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# COLUMBIA CORRECTIONAL INSTITUTION – ANNEX

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December 3-5, 2024

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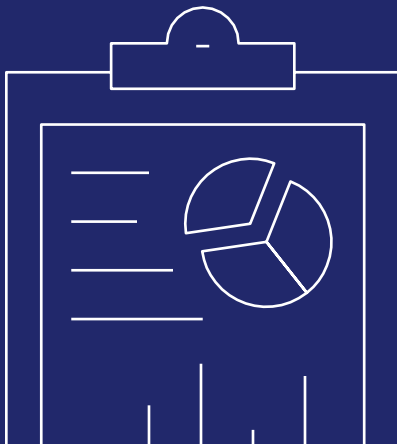
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## BACKGROUND AND SCOPE

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.
- 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

Columbia Correctional Institution-Annex (COLCI-Annex) 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, 2, and 3. COLCI consists of a Main Unit and Annex.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Annex Capacity</b>	1566	<b>Annex Census</b>	1503
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1566	<b>Total Current Census</b>	1503

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	674	601	250	1	N/A	261	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	928	98	500	N/A	N/A	N/A	5

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	91	88	156	0	0	0

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	2	1
Registered Nurse	6	1
Licensed Practical Nurse	11	1
DON/Nurse Manager	2	1
Dentist	1	0
Dental Assistant	3	1
Dental Hygienist	0	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	0	0
Mental Health Professional	5	1
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0

## COLUMBIA CORRECTIONAL INSTITUTION – ANNEX SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at COLCI-Annex on December 3-5, 2024. 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 COLCI-Annex. 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	10	Mental Health Survey Findings	5

# 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	16	2	0	89%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	18	18	0	0	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	6	6	0	12	100%
7	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	17	100%
<b>Overall Compliance Score 99%</b>						

### 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	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	17	1	0	94%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	18	17	1	0	94%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	17	17	0	1	100%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	10	10	0	8	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	12	12	0	6	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	13	13	0	5	100%
10 Medications appropriate for the diagnosis are prescribed	18	17	1	0	94%
11 Patients are receiving insulin as prescribed	12	11	1	6	92%
12 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	13	100%
<b>Overall Compliance Score 98%</b>					

### Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	16	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
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	3	3	0	13	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	16	16	0	0	100%
8	Abdominal ultrasounds are completed at the required intervals	15	15	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	16	16	0	0	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	15	100%
11	Inmates are evaluated and staged appropriately to determine treatment needs	15	15	0	1	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
<b>Overall Compliance Score 100%</b>						

**General Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
2	Appropriate patient education is provided	14	14	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	13	1	0	93%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	14	14	0	0	100%
<b>Overall Compliance Score 98%</b>						

**Immunity Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is a diagnosis of Human Immunodeficiency Virus (HIV)	16	16	0	0	100%
2 There is evidence of an appropriate physical examination.	16	16	0	0	100%
3 Did the on-site medical provider review the DOH documentation?	16	15	1	0	94%
4 Were appropriate laboratory and imaging requirements completed as recommended by the DOH medical provider?	16	16	0	0	100%
5 Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	15	100%
6 Is the inmate receiving HIV medications as prescribed?	16	16	0	0	100%
7 There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	4	4	0	12	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	15	100%
<b>Overall Compliance Score 99%</b>					

**Miscellaneous Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	4	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	11	11	0	4	100%
<b>Overall Compliance Score 100%</b>					

**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	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 Annual laboratory work is completed as required	16	15	1	0	94%
4 Abnormal labs are reviewed and addressed in a timely manner	15	15	0	1	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	15	15	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
<b>Overall Compliance Score 99%</b>					

### 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	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	11	10	1	4	91%
4 Annual laboratory work is completed as required	15	15	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	7	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	10	10	0	5	100%
8 Oncological treatments are received as prescribed	8	8	0	7	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	6	6	0	9	100%
<b>Overall Compliance Score 99%</b>					

