

FLORIDA WOMEN'S RECEPTION CENTER



December 2-4, 2025

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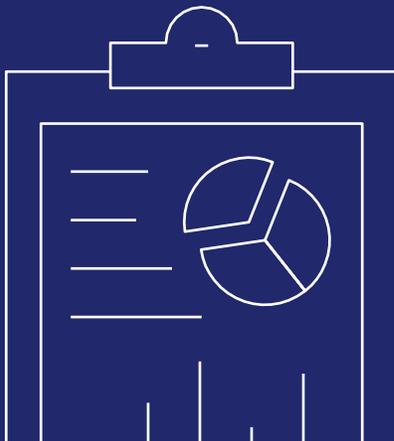
CMA STAFF

Jane Holmes-Cain, LCSW
Kathy McLaughlin, BS
Monica Dodrill, RN
Savannah Davis, BS

CLINICAL SURVEYORS

Duane Herring, MD
Erik Gooch, DO
Dennis Connaughton, DMD
Martin Swanbrow Becker, PhD
Gina Siggia, APRN
Jennifer Benjamin, APRN
Joanne Pintacuda, APRN
Heather Warren, APRN
Patricia Meeker, RN
Blair Jett, RN
Bina Patel, LCSW
Alexandra Cedeno, LCSW
Mary Jane Wynn, LCSW

Mandy Petroski-Moore, LCSW
Dynitia Brimm, LCSW
Tracy Davy, BS



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

Florida Women's Reception Center (FWRC) houses female 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, 5, and 6. FWRC consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Capacity	1345	Main Census	1177
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1345	Total Current Census	1177

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	407	476	32	0	6	41	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	381	120	588	13	9	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	52	34	N/A	N/A	N/A	N/A

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	3	0
Registered Nurse	7	0
Licensed Practical Nurse	16	3
DON/Nurse Manager	2	0
Dentist	3	0
Dental Assistant	4	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	3	0
Psychological Services Director	1	0
Psychologist	4	3
Mental Health Professional	15	2
Aftercare Coordinator	1	0
Activity Technician	5	0
Mental Health Nurse	15	3

FLORIDA WOMEN'S RECEPTION CENTER

The CMA conducted a thorough review of the medical, mental health, and dental systems at FWRC on December 2-4, 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 FWRC. 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	22	Mental Health Survey Findings	33

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	17	17	0	0	100%
2 Annual laboratory work is completed as required	17	17	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	5	4	1	12	80%
4 Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	4	4	0	13	100%
5 Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
6 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 96%					

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	15	13	2	0	87%
2 Annual laboratory work for diabetic inmates is completed as required	11	10	1	4	91%
3 Annual laboratory work for inmates with thyroid disorders is completed as required	4	4	0	11	100%
4 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	2	100%
5 A dilated fundoscopic examination is completed yearly for diabetic inmates	7	7	0	8	100%
6 Inmates with HgbA1c over 8% are seen at least every 90 days	8	7	1	7	88%
7 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	6	6	0	9	100%
8 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	12	11	1	3	92%
9 Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
10 Inmates receive insulin as prescribed	7	6	1	8	86%
11 Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	14	100%
Overall Compliance Score 95%					

Gastrointestinal Chronic Illness Clinic

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

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2 At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3 Appropriate patient education is provided	14	13	1	0	93%
4 Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	14	10	4	0	71%
5 There is evidence labs are available to the clinician prior to the visit and are reviewed	14	14	0	0	100%
6 There is evidence of pneumococcal vaccination or refusal	12	11	1	2	92%
7 There is evidence of influenza vaccination or refusal	13	8	5	1	62%
Overall Compliance Score 88%					

General Chronic Illness Clinic Discussion:

Screen 4: Patients assigned a medical grade of three (M-3) were scheduled at 120 – 180 days, rather than at 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)	11	11	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	11	10	1	0	91%
3	There is evidence of an appropriate physical examination	11	10	1	0	91%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	11	11	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	11	N/A
6	The inmate is receiving HIV medication(s) as prescribed	11	11	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	11	11	0	0	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	11	N/A
Overall Compliance Score 97%						

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	15	14	1	0	93%
2 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
3 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	4	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	14	100%
Overall Compliance Score 98%					

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	11	10	1	0	91%
2 Annual laboratory work is completed as required	11	10	1	0	91%
3 Abnormal labs are reviewed and addressed in a timely manner	5	5	0	6	100%
4 Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	3	3	0	8	100%
Overall Compliance Score 96%					

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	9	7	2	0	78%
2 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	9	0	0	100%
3 Annual laboratory work is completed as required	9	9	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	1	100%
5 Medications appropriate for the diagnosis are prescribed	7	7	0	2	100%
6 Oncological treatments are received as prescribed	8	8	0	1	100%
7 Referrals to a specialist for more in-depth treatment are made as indicated	7	7	0	2	100%
Overall Compliance Score 97%					

Oncology Chronic Illness Clinic Discussion:

Screen 1: In one record, a physical examination was not documented. In the second record, only an evaluation of the lymphatic system was documented.

