
GADSDEN RE-ENTRY



June 17-18, 2025

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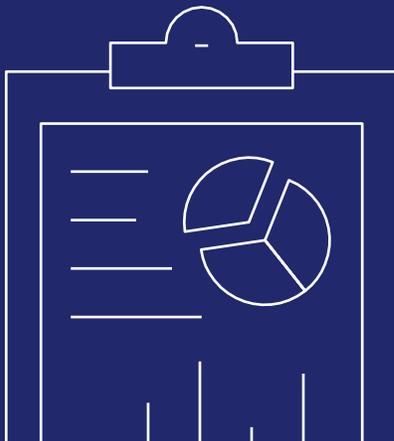
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BACKGROUND AND SCOPE

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

Gadsden Re-Entry (GADRE) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1, 2, and 3. Gadsden Re-Entry consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Capacity	432	Main Census	447
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	432	Total Current Census	447

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	258	189	N/A	N/A	N/A	N/A	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	407	21	19	N/A	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	N/A	N/A	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	0.2	0
Clinical Associate	1	0
Registered Nurse	1.4	0
Licensed Practical Nurse	1.8	0
DON/Nurse Manager	1	1
Dentist	N/A	N/A
Dental Assistant	N/A	N/A
Dental Hygienist	N/A	N/A

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0.1	0.1
Psychiatric APRN/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	N/A	N/A
Mental Health Professional	1	0
Aftercare Coordinator	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

GADSDEN RE-ENTRY

The CMA conducted a thorough review of the medical, mental health, and dental systems at GADRE on June 17-18, 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 GADRE. 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	3	Mental Health Survey Findings	3

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
4	Annual laboratory work is completed as required	17	17	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	2	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	0	0	0	17	N/A
7	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
Overall Compliance Score 100%						

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	12	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
4 Annual laboratory work is completed as required	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	2	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	8	7	1	4	88%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	0	0	0	12	N/A
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	4	4	0	8	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	4	4	0	8	100%
10 Medications appropriate for the diagnosis are prescribed	11	11	0	1	100%
11 Patients are receiving insulin as prescribed	0	0	0	12	N/A
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A
Overall Compliance Score 99%					

Gastrointestinal Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	14	14	0	0	100%
2	There is evidence of an appropriate physical examination	14	13	1	0	93%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	14	13	1	0	93%
4	Annual laboratory work is completed as required	14	14	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	0	0	0	14	N/A
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	14	14	0	0	100%
8	Abdominal ultrasounds are completed at the required intervals	13	13	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	1	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	14	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	14	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	14	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	14	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	14	N/A
Overall Compliance Score 98%						

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	13	1	0	93%
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	14	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	12	11	1	2	92%
Overall Compliance Score 96%						

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	8	8	0	0	100%
2 There is evidence of an appropriate physical examination	8	8	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	6	6	0	2	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	5	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	8	8	0	0	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

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

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

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the respiratory clinic	11	11	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	3	3	0	8	100%
3 Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
4 A peak flow reading is recorded at each visit	11	11	0	0	100%
5 There is evidence of an appropriate physical examination	11	11	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A
Overall Compliance Score 100%					

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	8	8	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	8	8	0	0	100%
3	There is evidence of initial and ongoing education	8	8	0	0	100%
4	There is evidence of monthly nursing follow-up	8	8	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	0	0	0	8	N/A
6	AST and ALT testing are repeated as ordered by the clinician	8	8	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	8	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	8	N/A
9	The appropriate medication regimen is prescribed	8	8	0	0	100%
10	The inmate receives TB medications as prescribed	8	8	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	3	3	0	5	100%
12	Documentation of the CIC visit includes an appropriate physical examination	8	8	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	8	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	3	3	0	15	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	10	10	0	8	100%
6 Follow-up visits are completed timely	6	6	0	12	100%
7 Clinician's orders from the follow-up visit are completed as required	5	5	0	13	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	0	0	0	18	N/A
Overall Compliance Score 100%					

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	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	8	8	0	10	100%
7 Follow-up visits are completed in a timely manner	8	8	0	10	100%
8 Clinician orders from the follow-up visit are completed as required	5	5	0	13	100%
Overall Compliance Score 100%					

Other Medical Records Review

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	6	6	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	6	5	1	0	83%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	6	2	4	0	33%
4 The consultation report is reviewed by the clinician in a timely manner	4	4	0	2	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	3	3	0	3	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	2	2	0	4	100%
7 The diagnosis is recorded on the problem list	6	6	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	6	N/A
9 There is evidence that the ATP is implemented	0	0	0	6	N/A
Overall Compliance Score 88%					

Consultation Services Discussion:

Screen 3: In the first record, a routine urology consultation for frequent urinary tract infections took four months to complete. In the second record, a routine surgery consultation for the evaluation of a left inguinal hernia was requested 10/28/24 and completed 2/19/25. In the third record, a routine orthopedic evaluation of intractable leg and back pain was requested 10/23/24 and completed 2/14/25. In the remaining record, a gastrointestinal consultation to evaluate bloody stools, abdominal pain and poor appetite took three months to complete.

