
CENTRAL FLORIDA RECEPTION CENTER EAST UNIT



July 11-12, 2023

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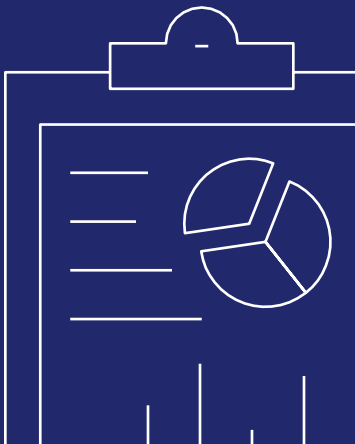
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BACKGROUND AND SCOPE

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 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

Central Florida Reception Center (CFRC - East Unit) 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. CFRC consists of a Main Unit, East Unit, South Unit, and six work release centers.¹

Institutional Potential and Actual Workload

East Unit Capacity	1407	Current East Unit Census	1345
Satellite Unit(s) Capacity	722	Current Satellite(s) Census	502
Total Capacity	2129	Total Current Census	1847

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	842	496	34	0	0	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	1132	76	165	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	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	4	3
Licensed Practical Nurse	3	3
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0	0

Mental Health Unit Staffing

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

CENTRAL FLORIDA RECEPTION CENTER EAST UNIT SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at CFRC – East Unit on July 11-13, 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.

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

Survey Findings Summary			
Physical Health Survey Findings	24	Mental Health Survey Findings	15

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	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	13	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
4	Annual laboratory work is completed as required	13	13	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	13	N/A
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	0	0	0	13	N/A
7	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	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	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	7	5	0	58%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
4 Annual laboratory work is completed as required	9	7	2	3	78%
5 Abnormal labs are reviewed and addressed in a timely manner	10	7	3	2	70%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	4	3	1	8	75%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	6	6	0	6	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	1	1	0	11	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	6	2	4	6	33%
10 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
11 Patients are receiving insulin as prescribed	2	2	0	10	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Endocrine Clinic Chronic Illness Clinic Discussion:

Screen 2: In four records, there was no evidence of a thyroid examination for inmates with a diagnosis of hypothyroidism. In one record, an inmate with diabetes did not have a foot examination.

Screen 5: In one record, elevated cholesterol levels were not addressed. In two records, elevated HgbA1c and urine albumin/creatinine levels were not addressed.

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	12	1	0	92%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	5	4	1	8	80%
4	Annual laboratory work is completed as required	13	13	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	6	3	3	7	50%
6	Medications appropriate for the diagnosis are prescribed	3	3	0	10	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	10	6	4	3	60%
8	Abdominal ultrasounds are completed at the required intervals	13	13	0	0	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	11	11	0	2	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	2	2	0	11	100%
12	Hepatitis C treatment is started within the appropriate time frame	2	2	0	11	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	1	1	0	12	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	2	2	0	11	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	1	1	0	12	N/A

Gastrointestinal Chronic Illness Clinic Discussion:

Screen 5: In these records, the AST and ALT labs were elevated.

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	17	17	0	0	100%
2	Appropriate patient education is provided	17	17	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	17	15	2	0	88%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	17	17	0	0	100%

Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	12	12	0	0	100%
2	There is evidence of an appropriate physical examination.	11	1	10	1	9%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	6	6	0	6	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	12	N/A
5	A CBC is collected annually	12	12	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	N/A
7	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	12	12	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	12	9	3	0	75%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	12	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Immunity Chronic Illness Clinic Discussion:

Screen 2: In all of the deficient records, at least one area of the required physical examination was incomplete. Additionally, the objective section was blank.

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	11	8	3	0	73%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	11	11	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	5	100%
5 Abnormal labs are reviewed and addressed in a timely manner	5	4	1	6	80%
6 Patients are referred to a specialist for more in-depth treatment as indicated	5	3	2	6	60%

Miscellaneous Chronic Illness Clinic Discussion:

Screen 1: In one record, the inmate had a diagnosis of ulcerative colitis, and in another record, of inflammatory bowel disease. Per Department policy, these inmates should be enrolled in the gastrointestinal clinic rather than the miscellaneous clinic to insure proper care. In the third record, the miscellaneous clinic diagnosis of benign prostatic hyperplasia (BPH) was not addressed at the most recent clinic visit.

Screen 6: In two records, inmates with a history of glaucoma are overdue for ophthalmological evaluations.

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	10	10	0	0	100%
2 There is evidence of an appropriate physical examination	10	9	1	0	90%
3 Annual laboratory work is completed as required	10	10	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	2	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	9	9	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	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	4	4	0	0	100%
2 There is evidence of an appropriate physical examination	4	3	1	0	75%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	1	100%
4 Annual laboratory work is completed as required	4	4	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	4	N/A
6 At each visit there is an evaluation of the control of the disease and the status of the patient	4	3	1	0	75%
7 Medications appropriate for the diagnosis are prescribed	2	2	0	2	100%
8 Oncological treatments are received as prescribed	2	2	0	2	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	4	N/A

Oncology Chronic Illness Clinic Discussion:

Screen 2: In the deficient record, there was no examination of the skin for an inmate with a history of basal cell carcinoma.