**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	16	16	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	14	14	0	2	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	A peak flow reading is recorded at each visit	16	16	0	0	100%
5	There is evidence of an appropriate physical examination	16	15	1	0	94%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	0	94%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
<b>Overall Compliance Score 98%</b>						

### 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	6	6	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	6	6	0	0	100%
3 There is evidence of initial and ongoing education	6	6	0	0	100%
4 There is evidence of monthly nursing follow-up	6	6	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	6	6	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	6	6	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	6	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	6	N/A
9 The appropriate medication regimen is prescribed	6	6	0	0	100%
10 The inmate receives TB medications as prescribed	6	6	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	2	2	0	4	100%
12 Documentation of the CIC visit includes an appropriate physical examination	6	6	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	6	N/A
<b>Overall Compliance Score 100%</b>					

## 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	9	8	1	9	89%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	15	3	0	83%
3 Vital signs including weight are documented	18	16	2	0	89%
4 There is evidence of appropriate and applicable patient education	18	18	0	0	100%
5 Findings requiring clinician notification are made in accordance with protocols	14	13	1	4	93%
6 Follow-up visits are completed timely	12	6	6	6	50%
7 Clinician's orders from the follow-up visit are completed as required	8	7	1	10	88%
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	0	0	0	18	N/A
<b>Overall Compliance Score 86%</b>					

## 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	17	1	0	94%
2 The inmate is assessed in the appropriate time frame	18	15	3	0	83%
3 The nursing assessment is completed in its entirety	18	17	1	0	94%
4 Complete vital signs including weight are documented	18	18	0	0	100%
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	12	11	1	6	92%
7 Follow-up visits are completed in a timely manner	11	9	2	7	82%
8 Clinician orders from the follow-up visit are completed as required	9	8	1	9	89%
<b>Overall Compliance Score 92%</b>					

## 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	2	88%
2	All medications are continued as prescribed while in the inmate is held in special housing	14	14	0	4	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	6	6	0	12	100%
4	All emergencies are responded to within the required time frame	5	4	1	13	80%
5	The response to the emergency is appropriate	5	4	1	13	80%
6	All sick call appointments are triaged and responded to within the required time frame	11	9	2	7	82%
7	New or pending consultations progress as clinically required	5	5	0	13	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	10	9	1	8	90%
<b>Overall Compliance Score 90%</b>						

## 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	17	17	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	17	16	1	0	94%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	16	9	7	1	56%
4 The consultation report is reviewed by the clinician in a timely manner	11	11	0	6	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	11	11	0	6	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	9	0	8	100%
7 The diagnosis is recorded on the problem list	12	12	0	5	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	16	100%
9 There is evidence that the ATP is implemented	1	1	0	16	100%
<b>Overall Compliance Score 94%</b>					

### Consultations Discussion:

Screen 3: Per policy, urgent consultations are to be completed within 14 business days:

- In the first record, an urgent request to a corneal specialist has been pending since 7/24/24.
- In the second record, an urgent request to general surgery was submitted on 10/28/24 and was scheduled for 12/4/24. The appointment was later rescheduled for 1/8/25.
- In the third record, an urgent request was sent to orthopedics for an arm fracture on 10/25/24; the appointment was scheduled for 12/20/24.
- In the fourth record, an urgent request was submitted to ophthalmology on 6/27/24 but changed the same day to routine without explanation. The patient was seen on 10/22/24.

Per policy, routine consultations are to be completed within 45 calendar days:

- In one record, a routine request was submitted to neurosurgery on 5/28/24 and it was completed on 7/31/24.
- In a second record, a routine request was submitted to an orthopedic oncologist on 9/26/24 but was still pending as of the date of the survey.
- In the last record, a routine consultation was sent to the gastroenterologist on 9/6/24 and was scheduled to be seen on 11/1/24. However, due to master count issues, the appointment was rescheduled to 1/5/25.

