

CALHOUN CORRECTIONAL INSTITUTION



July 8-10, 2025

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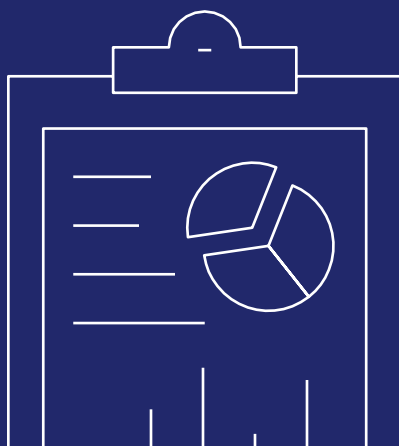
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BACKGROUND AND SCOPE

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 exists to provide a clear picture of the inmate's care and treatment
- There are enough qualified staff to provide adequate treatment

METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (**rating achieved/possible rating**) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Calhoun Correctional Institution (CALCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1 and 2. CALCI consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Capacity	1221	Main Census	1149
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1221	Total Current Census	1149

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	740	381	25	0	3	2	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1080	69	0	0	0	0	3

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	65	54	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	.20	.20
Clinical Associate	1.0	0
Registered Nurse	5.2	.40
Licensed Practical Nurse	5.2	.20
DON/Nurse Manager	1.0	1.0
Dentist	1.5	.5
Dental Assistant	3.0	.10
Dental Hygienist	1.0	.10

Mental Health Unit Staffing

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

CALHOUN CORRECTIONAL INSTITUTION

The CMA conducted a thorough review of the medical, mental health, and dental systems at CALCI on July 8-10, 2025. 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 CALCI. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
Physical Health Survey Findings	2	Mental Health Survey Findings	1

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	There is evidence of appropriate physical examinations	18	18	0	0	100%
2	Annual laboratory work is completed as required	18	18	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	12	100%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	13	13	0	5	100%
5	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	18	N/A
Overall Compliance Score 100%						

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	16	16	0	0	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	1	1	0	15	100%
4	Abnormal labs are reviewed and addressed in a timely manner	16	15	1	0	94%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	15	14	1	1	93%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	12	12	0	4	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	15	15	0	1	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	13	13	0	3	100%
9	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
10	Inmates are receiving insulin as prescribed	13	13	0	3	100%
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
Overall Compliance Score 99%						

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Annual laboratory work is completed as required	16	16	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	5	5	0	11	100%
4	Medications appropriate for the diagnosis are prescribed	6	6	0	10	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	14	14	0	2	100%
6	Abdominal ultrasounds are completed at the required intervals	14	14	0	2	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	14	14	0	2	100%
8	Inmates are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	2	2	0	14	100%
10	Hepatitis C treatment is started within the appropriate time frame	3	3	0	13	100%
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	3	3	0	13	100%
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	1	1	0	15	100%
Overall Compliance Score 100%						

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2	At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3	Appropriate patient education is provided	14	14	0	0	100%
4	Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
5	There is evidence labs are available to the clinician prior to the visit and are reviewed	11	11	0	3	100%
6	There is evidence of pneumococcal vaccination or refusal	14	14	0	0	100%
7	There is evidence of influenza vaccination or refusal	14	14	0	0	100%
Overall Compliance Score 100%						

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	9	9	0	0	100%
2	Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	7	100%
4	Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	8	100%
Overall Compliance Score 100%						

Neurology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	9	9	0	0	100%
2	Annual laboratory work is completed as required	9	9	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	8	100%
4	Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	9	N/A
Overall Compliance Score 100%						

Oncology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	5	5	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	5	5	0	0	100%
3	Annual laboratory work is completed as required	5	5	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	3	100%
5	Medications appropriate for the diagnosis are prescribed	1	1	0	4	100%
6	Oncological treatments are received as prescribed	3	3	0	2	100%
7	Referrals to a specialist for more in-depth treatment are made as indicated	2	2	0	3	100%
Overall Compliance Score 100%						

Respiratory Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	14	14	0	0	100%
2	Pulmonary function testing is completed as indicated	11	11	0	3	100%
3	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	7	7	0	7	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	14	N/A
Overall Compliance Score 100%						

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	5	5	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	5	5	0	0	100%
3	There is evidence of initial and ongoing education	5	5	0	0	100%
4	There is evidence of monthly nursing follow-ups	5	5	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	0	100%
6	AST and ALT tests are repeated as ordered by the clinician	5	5	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	5	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	5	N/A
9	The appropriate medication regimen is prescribed	5	5	0	0	100%
10	Inmates receive medications as prescribed	5	5	0	0	100%
11	Inmates are seen by the clinician at the completion of therapy	1	1	0	4	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	5	N/A
Overall Compliance Score 100%						