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	7	7	0	6	N/A
3	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
4	A peak flow reading is recorded at each visit	13	12	1	0	92%
5	There is evidence of an appropriate physical examination	13	13	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A

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	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	2	2	0	50%
4	There is evidence of monthly nursing follow-up	4	1	3	0	25%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	3	3	0	1	100%
6	AST and ALT testing are repeated as ordered by the clinician	3	3	0	1	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 reaction 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	3	3	0	1	100%
10	The inmate receives TB medications as prescribed	3	3	0	1	100%
11	The Inmate is seen by the clinician at the completion of therapy	0	0	0	4	N/A
12	Documentation of the CIC visit includes an appropriate physical examination	4	4	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	4	N/A

Tuberculosis Chronic Illness Clinic Discussion:

Screen 4: In two records, inmates had not been since in clinic since May 2023. In one record, the inmate had not been seen in clinic since March 2023.

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	9	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	16	16	0	0	100%
3 Vital signs including weight are documented	16	16	0	0	100%
4 There is evidence of appropriate and applicable patient education	16	15	1	0	94%
5 Findings requiring clinician notification are made in accordance with protocols	13	13	0	3	100%
6 Follow-up visits are completed timely	3	3	0	13	100%
7 Clinician's orders from the follow-up visit are completed as required	11	10	1	5	91%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	1	1	0	15	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	0	0	0	16	N/A

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	16	2	0	89%
2	The inmate is assessed in the appropriate time frame	18	16	2	0	89%
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	17	17	0	1	100%
6	Referrals to a higher level of care are made in accordance with protocols	13	13	0	5	100%
7	Follow-up visits are completed in a timely manner	13	12	1	5	92%
8	Clinician orders from the follow-up visit are completed as required	11	11	0	7	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	4	4	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	4	4	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	3	3	0	1	100%
4	The consultation report is reviewed by the clinician in a timely manner	3	3	0	1	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	3	3	0	1	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	3	3	0	1	100%
7	The diagnosis is recorded on the problem list	4	4	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	4	N/A
9	There is evidence that the ATP is implemented	0	0	0	4	N/A

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

Medical Inmate Requests Discussion:

Prior to the start of the survey, CMA staff were notified via email that institutional staff were aware of an issue with the processing of inmate requests for medical and mental health concerns. CFRC staff indicated that inmate requests were not being logged and scanned into the electronic health record. Additionally, incidental notes detailing when the request was received, and the response provided were not documented. Staff indicated that corrections to the process were made, and staff retrained on related policies and procedures. As this new process was instituted a few weeks prior to the survey, an adequate sample of inmate requests to ascertain compliance rates could not be identified and reviewed. To ensure that this important access to care issue adequately meets the needs of the inmate population; all screens of the inmate request tool will need to be monitored as part of the CMA’s corrective action process.

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	10	2	0	83%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	2	0	2	10	0%
4 There is evidence of pneumococcal vaccination or refusal	11	0	11	1	0%
5 There is evidence of influenza vaccination or refusal	5	4	1	7	80%

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	6	5	1	0	83%
2 All components of the screening are completed and documented as required	6	0	6	0	0%
3 All diagnostic tests are completed prior to the periodic screening encounter	6	0	6	0	0%
4 Referral to a clinician occurs if indicated	0	0	0	6	N/A
5 All applicable health education is provided	6	3	3	0	50%

Periodic Screenings Discussion:

Screen 2: In all six records, there was no comparison of vital signs and/or weight. Additionally, three inmates were not given their lab results, and three records did not contain evidence of TB screening.

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

Dental Review

Dental Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
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	17	1	0	94%
3	Dental appointments are completed in a timely manner	2	2	0	16	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	2	2	0	16	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	15	15	0	3	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	1	1	0	17	100%
8	Dental findings are accurately documented	15	14	1	3	93%
9	Sick call appointments are completed timely	14	14	0	4	100%
10	Follow-up appointments for sick call or other routine care are completed timely	8	8	0	10	100%
11	Consultations or specialty services are completed timely	2	2	0	16	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	15	15	0	3	100%
14	The use of dental materials including anesthetic agent are accurately documented	15	15	0	3	100%
15	Applicable patient education for dental services is provided	15	15	0	3	100%

Dental Systems

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	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%

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

Mental Health Inmate Requests Discussion:

Prior to the start of the survey, CMA staff were notified via email that institutional staff were aware of an issue with the processing of inmate requests for medical and mental health concerns. CFRC staff indicated that inmate requests were not being logged and scanned into the electronic health record. Additionally, incidental notes detailing when the request was received, and the response provided were not documented. Staff indicated that corrections to the process were made, and staff retrained on related policies and procedures. As this new process was instituted a few weeks prior to the survey, an adequate sample of inmate requests to ascertain compliance rates could not be identified and reviewed. To ensure that this important access to care issue adequately meets the needs of the inmate population; all screens of the inmate request tool will need to be monitored as part of the CMA's corrective action process.

