
CENTRAL FLORIDA RECEPTION CENTER MAIN UNIT



July 11-12, 2023

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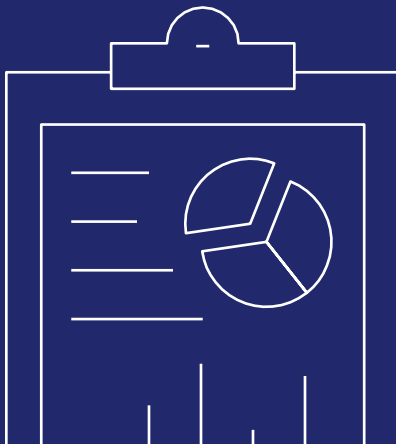
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BACKGROUND AND SCOPE

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 – Main Unit) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, 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

Main Unit Capacity	1473	Current Main Unit Census	1708
Satellite Unit(s) Capacity	0	Current Satellite(s) Census	0
Total Capacity	1473	Total Current Census	1708

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	229	187	28	0	8	90
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	1061	89	408	N/A	N/A	90

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	36	153	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	3	0
Clinical Associate	5	0
Registered Nurse	9	5
Licensed Practical Nurse	20	13
DON/Nurse Manager	1	0
Dentist	2	1
Dental Assistant	3	1
Dental Hygienist	1	1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	3	0
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	10	2
Aftercare Coordinator	1	0
Activity Technician	1	0
Mental Health RN	1	0
Mental Health LPN	0	0

CENTRAL FLORIDA RECEPTION CENTER MAIN UNIT SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at CFRC- Main 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 CFRC - Main. 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	34	Mental Health Survey Findings	22

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	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	12	2	0	86%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	14	13	1	0	93%
4 Annual laboratory work is completed as required	14	13	1	0	93%
5 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	9	9	0	5	100%
7 Medications appropriate for the diagnosis are prescribed	13	13	0	1	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	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	12	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
4 Annual laboratory work is completed as required	12	10	2	0	83%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	4	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	9	5	4	3	56%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	5	5	0	7	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	8	8	0	4	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	6	6	0	6	100%
10 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
11 Patients are receiving insulin as prescribed	5	5	0	7	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	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	10	1	0	91%
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	11	11	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	10	10	0	1	100%
7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	10	3	7	1	30%
8 Abdominal ultrasounds are completed at the required intervals	11	11	0	0	100%
9 Inmates with chronic hepatitis will have liver function tests at the required intervals	8	8	0	3	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	2	2	0	9	100%
12 Hepatitis C treatment is started within the appropriate time frame	2	2	0	9	100%
13 Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	2	2	0	9	100%
14 Inmates undergoing hepatitis C treatment receive medications as prescribed	2	2	0	9	100%
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	15	15	0	0	100%
2	Appropriate patient education is provided	15	15	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	15	11	4	0	73%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	15	15	0	0	100%

General Chronic Illness Clinic Discussion:

Screen 3: In one record, an inmate with a medical grade of three (M-3) had not been seen in clinic since 9/22/22. In three records, inmates with a medical grade of three (M-3) were ordered to be seen at 180-day intervals, rather than the 90-day intervals required by their medical grade status.

Immunity Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	12	12	0	0	100%
2	There is evidence of an appropriate physical examination.	12	6	6	0	50%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	12	12	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	11	100%
5	A CBC is collected annually	12	12	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	11	100%
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	12	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	5	1	4	7	20%
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 these records, the assessments conducted by the Department of Health (DOH) provider were missing several components of the physical examination including evaluations of the head, eyes, ears, nose, throat, lungs, heart, abdomen, and ano-genital areas, as well as the neurological and lymphatic systems. In the affected records, the examination was either blank or lined through. Additionally, the chronic clinic appointments completed by the institution’s provider only addressed the lymphatic system.

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	9	9	0	0	100%
2	There is evidence of an appropriate physical examination	9	9	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	9	9	0	0	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	6	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	6	6	0	0	100%
2	There is evidence of an appropriate physical examination	6	4	2	0	67%
3	Annual laboratory work is completed as required	6	6	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	5	5	0	1	100%
6	Medications appropriate for the diagnosis are prescribed	5	5	0	1	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	6	N/A

Neurology Chronic Illness Clinic Discussion:

Screen 2: In two records, the objective section was blank. Additionally, one of the records did not contain evidence of a neurological examination.

