

GADSDEN CORRECTIONAL FACILITY



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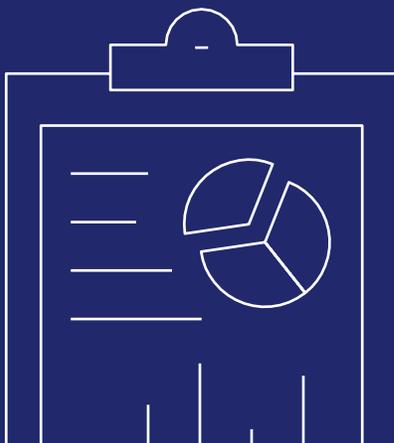
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BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large.
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning
- Inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- Inmates have access to timely and appropriate referral and consultation services
- Psychotropic medication practices are safe and effective
- Inmates are free from the inappropriate use of restrictive control procedures
- Sufficient documentation exists to provide a clear picture of the inmate's care and treatment
- There are enough qualified staff to provide adequate treatment

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Gadsden Correctional Facility (GCF) houses female inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. GCF consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Capacity	1601	Main Census	1241
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1601	Total Current Census	1241

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	649	547	60	0	0	10	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	730	89	437	N/A	N/A	N/A	3

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	12	24	0	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	1	0
Clinical Associate	1.5	0
Registered Nurse	6	1
Licensed Practical Nurse	7	1
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	0	0
Dental Hygienist	1	0

Mental Health Unit Staffing

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

GADSDEN CORRECTIONAL FACILITY

The CMA conducted a thorough review of the medical, mental health, and dental systems at GCF on August 12-14, 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 GCF. 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	14	Mental Health Survey Findings	14

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	18	18	0	0	100%
2 Annual laboratory work is completed as required	18	18	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	15	100%
4 There is evidence that inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	9	9	0	9	100%
5 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6 Inmates are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
Overall Compliance Score 100%					

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	17	17	0	0	100%
2 Annual laboratory work for diabetic inmates is completed as required	14	14	0	3	100%
3 Annual laboratory work for inmates with thyroid disorders is completed as required	4	4	0	13	100%
4 Abnormal labs are reviewed and addressed in a timely manner	13	13	0	4	100%
5 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	6	6	5	50%
6 Inmates with HgbA1c over 8% are seen at least every 90 days	6	6	0	11	100%
7 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	10	10	0	7	100%
8 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	12	12	0	5	100%
9 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
10 Inmates receive insulin as prescribed	7	7	0	10	100%
11 Inmates are referred to a specialist for more in-depth treatment as indicated	2	2	0	15	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	0	0	0	14	N/A
5 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	14	14	0	0	100%
6 Abdominal ultrasounds are completed at the required intervals	14	14	0	0	100%
7 Inmates with chronic hepatitis receive liver function tests at the required intervals	14	14	0	0	100%
8 Inmates are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A
9 Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	14	N/A
10 Hepatitis C treatment is started within the appropriate time frame	0	0	0	14	N/A
11 Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	14	N/A
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	14	0	0	100%
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	12	12	0	2	100%
6 There is evidence of pneumococcal vaccination or refusal	10	7	3	4	70%
7 There is evidence of influenza vaccination or refusal	13	12	1	1	92%
Overall Compliance Score 91%					

General Chronic Illness Clinic Discussion:

Screen 3: CMA surveyors noted concerns in the scheduling of chronic clinic visits that affected several of the inmates enrolled in multiple clinics. For these inmates, clinic visits were not scheduled at the same time, which led to the visits for M3 inmates occurring at intervals greater than 90 days. This affected two of the records in the reviewed sample. Additionally, in two other records, the M3 inmate was scheduled for 180 days.