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	14	14	0	0	100%
2	Pulmonary function testing is completed as indicated	14	14	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	8	8	0	6	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	14	N/A
Overall Compliance Score 100%						

Tuberculosis Chronic Illness Clinic

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

Episodic Care

Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	6	6	0	12	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	16	2	0	89%
4 There is evidence of appropriate and applicable patient education	17	17	0	1	100%
5 Findings requiring clinician notification are made in accordance with protocols	16	16	0	2	100%
6 Verbal orders received from the clinician are noted and carried out timely	15	15	0	3	100%
7 Follow-up visits are completed in a timely manner	16	15	1	2	94%
8 Provider's orders from the follow-up visit are completed as required	14	14	0	4	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	6	6	0	12	100%
10 The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	6	5	1	12	83%
Overall Compliance Score 97%					

Outpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	9	8	1	0	89%
2	All orders are received and implemented	9	8	1	0	89%
3	Inmates are evaluated within one hour of being placed on observation status	9	9	0	0	100%
4	Evaluations are documented at least once every eight hours	9	5	4	0	56%
5	Weekend and holiday clinician phone rounds are completed and documented as required	2	2	0	7	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	9	9	0	0	100%
7	Discharge notes containing all of the required information are completed as required	5	5	0	4	100%
Compliance Percentage 90%						

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	11	11	0	0	100%
2 All orders are received and implemented	11	11	0	0	100%
3 Thorough nursing assessments are completed within two hours of admission	11	11	0	0	100%
4 Morse Fall Scales are completed at the required intervals	11	11	0	0	100%
5 Nursing assessments are completed at the required intervals	11	11	0	0	100%
6 All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	0	0	0	11	N/A
7 Clinician rounds are completed and documented as required	11	11	0	0	100%
8 Weekend and holiday clinician phone rounds are completed and documented as required	10	6	4	1	60%
9 Nursing discharge notes containing all of the required information are completed as required	9	9	0	2	100%
10 Discharge summaries are completed by the clinician within 72 hours of discharge	10	10	0	1	100%
Overall Compliance Score 96%					

Inpatient Infirmary Care Discussion:

Screen 8: Per Health Services Bulletin 15.03.26, weekend/holiday rounds are required to confirm or revise the continuation of the admitted patients' orders and statuses. Each of the deficient records was missing one day of clinician rounds.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	15	15	0	0	100%
2 Inmates are assessed in the appropriate time frame	15	15	0	0	100%
3 Nursing assessments are completed in their entirety	15	14	1	0	93%
4 Complete vital signs including weight are documented	15	15	0	0	100%
5 There is evidence of applicable patient education	15	15	0	0	100%
6 Findings requiring clinician notification are made in accordance with protocols	3	2	1	12	67%
7 Verbal orders received from the clinician are noted and carried out timely	1	0	1	14	0%
8 Follow-up visits are completed in a timely manner	3	2	1	12	67%
9 Clinician orders from the follow-up visit are completed as required	0	0	0	15	N/A
Overall Compliance Score 78%					

Sick Call Services Discussion:

Screen 6: In one record, the patient was found to have elevated blood pressure. However, a referral to the clinician was not initiated for several days.

Screen 8: In one record, there was no evidence that the patient was evaluated by the clinician following a referral for follow-up care.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Pre-confinement examinations are completed prior to placement in special housing	16	16	0	0	100%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	16	15	1	0	94%
3	All active medications continue as ordered while inmates are held in special housing	10	4	6	6	40%
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	5	3	2	11	60%
5	All medical emergencies are responded to timely and appropriately	3	3	0	13	100%
6	Medical inmate requests are responded to timely and appropriately.	6	6	0	10	100%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	10	8	2	6	80%
Overall Compliance Score 82%						

Confinement Medical Review Discussion:

Screen 3: In six records, documentation indicated that inmates did not have their active keep-on-person (KOP) medications with them upon transfer to confinement. There was no documentation in the medical record that medications were obtained and provided to the inmates to be administered as KOP or direct observation therapy (DOT). CMA surveyors were unable to determine if patients had access to their prescribed medications.

