
CENTRAL FLORIDA RECEPTION CENTER SOUTH UNIT



July 11 - 13, 2023

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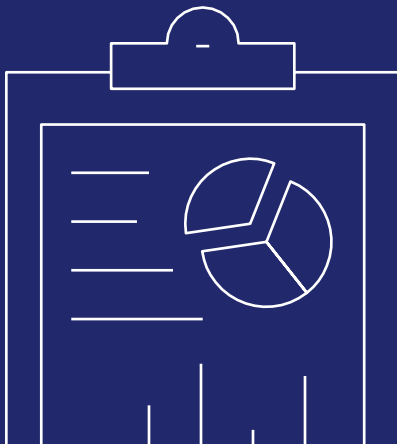
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BACKGROUND AND SCOPE

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) 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. Additionally, CFRC – South Unit, has a 10-bed palliative care/isolation infirmary. CFRC consists of a Main Unit, East Unit, South Unit, and work release centers.¹

Institutional Potential and Actual Workload

South Unit Capacity	140	Current South Unit Census	102
Satellite Unit(s) Capacity	0	Current Satellite(s) Census	0
Total Capacity	140	Total Current Census	102

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	38	35	16	1	7	26
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	87	4	10	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	2
Licensed Practical Nurse	2	2
DON/Nurse Manager	1	0
Dentist	0	0
Dental Assistant	0	0
Dental Hygienist	0	0

Mental Health Unit Staffing

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

CENTRAL FLORIDA RECEPTION CENTER SOUTH UNIT SURVEY SUMMARY

The CMA conducted a thorough review of the medical and mental health systems at CFRC - South Unit on July 11-13, 2023. Inmates in need of dental services are transported to the East Unit. 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 - South. 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	15	Mental Health Survey Findings	14

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	12	12	0	0	100%
2	There is evidence of an appropriate physical examination	12	10	2	0	83%
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	12	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	12	12	0	0	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	12	12	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	9	9	0	3	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	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	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
4 Annual laboratory work is completed as required	8	8	0	3	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	10	1	0	91%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	7	6	1	4	86%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	3	3	0	8	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	6	6	0	5	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	6	6	0	5	100%
10 Medications appropriate for the diagnosis are prescribed	10	9	1	1	90%
11 Patients are receiving insulin as prescribed	3	3	0	8	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

Gastrointestinal Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	8	8	0	0	100%
2	There is evidence of an appropriate physical examination	8	8	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	0	100%
4	Annual laboratory work is completed as required	8	8	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	8	8	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	5	5	0	3	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	6	5	1	2	83%
8	Abdominal ultrasounds are completed at the required intervals	5	5	0	3	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	5	5	0	3	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	8	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	8	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	8	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	8	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	8	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	8	N/A

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	14	2	0	88%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	14	2	0	88%

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)	4	4	0	0	100%
2	There is evidence of an appropriate physical examination.	4	4	0	0	100%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	4	4	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	3	100%
5	A CBC is collected annually	4	4	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	4	4	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	4	4	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	4	4	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	4	1	3	0	25%
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	4	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	4	N/A

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	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	12	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	12	12	0	0	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

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

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the respiratory clinic	10	10	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	7	7	0	3	100%
3 Medications appropriate for the diagnosis are prescribed	10	10	0	0	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	9	1	0	90%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	10	8	2	0	80%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	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	4	4	0	1	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	5	5	0	0	100%
3 Vital signs including weight are documented	5	4	1	0	80%
4 There is evidence of appropriate and applicable patient education	5	5	0	0	100%
5 Findings requiring clinician notification are made in accordance with protocols	5	5	0	0	100%
6 Follow-up visits are completed timely	1	0	1	4	0%
7 Clinician's orders from the follow-up visit are completed as required	1	1	0	4	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	1	1	0	4	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	4	100%

Emergency Services Discussion:

Screen 6: In the deficient record, there was no evidence that the required follow-up appointment was completed.

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	5	5	0	0	100%
2 All orders are received and implemented	5	5	0	0	100%
3 A thorough nursing assessment is completed within two hours of admission	5	4	1	0	80%
4 A Morse Fall Scale is completed at the required intervals	5	5	0	0	100%
5 Nursing assessments are completed at the required intervals	5	5	0	0	100%
6 Clinician rounds are completed and documented as required	5	5	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	2	1	1	3	50%
8 A discharge note containing all of the required information is completed as required	3	3	0	2	100%
9 A discharge summary is completed by the clinician within 72 hours of discharge	3	3	0	2	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	15	12	3	0	80%
2 The inmate is assessed in the appropriate time frame	15	14	1	0	93%
3 The nursing assessment is completed in its entirety	15	10	5	0	67%
4 Complete vital signs including weight are documented	15	13	2	0	87%
5 There is evidence of applicable patient education	15	10	5	0	67%
6 Referrals to a higher level of care are made in accordance with protocols	13	13	0	2	100%
7 Follow-up visits are completed in a timely manner	13	10	3	2	77%
8 Clinician orders from the follow-up visit are completed as required	5	5	0	10	100%

Sick Call Services Discussion:

Screen 3: In four records, the assessment was not located. In one record, the assessment was incomplete.

Screen 7: In one record, there was no evidence that the required follow-up was completed. In two records, the required follow-up was not completed within a clinically appropriate time frame.

