The inmate receives medications as prescribed	14	14	0	0	100%
2	The Medication Administration Record (MAR) contains accurate allergy information	14	14	0	0	100%
3	Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications	14	14	0	0	100%
4	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	0	0	0	14	N/A
5	There is evidence of pneumococcal vaccination or refusal	9	8	1	5	89%
6	There is evidence of influenza vaccination or refusal	5	5	0	9	100%
7	There is evidence of COVID-19 vaccination or refusal	3	3	0	11	100%

***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)	14	14	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	14	14	0	0	100%
3	The inmate's medications reflect continuity of care	6	6	0	8	100%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	14	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	5	5	0	9	100%
6	Special passes/therapeutic diets are reviewed and continued	0	0	0	14	N/A
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	13	13	0	1	100%

**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	12	12	0	1	100%
2	All components of the screening are completed and documented as required	13	8	5	0	62%
3	All diagnostic tests are completed prior to the periodic screening encounter	13	11	2	0	85%
4	Referral to a clinician occurs if indicated	2	2	0	11	100%
5	All applicable health education is provided	13	11	2	0	85%

## Mental Health Survey Findings

### Access To Mental Health Services

#### *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	7	7	0	0	100%
2	The request is responded to within the appropriate time frame	7	7	0	0	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	7	7	0	0	100%
4	The follow-up to the request occurs as intended	7	7	0	0	100%
5	Consent for treatment is obtained prior to conducting an interview	7	7	0	0	100%

## 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	9	9	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	5	5	0	4	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	5	5	0	4	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	8	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	9	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	9	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	9	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	9	N/A
9	The Bio-psychosocial (BPSA) is present in the record	9	9	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	2	0	7	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	3	3	0	6	100%
12	The ISP is individualized and addresses all required components	9	9	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	9	9	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	9	9	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	9	9	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	9	9	0	0	100%
17	The ISP is reviewed and revised at least every 180 days	8	8	0	1	100%
18	Identified problems are recorded on the problem list	9	8	1	0	89%
19	The diagnosis is clinically appropriate	9	8	1	0	89%
20	There is evidence the inmate received the mental health services described in the ISP	9	9	0	0	100%
21	Counseling is offered at least once every 60 days	9	9	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	9	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	9	9	0	0	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	9	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	9	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	9	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	9	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	9	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	9	9	0	0	100%
30	The frequency of clinical contacts is sufficient	9	9	0	0	100%

## 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%



***Infirmary***

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

***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%

**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%

**Psychiatric Restraint**

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

**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	0	0	1	N/A
2 A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	0	0	1	N/A

**Special Housing**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Confinement rounds are conducted weekly	0	0	1	N/A
2 A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	0	0	1	N/A

**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	1	0	0	100%
3 Outpatient group therapy is offered	1	0	0	100%

## Interview Summaries

### ***INMATE INTERVIEWS***

Nine inmates agreed to participate in interviews with CMA staff. Overall, inmates were complementary of the medical care at BAKRE. Inmates reported that they were seen promptly for requests for sick call services. They described medical staff as helpful and responsive to their needs. All but one inmate denied unmet medical needs.

All inmates with active medication prescriptions indicated that medications were easily obtainable, and refills completed timely. Almost one half of the inmates interviewed indicated that there were occasions in which security personnel denied them access to over-the-counter medications in the housing units.

Inmates on the mental health caseload were complementary of the mental health services they received. They described the mental health professional as helpful and caring, and indicated that the clinical care provided has therapeutic benefits.

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

Three members of the medical staff participated in interviews with CMA staff. Interviewees were familiar with the policies and procedures relating to the accessing of routine and emergency medical services. All staff members indicated that cooperation between medical and security staff enabled the medical unit to function efficiently.

### ***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 agreed to participate in interviews with CMA staff. Officers were easily able to articulate policies and procedures related to the accessing of health care, as well as ensuring that patient privacy is maintained.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

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

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	N/A
Dental System	N/A
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Institutional Tour	0
<b>Total Findings</b>	
<b>Total</b>	<b>2</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	N/A
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	N/A
Psychological Emergencies	N/A
Mental Health Inmate Request	0
Special Housing	N/A
<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	0
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A
<b>Total Findings</b>	
<b>Total</b>	<b>0</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 BAKRE, the CMA makes the following recommendations:

- Ensure that security staff is familiar with policies pertaining to the distribution of over the counter (OTC) medications in inmate housing areas.