

# DADE CORRECTIONAL INSTITUTION



February 11-13, 2025

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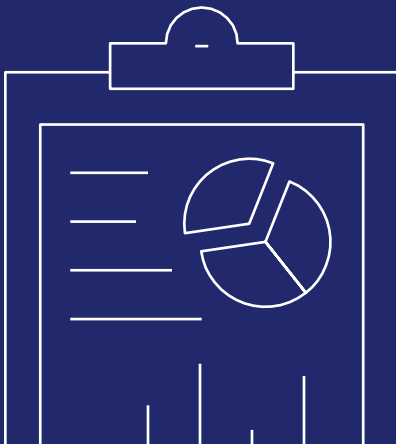
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## BACKGROUND AND SCOPE

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

Dade Correctional Institution (DADCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1, 2, 3, 4, and 5. DADCI consists of a Main Unit.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1406	<b>Current Main Unit Census</b>	1335
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1406	<b>Total Current Census</b>	1335

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	432	796	110	1	6	180	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	624	106	477	112	22	0	12

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	27	46	N/A	N/A	N/A	N/A

<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	0
Clinical Associate	4	0
Registered Nurse	8	0
Licensed Practical Nurse	9	5
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	4	0
Psychological Services Director	1	0
Psychologist	3	2
Mental Health Professional	10	3
Aftercare Coordinator	2	0
Activity Technician	10	0
Mental Health RN	17	1
Mental Health LPN	9	2

## DADE CORRECTIONAL INSTITUTION SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at DADCI on February 11-13, 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 DADCI. 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			
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# 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	17	16	1	1	94%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	6	5	1	12	83%
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	2	2	0	16	100%
<b>Overall Compliance Score 96%</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	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	17	1	0	94%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	4	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	16	15	1	2	94%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	15	14	1	3	93%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	14	14	0	4	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	15	15	0	3	100%
10	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
11	Patients are receiving insulin as prescribed	13	7	6	5	54%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
<b>Overall Compliance Score 94%</b>						

**Endocrine Clinic Discussion:**

Screen 11: In six records, there were multiple refusals for insulin documented on the medication administration record (MAR) across several days. However, there was no evidence of signed refusals from the patient or provider counseling regarding medication compliance.



**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	1	1	0	15	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	15	15	0	1	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	16	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	16	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	16	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	16	N/A
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	8	6	0	57%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	14	13	1	0	93%
<b>Overall Compliance Score 88%</b>						

**General Chronic Illness Clinic Discussion:**

Screen 3: In these records, the M3 patients were scheduled for 180 days rather than 90 days as required.

**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	The on-site medical provider reviews the DOH documentation.	16	16	0	0	100%
4	Appropriate laboratory and diagnostic imaging is 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	16	16	0	0	100%
6	The inmate receives HIV medications as prescribed.	16	1	15	0	6%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	16	16	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
<b>Overall Compliance Score 87%</b>						

**Immunity Chronic Illness Clinic Discussion:**

Screen 6: In these records, the medications were prescribed as keep-on-person (KOP) medications. The receipts to verify pick up were handwritten and only contained the patient’s identification information and drug name. None of those listed above contained the prescription number or dosage. Without this pertinent information, it was impossible to determine if the patient was receiving medications as prescribed.

**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	17	17	0	0	100%
2 There is evidence of an appropriate physical examination	17	17	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	4	4	0	13	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	7	7	0	10	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	15	15	0	0	100%
2	There is evidence of an appropriate physical examination	15	15	0	0	100%
3	Annual laboratory work is completed as required	15	15	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	14	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	14	100%
<b>Overall Compliance Score 100%</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	13	13	0	0	100%
2 There is evidence of an appropriate physical examination	13	12	1	0	92%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	10	10	0	3	100%
4 Annual laboratory work is completed as required	13	13	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	5	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	5	5	0	8	100%
8 Oncological treatments are received as prescribed	7	6	1	6	86%
9 Patients are referred to a specialist for more in-depth treatment as indicated	6	6	0	7	100%
<b>Overall Compliance Score 98%</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	2	2	0	14	100%
3 Medications appropriate for the diagnosis are prescribed	15	15	0	1	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	16	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
<b>Overall Compliance Score 100%</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	1	1	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	1	1	0	0	100%
3	There is evidence of initial and ongoing education	1	1	0	0	100%
4	There is evidence of monthly nursing follow-up	1	1	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	1	1	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	1	1	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	1	1	0	0	100%
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	1	N/A
9	The appropriate medication regimen is prescribed	1	1	0	0	100%
10	The inmate receives TB medications as prescribed	1	1	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	1	1	0	0	100%
12	Documentation of the CIC visit includes an appropriate physical examination	1	1	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	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	11	11	0	7	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	18	0	0	100%
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	18	18	0	0	100%
6 Follow-up visits are completed timely	15	14	1	3	93%
7 Clinician's orders from the follow-up visit are completed as required	13	13	0	5	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	0	0	0	18	N/A
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	17	N/A
<b>Overall Compliance Score 99%</b>					

### Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	13	13	0	0	100%
2 All orders are received and implemented	13	13	0	0	100%
3 The inmate is evaluated within one hour of being placed on observation status	13	13	0	0	100%
4 Patient evaluations are documented at least once every eight hours	13	13	0	0	100%
5 Weekend and holiday clinician phone rounds are completed and documented as required	0	0	0	13	N/A
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	13	13	0	0	100%
7 A discharge note containing all of the required information is completed as required	9	9	0	4	100%
<b>Overall Compliance Score 100%</b>					

***Inpatient Infirmary Care***

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	15	15	0	0	100%
2 All orders are received and implemented	15	9	6	0	60%
3 A thorough nursing assessment is completed within two hours of admission	15	15	0	0	100%
4 A Morse Fall Scale is completed at the required intervals	15	15	0	0	100%
5 Nursing assessments are completed at the required intervals	15	15	0	0	100%
6 Clinician rounds are completed and documented as required	15	15	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	15	15	0	0	100%
8 A discharge note containing all of the required information is completed as required	4	4	0	11	100%
9 A discharge summary is completed by the clinician within 72 hours of discharge	4	4	0	11	100%
<b>Overall Compliance Score 96%</b>					

***Inpatient Infirmary Care Discussion:***

Screen 2: In five records, baseline blood glucose levels were not checked at the intervals ordered by the clinician. In the sixth record, medications were not documented as administered for one week.

**Sick Call Services**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	17	17	0	1	100%
2 The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	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	11	11	0	7	100%
7 Follow-up visits are completed in a timely manner	11	11	0	7	100%
8 Clinician orders from the follow-up visit are completed as required	11	11	0	7	100%
<b>Overall Compliance Score 100%</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	15	15	0	0	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	9	9	0	6	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	6	3	3	9	50%
4	All emergencies are responded to within the required time frame	1	1	0	14	100%
5	The response to the emergency is appropriate	1	1	0	14	100%
6	All sick call appointments are triaged and responded to within the required time frame	3	3	0	12	100%
7	New or pending consultations progress as clinically required	2	1	1	13	50%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	4	4	0	11	100%
<b>Overall Compliance Score 88%</b>						

### Confinement Medical Review Discussion:

Screen 3: In three records, the patient's scheduled chronic illness clinic appointment was not completed and there was no evidence that the clinical encounter was refused.

Screen 7: In one record, the patient was scheduled for optometry evaluation on 1/7/25 but the appointment has not been completed.

## 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	15	15	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	15	15	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	15	6	9	0	40%
4 The consultation report is reviewed by the clinician in a timely manner	8	8	0	7	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	8	8	0	7	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	6	6	0	9	100%
7 The diagnosis is recorded on the problem list	13	12	1	2	92%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	15	N/A
9 There is evidence that the ATP is implemented	0	0	0	15	N/A
<b>Overall Compliance Score 90%</b>					

### Consultation Services Discussion:

Screen 3: Per policy, routine consultations are to be completed within 45 days.

- In the first record, routine surgery for rectal prolapse requested 3/15/24 was still pending as of the date of the survey.
- In the second record, a routine request for urological evaluation due to a testicular mass was requested 9/17/24 and remains pending.
- In the third record, the routine request to urology submitted 9/23/24 has a pending appointment scheduled for 3/27/25.
- In the fourth record, a routine request on 1/2/25 for cardiology follow-up has not been completed.
- In the fifth record, a routine request on 8/22/24 to the vascular surgeon for evaluation of deep vein thrombosis was not completed until 1/8/25.
- In the sixth record, a routine request to ENT for ear pain was initiated on 11/15/24 and remains pending with no appointment date documented.
- In the seventh record, a routine follow-up to dermatology requested 8/27/24 to review biopsy results was not completed for four months.
- In the eighth record, a routine surgical request for inguinal hernia repair was initiated on 10/31/24. Documentation indicated that the appointment date was not scheduled until 2/25/25.
- In the ninth record, a routine request to general surgery for dry gangrene submitted 12/11/24 remains pending with no evidence of a scheduled appointment.

### Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	15	15	0	3	100%
<b>Overall Compliance Score 100%</b>					

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	9	3	0	75%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	7	3	4	5	43%
4 There is evidence of pneumococcal vaccination or refusal	12	11	1	0	92%
5 There is evidence of influenza vaccination or refusal	12	9	3	0	75%
<b>Overall Compliance Score 77%</b>					

#### Medication And Vaccination Administration Discussion:

Screen 1: In two records, medications were administered for several days, followed by a period in which the MAR indicated that the medication was not administered with the explanation “awaiting pharmacy.” For example, in one record, the MAR showed January 1-3 as “awaiting pharmacy”, administration of the medication on January 4; followed by “awaiting pharmacy” January 5, and further administrations given on January 6-9. The remainder of the month followed in the same pattern. Institutional staff were unable to identify why this occurred in such a manner. In the third record, the patient did not receive his Eliquis from 1/13/25-1/31/25. There were no signed refusals for this time period.

**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	12	12	0	6	100%
4	The medical record reflects continuity of care for inmate's pending consultations	3	3	0	15	100%
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	11	10	1	7	91%
6	Special passes/therapeutic diets are reviewed and continued	7	7	0	11	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	15	3	0	83%
<b>Overall Compliance Score 96%</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	12	6	0	67%
2 All components of the screening are completed and documented as required	18	14	4	0	78%
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	2	2	0	16	100%
5 All applicable health education is provided	18	18	0	0	100%
<b>Overall Compliance Score 84%</b>					

**Periodic Screenings Discussion:**

Screen 2: In all four records, the status of tuberculin skin testing and/or previous positive results was blank or contradicted information in the medical record. All four patients had previous positive tuberculin skin tests recorded and had received treatment in the past, yet this information was not included on the periodic screening form.

Screen 3: In two records, there was no evidence of the required urinalysis. In one record, there was no evidence of hemocult testing. In the remaining record, there was no evidence of the fasting plasma glucose.

**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	14	12	2	0	86%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	1	1	0	13	100%
3	There is documentation that the alleged victim was provided education on STIs	3	1	2	11	33%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	13	100%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	14	N/A
6	Repeat STI testing is completed as required	1	1	0	13	100%
7	A mental health referral is submitted following the completion of the medical screening	13	13	0	1	100%
8	The inmate is evaluated by mental health by the next working day	13	11	2	1	85%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	14	N/A
<b>Overall Compliance Score 86%</b>						

# 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	16	16	0	2	100%	
3 Dental appointments are completed in a timely manner	7	7	0	11	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	12	12	0	6	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	9	9	0	9	100%	
6 The treatment plan is appropriate for the diagnosis	11	11	0	7	100%	
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	12	12	0	6	100%	
8 Dental findings are accurately documented	12	12	0	6	100%	
9 Sick call appointments are completed timely	6	6	0	12	100%	
10 Follow-up appointments for sick call or other routine care are completed timely	1	1	0	17	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	3	3	0	15	100%	
14 The use of dental materials including anesthetic agent are accurately documented	13	13	0	5	100%	
15 Applicable patient education for dental services is provided	17	17	0	1	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	1	0	0	100%
<b>Overall Compliance Score 100%</b>					

## 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	5	1	1	83%
2	The nursing evaluation is completed within 2 hours of admission	7	7	0	0	100%
3	Guidelines for SHOS management are observed	2	2	0	5	100%
4	The inmate is observed at the frequency ordered by the clinician	7	6	1	0	86%
5	Nursing evaluations are completed once per shift	7	7	0	0	100%
6	There is evidence of daily rounds by the attending clinician	7	6	1	0	86%
7	There is evidence of daily counseling provided by mental health staff	7	6	1	0	86%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	7	7	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	7	4	3	0	57%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	4	2	2	3	50%
<b>Overall Compliance Score 85%</b>						

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

Screen 9: In these records, mental health staff met with the patient timely for post-SHOS (self-harm observation status) appointments. However, the documentation did not include the problems and issues that were the focus of attention during infirmary mental health care. Additionally, precipitating factors such as medication noncompliance and disciplinary reports by security were not taken into consideration.