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	16	16	0	0	100%
2 Referrals are processed in a timely manner	16	16	0	0	100%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	15	11	4	1	73%
4 The provider monitors inmates weekly to determine deterioration or status change	6	3	3	10	50%
5 Consultation reports are reviewed by the clinician in a timely manner	15	15	0	1	100%
6 The consultant's treatment recommendations are incorporated into the treatment plan	13	10	3	3	77%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	7	4	5	64%
8 Alternative treatment plans (ATP) are documented in the medical record	0	0	0	16	N/A
9 There is evidence that the ATPs are implemented	0	0	0	16	N/A
Overall Compliance Score 81%					

Consultation Services Discussion:

Screen 3:

In one record, routine consultations were not completed in the required time frame.

- Hernia surgery was requested on 6/27/25 but was not scheduled to be completed until 12/22/25.

In three records, urgent consultations were not completed in the required time frame.

- In the first record, approval for a cardiac catheterization was submitted on 9/18/25, but was not completed until 10/27/25.
- In the second record, dermatological evaluation was requested on 7/25/25 for a patient with a history of basal cell carcinoma but was not completed until 9/8/25.
- In the third record, a request for a Positron Emission Tomography (PET) scan for a patient with invasive ductal carcinoma was requested on 10/30/25 but not completed until 12/11/25.

Screen 7:

- In the first record, a gynecological exam was requested on 7/31/25 for a patient with menometrorrhagia after the patient was sent to outside hospital for a blood transfusion due to a hemoglobin of 5.9 g/dL. The gynecological examination was completed on 8/13/25, and the pap smear on 8/18/25. However, the specimen was unsatisfactory. There was no evidence that the testing was repeated.

- In the second record, the patient was seen by the oncologist on 10/15/25 who recommended an urgent PET scan to determine metastasis and referral to general surgery for excision of left breast mass. The PET scan was requested 10/15/25 but had not been done as of the date of the survey.
- In the third record, the patient was seen by oncology on 10/17/25 who recommended an urgent PET scan for a recurrent Bartholin gland tumor. The PET scan was not requested until 11/3/25 and had not been done as of the date of the survey.
- In the last record, the patient was seen by the gastroenterologist on 9/26/25 who recommended an Esophagogastroduodenoscopy (EGD) and colonoscopy for a patient with GI bleeding, nausea, and vomiting. These diagnostic tests were requested on 11/6/25 but had not been done as of the date of the survey.

Medical Inmate Grievances:

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	15	4	11	0	27%
2 The identified requests are responded to within 15 calendar days from the date of receipt	15	15	0	0	100%
3 Documentation is completed in a SOAP note format	15	15	0	0	100%
4 The responses, resolutions, or clinical dispositions are appropriate	15	13	2	0	87%
Overall Compliance Score 78%					

Medical Inmate Grievance Discussion:

Screen 1: These records did not contain a copy of the informal grievance but there was a note which documented the receipt of the grievance and disposition. Although the grievances were written and received in late September and October, the incidental notes were not uploaded in the EMR until 11/4/25. Staff were able to scan the copies of the grievances into the EMR after CMA requested them; however, the response to the inmate on these copies was blank.

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2 Requests are responded to within the appropriate time frame	18	18	0	0	100%
3 Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4 Follow-up to the requests occur as intended	17	14	3	1	82%
Overall Compliance Score 96%					

Medication Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Inmates receive medications as prescribed	12	12	0	0	100%
2 Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	11	1	0	92%
3 Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	5	5	0	7	100%
Overall Compliance Score 97%					

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 Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3 Medications reflect continuity of care.	13	13	0	5	100%
4 The medical record reflects continuity of care for pending consultations	0	0	0	18	N/A
5 The medical record reflects continuity of care for pending chronic illness clinic appointments	11	11	0	7	100%
6 Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	1	1	0	17	100%
7 Special passes/therapeutic diets are reviewed and continued	1	1	0	17	100%
8 A clinician reviews the health record and DC4-760A within seven days of arrival	18	11	7	0	61%
Overall Compliance Score 94%					

Intra-System Transfers Discussion:

Screen 8: In the deficient records, the provider review was completed but not within the required time frame.

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Periodic screening encounters are completed up to 30 days after the due date	14	14	0	0	100%
2 Screenings include documentation of vital signs and appropriate follow-up	14	14	0	0	100%
3 Screenings are completed in their entirety	14	13	1	0	93%
4 All diagnostic tests are completed within 28 days prior to the periodic screening encounter	14	9	5	0	64%
5 Referrals to a clinician occur if indicated	4	4	0	10	100%
6 All applicable health education is provided	14	14	0	0	100%
Overall Compliance Score 93%					

Periodic Screenings Discussion:

Screen 4: In three records there was no hemocult testing or evidence of refusal. In one record, the CBC and fasting plasma glucose had not been done or refused. In the last record, there was no low dose CT or refusal found.