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	17	17	0	0	100%
2 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	12	12	0	5	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	3	3	0	14	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	13	13	0	0	100%
2 Annual laboratory work is completed as required	13	13	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	11	100%
4 Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	13	N/A
Overall Compliance Score 100%					

Oncology Chronic Illness Clinic

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

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	17	17	0	0	100%
2	Pulmonary function testing is completed as indicated	17	17	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	4	4	0	13	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	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 Chronic Illness Clinic (CIC) visits includes an appropriate physical examination	1	1	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	1	1	0	0	100%
3 There is evidence of initial and ongoing education	1	1	0	0	100%
4 There is evidence of monthly nursing follow-up	1	1	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	1	1	0	0	100%
6 AST and ALT tests are repeated as ordered by the clinician	1	1	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	1	N/A
8 Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	1	N/A
9 The appropriate medication regimen is prescribed	1	1	0	0	100%
10 Inmates receive medications as prescribed	0	0	0	1	N/A
11 Inmates are seen by the clinician at the completion of therapy	1	1	0	0	100%
12 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	1	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	17	17	0	1	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	16	2	0	89%
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	17	16	1	1	94%
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	11	11	0	7	100%
8 Provider's orders from the follow-up visit are completed as required	11	11	0	7	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	3	3	0	15	100%
10 The disposition upon return to the institution is clinically appropriate given the seriousness of the emergency	3	3	0	15	100%
Overall Compliance Score 98%					

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	12	12	0	0	100%
2	All orders are received and implemented	12	11	1	0	92%
3	Inmates are evaluated within one hour of being placed on observation status	12	12	0	0	100%
4	Evaluations are documented at least once every eight hours	12	12	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	2	2	0	10	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	12	12	0	0	100%
7	Discharge notes containing all of the required information are completed as required	11	11	0	1	100%
Compliance Percentage 99%						

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	10	8	2	0	80%
2 All orders are received and implemented	10	9	1	0	90%
3 Thorough nursing assessments are completed within two hours of admission	10	10	0	0	100%
4 Morse Fall Scales are completed at the required intervals	9	8	1	1	89%
5 Nursing assessments are completed at the required intervals	10	10	0	0	100%
6 All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	1	1	0	9	100%
7 Clinician rounds are completed and documented as required	10	10	0	0	100%
8 Weekend and holiday clinician phone rounds are completed and documented as required	8	8	0	2	100%
9 Nursing discharge notes containing all of the required information are completed as required	10	10	0	0	100%
10 Discharge summaries are completed by the clinician within 72 hours of discharge	10	10	0	0	100%
Overall Compliance Score 96%					

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 Inmates are assessed in the appropriate time frame	18	17	1	0	94%
3 Nursing assessments are completed in their 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 Findings requiring clinician notification are made in accordance with protocols	7	6	1	11	86%
7 Verbal orders received from the clinician are noted and carried out timely	2	2	0	16	100%
8 Follow-up visits are completed in a timely manner	8	7	1	10	88%
9 Clinician orders from the follow-up visit are completed as required	7	7	0	11	100%
Overall Compliance Score 96%					

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	9	9	0	0	100%
2 Risk Assessments for the Use of Chemical Restraint Agents are completed at the time of admission and the outcome is clinically appropriate	9	8	1	0	89%
3 All active medications continue as ordered while inmates are held in special housing	6	4	2	3	67%
4 Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	3	1	2	6	33%
5 Medical emergencies are responded to promptly and appropriately	1	0	1	8	0%
6 Medical inmate requests are responded to timely and appropriately	3	3	0	6	100%
7 All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	0	0	0	9	N/A
Overall Compliance Score 65%					

Confinement Medical Review Discussion:

Screen 3: In these records, CMA surveyors were unable to verify that inmates had access to keep-on-person (KOP) medications while held in confinement.

Screen 4: Both records showed missed dental appointments while the inmate was in confinement. Neither record contained a signed refusal.

Screen 5: In this record, the inmate reported neurological changes after she was in a physical altercation and there was no evidence the medical provider was notified. Additionally, nursing staff documented "PERRLA (pupils are equal, round and responsive to light and accommodation) = no". It was unclear from this documentation if "no" referenced an abnormal pupillary assessment which should have triggered an emergency referral, or if the pupillary assessment had not been completed.