Screen 10: In both records, there was no indication that a review of the Individualized Service Plan (ISP) was conducted within 14 days after discontinuation of SHOS.

## Psychiatric Restraints

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Appropriate precipitating behavioral signs indicating the need for psychiatric restraints are documented	1	1	0	0	100%
2	Less restrictive means of behavioral control are attempted prior to the application of restraints	1	0	1	0	0%
3	Physician's orders indicate the date, time, maximum duration of order, clinical rationale, and behavioral criteria for release	1	1	0	0	100%
4	Patient's behavior is observed every 15 minutes and documented	1	1	0	0	100%
5	Patient is offered food at regular meal times and fluids and bedpan/urinal use every two hours	1	1	0	0	100%
6	Respiration and circulation checks are completed and documented	1	1	0	0	100%
7	Vital signs are taken and recorded when patient was released from restraints	1	1	0	0	100%
8	The physician personally assesses any inmate who remains in restraints for 24 hours	0	0	0	1	N/A
9	Reasons for restraint continuation are documented	0	0	0	1	N/A
10	If four-point restraints are used, limbs are exercised every two hours	0	0	0	1	N/A
11	A new order is obtained every four hours	0	0	0	1	N/A
12	Psychiatric restraints are removed after 30 minutes of calm behavior	1	1	0	0	100%
13	The inmate is referred to the multi-disciplinary services team (MDST)	1	0	1	0	0%
<b>Overall Compliance Score 75%</b>						

### Psychiatric Restraints Discussion:

Screen 2: Although verbal de-escalation was attempted and documented, there was no evidence that oral medications or an emergency treatment ordered were considered as options to the utilization of physical restraints.

## 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	14	14	0	0	100%
2	The emergency is responded to within one hour	14	13	1	0	93%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	14	12	2	0	86%
4	Documentation indicates the clinician fully assessed suicide risk	14	14	0	0	100%
5	A thorough mental status examination is completed	14	14	0	0	100%
6	Appropriate interventions are made	14	14	0	0	100%
7	The disposition is clinically appropriate	14	14	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	8	8	0	6	100%
<b>Overall Compliance Score 97%</b>						

### Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	15	14	1	0	93%
2 The request is responded to within the appropriate time frame	14	13	1	1	93%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	14	14	0	1	100%
4 The follow-up to the request occurs as intended	13	11	2	2	85%
5 Consent for treatment is obtained prior to conducting an interview	13	11	2	2	85%
<b>Overall Compliance Score 91%</b>					



## 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	8	4	4	0	50%
2	Psychotropic medications continue as ordered while inmates are held in special housing	2	0	2	6	0%
3	A mental status examination (MSE) is completed in the required time frame	8	8	0	0	100%
4	Follow-up MSEs are completed in the required time frame	5	5	0	3	100%
5	MSEs are sufficient to identify problems in adjustment	8	8	0	0	100%
6	Mental health staff responds to identified problems in adjustment	4	4	0	4	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	8	7	1	0	88%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	8	N/A
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	8	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	8	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	8	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	8	N/A
<b>Overall Compliance Score 77%</b>						

### Special Housing Discussion:

Screen 1: In one record, the evaluation was missing and could not be located by staff. In the remaining three records, the form was incomplete. A list of active medications and mental health referrals with appropriate follow-up time were not documented on the health appraisal forms.

Screen 2: In both records, CMA surveyors were unable to determine if the patient continued to receive his psychotropic medications while in confinement. In the first record, the MAR and the most recent psychiatric provider note contained conflicting information. Since the current medications were not addressed on the pre-confinement assessment, it is impossible to determine if the patient received the intended medications. In the second record, the MAR contained duplicate medication orders. Since the medications were not reconciled upon admission, continuity of care could not be evaluated.

**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	6	6	0	0	100%
2 The post use-of-force physical examination is completed in its entirety	6	6	0	0	100%
3 There is evidence physical health staff completed a referral to mental health staff	6	6	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	6	3	3	0	50%
5 Recent changes in the inmate's condition are addressed	3	3	0	3	100%
6 There is evidence of appropriate follow-up care for identified mental health problems	3	3	0	3	100%
7 A physician's order is documented if force is used to provide medical treatment	0	0	0	6	N/A
<b>Overall Compliance Score 92%</b>					

**Use of Force Discussion:**

Screen 4: In one record, the inmate was evaluated by mental health staff two days late. In the remaining two records, staff met with the inmate three days late and the use of force episode was not addressed.