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

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	10	10	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	0	0	0	10	N/A
3 Medications appropriate for the diagnosis are prescribed	9	9	0	1	100%
4 A peak flow reading is recorded at each visit	10	9	1	0	90%
5 There is evidence of an appropriate physical examination	10	10	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	3	3	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	3	3	0	0	100%
3	There is evidence of initial and ongoing education	3	1	2	0	33%
4	There is evidence of monthly nursing follow-up	0	0	0	3	N/A
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	3	3	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	2	2	0	1	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	3	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	2	2	0	1	100%
9	The appropriate medication regimen is prescribed	3	3	0	0	100%
10	The inmate receives TB medications as prescribed	3	3	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	0	0	0	3	N/A
12	Documentation of the CIC visit includes an appropriate physical examination	1	1	0	2	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	3	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	5	5	0	13	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3	Vital signs including weight are documented	18	17	1	0	94%
4	There is evidence of appropriate and applicable patient education	18	16	2	0	89%
5	Findings requiring clinician notification are made in accordance with protocols	11	11	0	7	100%
6	Follow-up visits are completed timely	12	11	1	6	92%
7	Clinician's orders from the follow-up visit are completed as required	9	9	0	9	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	16	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	3	0	15	100%

Outpatient Infirmery Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmery or placed on observation status. Admission status is appropriate for the presenting complaint/condition	7	7	0	0	100%
2 All orders are received and implemented	7	7	0	0	100%
3 The inmate is evaluated within one hour of being placed on observation status	7	7	0	0	100%
4 Patient evaluations are documented at least once every eight hours	7	5	2	0	71%
5 Weekend and holiday clinician phone rounds are completed and documented as required	4	4	0	3	100%
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	7	5	2	0	71%
7 A discharge note containing all of the required information is completed as required	7	5	2	0	71%

Inpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	13	13	0	0	100%
2	All orders are received and implemented	13	12	1	0	92%
3	A thorough nursing assessment is completed within two hours of admission	13	12	1	0	92%
4	A Morse Fall Scale is completed at the required intervals	13	11	2	0	85%
5	Nursing assessments are completed at the required intervals	13	13	0	0	100%
6	Clinician rounds are completed and documented as required	13	10	3	0	77%
7	Weekend and holiday clinician phone rounds are completed and documented as required	5	3	2	8	60%
8	A discharge note containing all of the required information is completed as required	6	2	4	7	33%
9	A discharge summary is completed by the clinician within 72 hours of discharge	6	6	0	7	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	17	17	0	0	100%
2	The inmate is assessed in the appropriate time frame	17	17	0	0	100%
3	The nursing assessment is completed in its entirety	17	17	0	0	100%
4	Complete vital signs including weight are documented	17	17	0	0	100%
5	There is evidence of applicable patient education	17	16	1	0	94%
6	Referrals to a higher level of care are made in accordance with protocols	0	0	0	17	N/A
7	Follow-up visits are completed in a timely manner	1	1	0	16	100%
8	Clinician orders from the follow-up visit are completed as required	1	1	0	16	100%

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Evaluation is complete and accurate	17	17	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	6	6	0	11	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	0	0	0	17	N/A
4 All emergencies are responded to within the required time frame	0	0	0	17	N/A
5 The response to the emergency is appropriate	0	0	0	17	N/A
6 All sick call appointments are triaged and responded to within the required time frame	3	2	1	14	67%
7 New or pending consultations progress as clinically required	1	1	0	16	100%
8 All mental health and/or physical health inmate requests are responded to within the required time frame	6	6	0	11	100%

Confinement Medical Review Discussion:

Screen 6: In the deficient record, the sick call visit was documented as an inmate “no show.” As the inmate was held in special housing, staff reported that this likely signified that security was unable to pull the inmate for his appointment. However, the inmate’s sick call appointment was not rescheduled.

