
CROSS CITY CORRECTIONAL INSTITUTION



September 2023

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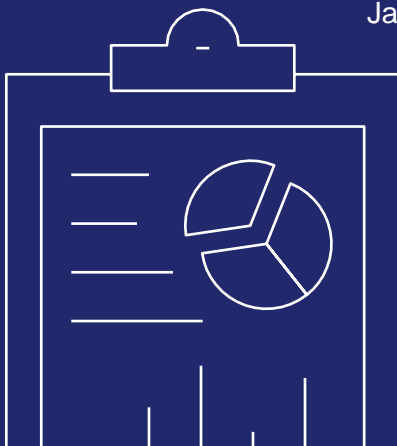
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BACKGROUND AND SCOPE

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

Cross City Correctional Institution (CROCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. CROCI consists of a Main Unit, East Unit, and Work Camp.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1022	Current Main Unit Census	1031
Satellite Unit(s) Capacity	712	Current Satellite(s) Census	544
Total Capacity	1734	Total Current Census	1575

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	963	554	69	0	1	400
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	1636	79	0	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	62	24	19	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	1	0
Clinical Associate	1	1
Registered Nurse	6	1
Licensed Practical Nurse	6	3
DON/Nurse Manager	1	1
Dentist	1.5	0
Dental Assistant	3	2
Dental Hygienist	1	1

Mental Health Unit Staffing

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

CROSS CITY CORRECTIONAL INSTITUTION SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at Cross City Correctional Institution on September 6-7 and 12-14, 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 CROCI. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	24	Mental Health Survey Findings	3

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	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	17	1	0	94%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	5	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	4	4	0	14	100%
7	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	17	100%

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	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	12	4	0	75%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	0	94%
4 Annual laboratory work is completed as required	16	16	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	8	6	2	8	75%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	5	5	0	11	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	4	4	0	12	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	8	8	0	8	100%
10 Medications appropriate for the diagnosis are prescribed	15	15	0	1	100%
11 Patients are receiving insulin as prescribed	6	3	3	10	50%
12 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	14	100%

Endocrine Chronic Illness Clinic Discussion:

Screen 2: In these records, the physical examination for inmates with thyroid conditions did not include palpation of the thyroid.

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	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	13	3	0	81%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	11	8	3	5	73%
4	Annual laboratory work is completed as required	16	16	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	16	12	4	0	75%
8	Abdominal ultrasounds are completed at the required intervals	16	15	1	0	94%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	15	15	0	1	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	1	1	0	15	100%
12	Hepatitis C treatment is started within the appropriate time frame	1	1	0	15	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	1	1	0	15	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	15	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A

General Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Record	YES	NO	N/A	Compliance Percentage
1	The inmate is enrolled in all clinics appropriate for their diagnosis	18	18	0	0	100%
2	Appropriate patient education is provided	18	18	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	18	18	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	18	18	0	0	100%

Miscellaneous 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 miscellaneous clinic	10	10	0	0	100%
2	There is evidence of an appropriate physical examination	10	10	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	7	7	0	3	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	10	9	1	0	90%
5	Abnormal labs are reviewed and addressed in a timely manner	7	7	0	3	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	8	8	0	2	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	10	10	0	0	100%
2 There is evidence of an appropriate physical examination	10	10	0	0	100%
3 Annual laboratory work is completed as required	10	10	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	7	7	0	3	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	4	100%
6 Medications appropriate for the diagnosis are prescribed	8	8	0	2	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	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	6	6	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	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	4	4	0	2	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	3	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	12	12	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	7	7	0	5	100%
3	Medications appropriate for the diagnosis are prescribed	11	11	0	1	100%
4	A peak flow reading is recorded at each visit	12	8	4	0	67%
5	There is evidence of an appropriate physical examination	12	12	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	1	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	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	7	7	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	7	7	0	0	100%
3 There is evidence of initial and ongoing education	7	7	0	0	100%
4 There is evidence of monthly nursing follow-up	6	6	0	1	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	6	6	0	1	100%
6 AST and ALT testing are repeated as ordered by the clinician	7	7	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	7	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	7	N/A
9 The appropriate medication regimen is prescribed	6	6	0	1	100%
10 The inmate receives TB medications as prescribed	6	6	0	1	100%
11 The inmate is seen by the clinician at the completion of therapy	2	2	0	5	100%
12 Documentation of the CIC visit includes an appropriate physical examination	7	7	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	7	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	18	18	0	0	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	16	2	0	89%
3 Vital signs including weight are documented	18	13	5	0	72%
4 There is evidence of appropriate and applicable patient education	18	17	1	0	94%
5 Findings requiring clinician notification are made in accordance with protocols	12	10	2	6	83%
6 Follow-up visits are completed timely	9	8	1	9	89%
7 Clinician's orders from the follow-up visit are completed as required	6	6	0	12	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	2	2	0	16	100%

Emergency Services Discussion:

Screen 3: In these records, vital signs were present, but weight was not documented.