### Inpatient Mental Health Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Court Order or Informed Consent are present in the record	18	18	0	0	100%
2 Admissions documentation is provided within four hours of admission	5	5	0	13	100%
3 Vital signs are obtained within one hour of admission	5	5	0	13	100%
4 Nursing assessment is completed within four hours of admission	5	5	0	13	100%
5 For new admissions, vital signs are taken daily for 2 days	5	5	0	13	100%
6 Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	17	17	0	1	100%
7 The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	18	15	3	0	83%
8 The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	9	8	1	9	89%
9 Follow-up risk assessments occur at least every 90 days	14	14	0	4	100%
10 There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	18	17	1	0	94%
11 An individualized service plan (ISP) is initiated within the appropriate time frame	16	16	0	2	100%
12 The ISP is reviewed at the required intervals	17	17	0	1	100%
13 Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	18	18	0	0	100%
14 The ISP is signed by the patient	18	18	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
15 Patient progress is noted and updated on the ISP	18	17	1	0	94%
16 The patient is receiving the services listed on the ISP	18	18	0	0	100%
17 The MDST meets to address initial placement in the Inpatient Unit	4	4	0	14	100%
18 The MDST meets no later than 3 business days in response to a precipitating event	11	7	4	7	64%
19 The patient attends MDST meetings or there is evidence of refusal	17	15	2	1	88%
20 The MDST meets and reviews Behavioral Levels	18	16	2	0	89%
21 The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	18	18	0	0	100%
22 Inpatient mental health daily nursing evaluation is completed as required.	18	17	1	0	94%
23 Vital signs are recorded by nursing staff at required intervals	18	17	1	0	94%
24 Weight is recorded by nursing staff at required intervals	18	18	0	0	100%
25 For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	3	3	0	15	100%
<b>Overall Compliance Score 95%</b>					

***Inpatient Mental Health Services Discussion:***

Screen 18: In these records, the multi-disciplinary services team (MDST) did not meet in response to the receipt of a disciplinary action within the required timeframe.

### Inpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The psychiatric evaluation is present in the record and conducted within 3 days of admission	6	6	0	11	100%
2	An admission note by the attending clinician is completed within 24 hours of admission	5	5	0	12	100%
3	Appropriate initial laboratory tests are ordered	5	5	0	12	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	5	5	0	12	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	12	12	0	5	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	16	16	0	1	100%
7	Drug Exception Requests (DER) are clinically appropriate	4	4	0	13	100%
8	The inmate receives medication(s) as prescribed	16	16	0	1	100%
9	The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	6	6	0	11	100%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	3	3	0	14	100%
11	Prescribed medication administration times are appropriate	16	16	0	1	100%
12	Informed consent forms are signed for each medication prescribed	16	16	0	1	100%
13	A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	6	6	0	11	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
14	Follow-up sessions are conducted at the appropriate intervals	17	17	0	0	100%
15	Documentation of psychiatric encounters is complete and accurate	17	16	1	0	94%
16	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	9	9	0	8	100%
17	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	9	9	0	8	100%
18	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	9	8	1	8	89%
19	For each administration of the medication, an additional ETO is written	1	1	0	16	100%
20	The ETO is administered in the least restrictive manner	9	9	0	8	100%
21	An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	17	N/A
<b>Overall Compliance Score 99%</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	17	1	0	94%
2	The inmate is interviewed by mental health staff within 14 days of arrival	8	4	4	10	50%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	7	5	2	11	71%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	17	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	1	1	0	17	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	1	1	0	17	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%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
16 The ISP is signed by the inmate and all members of the treatment team	18	10	8	0	56%
17 The ISP is reviewed and revised at least every 180 days	15	12	3	3	80%
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	17	1	0	94%
22 Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	15	100%
23 Case management is provided at least every 60 days for inmates without psychotic disorders	11	10	1	7	91%
24 Progress notes are of sufficient detail to follow the course of treatment	17	16	1	1	94%
25 The frequency of clinical contacts is sufficient	18	17	1	0	94%
<b>Overall Compliance Score 92%</b>					

***Outpatient Mental Health Services Discussion:***

Screen 2: In the first record, the patient was seen timely by mental health, but the incorrect form was completed; therefore, the required information was missing. In the second record, the patient was seen eight days late. In the third record, the evaluation was not completed for five weeks. In the fourth record, the required evaluation was not completed for six weeks.