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	13	13	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	13	10	3	0	77%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	13	7	6	0	54%
4 The consultation report is reviewed by the clinician in a timely manner	13	12	1	0	92%
5 The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	1	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	12	0	1	100%
7 The diagnosis is recorded on the problem list	13	13	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	13	N/A
9 There is evidence that the ATP is implemented	0	0	0	13	N/A

Consultations Discussion:

Screen 2: In the first record, the consult was returned by utilization management (UM). However, the needed information to process the consultation was not resubmitted timely. In the second record, the consultation dated 11/30/22 was not submitted to UM until 2/4/23. In the third record, the consultation dated 1/12/23 was not submitted to UM until 2/6/23.

Screen 3: Per policy, urgent consultations are to be completed within 14 business days and routine consultations within 45 calendar days. For the four urgent consultations above, the average was 52 business days. The two remaining routine consultations were not completed for 97 days.

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	9	3	0	75%
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	6	3	3	6	50%
4 There is evidence of pneumococcal vaccination or refusal	11	6	5	1	55%
5 There is evidence of influenza vaccination or refusal	6	4	2	6	67%

Medication And Vaccination Administration Discussion:

Screen 1: In these records, there were multiple entries on the medication administration record (MAR) as “refused to take”; however, no refusals were found in records. There were also several entries which indicated that multiples doses were not dispensed, as they were “waiting pharmacy” for multiple days. Clinical surveyors noted there were no attempts to obtain these medications from a local pharmacy. Additionally, there were many doses marked as “error, reason invalid.” Per staff this was an electronic medical record error. In these records, it was impossible to determine if the inmates were offered medications as prescribed on corresponding days.

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)	6	6	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	6	6	0	0	100%
3	The inmate's medications reflect continuity of care	4	4	0	2	100%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	6	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	6	6	0	0	100%
6	Special passes/therapeutic diets are reviewed and continued	2	2	0	4	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	6	3	3	0	50%

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	15	6	9	0	40%
2	All components of the screening are completed and documented as required	15	5	10	0	33%
3	All diagnostic tests are completed prior to the periodic screening encounter	15	12	3	0	80%
4	Referral to a clinician occurs if indicated	0	0	0	15	N/A
5	All applicable health education is provided	15	9	6	0	60%

Periodic Screenings Discussion:

Screen 2: In five records, the tuberculosis screening and tuberculin skin test were not completed as required. In three records, the tuberculin skin test and comparison of weights and vital signs to previous results was not completed as required. In the remaining two records, the comparison of weights and vitals to previous results was not completed. Additionally, inmates were not provided with their laboratory results at the time of the screening.

Reception Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The record contains a DC4-711C Authorization for Health Evaluation and Treatment that was signed by the patient and witnessed by medical personnel prior to treatment.	18	18	0	0	100%
2	There is evidence a complete set of vital signs were taken at the initial reception screening.	18	18	0	0	100%
3	An orientation to health services is provided within 7 days of arrival by appropriate staff.	18	18	0	0	100%
4	Testing for HIV infection is offered and education is provided.	18	18	0	0	100%
5	Within 7 days of arrival, newly committed inmates receive required laboratory testing.	18	12	6	0	67%
6	Within 7 days of arrival, newly committed inmates receive a dental intake exam by a licensed dentist.	18	18	0	0	100%
7	All needed immunizations are provided.	18	1	17	0	6%
8	Within 8 hours of arrival a socio/medical history is documented.	18	4	14	0	22%
9	A complete health appraisal by a clinical associate/advanced registered nurse practitioner or a physician is done within 14 days of arrival.	18	18	0	0	100%
10	Labs are reviewed, initialed, and date stamped.	18	18	0	0	100%
11	If a chronic condition is identified, the inmate is enrolled in the appropriate chronic illness clinic.	14	14	0	4	100%
12	If a chronic condition is identified, a problem list is started and the condition is properly identified on the problem list.	6	6	0	12	100%
13	If a chronic condition is identified, the practitioner provides additional care as needed.	1	1	0	17	100%
14	For females, required diagnostics are completed.	0	0	0	18	N/A

Reception Services Discussion:

Screen 7: In these records, the Covid vaccination was consistently offered but Tdap, MMR, and pneumococcal vaccinations were not. Per policy, during the reception process, information about previous immunizations for diseases is to be assessed. If there is documented evidence of previous series of vaccine or if the inmate has been in the military or completed 7th grade in the US, completion of the series may be considered complete, but the inmate should receive a booster. Otherwise, inmates are to receive a Tdap booster every 10 years. A single dose MMR may be offered during reception to inmates born in 1957 or later; and the pneumococcal vaccination to those who meet the criteria. Records were reviewed to determine if the vaccinations were offered or ordered at the 14-day physical exam as well as during the reception process.

PREA

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Alleged Sexual Battery Protocol is completed in its entirety	8	8	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	1	1	0	7	100%
3 There is documentation that the alleged victim was provided education on STIs	4	3	1	4	75%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	8	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	8	N/A
6 Repeat STI testing is completed as required	0	0	0	8	N/A
7 A mental health referral is submitted following the completion of the medical screening	8	6	2	0	75%
8 The inmate is evaluated by mental health by the next working day	8	4	4	0	50%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	8	N/A

PREA Discussion:

Screen 7: In two records, the referrals were submitted timely, but erroneously indicated that mental health staff had seven days to complete the interview.

Screen 8: Mental health evaluations were completed for all records; however, not within the required time frame.

Dental Review

Dental Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Allergies are documented in the EMR	16	16	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	16	16	0	0	100%
3	Dental appointments are completed in a timely manner	14	14	0	2	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	16	16	0	0	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	16	16	0	0	100%
6	The treatment plan is appropriate for the diagnosis	16	16	0	0	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	11	11	0	5	100%
8	Dental findings are accurately documented	15	15	0	1	100%
9	Sick call appointments are completed timely	4	4	0	12	100%
10	Follow-up appointments for sick call or other routine care are completed timely	4	4	0	12	100%
11	Consultations or specialty services are completed timely	1	1	0	15	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	15	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	10	10	0	6	100%
14	The use of dental materials including anesthetic agent are accurately documented	12	12	0	4	100%
15	Applicable patient education for dental services is provided	15	15	0	1	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	0	0	1	N/A
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

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	9	8	1	0	89%
2 The nursing evaluation is completed within 2 hours of admission	9	8	1	0	89%
3 Guidelines for SHOS management are observed	4	3	1	5	75%
4 The inmate is observed at the frequency ordered by the clinician	9	4	5	0	44%
5 Nursing evaluations are completed once per shift	9	9	0	0	100%
6 There is evidence of daily rounds by the attending clinician	9	9	0	0	100%
7 There is evidence of daily counseling provided by mental health staff	8	8	0	1	100%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	9	7	2	0	78%
9 There is evidence of adequate post-discharge follow-up by mental health staff	4	4	0	5	100%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	1	0	1	8	0%

Self-Injury and Suicide Prevention Discussion:

Screen 3: In this record, an inmate was on Self-harm Observation Status (SHOS) for more than seven days and there was no evidence that the case was reviewed with the regional mental health consultant.

Screen 4: In four records, there were blanks on the observation checklist indicating that there may have been interruptions in safety checks. In the last record, four days of observations could not be located by staff.

Screen 8: In one record, the inmate was transferred to a crisis stabilization unit (CSU). There was no discharge or transfer note which would provide inpatient clinicians with the necessary information to treat the patient. In the remaining record, the decision to discharge was not clinically appropriate as the inmate’s mood was labile, and he had a history of self-harm behaviors. Shortly after discharge from SHOS, he was readmitted due to a self-inflicted laceration.

Screen 10: In this record, a psychological grade two (S-2) inmate was discharged from SHOS. His record did not contain an individualized service plan (ISP). There was no indication that there was a plan of care for this inmate after he was discharged from an acute care infirmary admission.

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	18	17	1	0	94%
2	The emergency is responded to within one hour	17	17	0	1	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	17	17	0	1	100%
4	Documentation indicates the clinician fully assessed suicide risk	17	17	0	1	100%
5	A thorough mental status examination is completed	17	17	0	1	100%
6	Appropriate interventions are made	17	17	0	1	100%
7	The disposition is clinically appropriate	17	17	0	1	100%
8	There is appropriate follow-up as indicated in response to the emergency	14	12	2	4	86%

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.