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	14	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	0	0	0	14	N/A
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	14	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	14	N/A
5	Repeat STI testing is completed as required	0	0	0	14	N/A
6	Mental health referrals are submitted following the completion of the medical screening	14	14	0	0	100%
7	Inmates are evaluated by mental health by the next working day	14	13	1	0	93%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	14	N/A
Overall Compliance Score 98%						

Reception Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The record contains a DC4-711C Authorization for Health Evaluation and Treatment that was signed by the patient and witnessed by medical personnel prior to evaluation and/ or treatment.	18	18	0	0	100%
2 There is evidence of a brief but comprehensive nursing assessment	18	18	0	0	100%
3 If the assessment revealed an immediate mental health, dental, or medical service, they were referred to the respective department/s for evaluation and treatment.	5	5	0	13	100%
4 An orientation to health services class (approximately 1 hour) is provided within 7 days of arrival by nursing staff.	18	18	0	0	100%
5 Testing for HIV infection is offered. There is evidence of education on HIV infection.	18	18	0	0	100%
6 Newly committed inmates receive a dental intake exam	18	18	0	0	100%
7 Newly committed inmates receive several laboratory tests	18	14	4	0	78%
8 All needed immunizations were offered	18	13	5	0	72%
9 Within 8 hours of arrival, a socio/ medical history is documented	18	18	0	0	100%
10 If an impairment or disability is identified at the initial screening, the inmate was scheduled within the first 48 hours of arrival for a focused screening related to their impairment or disability prior to clinician evaluation	9	8	1	9	89%
11 A complete health appraisal was completed by the medical provider	18	9	9	0	50%
12 Lab results were reviewed and signed by the provider in a clinically appropriate timeframe and any abnormal results were addressed appropriately.	18	18	0	0	100%
13 If there is a chronic condition identified, the inmate is enrolled in the appropriate chronic illness clinic	11	11	0	7	100%
14 After a chronic condition was identified, the medical provider wrote additional care orders as clinically indicated	10	10	0	8	100%
15 During reception and intake, the inmate was provided with written info and education concerning inmates' rights relating to advanced directives.	18	0	18	0	0%
16 For females, additional screening requirements are met	18	17	1	0	94%

Overall Compliance Score 86%

Female Health

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Cervical cancer screening was completed	18	17	1	0	94%
2 Screening was reviewed by the clinician within a clinically appropriate time frame.	10	10	0	8	100%
3 Follow-up for abnormal screening occurred as ordered by the gynecological clinician.	2	2	0	16	100%
4 Referrals to a specialist occurred as clinically appropriately.	2	2	0	16	100%
5 Mammograms were completed at the required intervals.	12	11	1	6	92%
6 Mammograms were reviewed by the clinician within a clinically appropriate time frame.	11	11	0	7	100%
7 Follow-up for abnormal or inconclusive mammograms occurred as clinically appropriate.	2	2	0	16	100%
8 Referrals to a specialist occurred as clinically appropriate.	0	0	0	18	N/A
9 Upon confirmation of pregnancy, the inmate's medical grade was changed to M9.	0	0	0	18	N/A
10 Upon confirmation of pregnancy, the inmate was referred to a licensed clinician for obstetrical care.	0	0	0	18	N/A
11 The inmate was evaluated and treated at the intervals specified by the obstetrical clinician	0	0	0	18	N/A
12 Labs and ultrasounds were completed at the intervals specified by the obstetrical clinician.	0	0	0	18	N/A
13 Additional patient care orders were completed as specified by the obstetrical clinician.	0	0	0	18	N/A
14 HIV testing was offered at the initial prenatal appointment and at 28-32 weeks gestation.	0	0	0	18	N/A
15 A hepatitis B test (HBsAg), gonorrhea, chlamydia and syphilis test were performed at the initial prenatal visit and at 28 to 32 weeks ' gestation for all pregnant women, regardless of risk behaviors.	0	0	0	18	N/A
16 Postpartum care was provided at the institution according to the discharge orders of the attending obstetrician.	0	0	0	18	N/A
17 A six week postpartum follow-up with the obstetrical clinician was completed	0	0	0	18	N/A
18 If an inmate requested access to mental health counseling, they were evaluated by mental health and services initiated as clinically appropriate.	0	0	0	18	N/A
19 If a staff request/referral was initiated for mental health evaluation/treatment, the patient was evaluated by mental health and services initiated as clinically appropriate.	0	0	0	18	N/A
Compliance Percentage 99%					