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	Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	17	1	0	94%
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	8	7	1	10	88%
6	Verbal orders received from the clinician are noted and carried out timely	7	7	0	11	100%
7	Follow-up visits are completed in a timely manner	7	7	0	11	100%
8	Provider's orders from the follow-up visit are completed as required	7	7	0	11	100%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	1	1	0	17	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	1	1	0	17	100%
Overall Compliance Score 97%						

Outpatient Infirmary Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are 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	9	0	0	100%
3	Inmates are evaluated within one hour of being placed on observation status	9	9	0	0	100%
4	Evaluations are documented at least once every eight hours	8	8	0	1	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	3	3	0	6	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	7	7	0	2	100%
7	Discharge notes containing all of the required information are completed as required	7	7	0	2	100%
Compliance Percentage 100%						

Inpatient Infirmary Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	6	5	1	0	83%
2	All orders are received and implemented	6	6	0	0	100%
3	Thorough nursing assessments are completed within two hours of admission	6	6	0	0	100%
4	Morse Fall Scales are completed at the required intervals	6	6	0	0	100%
5	Nursing assessments are completed at the required intervals	6	6	0	0	100%
6	All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	4	4	0	2	100%
7	Clinician rounds are completed and documented as required	6	5	1	0	83%
8	Weekend and holiday clinician phone rounds are completed and documented as required	2	2	0	4	100%
9	Nursing discharge notes containing all of the required information are completed as required	4	4	0	2	100%
10	Discharge summaries are completed by the clinician within 72 hours of discharge	4	4	0	2	100%
Overall Compliance Score 97%						

Sick Call Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3	Nursing assessments are completed in their entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	15	3	0	83%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Findings requiring clinician notification are made in accordance with protocols	5	5	0	13	100%
7	Verbal orders received from the clinician are noted and carried out timely	0	0	0	18	N/A
8	Follow-up visits are completed in a timely manner	4	4	0	14	100%
9	Clinician orders from the follow-up visit are completed as required	4	4	0	14	100%
Overall Compliance Score 98%						

Other Medical Records Review

Confinement Access to Medical Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Pre-confinement examinations are completed prior to placement in special housing	16	16	0	0	100%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	16	15	1	0	94%
3	All active medications continue as ordered while inmates are held in special housing	0	0	0	16	N/A
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	8	7	1	8	88%
5	All medical emergencies are responded to timely and appropriately	0	0	0	16	N/A
6	Medical inmate requests are responded to timely and appropriately.	8	7	1	8	88%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	8	8	0	8	100%
Overall Compliance Score 94%						

Consultations

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	14	14	0	0	100%
2	Referrals are processed in a timely manner	14	14	0	0	100%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	13	9	4	1	69%
4	The provider monitors inmates weekly to determine deterioration or status change	0	0	0	14	N/A
5	Consultation reports are reviewed by the clinician in a timely manner	13	13	0	1	100%
6	The consultant's treatment recommendations are incorporated into the treatment plan	13	13	0	1	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	10	2	2	83%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	14	N/A
9	There is evidence that the ATPs are implemented	0	0	0	14	N/A
Overall Compliance Score 92%						

Consultation Services Discussion:

Screen 3: The following routine requests for services were not completed within 45 days as required:

- In the first record, a request was submitted to neurology for uncontrolled seizures on 3/17/25. On 3/18/25, the patient was subsequently admitted to the infirmary for intractable seizures. The consult was upgraded to urgent on 3/28/25. The CMA surveyor expressed concern that the patient should've been sent to an outside hospital at that time as the seizures were unable to be controlled even though he was on triple treatment. He was eventually sent to the hospital on 3/30/25 but was not seen by the neurologist until 4/25/25.
- In the second record, a request was submitted to the gastroenterologist on 8/20/24 due to a positive hemoccult stool result. The appointment was rescheduled twice, and the patient was not seen until 1/17/25.
- In the third record, a request was submitted on 12/5/24 to neurology for electromyography of bilateral lower extremities due to foot drop. It was not completed until 2/21/25.

The following urgent request was not completed within 14 business days as required:

- An urgent request was submitted on 1/2/25 to cardiology for irregular heart rate with intermittent RVR that was uncontrolled with current medications. He was seen on 1/30/25.