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	17	16	1	0	94%
2	Psychotropic medications continue as ordered while inmates are held in special housing	5	3	2	12	60%
3	A mental status examination (MSE) is completed in the required time frame	17	17	0	0	100%
4	Follow-up MSEs are completed in the required time frame	15	14	1	2	93%
5	MSEs are sufficient to identify problems in adjustment	17	17	0	0	100%
6	Mental health staff responds to identified problems in adjustment	6	5	1	11	83%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	17	16	1	0	94%

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	12	11	1	0	92%
2	The post use-of-force physical examination is completed in its entirety	12	11	1	0	92%
3	There is evidence physical health staff completed a referral to mental health staff	12	12	0	0	100%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	11	10	1	1	91%
5	Recent changes in the inmate's condition are addressed	9	9	0	3	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	10	10	0	2	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A

Access To Mental Health Services

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	18	18	0	0	100%
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	17	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	17	17	0	1	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	10	10	0	8	100%
12	The ISP is individualized and addresses all required components	18	17	1	0	94%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	17	0	1	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	1	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	17	0	1	N/A

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	17	10	7	1	59%
17	The ISP is reviewed and revised at least every 180 days	1	1	0	17	100%
18	Identified problems are recorded on the problem list	18	17	1	0	94%
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	14	14	0	4	100%
21	Counseling is offered at least once every 60 days	15	15	0	3	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	15	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	11	11	0	7	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	17	17	0	1	100%
30	The frequency of clinical contacts is sufficient	17	17	0	1	100%

Outpatient Mental Health Services Discussion:

Screen 16: In the deficient records, the inmate’s signature was not noted on the ISP. CMA surveyors were unable to determine if the inmates were in agreement with their individualized treatment plan.

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	14	13	1	4	93%
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	11	11	0	7	100%
3 Appropriate initial laboratory tests are ordered.	14	8	6	4	57%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	1	1	0	17	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	6	4	2	12	67%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	18	5	13	0	28%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	10	1	9	8	10%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	7	0	7	11	0%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	15	3	0	83%
12 Informed consents are signed for each medication prescribed	18	18	0	0	100%
13 Follow-up sessions are conducted at appropriate intervals	10	5	5	8	50%
14 Documentation of psychiatric encounters is complete and accurate	7	6	1	11	86%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	17	16	1	1	94%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	3	2	1	15	67%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	3	2	1	15	67%
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	3	3	0	15	100%
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 8: In five records, there were blanks on the Medication Administration Record (MAR) without explanation. In eight records, the reason for non-administration was documented as “reason invalid”. Staff indicated this was an issue related to the electronic health record. In all records, CMA surveyors were unable to verify that the inmates had been offered their medication on corresponding days.

Screen 13: In the deficient records, the psychiatric provider indicated that the next appointment should be completed within 14 days. However, inmates were scheduled at 60 to 90-day intervals.

Aftercare Planning

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	11	9	2	0	82%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	10	9	1	1	90%
3 Appropriate patient care summaries are completed within 30 days of EOS	4	4	0	7	100%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	3	3	0	8	100%