Dental Review

Dental Care

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

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			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 the autoclave log is maintained and up to date	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Necessary equipment is available, adequate, and in working order.	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%

Overall Compliance Score 100%

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	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	14	14	0	0	100%
2	Nursing evaluations are completed within two hours of admission	14	14	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	14	0	14	0	0%
4	Guidelines for SHOS management are observed	7	7	0	7	100%
5	SHOS infirmery orders contain required components, and are received and implemented accordingly	14	13	1	0	93%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	14	9	5	0	64%
7	Nursing evaluations are completed once per shift	14	12	2	0	86%
8	There is evidence of daily rounds by the attending clinician	14	12	2	0	86%
9	There is evidence of daily counseling provided by mental health staff	13	11	2	1	85%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	14	14	0	0	100%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	10	0	10	4	0%
12	There is evidence of adequate post-discharge follow-up by mental health staff	11	11	0	3	100%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	12	4	8	2	33%
14	Potential changes needed in inmates' care are addressed as clinically indicated	7	7	0	7	100%
Overall Compliance Score 75%						

Self-Injury and Suicide Prevention Discussion:

Screen 6: In two records, the safety observations did not start at the time of admission. In one record, there were blanks on the observation checklist, indicating that the inmate may not have been observed for safety

during the corresponding time periods. In the remaining records, one day of safety observations were unable to be located.

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	8	8	0	0	100%
2	Less restrictive means of behavioral control are attempted prior to the application of restraints	8	8	0	0	100%
3	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	7	6	1	1	86%
4	The use of an ETO is accompanied by a physician's order specifying the medication as an emergency treatment	7	5	2	1	71%
5	The physician's use of an ETO has an accompanying order for admission to an isolation management room (IMR) and placement on Self-harm Observation Status (SHOS)	3	3	0	5	100%
6	The medication administration record (MAR) includes identical information to the written or verbal order for psychotropic medication and is administered as indicated	7	3	4	1	43%
7	Physician's orders indicate the date, time, maximum duration of order, clinical rationale, and behavioral criteria for release	1	1	0	7	100%
8	Behavior is observed every 15 minutes and documented	1	0	1	7	0%
9	Food is offered at regular meal times and fluids and bedpan/urinal use are offered every two hours	0	0	0	8	N/A
10	Respiration and circulation checks are completed and documented	1	0	1	7	0%
11	If four-point restraints are used, limbs are exercised every two hours	0	0	0	8	N/A
12	Vital signs are measured and recorded when the inmate is released from restraints	1	1	0	7	100%
13	Psychiatric restraints are removed after 30 minutes of calm behavior	1	1	0	7	100%
14	New orders are obtained every four hours	0	0	0	8	N/A
15	The physician personally assesses any inmate who remains in restraints for 24 hours	0	0	0	8	N/A
16	Inmates are referred to the multi-disciplinary services team (MDST)	1	1	0	7	100%
Overall Compliance Score 73%						

Psychiatric Restraints Discussion:

Screen 6: In three records, the emergency treatment order (ETO) was received as a keep-on-person (KOP) medication. As the KOP medications are not tracked on the MAR, it was impossible to determine if they were received as intended. Per policy, medications administered by nursing staff should appear on the MAR to ensure accuracy and prevent medication errors. In the remaining record, the medication was ordered as an ETO, but documentation indicated that the inmate agreed to accept the injection. Therefore, a medication consent form should have been signed for the Ativan that was given intramuscularly.

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	15	14	1	0	93%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	5	5	0	10	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	15	14	1	0	93%
4	Documentation indicates the clinician fully assessed suicide risk	15	15	0	0	100%
5	Thorough mental status examinations are completed	15	15	0	0	100%
6	Appropriate interventions are made as indicated by presentation	15	13	2	0	87%
7	Dispositions are clinically appropriate	15	14	1	0	93%
8	There is appropriate follow-up as indicated in response to the emergency	15	14	1	0	93%
Overall Compliance Score 95%						

Mental Health Inmate Grievance

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Grievances are in documented in the medical record	3	3	0	0	100%
2	Identified requests are responded to within fifteen (15) calendar days from the date of receipt.	3	3	0	0	100%
3	Documentation is completed in SOAP note format.	3	3	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	3	2	1	0	66%
Overall Compliance Score 92%						

Mental Health Inmate Grievance Discussion:

Screen 4: The response to the grievance indicated that the inmate would be seen by mental health staff. However, the inmate was not evaluated by mental health for over two months.