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	4	4	0	0	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	11	1	0	92%
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	4	2	6	67%
4 There is evidence of pneumococcal vaccination or refusal	12	11	1	0	92%
5 There is evidence of influenza vaccination or refusal	12	11	1	0	92%

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	15	0	0	100%
2 All components of the screening are completed and documented as required	15	1	14	0	7%
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	11	4	0	73%

Periodic Screenings Discussion:

Screen 2: In all records, there was no evidence that vital signs were compared to previous results as is required by policy. Additionally, in two records the required tuberculin skin test was not completed, and in one record, labs were not reviewed with the inmate.

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	1	1	0	0	100%
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	0	1	0	0%
8	The inmate is evaluated by mental health by the next working day	1	0	1	0	0%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	0	N/A

PREA Discussion:

Screen 7: In the deficient record, the staff referral was completed but erroneously stated that follow-up should occur within seven days.

Screen 8: In the deficient record, the PREA interview was not completed for eight days.

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.

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	9	8	1	0	89%
2 The inmate is interviewed by mental health staff within 14 days of arrival	0	0	0	9	N/A
3 Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	0	0	0	9	N/A
4 A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	9	N/A
5 Consent is obtained prior to initiating sex offender treatment	0	0	0	9	N/A
6 A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	9	N/A
7 A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	9	N/A
8 A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	9	N/A
9 The Bio-psychosocial (BPSA) is present in the record	9	9	0	0	100%
10 The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	9	N/A
11 If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	0	0	9	N/A
12 The ISP is individualized and addresses all required components	9	9	0	0	100%
13 ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	9	9	0	0	100%
14 ISP goals are time limited and written in objective, measurable behavioral terms	9	9	0	0	100%
15 The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	9	9	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
16	The ISP is signed by the inmate and all members of the treatment team	9	1	8	0	11%
17	The ISP is reviewed and revised at least every 180 days	6	2	4	3	33%
18	Identified problems are recorded on the problem list	9	9	0	0	100%
19	The diagnosis is clinically appropriate	9	9	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	9	9	0	0	100%
21	Counseling is offered at least once every 60 days	9	9	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	9	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	9	9	0	0	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	9	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	9	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	9	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	9	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	9	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	9	9	0	0	100%
30	The frequency of clinical contacts is sufficient	9	9	0	0	100%

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	0	0	0	7	N/A
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	7	N/A
3 Appropriate initial laboratory tests are ordered.	0	0	0	7	N/A
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	3	3	0	4	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	4	2	2	3	50%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	7	7	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	7	N/A
8 The inmate receives medication(s) as prescribed	7	6	1	0	86%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	1	0	1	6	0%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	1	0	1	6	0%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	7	7	0	0	100%
12 Informed consents are signed for each medication prescribed	7	4	3	0	57%
13 Follow-up sessions are conducted at appropriate intervals	7	5	2	0	71%
14 Documentation of psychiatric encounters is complete and accurate	7	7	0	0	100%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	3	2	1	4	67%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	7	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	7	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	7	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	7	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	7	N/A

Outpatient Psychotropic Medication Services Discussion:

Screen 5: In one record, there was no evidence that a lipid profile was drawn within the last year. In the second record, there was no evidence of a lipid profile or fasting blood sugar.

Screen 13: In two records, the clinician indicated that the inmate would be seen in fourteen days; however, the inmates did not return for six to eight weeks.

Screen 15: In the deficient record, the last AIMS was completed in November 2022.

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	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%

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

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	0	0	1	N/A
3	Outpatient group therapy is offered	0	1	0	0%

Interview Summaries

INMATE INTERVIEWS

Six inmates agreed to participate in interviews with CMA staff and surveyors. Overall, inmates reported satisfaction with medical services, although half stated they had a medical issue that was not addressed. Most inmates indicated that they were seen timely for sick call. They reported that since the South Unit is so small, they could easily access medical staff if needed. Three of six inmates reported difficulties in obtaining keep-on-person (KOP) medication refills resulting in medication lapses from one to five weeks. However, they indicated over-the-counter medications and single-dose medications are readily available.

Inmates in need of dental services are transported to the dental clinic on the East Unit. Five of six inmates reported they have received dental services and all but one indicated they were satisfied with the care they have received. Four inmates participate in mental health services. They expressed satisfaction with these services and indicated their counselor is caring and helpful.

MEDICAL STAFF INTERVIEWS

One medical staff member was interviewed. Staff was knowledgeable about policies and procedures directing the provision of health care at this institution and reported that since the unit is so small, medical staff are able to respond quickly when needed. However, frustration was expressed with the electronic medical record as it relates to refills for KOP medications and documentation of single-dose medications. Additionally, consistent and additional nursing staff are needed.

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. Concerns were voiced related to inmate complaints regarding medications not being refilled in a timely manner. Both expressed a need for more nursing staff.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	N/A
Dental System	N/A
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	15

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	2
Outpatient Psychotropic Medications	6
Aftercare Planning	N/A

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	14

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-South, the CMA makes the following recommendations:

- Conduct a thorough review of systems in place to ensure inmates receive KOP medication refills in a timely manner.
- Ensure that mental health services are offered at the required intervals.
- Ensure that sick call services are completed within the required time frame.