### 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	16	2	0	89%
4 The follow-up to the request occurs as intended	14	11	3	4	79%
<b>Overall Compliance Score 92%</b>					

### Medical Inmate Requests Discussion:

Screen 4: In one record, the inmate was to be placed on the call-out, but there was no evidence that this occurred. In the second record, the inmate requested pneumococcal vaccination, but there was no evidence that this occurred. In the third record, the provider requested that the inmate receive newly prescribed medications via direct observation therapy (DOT) until they were available as keep-on-person (KOP); however, there was no evidence that this occurred.

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	10	2	0	83%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	1	1	0	11	100%
4 There is evidence of pneumococcal vaccination or refusal	10	10	0	2	100%
5 There is evidence of influenza vaccination or refusal	10	10	0	2	100%
<b>Overall Compliance Score 97%</b>					

**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	17	1	0	94%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	17	17	0	1	100%
3	The inmate's medications reflect continuity of care	13	6	7	5	46%
4	The medical record reflects continuity of care for inmate's pending consultations	1	1	0	17	100%
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	5	5	0	13	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	17	13	4	1	76%
<b>Overall Compliance Score 88%</b>						

## 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	10	8	0	56%
2 All components of the screening are completed and documented as required	18	17	1	0	94%
3 All diagnostic tests are completed prior to the periodic screening encounter	18	14	4	0	78%
4 Referral to a clinician occurs if indicated	7	5	2	11	71%
5 All applicable health education is provided	18	18	0	0	100%
<b>Overall Compliance Score 80%</b>					

### Periodic Screenings Discussion:

Screen 3: In two records, there was no evidence of the complete blood count (CBC), fasting plasma glucose, and hemocult stool testing. In two records, there was no evidence of prostate-specific antigen (PSA) testing.

**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	9	7	2	0	78%
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	9	N/A
3 There is documentation that the alleged victim was provided education on STIs	1	1	0	8	100%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	9	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	9	N/A
6 Repeat STI testing is completed as required	1	1	0	8	100%
7 A mental health referral is submitted following the completion of the medical screening	9	9	0	0	100%
8 The inmate is evaluated by mental health by the next working day	9	8	1	0	89%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	9	N/A
<b>Overall Compliance Score 93%</b>					

**PREA Discussion:**

Screen 1: In two records, there was no evidence of the required clinician referral.

# Dental Review

## Dental Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Allergies are documented in the EMR	18	18	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	18	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	14	1	3	93%
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	4	4	0	14	100%
11	Consultations or specialty services are completed timely	2	2	0	16	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	14	14	0	4	100%
14	The use of dental materials including anesthetic agent are accurately documented	14	14	0	4	100%
15	Applicable patient education for dental services is provided	18	18	0	0	100%
<b>Overall Compliance Score 100%</b>						

## Dental Systems

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2 Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3 The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4 Sharps containers are available and properly utilized	1	0	0	100%
5 Biohazardous waste is properly disposed	1	0	0	100%
6 X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7 Dental instruments and equipment are properly sterilized	1	0	0	100%
8 Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9 A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10 The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11 Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12 Dental request logs are effectively maintained	1	0	0	100%
13 Necessary equipment is available, adequate and in working order	1	0	0	100%
14 The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	0	1	0	0%
<b>Overall Compliance Score 93%</b>				

### Dental Systems Discussion:

Screen 14: The dental unit floor was missing multiple tiles and there were stains on the floor and sink.

## 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)	6	6	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	6	6	0	0	100%
3	Guidelines for SHOS management are observed	2	2	0	4	100%
4	The inmate is observed at the frequency ordered by the clinician	6	2	4	0	33%
5	Nursing evaluations are completed once per shift	6	5	1	0	83%
6	There is evidence of daily rounds by the attending clinician	6	6	0	0	100%
7	There is evidence of daily counseling provided by mental health staff	6	6	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	6	6	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	5	5	0	1	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	3	2	1	3	67%
<b>Overall Compliance Score 88%</b>						

#### Self-Injury and Suicide Prevention Discussion:

Screen 4: In the first record, there were multiple blanks across several days of the admission, indicating that inmates may not have been observed for safety during the corresponding times. In the second record, one day of safety observations could not be located. In the third record, two days of safety observations could not be located. In the final record, four days of safety observations were not located.