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Copies of the inmate request form are present in the electronic health record	18	17	1	0	94%
2	Identified requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	13	11	2	5	85%
5	Consents for treatment are obtained prior to conducting an interview	13	13	0	5	100%
Overall Compliance Score 96%						

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	3	3	0	13	100%
2	Mental status exams (MSE) are completed in the required time frame	14	11	3	2	79%
3	Follow-up mental status exams are completed in the required time frame	6	4	2	10	67%
4	MSEs are sufficient to identify any problems in adjustment	9	9	0	7	100%
5	Mental health staff responds to identified problems in adjustment	1	0	1	15	0%
6	Mental health inmate requests are responded to timely and appropriately	3	2	1	13	67%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	12	12	0	4	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	16	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	16	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	16	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	16	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	16	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	16	N/A
Overall Compliance Score 73%						

Special Housing Discussion:

Screen 2: In two records, the mental status examination (MSE) was not completed. In one record, the MSE was completed outside of the required time frame.

Screen 3: In one record the assessment was not completed within the required time frame. In the remaining record, there was no evidence that follow-up assessments were completed.

Screen 5 & 6: In this record, mental health staff identified that the inmate was not adjusting well to confinement. She complained of poor sleep, feelings of depression, frequent crying spells, and new onset auditory hallucinations. The inmate also reported that she wanted to restart psychotropic medications. This

information was also conveyed to mental staff via the inmate request process. The inmate was not seen by psychiatry for almost two months.

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Post use-of-force physical examinations are present in the record	15	15	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	15	14	1	0	93%
3	There is evidence physical health staff completed a referral to mental health staff	15	15	0	0	100%
4	Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed	15	11	4	0	73%
5	Recent changes in the inmate's condition are addressed	2	2	0	13	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	6	6	0	9	100%
Overall Compliance Score 94%						

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	12	12	0	0	100%
2 Admissions documentation is provided within four hours of admission	10	10	0	2	100%
3 Vital signs are obtained within one hour of admission	10	10	0	2	100%
4 Nursing assessment is completed within four hours of admission	10	10	0	2	100%
5 For new admissions, vital signs are taken daily for 2 days	10	7	3	2	70%
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	10	10	0	2	100%
7 The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	12	12	0	0	100%
8 The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	12	12	0	0	100%
9 Follow-up risk assessments occur at least every 90 days	8	8	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.	12	12	0	0	100%
11 Risk assessments are conducted after critical events	3	3	0	9	100%
12 An individualized service plan (ISP) is initiated within the appropriate time frame	10	10	0	2	100%
13 The ISP is reviewed at the required intervals	11	11	0	1	100%
14 Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	12	12	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
15 The ISP is signed by the patient	12	12	0	0	100%
16 Patient progress is noted and updated on the ISP	12	12	0	0	100%
17 The patient is receiving the services listed on the ISP	12	12	0	0	100%
18 The MDST meets to address initial placement in the Inpatient Unit	10	9	1	2	90%
19 The MDST meets no later than 3 business days in response to a precipitating event	12	12	0	0	100%
20 There is an incidental note on the DC4-642F Chronological Record of Inpatient Mental Health Care indicating that prior to issuing a disciplinary report, staff consulted with either the supervising psychologist or unit psychiatrist	7	7	0	5	100%
21 If a disciplinary report is issued, the supervising psychologist or the unit psychiatrist documented on the DC6-1008 Disciplinary Team Mental Health Consultation that the patient's mental condition either did or did not contribute to the alleged offense	6	5	1	6	83%
22 Required clinical encounters for each level of care are documented	12	10	2	0	83%
23 The patient attends MDST meetings or there is evidence of refusal	12	12	0	0	100%
24 The MDST meets and reviews Behavioral Levels	12	12	0	0	100%
25 The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	12	10	2	0	83%
26 Inpatient mental health daily nursing evaluation is completed as required	12	12	0	0	100%
27 Vital signs are recorded by nursing staff at required intervals	12	10	2	0	83%
28 Weight is recorded by nursing staff at required intervals	12	12	0	0	100%
29 For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated	3	3	0	9	100%