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	18	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	18	17	1	0	94%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	15	14	1	3	93%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	18	N/A
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	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	2	0	16	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	3	3	0	15	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	17	1	0	94%

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	6	12	0	33%
17	The ISP is reviewed and revised at least every 180 days	11	11	0	7	100%
18	Identified problems are recorded on the problem list	18	18	0	0	100%
19	The diagnosis is clinically appropriate	18	18	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	18	16	2	0	89%
21	Counseling is offered at least once every 60 days	18	18	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	8	8	0	10	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	18	18	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	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	18	18	0	0	100%
30	The frequency of clinical contacts is sufficient	18	18	0	0	100%

Outpatient Mental Health Services Discussion:

Screen 16: In the deficient records, the individualized service plan (ISP) was not signed by the inmate.

Outpatient Psychotropic Medication Services

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	2	1	1	16	50%
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	18	N/A
3 Appropriate initial laboratory tests are ordered.	4	2	2	14	50%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	18	N/A
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	3	0	3	15	0%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	18	9	9	0	50%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	7	2	5	11	29%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	7	2	5	11	29%

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	18	0	0	100%
13 Follow-up sessions are conducted at appropriate intervals	18	9	9	0	50%
14 Documentation of psychiatric encounters is complete and accurate	17	16	1	1	94%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	12	8	4	6	67%
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

Outpatient Psychotropic Medication Services Discussion:

Screen 3: In one record, there was no evidence of thyroid testing. In the second record, a lipid profile was not completed.

Screen 5: In one record, there was no evidence of a fasting blood sugar level. In two records, there was no evidence of thyroid testing.

Screen 8: In the deficient records, there were blanks on the medication administration record (MAR) without evidence of refusal, indicating inmates may not have been offered medications on the corresponding days.

Screen 13: In eight records, inmates were not seen within two weeks as required. In one record, the psychiatric provider indicated that the inmate should return in 30 days; however, he was not seen for 60 days.

Aftercare Services

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	11	2	0	85%
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	1	1	0	12	100%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	13	N/A

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			
	YES	NO	N/A	Compliance Percentage
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			
	YES	NO	N/A	Compliance Percentage
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	0	1	0	0%

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Although inmates generally expressed their medical issues were being addressed, they conveyed a dissatisfaction in several areas including: long waits to be seen in sick call, slow responses to inmate requests, delays in medical/mental health emergencies. Additionally, a majority of inmates reported that over-the-counter (OTC) medications were not always available in housing areas, and that there were long waits in sometimes extreme heat during the afternoon pill line.

Overall, inmates were familiar with how to access medical, and mental health services when needed. However, several inmates denied knowing how to access dental services. Two of the inmates interviewed reported disruptions in continuity of care by not being followed in chronic illness clinics upon transfer to the East unit.

Inmates were complementary of mental health staff. Those receiving consistent mental health services identified treatment as assisting with their adjustment to the prison environment. However, four inmates taking psychiatric medications stated they had not been seen by mental health staff since arrival at the East Unit.

MEDICAL STAFF INTERVIEWS

Four members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Overall, staff expressed the need for additional nurses, clinical providers, more staff training and improved communication to better meet the needs of the inmate population. The medical staff reported management listened to their concerns and provided for their needs.

MENTAL HEALTH STAFF INTERVIEWS

One mental health professional at CFRC-East participated in the interview. Staff appeared knowledgeable about the inmates on the caseload and demonstrated good clinical knowledge. Staff was familiar with policies and procedures related to the accessing of mental health care. Staff indicated that it would be beneficial to have a higher staff to inmate ratio in order to be able to have longer sessions with the inmates.

SECURITY STAFF INTERVIEWS

Two correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process, obtaining emergency care, and accessing routine medical care. Officers identified the need for additional staff, as an area for improvement.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	5
Gastrointestinal Clinic	2
General Chronic Illness Clinics	0
Immunity Clinic	2
Miscellaneous Clinic	2
Neurology Clinic	0
Oncology Clinic	2
Respiratory Clinic	0
Tuberculosis Clinic	2
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 Request	4
Medication and Vaccine Administration	2
Intra-System Transfers	N/A
Periodic Screening	3
PREA Medical Review	0

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	24

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	N/A
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 Request	5
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	1
Outpatient Psychotropic Medications	8
Aftercare Planning	0

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	15

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 CFRC-East, the CMA makes the following recommendations:

- Ensure that inmates are enrolled in clinics appropriate to their diagnoses.
- Continue to train and support staff on optimally utilizing the electronic health record to ensure that all components of the review are documented and complete.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Provide additional training to psychiatric providers on relevant policies and procedures for inmates receiving psychotropic medication services.