Outpatient 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 on observation status. Admission status is appropriate for the presenting complaint/condition	9	9	0	0	100%
2 All orders are received and implemented	9	7	2	0	78%
3 The inmate is evaluated within one hour of being placed on observation status	9	9	0	0	100%
4 Patient evaluations are documented at least once every eight hours	9	9	0	0	100%
5 Weekend and holiday clinician phone rounds are completed and documented as required	0	0	0	9	N/A
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	9	9	0	0	100%
7 A discharge note containing all of the required information is completed as required	9	9	0	0	100%

Outpatient Infirmary Care Discussion:

Screen 2: In the first record, the inmate was found in his cell disoriented with slurred speech. He had a history of drug abuse and Narcan was administered twice by security staff for suspected K-2 overdose. The clinician ordered vital signs to be taken every eight hours. However, vital signs were recorded at 12-hour intervals. In the second record, epinephrine was administered following an allergic reaction. The clinician ordered vital signs to be taken every eight hours. However, vital signs were recorded at 12-hour intervals.

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	10	10	0	0	100%
2 All orders are received and implemented	10	6	4	0	60%
3 A thorough nursing assessment is completed within two hours of admission	10	9	1	0	90%
4 A Morse Fall Scale is completed at the required intervals	10	9	1	0	90%
5 Nursing assessments are completed at the required intervals	10	9	1	0	90%
6 Clinician rounds are completed and documented as required	10	8	2	0	80%
7 Weekend and holiday clinician phone rounds are completed and documented as required	8	6	2	2	75%
8 A discharge note containing all of the required information is completed as required	7	0	7	3	0%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	6	3	1	67%

Inpatient Infirmary Care Discussion:

Screen 2: In the first record, vital signs were ordered each shift, or three times within a 24-hour period. However, they were completed only once each day. In the second record, a urinalysis was not completed. Additionally, for three days of the infirmary admission, there were no documented vital signs, although the admitting clinician indicated they were to be documented at each shift. In the third record, there was no evidence that vital signs were obtained for two days of the admission, although the admitting clinician indicated they were to be documented at each shift. In the fourth record, vital signs were not recorded at the ordered intervals. Additionally, an anti-coagulant medication was ordered twice a day for ten days. However, there was no indication that the last eight doses of the medication were administered to the patient.

Screen 7: In these records, clinician rounds were not completed on one weekend day.

Screen 8: The Department requires nursing discharge notes to contain a disposition, the condition of the patient on discharge, nursing education, and instructions for follow-up. In three records, all of the required information was missing. In two records, the inmate's condition at discharge was not documented. In two records, nursing education and discharge instructions were not documented.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	13	5	0	72%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	4	4	0	14	100%
7 Follow-up visits are completed in a timely manner	5	5	0	13	100%
8 Clinician orders from the follow-up visit are completed as required	6	6	0	12	100%

Sick Call Services Discussion:

Screen 4: In four records, vital signs were present, but weight was not documented. In the remaining record, the blood glucose level was not measured.

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	16	14	2	0	88%
2 All medications are continued as prescribed while in the inmate is held in special housing	1	1	0	15	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	3	3	0	13	100%
4 All emergencies are responded to within the required time frame	3	3	0	13	100%
5 The response to the emergency is appropriate	3	3	0	13	100%
6 All sick call appointments are triaged and responded to within the required time frame	1	1	0	15	100%
7 New or pending consultations progress as clinically required	0	0	0	16	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	0	0	0	16	N/A

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	12	12	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	12	12	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	12	12	0	0	100%
4 The consultation report is reviewed by the clinician in a timely manner	12	12	0	0	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	0	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	12	0	0	100%
7 The diagnosis is recorded on the problem list	12	12	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	12	N/A
9 There is evidence that the ATP is implemented	0	0	0	12	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	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	6	6	0	12	100%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	5	7	0	42%
2 Allergies are listed on the MAR or the medication page in the EMR	12	11	1	0	92%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	2	1	1	10	50%
4 There is evidence of pneumococcal vaccination or refusal	11	8	3	1	73%
5 There is evidence of influenza vaccination or refusal	9	9	0	3	100%

Medication And Vaccination Administration Discussion:

Screen 1: These records contained blanks on the medication administration record (MAR) indicating the prescribed medications may not have been offered to the inmate on the corresponding dates. Each of the deficient records contained multiple blanks.

Screen 3: In this record, blood glucose checks with sliding scale coverage were refused frequently by the inmate. In June 2023, the order was changed by the clinician from twice a day to once daily dosing. However, the order was not changed on the MAR until the time of the survey when it was reported by CMA staff.