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	13	13	0	5	100%
Overall Compliance Score 100%					

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	11	1	0	92%
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	2	1	1	10	50%
4 There is evidence of pneumococcal vaccination or refusal	9	9	0	3	100%
5 There is evidence of influenza vaccination or refusal	10	10	0	2	100%
Overall Compliance Score 88%					

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	7	7	0	11	100%
4 The medical record reflects continuity of care for inmate's pending consultations	1	1	0	17	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	7	7	0	11	100%
6 Special passes/therapeutic diets are reviewed and continued	1	1	0	17	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%
Overall Compliance Score 100%					

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	14	14	0	0	100%
2	All components of the screening are completed and documented as required	14	14	0	0	100%
3	All diagnostic tests are completed prior to the periodic screening encounter	14	9	5	0	64%
4	Referral to a clinician occurs if indicated	5	5	0	9	100%
5	All applicable health education is provided	14	14	0	0	100%
Overall Compliance Score 93%						

Periodic Screenings Discussion:

Screen 3: In three records, the fasting plasma glucose test was not performed. In the remaining record, there was no fasting plasma glucose level or CT scan.

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

Mental Health Survey Findings

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	6	6	0	0	100%
2	The emergency is responded to within one hour	6	6	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	6	6	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	6	6	0	0	100%
5	A thorough mental status examination is completed	6	6	0	0	100%
6	Appropriate interventions are made	6	6	0	0	100%
7	The disposition is clinically appropriate	6	6	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	4	4	0	2	100%
Overall Compliance Score 100%						

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	12	12	0	0	100%
2 The request is responded to within the appropriate time frame	12	12	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	12	12	0	0	100%
4 The follow-up to the request occurs as intended	11	11	0	1	100%
5 Consent for treatment is obtained prior to conducting an interview	11	11	0	1	100%
Overall Compliance Score 100%					

Outpatient Mental Health Services

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

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
16	The ISP is signed by the inmate and all members of the treatment team	13	12	1	0	92%
17	The ISP is reviewed and revised at least every 180 days	13	13	0	0	100%
18	Identified problems are recorded on the problem list	13	13	0	0	100%
19	The diagnosis is clinically appropriate	13	13	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	13	13	0	0	100%
21	Counseling is offered at least once every 60 days	13	13	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	4	4	0	9	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	8	8	0	5	100%
24	Progress notes are of sufficient detail to follow the course of treatment	13	13	0	0	100%
25	The frequency of clinical contacts is sufficient	13	13	0	0	100%
Overall Compliance Score 100%						

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	9	9	0	1	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	10	N/A
3 Appropriate initial laboratory tests are ordered.	4	3	1	6	75%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	10	N/A
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	2	2	0	8	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	10	10	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	6	6	0	4	100%
8 The inmate receives medication(s) as prescribed	10	5	5	0	50%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	0	0	0	10	N/A
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	0	0	0	10	N/A

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	10	10	0	0	100%
12 Informed consents are signed for each medication prescribed	10	10	0	0	100%
13 Follow-up sessions are conducted at appropriate intervals	10	10	0	0	100%
14 Documentation of psychiatric encounters is complete and accurate	10	10	0	0	100%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	2	2	0	8	100%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	10	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	10	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	10	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	10	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	10	N/A
Overall Compliance Score 93%					

Outpatient Psychotropic Medication Practices Discussion:

Screen 8: In all five records, keep-on-person (KOP) receipts were unaccounted for. CMA surveyors were unable to verify the inmate's access to these medications.

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)	8	8	0	0	100%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	8	8	0	0	100%
3 Appropriate patient care summaries are completed within 30 days of EOS	3	3	0	5	100%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	8	N/A
Overall Compliance Score 100%					

Institutional Systems Tour

Medical Area

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2 Hand washing facilities are available	1	0	0	100%
3 Personal protective equipment for universal precautions is available	1	0	0	100%
4 Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5 Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6 Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7 Secured storage is utilized for all sharps/needles	1	0	0	100%
8 Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9 Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10 There is a current and complete log for all medical refrigerators	1	0	0	100%

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	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Pharmacy

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

Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	The inpatient unit environment is safe and conducive to providing mental health care	0	0	1	N/A
3	Outpatient group therapy is offered	0	1	0	0%
Overall Compliance Score 50%					

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. Most inmates were complementary of medical services. They reported that sick calls were completed the same day or within one to three days; however, several indicated that they often run out of sick call forms in the dorms. They stated that over-the-counter medications are available in the dorms and KOP medications are distributed timely. Several indicated the KOP process is better at GADRE than at other camps. They explained that if a slip was not turned in, medical staff would do it for them and bring the medication to the dorms. Overall, inmates reported that medical staff are helpful.

Most inmates voiced complaints about long wait times for dental services because they must be transferred to a neighboring institution for dental care. All the inmates on the mental health caseload were satisfied with their care and indicated that mental health staff listens and are helpful.

MEDICAL STAFF INTERVIEWS

Three members of the medical team participated in interviews including nurses, clinical, and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution and were aware of emergency plans. They noted there had been reductions in staffing, resulting in a need for more personnel. They indicated an extra nurse is needed to ensure appropriate responses to emergencies and to provide adequate care on overnight shifts.

MENTAL HEALTH STAFF INTERVIEWS

One mental health professional (MHP) was interviewed. The MHP appeared knowledgeable and dedicated to meeting the needs of the inmates on the caseload. The MHP was easily able to describe the suicide and self-harm prevention techniques used and reported sufficient training for employees.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	N/A
Dental Systems	N/A
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	3

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	1
Total Findings	
Total	3

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA’s survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at GADRE the CMA makes the following recommendations:

- Ensure consultations and specialty services are completed within the required time frame.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure that inmates receive medications as prescribed, and documentation of KOP receipts is complete.