Medical Inmate Grievances

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	10	10	0	0	100%
2	The identified requests are responded to within 15 calendar days from the date of receipt	10	10	0	0	100%
3	Documentation is completed in a SOAP note format	10	10	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	10	8	2	0	80%
Overall Compliance Score 95%						

Medical Inmate Requests

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	9	8	1	9	89%
Overall Compliance Score 97%						

Medication And Vaccination Administration

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Inmates receive medications as prescribed	12	12	0	0	100%
2	Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3	Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	0	0	0	12	N/A
Overall Compliance Score 100%						

Intra-System Transfers

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	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	10	10	0	8	100%
4	The medical record reflects continuity of care for inmate's pending consultations	3	3	0	15	100%
5	The medical record reflects continuity of care for inmate's pending chronic illness clinic(s)	0	0	0	18	N/A
6	The inmate reported a current medical, dental or mental health complaint and the referral, intervention or disposition was appropriate	0	0	0	18	N/A
7	Special passes/therapeutic diets are reviewed and continued	3	3	0	15	100%
8	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%
Overall Compliance Score 100%						

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Periodic screening encounters are completed within one month of the due date	18	18	0	0	100%
2	Screenings include documentation of vital signs and appropriate follow-up	18	17	1	0	94%
3	Screenings are completed in their entirety	18	18	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	18	15	3	0	83%
5	Referrals to a clinician occur if indicated	7	5	2	11	71%
6	All applicable health education is provided	18	18	0	0	100%
Overall Compliance Score 92%						

Periodic Screenings Discussion:

Screen 5: In one record, the periodic screening was conducted on 4/15/25 and the patient was not referred to the clinician because there was already an optometry referral in place. However, the referral had been pending since 8/14/23. The patient was not seen by optometry until 7/16/25. In the second record, the patient reported vision changes at the screening visit on 4/24/25. The clinician conducted a record review on 5/1/25 but did not see the patient and no further action was taken as an optometry referral was already in place. However, the referral has been pending since 5/13/24.

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	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	0	0	0	1	N/A
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	1	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	1	N/A
5	Repeat STI testing is completed as required	0	0	0	1	N/A
6	Mental health referrals are submitted following the completion of the medical screening	1	1	0	0	100%
7	Inmates are evaluated by mental health by the next working day	1	1	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	1	N/A
Overall Compliance Score 100%						

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	18	0	0	100%
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	14	14	0	4	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	15	15	0	3	100%
5	There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	16	16	0	2	100%
6	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	12	12	0	6	100%
7	Sick call appointments are completed in a timely manner	12	12	0	6	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	4	4	0	14	100%
9	Consultations or specialty services are completed in a timely manner	3	3	0	15	100%
10	Consultant's treatment recommendations are incorporated into the treatment plan	3	3	0	15	100%
11	There is evidence of informed consent or refusal for extractions and/or endodontic care	14	14	0	4	100%
12	The use of dental materials including anesthetic agent are accurately documented	16	16	0	2	100%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
Overall Compliance Score 100%						

Dental Systems

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
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	0	0	1	N/A
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately, and the autoclave log is maintained and up to date	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Necessary equipment is available, adequate, and in working order.	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%
Overall Compliance Score 100%					

Dental Systems Discussion:

Screen 1: The dentist had recently retired and the search for a replacement was in progress.

Mental Health Survey Findings

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A mental health emergency was declared by the patient, a staff member, or another inmate and an immediate response was documented	14	12	2	0	86%
2	Appropriate nursing protocols are completed in the emergency resulted in physical injury	6	6	0	8	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	12	12	0	2	100%
4	Documentation indicates the clinician fully assessed suicide risk	12	12	0	2	100%
5	A thorough mental status examination is completed	12	12	0	2	100%
6	Appropriate interventions were made as indicated by presentation	12	12	0	2	100%
7	The disposition is clinically appropriate	12	12	0	2	100%
8	There is appropriate follow-up as indicated in response to the emergency	10	9	1	4	90%
Overall Compliance Score 97%						

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	14	14	0	0	100%
2	The identified request was responded to within the appropriate time frame	14	13	1	0	93%
3	The response to the identified request is direct, addresses the stated need, and is clinically appropriate	14	14	0	0	100%
4	The follow-up to the request occurs as intended	12	12	0	2	100%
5	A consent for treatment was obtained prior to conducting an interview	12	12	0	2	100%
Overall Compliance Score 99%						