Screen 10: In this record, the revision of the Individualized Service Plan (ISP) was not completed timely.

## 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	10	10	0	0	100%
2	The emergency is responded to within one hour	10	10	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	10	10	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	10	10	0	0	100%
5	A thorough mental status examination is completed	10	10	0	0	100%
6	Appropriate interventions are made	10	10	0	0	100%
7	The disposition is clinically appropriate	10	10	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	2	0	2	8	0%
<b>Overall Compliance Score 88%</b>						

### Psychological Emergency Discussion:

Screen 8: In one record, the responding clinician recommended follow-up by mental health staff but there was no indication it was scheduled. In the other record, staff initiated an urgent referral to a psychiatric provider. However, there was no evidence this appointment took place.

### 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	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	17	1	0	94%
4 The follow-up to the request occurs as intended	11	8	3	7	73%
5 Consent for treatment is obtained prior to conducting an interview	11	10	1	7	91%
<b>Overall Compliance Score 92%</b>					

#### Mental Health Inmate Requests Discussion:

Screen 4: In the first record, the inmate patient wrote a request for mental health care 9/25/24 and was not seen until 11/01/24. In the second record, mental health follow-up took place three weeks after the referral was made. In the remaining record, the inmate was released from an inpatient mental health unit two weeks prior to arrival at COLCI-Annex. He endorsed ongoing mental health symptoms, requested help, and asked to be seen. There was no evidence that he was seen prior to his regularly scheduled therapy appointment.

## 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	12	3	0	80%
2	Psychotropic medications continue as ordered while inmates are held in special housing	4	4	0	11	100%
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	12	12	0	3	100%
6	Mental health staff responds to identified problems in adjustment	0	0	0	15	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	13	13	0	2	100%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	15	N/A
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	15	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	15	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	15	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	15	N/A
<b>Overall Compliance Score 96%</b>						

**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	11	10	1	0	91%
2	The post use-of-force physical examination is completed in its entirety	11	10	1	0	91%
3	There is evidence physical health staff completed a referral to mental health staff	11	11	0	0	100%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	10	10	0	1	100%
5	Recent changes in the inmate's condition are addressed	5	5	0	6	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	8	8	0	3	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	11	N/A
<b>Overall Compliance Score 97%</b>						

## Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	18	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	10	10	0	8	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	10	10	0	8	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	2	2	0	16	100%
5	Consent is obtained prior to initiating sex offender treatment	1	1	0	17	100%
6	A clinically appropriate conclusion is reached following the sex offender screening	1	1	0	17	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	2	0	16	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	2	2	0	16	100%
12	The ISP is individualized and addresses all required components	18	18	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	18	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	18	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	0	0	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
16	The ISP is signed by the inmate and all members of the treatment team	18	15	3	0	83%
17	The ISP is reviewed and revised at least every 180 days	17	17	0	1	100%
18	Identified problems are recorded on the problem list	18	18	0	0	100%
19	The diagnosis is clinically appropriate	18	18	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	18	18	0	0	100%
21	Counseling is offered at least once every 60 days	18	18	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	2	2	0	16	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	16	16	0	2	100%
24	Progress notes are of sufficient detail to follow the course of treatment	18	18	0	0	100%
25	The frequency of clinical contacts is sufficient	18	18	0	0	100%
<b>Overall Compliance Score 99%</b>						

### Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	2	2	0	16	100%
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	2	2	0	16	100%
3 Appropriate initial laboratory tests are ordered.	1	1	0	17	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	4	0	14	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	8	8	0	10	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7 Drug Except Requests (DER) are clinically appropriate	1	1	0	17	100%
8 The inmate receives medication(s) as prescribed	16	14	2	2	88%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	2	2	0	16	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	1	1	0	17	100%