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)	18	18	0	0	100%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3 The inmate's medications reflect continuity of care	15	10	5	3	67%
4 The medical record reflects continuity of care for inmate's pending consultations	1	0	1	17	0%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	12	12	0	6	100%
6 Special passes/therapeutic diets are reviewed and continued	3	3	0	15	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	17	1	0	94%

Intra-System Transfers Discussion:

Screen 3: In these records, documentation from the sending institution indicated the inmate had an active prescription for medication. However, when the receiving institution reviewed the record, nursing staff documented that the inmate was not on medication. CMA surveyors were concerned that erroneous documentation could potentially disrupt continuity of care.

Screen 4: In this record, there was no documentation that the receiving facility was aware of the pending consultation for specialty services. However, the sending institution relayed this information in the transfer/arrival summary.

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	18	13	5	0	72%
2 All components of the screening are completed and documented as required	18	3	15	0	17%
3 All diagnostic tests are completed prior to the periodic screening encounter	18	4	14	0	22%
4 Referral to a clinician occurs if indicated	6	5	1	12	83%
5 All applicable health education is provided	18	11	7	0	61%

Periodic Screenings Discussion:

Screen 1: In four records, the periodic screening was completed approximately six months after it was due. In the remaining record, the screening encounter was greater than 12 months overdue.

Screen 2: All 15 deficient records were missing the comparison of weight and vital signs to prior data. Additionally, in three of those records, there was no evidence that laboratory results were reviewed with the inmate and in one record, there was no evidence of the required tuberculosis screening.

Screen 3: In seven records, laboratory studies were not completed without evidence of refusal. In five records, a fasting plasma glucose (FPG) level was not documented. In one record, there was no evidence of the FPG in addition to missing a fecal occult blood test (FOBT). In the last record, there was no evidence of the CT scan required for an inmate with an applicable smoking history.

Screen 5: In five records, advanced directives and health care surrogate education was not addressed. In two records, advanced directives and health care surrogate information was not addressed, in addition to the required education on how to access sick-call services.

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	7	6	1	0	86%
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	7	N/A
3	There is documentation that the alleged victim was provided education on STIs	3	3	0	4	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	7	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	7	N/A
6	Repeat STI testing is completed as required	0	0	0	7	N/A
7	A mental health referral is submitted following the completion of the medical screening	7	4	3	0	57%
8	The inmate is evaluated by mental health by the next working day	7	4	3	0	57%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	7	N/A

PREA Discussion:

Screen 7: In one record, a referral to mental health was not completed timely. In two records, the referral indicated a mental health evaluation was to be completed within seven days. However, policy dictates that these evaluations should be completed the next business day.

Screen 8: In these records, a mental health evaluation was not completed timely after a PREA incident.

Dental Review

Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Allergies are documented in the EMR	18	17	1	0	94%
2	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3	Dental appointments are completed in a timely manner	17	17	0	1	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	17	17	0	1	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	17	17	0	1	100%
6	The treatment plan is appropriate for the diagnosis	17	17	0	1	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	15	15	0	3	100%
8	Dental findings are accurately documented	17	17	0	1	100%
9	Sick call appointments are completed timely	11	11	0	7	100%
10	Follow-up appointments for sick call or other routine care are completed timely	12	12	0	6	100%
11	Consultations or specialty services are completed timely	6	6	0	12	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	6	6	0	12	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	11	11	0	7	100%
14	The use of dental materials including anesthetic agent are accurately documented	13	13	0	5	100%
15	Applicable patient education for dental services is provided	15	15	0	3	100%

Dental Systems

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2 Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3 The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4 Sharps containers are available and properly utilized	1	0	0	100%
5 Biohazardous waste is properly disposed	1	0	0	100%
6 X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7 Dental instruments and equipment are properly sterilized	1	0	0	100%
8 Prosthetic devices are appropriately disinfected between patients	0	0	1	N/A
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)	8	8	0	1	100%
2	The nursing evaluation is completed within 2 hours of admission	8	8	0	1	100%
3	Guidelines for SHOS management are observed	0	0	0	8	N/A
4	The inmate is observed at the frequency ordered by the clinician	9	7	2	0	78%
5	Nursing evaluations are completed once per shift	9	8	1	0	89%
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	9	9	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	9	4	5	0	44%
9	There is evidence of adequate post-discharge follow-up by mental health staff	8	7	1	1	88%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	1	1	0	8	100%

Self-Injury and Suicide Prevention Discussion:

Screen 4: In one record, there were multiple blanks on the observation checklist indicating that the required safety checks may not have been completed at the intervals ordered by the clinician. In the second record, one day of observations was not located.

Screen 8: In five records, there was no evidence that the clinician did a face-to-face evaluation prior to discharge from Self-harm Observation Status (SHOS).