Overall Compliance Score 96%

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	8	8	0	4	100%
2	An admission note by the attending clinician is completed within 24 hours of admission	1	1	0	11	100%
3	Appropriate initial laboratory tests are ordered	2	1	1	10	50%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	2	2	0	10	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	7	5	2	5	71%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	12	11	1	0	92%
7	Drug Exception Requests (DER) are clinically appropriate	2	2	0	10	100%
8	The inmate receives medication(s) as prescribed	12	10	2	0	83%
9	The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	5	4	1	7	80%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	4	1	3	8	25%
11	Prescribed medication administration times are appropriate	12	12	0	0	100%
12	Informed consent forms are signed for each medication prescribed	12	12	0	0	100%
13	A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	6	2	4	6	33%
14	Follow-up sessions are conducted at the appropriate intervals	12	12	0	0	100%
15	Documentation of psychiatric encounters is complete and accurate	12	10	2	0	83%
16	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	6	5	1	6	83%
Overall Compliance Score 80%						

Outpatient Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Valid consent forms are completed prior to the initiation of mental health treatment	18	18	0	0	100%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	10	6	4	8	60%
3	Inmates are interviewed by mental health staff within 14 days of arrival	10	8	2	8	80%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	5	5	0	13	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	9	9	0	9	100%
6	BPSAs are present in the records	18	17	1	0	94%
7	ISPs are individualized and addresses all required components	18	18	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	18	18	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	18	15	3	0	83%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	18	18	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	16	9	7	2	43%
12	ISPs are reviewed and revised at least every 180 days	14	5	9	4	36%
13	Qualifying events are addressed on the ISP	4	4	0	14	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	5	3	2	13	60%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	13	11	2	5	85%
16	Individual counseling is provided at the required intervals or as specified in the ISP	18	17	1	0	94%
17	Frequency of clinical contacts is sufficient	18	15	3	0	83%
Overall Compliance Score 83%						

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	13	13	0	5	100%
2 If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	3	3	0	15	100%
3 Appropriate initial laboratory tests are ordered	13	13	0	5	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	2	2	0	16	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required	12	12	0	6	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	17	15	2	1	88%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 Inmates receive medication(s) as prescribed	15	13	2	3	87%
9 The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	8	5	3	10	63%
10 Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	5	2	3	13	40%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
11	Prescribed medication administration times are appropriate	15	15	0	3	100%
12	Informed consents are signed for each medication prescribed	17	16	1	1	94%
13	Follow-up sessions are conducted at appropriate intervals	18	14	4	0	78%
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	9	0	9	100%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	1	1	0	17	100%
Overall Compliance Score 90%						

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)	16	15	1	0	94%
2 The appropriate consent form is signed by inmates within the required time frame	16	16	0	0	100%
3 Inmates who are diagnosed with an intellectual disability receive aftercare services	1	1	0	15	100%
4 Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	3	1	2	13	33%
5 Appropriate patient care summaries are completed within the required time frame	13	2	11	3	15%
6 Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	9	0	9	7	0%
7 Any inmate qualifying for re-entry service planning is provided with a 30-day supply of their current psychiatric medications at the time of release	8	8	0	8	100%
Overall Compliance Score 63%					

Reception Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A Consent To Mental Health Evaluation or Treatment (DC4-663) was signed prior to initiating screening.	18	18	0	0	100%
2	There is documentation that the inmate received orientation to health services within 24 hours of arrival at the reception center.	18	17	1	0	94%
3	A BETA-IV and Beck Hopelessness Scale were administered within 14 days of arrival.	18	17	1	0	94%
4	Intelligence testing was completed as required.	14	14	0	4	100%
5	A psychologist or mental health professional performed a clinical interview after receiving the results of the psychological testing, and within 14 days of arrival.	18	16	2	0	89%
6	If the clinical interview revealed information about past self-injury, suicide attempts, or if the results of the Beck Hopelessness Scale were 9 or higher, form DC4-646 Initial Suicide Profile was completed	5	5	0	13	100%
7	The S-grade assigned at the completion of the interview is based on clinically sound judgment.	18	18	0	0	100%
8	If the inmate was taking prescribed psychotropic medication when received from the county jail, this medication is continued at the Reception Center without interruption	13	4	9	5	31%
9	If the inmate received psychotropic medication in the past 30 days or inpatient treatment in the past six months, he/she was referred for a psychiatric evaluation.	17	17	0	1	100%
10	A thorough psychiatric evaluation took place within 10 days of arrival. If any meds were changed or discontinued at that time, a justification is documented and is clinically appropriate.	17	13	4	1	76%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
11	If the inmate presents with acute psychiatric symptoms, the evaluation occurs within 24 hours.	1	1	0	17	100%
12	A clinically appropriate S-grade was assigned at the completion of the evaluation	18	18	0	0	100%
13	Inmates who received psychotropic medication other than antipsychotic medication during the 30 days preceding arrival are classified as S2 for a minimum of 120 days	14	14	0	4	100%
14	Inmates awaiting transfer to a permanent institution who remain at the reception center more than 30 days will receive at least the following case management services:.	14	12	2	4	86%
15	If the inmate has a history of mental health treatment in the community, past treatment records were requested.	13	0	13	5	0%
Overall Compliance Score 85%						