**Outpatient Psychotropic Medication Practices Discussion:**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	18	0	0	100%
12 Informed consents are signed for each medication prescribed	18	18	0	0	100%
13 Follow-up sessions are conducted at appropriate intervals	18	15	3	0	83%
14 Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	8	8	0	10	100%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A
<b>Overall Compliance Score 98%</b>					

## Aftercare Planning

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	11	11	0	0	100%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	11	9	2	0	82%
3 Appropriate patient care summaries are completed within 30 days of EOS	7	2	5	4	29%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	10	100%
<b>Overall Compliance Score 78%</b>					

### Aftercare Planning Discussion:

Screen 3: In three of these cases, the patient had been released from the institution prior to the date of the survey. Without a summary of mental health treatment provided while in custody, accessing psychiatric and therapeutic services within the community may be more difficult for the patient.

## 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%
<b>Overall Compliance Score 100%</b>				

### 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%
<b>Overall Compliance Score 100%</b>					

### 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%
<b>Overall Compliance Score 100%</b>					

### 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	0	0	1	N/A
3	All interviewed staff are able to provide instructions on the application of restraints	0	0	1	N/A
<b>Overall Compliance Score 100%</b>					

### Self-Injury/Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	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%
<b>Overall Compliance Score 100%</b>					

### Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
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%
<b>Overall Compliance Score 100%</b>					

**Mental Health Services**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Adequate space is available for the mental health department	1	0	0	100%
2 The inpatient unit environment is safe and conducive to providing mental health care	1	0	0	100%
3 Outpatient group therapy is offered	1	0	0	100%
<b>Overall Compliance Score 100%</b>				

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews. Overall, inmates were satisfied with the health care provided. Most inmates enrolled in a chronic illness clinic reported they received regular lab work, staff answered their questions, and kept them informed of diagnostic results. However, several inmates reported that staff turnover has been an issue with consistency of care. Many of the inmates reported a lengthy wait time for sick call visits. A few inmates reported sick call and inmate requests that were never acknowledged. They also suggested that better communication between the staff and inmates would be beneficial. None of the inmates reported any difficulty obtaining needed medications, either prescribed, or over the counter.

All applicable inmates expressed satisfaction with mental health services and were particularly complimentary of the mental health professionals. They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment. Most inmates enrolled in the dental plan reported satisfaction and indicated that wait times for receiving services were appropriate.

### ***MEDICAL STAFF INTERVIEWS***

Seven members of the medical team participated in interviews including nurses, clinical, and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff were aware of emergency plans and reported that security personnel is cooperative and helpful when assistance is required. Staff suggested an area for improvement would be an expedition of the processing and scheduling of consultations.

Staff indicated that they have a challenging population at COLCI-Annex and are proud of how they handle their ADA population. They reported having a great team, particularly when responding to medical emergencies. Staff suggested that there is a need for a diabetic educator for their diabetic population to help them understand the importance of their medications and diet.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Two mental health professionals participated in interviews. They 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 to meet the needs of the population. Staff suggested cross departmental training would be beneficial and improve communications between security, mental health and medical staff. They also suggested that trainings on managing staff "burnout" due to working in a correctional setting would be helpful.

### ***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. They indicated that their biggest challenge is a staffing shortage.

## 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	0
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	1
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	1
Medical Inmate Request	1
Medication and Vaccine Administration	0
Intra-System Transfers	2
Periodic Screening	3
PREA Medical Review	1
Female Preventative Health Screening	N/A

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	0
<b>Total Findings</b>	
<b>Total</b>	<b>10</b>

### Mental Health Findings Summary

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

<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	0
<b>Total Findings</b>	
<b>Total</b>	<b>5</b>

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 COLCI-Annex the CMA makes the following recommendations:

- Establish a system to ensure that periodic screenings are conducted at appropriate intervals and that laboratory and diagnostic testing is completed according to established time frames.
- Review the transfer in process with attention to completeness of arrival summary and to ensure the continuity of medications.
- Ensure consultations and specialty services are completed within the required time frame.
- Provide additional training to clinicians on relevant policies and procedures for infirmary SHOS acute care admissions.