Reception Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Consent To Mental Health Evaluation or Treatment (DC4-663) is signed prior to initiating screening.	14	14	0	0	100%
2	There is documentation that the inmate received orientation to health services within 24 hours of arrival at the reception center.	14	14	0	0	100%
3	A BETA-IV and Beck Hopelessness Scale are administered within 14 days of arrival.	14	12	2	0	86%
4	Intelligence testing is completed as required.	14	12	2	0	86%
5	A psychologist or mental health professional performs a clinical interview after receiving the results of the psychological testing, and within 14 days of arrival.	14	14	0	0	100%
6	If the clinical interview reveals information about past self-injury, suicide attempts, or if the results of the Beck Hopelessness Scale were 9 or higher, form DC4-646 Initial Suicide Profile is completed.	3	3	0	11	100%
7	The S-grade assigned at the completion of the interview is based on clinically sound judgment.	14	14	0	0	100%
8	If the inmate was taking prescribed psychotropic medication when received from the county jail, this medication is continued without interruption.	8	2	6	6	25%
9	If the inmate received inpatient mental health care within the past six months or received psychotropic medication for a mental health disorder in the past 30 days, s/he is referred for a psychiatric evaluation.	10	10	0	4	100%
10	The evaluation takes place within 10 days of arrival.	11	11	0	3	100%
11	If the inmate presents with acute psychiatric symptoms, the evaluation occurs within 24 hours.	0	0	0	14	N/A
12	A clinically appropriate S-grade is assigned at the completion of the evaluation.	14	14	0	0	100%
13	Inmates who received psychotropic medication other than antipsychotic medication during the 30 days preceding arrival are classified as S2 for a minimum of 120 days.	8	8	0	6	100%
14	Inmates awaiting transfer to a permanent institution who remain at the reception center more than 30 days receive appropriate case management services.	9	9	0	5	100%
15	If the inmate has a history of mental health treatment and has been at the reception center for 60 days, past treatment records are requested.	8	1	7	6	13%
16	All entries are dated, timed, signed, and stamped.	14	14	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	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

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	1	0	0	100%
2	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

Self-Injury/Suicide Prevention

		COMPLIANCE SCORE			
SCREEN QUESTION		YES	NO	N/A	Compliance Percentage
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

Special Housing

		COMPLIANCE SCORE			
SCREEN QUESTION		YES	NO	N/A	Compliance Percentage
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

Mental Health Services

		COMPLIANCE SCORE			
SCREEN QUESTION		YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	The inpatient unit environment is safe and conducive to providing mental health care	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. Overall, inmates were familiar with how to access medical, dental, and mental health services and were generally satisfied with the care they received. Those who had put in sick call requests reported being seen quickly. Inmates did report, however, that it is often difficult to get sick call or inmate request forms from officers and that they are often turned away if they try to declare an emergency. Most reported that over-the-counter medications were available in the dorms; however, three reported they could not get them when requested. Inmates reported no difficulties in receiving prescribed medications either in open population or confinement. The majority of inmates on the mental health caseload were satisfied with the care and indicated that the counselors and medications were helpful. Ten of the 12 interviewees had received dental services at the institution and reported satisfaction with care.

MEDICAL STAFF INTERVIEWS

Six members of the medical team including nurses, clinical, administrative, and clerical staff, participated in interviews. All interviewees appeared knowledgeable about procedures for accessing health services. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. The majority of the interview participants identified staff shortages as one of the biggest challenges they face in providing inmate care.

MENTAL HEALTH STAFF INTERVIEWS

Five members of the mental health team agreed to participate in interviews. They were easily able to describe access to care processes as well as suicide and self-harm prevention techniques. Several interviewees voiced concern regarding delays that occur with continuity of medications between the jail and institution and cited formulary issues as the cause. Staff members agreed that additional staff and better internet would be helpful in performing their job duties and ensuring that mental health care was provided for the inmate population. Several members of the mental health staff reported that inmates complain of being denied the opportunity to request emergency services from officers.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	1
General Chronic Illness Clinics	1
Immunity Clinic	2
Miscellaneous Clinic	0
Neurology Clinic	1
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	1
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	3
Inpatient Infirmary Care	3
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	1
Consultations	2
Medical Inmate Request	4
Medication and Vaccine Administration	4
Intra-System Transfers	1
Periodic Screening	3
Reception Services	3

PREA Medical Review	3
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	34

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	4
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	5
Special Housing	1
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
Reception	2

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	22

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-Main, the CMA makes the following recommendations:

- Conduct a thorough review of institutional procedures surrounding the consultation process to verify that the systems in place are adequate for ensuring the timely completion of specialty services.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Establish a system to ensure that DOH and on-site provider reviews of immunity patients are coordinated and completed to include all required elements of the examination.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at required intervals.
- Ensure that psychiatric providers are reeducated on required laboratory testing.
- Provide additional training and oversight of procedures related to acute mental health crises.