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	13	12	1	0	92%
2	The emergency is responded to within one hour	13	13	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	13	11	2	0	85%
4	Documentation indicates the clinician fully assessed suicide risk	13	13	0	0	100%
5	A thorough mental status examination is completed	13	13	0	0	100%
6	Appropriate interventions are made	13	11	2	0	85%
7	The disposition is clinically appropriate	12	10	2	1	83%
8	There is appropriate follow-up as indicated in response to the emergency	10	7	3	3	70%

Psychological Emergency Discussion:

Screen 8: In the first record, the emergency declaration was responded to by nursing staff and a request for mental health follow-up was submitted. The inmate later refused the mental health evaluation. However, the mental health clinician could have completed the parts of the evaluation that were observable and did not require the cooperation of the inmate. In the second record, there was no evidence that the required follow-up was completed. In the third record, the inmate was observed smearing feces, yelling and cursing. However, mental health follow-up was not provided for over 72 hours.

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	15	15	0	0	100%
2 The request is responded to within the appropriate time frame	15	15	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	15	15	0	0	100%
4 The follow-up to the request occurs as intended	13	12	1	2	92%
5 Consent for treatment is obtained prior to conducting an interview	12	12	0	3	100%

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	15	14	1	0	93%
2 Psychotropic medications continue as ordered while inmates are held in special housing	0	0	0	15	N/A
3 A mental status examination (MSE) is completed in the required time frame	15	14	1	0	93%
4 Follow-up MSEs are completed in the required time frame	12	12	0	3	100%
5 MSEs are sufficient to identify problems in adjustment	13	13	0	2	100%
6 Mental health staff responds to identified problems in adjustment	4	4	0	11	100%
7 Outpatient mental health treatment continues as indicated while the inmate is held in special housing	4	4	0	11	100%

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	5	5	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	5	5	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	5	4	1	0	80%
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	3	3	0	2	100%
5	Recent changes in the inmate's condition are addressed	2	2	0	3	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	4	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	5	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	16	16	0	0	100%
2 The inmate is interviewed by mental health staff within 14 days of arrival	10	9	1	6	90%
3 Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	9	9	0	7	100%
4 A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	4	4	0	12	100%
5 Consent is obtained prior to initiating sex offender treatment	0	0	0	16	N/A
6 A clinically appropriate conclusion is reached following the sex offender screening	2	2	0	14	100%
7 A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	16	N/A
8 A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	16	N/A
9 The Bio-psychosocial (BPSA) is present in the record	16	16	0	0	100%
10 The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	4	0	12	100%
11 If mental health services are initiated at this institution, the initial ISP is completed within 30 days	2	2	0	14	100%
12 The ISP is individualized and addresses all required components	16	16	0	0	100%
13 ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	16	16	0	0	100%
14 ISP goals are time limited and written in objective, measurable behavioral terms	16	16	0	0	100%
15 The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	16	16	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	16	13	3	0	81%
17	The ISP is reviewed and revised at least every 180 days	14	14	0	2	100%
18	Identified problems are recorded on the problem list	16	16	0	0	100%
19	The diagnosis is clinically appropriate	16	16	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	16	15	1	0	94%
21	Counseling is offered at least once every 60 days	16	16	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	16	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	16	15	1	0	93%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	16	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	16	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	16	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	16	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	16	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	16	16	0	0	100%
30	The frequency of clinical contacts is sufficient	16	16	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%

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews. Overall, inmates were complementary of medical services and indicated that sick call and emergency services were administered timely. Nearly half of the inmates reported that medications were not always refilled before they ran out. Inmates reported satisfaction with dental services. They indicated that wait times for dental services were appropriate.

Overall, inmates expressed satisfaction with mental health services and were particularly complementary of the mental health professionals (MHP). They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment.

MEDICAL STAFF INTERVIEWS

Five members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff members were aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. Interviewees expressed that they work well as a team including security and mental health staff.

MENTAL HEALTH STAFF INTERVIEWS

There are two mental health professionals that provide services to inmates on the mental health caseload. The mental health team appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge and were familiar with policies and procedures related to the accessing of mental health care. Staff indicated that they all work well as a team to provide excellent patient care.

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. They described a good working relationship with medical and mental health staff.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

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

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	2
Psychiatric Restraints	0
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	1
Mental Health Inmate Request	0
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	0
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	3

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 CROCI, the CMA makes the following recommendations:

- Ensure that orders are received and implemented accordingly for infirmary admissions, sick-call, and emergencies.
- Continue to train and support staff on optimally utilizing the electronic health record, including the MAR.
- Implement a system to document receipt of keep-on-person (KOP) medications and refills within the medical record.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Provide additional training to clinicians on relevant policies and procedures for infirmary and SHOS acute care admissions.