Reception Services Discussion:

Screen 8: In five records, psychotropic medications were not administered as ordered upon arrival to the reception center. In one record, an antipsychotic was administered but two other psychiatric medications were not. In two records, the medications were ordered but there was a lapse of several days before they were administered to the inmate. In the final record, an inmate with substance use disorder was prescribed medication assisted treatment with buprenorphine. She did not receive the first 10 doses of this medication which can cause withdrawal symptoms if stopped abruptly. Additionally, a monthly injection of the anti-psychotic medication she was prescribed was not administered as ordered.

Screen 10: In three records, a psychiatric evaluation took place approximately a week later than required. In the last record, it was completed three weeks late.

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%

Overall Compliance Score 100%

Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Privacy shields or curtains are available for infirmary beds	1	0	0	100%
3	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
Overall Compliance Score 100%					

Inmate Housing Areas

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	0	1	0	0%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 86%					

Inmate Housing Areas Discussion:

Screen 3: Hot water was not available in the showers in the reception area.

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%
Overall Compliance Score 100%				

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE			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%
Overall Compliance Score 100%					

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%
Overall Compliance Score 100%					

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	Outpatient group therapy is offered	0	1	0	0%
2	Annual training for psychiatric restraint use provided to staff	1	0	0	100%
Overall Compliance Score 67%					

Interview Summaries

INMATE INTERVIEWS

Eleven inmates agreed to participate in interviews with CMA staff and surveyors. Most reported satisfaction with medical services. Several inmates, however, reported delays in receiving their medication refills, especially KOP medications which led to lapses in medication availability.

Six inmates reported they have received dental services; two stated their issues had been addressed. Ten inmates reported they received mental health services and six expressed satisfaction with these services.

When asked if they had suggestions for improving care, responses ranged from “improve wait/delay times,” “don’t brush off inmates or make them feel like they don’t amount to anything,” “don’t use care as a privilege that can be taken away as a disciplinary action,” “improve communication between medical and security,” and “provide mental health education for all staff.”

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews with CMA staff. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. Staff indicated that one of the biggest challenges is ensuring timely appointment availability; another stated that triage skills could be improved. All staff stated they felt that inmates were getting adequate care, and none indicated that they were aware of inmates having problems getting medications

MENTAL HEALTH STAFF INTERVIEWS

Nine mental health staff members agreed to be interviewed. Several expressed concern about the amount of dedicated space for their department. They indicated they need interview rooms in the confinement unit, more office space in the inpatient unit, and an area to hold outpatient groups and therapeutic activities. Overall, interviewees were knowledgeable about policies and reported that they work well as a team with correctional officers and the medical department.

Reported recommendations for improvement include a comprehensive psychiatric restraint training and using more positive reinforcement such as an incentive program to increase inmates’ compliance with institutional rules and adherence to their treatment plans. Additionally, multiple staff encouraged increasing the consistency of medication availability through streamlining the refill process and keeping a wider variety of psychotropic medications in the stock supply.

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. Two of the officers expressed concern about lengthy wait times for medical appointments. All three correctly verbalized procedures that pertain to inmates being placed in special housing.

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

Female Preventative Health Screening	0
Reception Services	4

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	1
Total Findings	
Total	22

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	4
Psychiatric Restraints	4
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	1
Psychological Emergencies	0
Mental Health Grievance	1
Mental Health Inmate Request	0
Special Housing	4
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	1
Inpatient Psychotropic Medications	4
Outpatient Mental Health Services	4
Outpatient Psychotropic Medications	3

Aftercare Planning	3
Reception Services	3
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	33

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 FWRC the CMA makes the following recommendations:

- Ensure nursing assessments and clinician rounds are completed for medical and mental health infirmary services.
- Ensure consultations and specialty services are completed within the required time frame.
- Review policies and procedures for periodic screening encounters; ensure that laboratory and diagnostic testing is complete.
- Review the system and staff responsible for handling inmate grievances to ensure timely and adequate documentation and disposition.
- Provide additional training to nursing and mental health staff regarding the importance of continuing psychotropic medications, obtaining treatment records from the community, and satisfactory assessments/evaluations during the reception process.