Screen 16: In all deficient records, the patient’s signature was not documented. Without the signature of the patient and the treatment team, it is impossible to determine if all agree with the plan of care.



### 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	8	8	0	10	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	0	0	0	18	N/A
3	Appropriate initial laboratory tests are ordered.	7	5	2	11	71%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	3	2	1	15	67%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	14	13	1	4	93%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	17	17	0	1	100%
7	Drug Except Requests (DER) are clinically appropriate	4	4	0	14	100%
8	The inmate receives medication(s) as prescribed	17	8	9	1	47%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	10	5	5	8	50%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	8	4	4	10	50%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	17	17	0	1	100%
12 Informed consents are signed for each medication prescribed	17	17	0	1	100%
13 Follow-up sessions are conducted at appropriate intervals	18	18	0	0	100%
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	9	8	1	9	89%
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 83%</b>					

***Outpatient Psychotropic Medication Practices Discussion:***

Screen 4: In one record, there was no evidence the psychiatric provider was aware of abnormal lipid levels.

Screen 8: In six records, KOP receipts were unable to be located for several months. In one record, melatonin was given without an order from the provider, or documentation in the psychiatric note that indicated melatonin should be administered. In the remaining records, there were blanks on the MAR indicating that patients may not have been offered their medications on corresponding dates.

## 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)	12	11	1	0	92%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	12	11	1	0	92%
3 Appropriate patient care summaries are completed within 30 days of EOS	4	4	0	8	100%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2	2	0	10	100%
<b>Overall Compliance Score 96%</b>					

## 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>				

**Infirmary**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2 Handwashing facilities are available	1	0	0	100%
3 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%
<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	0	1	0	0%
3 Hot and cold water are available for showering and handwashing	1	0	0	100%
4 Over-the-counter medications are available and logged	0	1	0	0%
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 67%</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	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
<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	N/A
3	Outpatient group therapy is offered	1	0	0	100%
<b>Overall Compliance Score 100%</b>					

## Interview Summaries

### ***INMATE INTERVIEWS***

Eleven inmates receiving outpatient services agreed to participate in interviews with CMA surveyors. They expressed multiple concerns related to barriers in accessing medical services. Five reported medical issues that were not being addressed and three indicated they felt they were prevented from declaring a medical emergency. Five individuals also indicated they had submitted sick call requests but had not received a response. Four of the eleven reported difficulty getting their medications including over-the-counter (OTC) and prescription medications. Inmates reported that they were generally dissatisfied with the provision of medical and dental care they received.

Inmates residing on the inpatient unit denied barriers to accessing care, as well as difficulties in obtaining either OTC or prescribed medications. Overall, inmates receiving inpatient level care were satisfied with those services. In contrast, only half of the inmates receiving outpatient mental health care reported satisfaction.

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

Three members of the nursing team, as well as additional 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 could be improved.

Overall, staff indicated they were motivated to provide good clinical services and are doing the best they can with the large and diverse mission they serve. Seven of the nine medical staff interviewed mentioned the need for more staff.

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

Interviews were conducted with nine members of the mental health staff. All interviewees indicated they were familiar with policy and procedures for prevention of self-harm and that their training was sufficient. However, a few suggested adding additional mental health staff. They stated that they participate in MDST meetings and work well with security officers and medical colleagues. They reported that groups are provided and most felt they had what was needed to provide adequate mental health services to this population.

### ***SECURITY STAFF INTERVIEWS***

Three security officers participated in interviews. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency care. They correctly verbalized procedures that pertained to inmates being placed in confinement.



## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	0
General Chronic Illness Clinics	1
Immunity Clinic	1
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	1
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	2
Consultations	1
Medical Inmate Request	0
Medication and Vaccine Administration	3
Intra-System Transfers	0
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	0
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	2
<b>Total Findings</b>	
<b>Total</b>	<b>16</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	2
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	1
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	2
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	1
Inpatient Psychotropic Medications	0
Outpatient Mental Health Services	3
Outpatient Psychotropic Medications	5
Aftercare Planning	0

<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>16</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 DADCI the CMA makes the following recommendations:

- Conduct a thorough review of inmates enrolled in chronic illness clinics to reassess M-grade status and ensure that inmates are scheduled and seen at the appropriate intervals.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Provide additional education and monitoring for accuracy and completeness of nursing documentation.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Ensure inmates are involved in the planning of their mental health treatment goals.