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Emergencies are responded to within one hour of declaration	0	0	0	16	N/A
2	A mental status exam (MSE) was completed in the required time frame	15	15	0	1	100%
3	Follow-up mental status exams are completed in the required time frame	15	15	0	1	100%
4	MSEs are sufficient to identify any problems in adjustment	16	16	0	0	100%
5	Mental health staff responds to identified problems in adjustment	1	1	0	15	100%
6	MH inmate requests submitted by the inmate were responded to timely and appropriately	8	7	1	8	88%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	12	12	0	6	100%
8	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
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	16	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	16	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	16	N/A
12	Mental health staff completed the CM referral assessment within five working days	0	0	0	16	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist regardless of housing status	0	0	0	16	N/A
Overall Compliance Score 98%						

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	8	8	0	0	100%
2	The post use-of-force physical exam was completed in its entirety	8	8	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	6	5	1	2	83%
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	7	7	0	1	100%
5	Recent changes in the inmate's condition are addressed	7	7	0	1	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	7	7	0	1	100%
Overall Compliance Score 97%						

Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	15	15	0	0	100%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	9	9	0	6	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	9	9	0	6	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	9	9	0	6	100%
5	If mental health services are initiated at this institution, initial Bio- psychosocials (BPSA) and ISPs are completed within 30 days	3	3	0	12	100%
6	BPSAs are present in the records	15	14	1	0	93%
7	ISPs are individualized and addresses all required components	15	15	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	15	15	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	15	15	0	0	100%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	15	15	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	15	15	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	15	15	0	0	100%
13	Qualifying events are addressed on the ISP	9	9	0	6	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	15	N/A
15	Case management is provided at least every 60 days for inmates without psychotic disorders	15	15	0	0	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	15	15	0	0	100%
17	Frequency of clinical contacts is sufficient	15	15	0	0	100%
Overall Compliance Score 100%						

Institutional Systems Tour

Medical Area

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
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%
Compliance Percentage 100%					

Infirmary

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Privacy shields or curtains are available for infirmary beds	1	0	0	100%
3	Infirmary 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%
Compliance Percentage 100%					

Inmate Housing Areas

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
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	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Pharmacy

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%
Overall Compliance Score 100%					

Psychiatric Restraint

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
2	All equipment is available and in working order	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
Overall Compliance Score 100%					

Self-Injury/Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE			
		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%
Overall Compliance Score 100%					

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			
		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%
Overall Compliance Score 100%					

Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	0	1	0	0%
Compliance Percentage 50%					

Mental Health Services Discussion:

Screen 3: According to the Pre-Survey Questionnaire (PSQ), Calhoun Correctional Institution was not offering therapeutic groups to meet the needs of the inmate population.

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA surveyors and staff. Overall, inmates were familiar with how to access medical, dental and mental health services. While some inmates reported difficulty obtaining sick-call slips, others reported that the new system of signing up daily on a sick-call list at the gate has been helpful to expedite the process. About a third reported difficulty getting either prescription or over-the-counter medications. Several interviewees endorsed submitting inmate requests or grievances related to diabetic needs and concerns. They either denied receiving a response, or indicated they were not satisfied with the outcome. Most interviewees agreed that medical services were adequate and only a few reported medical issues that were not being addressed.

Inmates on the mental health caseload were complimentary of the care they received. They reported feeling involved in the treatment planning process and found therapy to be helpful in dealing with psychological symptoms and prison adjustment.

Six inmates interviewed received dental services and felt the care was satisfactory; however, a few reported that their dental needs were not being addressed.

MEDICAL STAFF INTERVIEWS

Five members of the medical team, including clinical and administrative staff participated in interviews. All interviewees appeared knowledgeable about procedures related to accessing health services. Multiple staff members indicated that cooperation between medical and security staff was conducive to providing satisfactory healthcare. A few mentioned potentials for improvement in the areas of up-to-date medical training and the desire to see advances in diabetic care including dietary and nutritional needs, as well as technology such as insulin pumps for patient use.

MENTAL HEALTH STAFF INTERVIEWS

There is one mental health professional on staff who provides services to approximately 70 inmates. The mental health professional appeared knowledgeable about the patients on the caseload, demonstrated good clinical knowledge and were familiar with policies and procedures related to the accessing of mental health 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. Security officers indicated that they work well as a team with medical and mental health staff to provide excellent patient care.

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	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	0
Inpatient Infirmary Care	0
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Access to Medical Care	0
Consultations	1
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	1
Health Care Grievances	0
PREA Medical Review	0

Female Preventative Health Screening	N/A
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Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	2

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	0
Psychological Emergencies	0
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	1
Total Findings	
Total	1

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 CALCI the CMA makes the following recommendations:

- Ensure consultation appointments are completed within the required timeframes.
- Explore the possibility of outside providers to ensure timeliness of optometry appointments and help reduce the current scheduling backlog.
- Initiate groups for inmates on the mental health caseload.