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	15	15	0	0	100%
2 Referrals were processed in a timely manner	15	12	3	0	80%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	15	12	3	0	80%
4 The provider monitors the inmates weekly to determine deterioration or status change	3	0	3	12	0%
5 Consultation reports are reviewed by the clinician in a timely manner	15	15	0	0	100%
6 The consultant's treatment recommendations are incorporated into the treatment plan	15	15	0	0	100%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	15	13	2	0	87%
8 Alternative treatment plans (ATP) are documented in the medical record	0	0	0	15	N/A
9 There is evidence that the ATPs are implemented	0	0	0	15	N/A
Overall Compliance Score 78%					

Consultation Services Discussion:

Screen 2: CMA surveyors noted that it was difficult to follow the utilization management process. Although this did not result in a finding requiring corrective action, it is a systems issue that will need to be addressed by the institution. Many of the consults appeared to be completed prior to their approval in the EMR. Upon discussion with staff, it was discovered that a separate system was used for submitting and tracking consultations. Those documents are then scanned into the EMR at a later date, thus making the timing appear late. Per policy, data must be scanned into the EMR within 72 hours.

Screen 4: Per Health Services Bulletin 15.09.04, if the consultation is not completed within established time frames, the provider will monitor the patient's condition at least weekly until the patient is seen, to assess whether the acuity status of the consultation should be upgraded. In all of the deficient records, there was no documentation that confirmed the medical provider was aware of the patient's condition and that there were no substantial changes that would warrant more immediate action.

Medical Inmate Grievances

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	17	17	0	0	100%
2	The identified request is responded to within 15 calendar days from the date of receipt	17	17	0	0	100%
3	Documentation is completed in a SOAP note format	17	17	0	0	100%
4	The response, resolution, or clinical disposition is appropriate	17	17	0	0	100%
Overall Compliance Score 100%						

Medical Inmate Requests

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the inmate request forms are present in the electronic health record	18	17	1	0	94%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Response to requests are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to requests occur as intended	14	12	2	4	86%
Overall Compliance Score 95%						

Medication And Vaccination Administration

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

Intra-System Transfers

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
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	The inmates' medications reflect continuity of care	16	16	0	2	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 clinic appointments	10	9	1	8	90%
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	5	5	0	13	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	16	2	0	89%
Overall Compliance Score 97%						

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Periodic screening encounters are completed within one month of the due date	16	13	3	0	81%
2 Screenings include documentation of vital signs and appropriate follow-up	16	11	5	0	69%
3 Screenings are completed in their entirety	16	10	6	0	63%
4 All diagnostic tests are completed within 28 days prior to the periodic screening encounter	16	0	16	0	0%
5 Referral to a clinician occurs if indicated	6	6	0	10	100%
6 All applicable health education is provided	16	16	0	0	100%
Overall Compliance Score 69%					

Periodic Screenings Discussion:

Screen 4: In all 16 records, the required diagnostic and laboratory tests were not completed according to the latest FDC guidelines. Staff had been using an outdated policy and were unaware of recent requirement changes.

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	11	6	5	0	55%
2	There is documentation that the alleged victim was provided education on sexually transmitted infection (STI)	4	1	3	7	25%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	11	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	1	1	0	10	100%
5	Repeat STI testing is completed as required	4	0	4	7	0%
6	Mental health referrals are submitted following the completion of the medical screening	11	11	0	0	100%
7	Inmates are evaluated by mental health by the next working day	11	7	4	0	64%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	11	N/A
Overall Compliance Score 57%						

PREA Discussion:

Screen 1: In three records, the clinician was not notified following a PREA incident. In two records, the date of the inmate’s last menstrual period was not documented.

Screen 7: In all of the identified records, the required mental health evaluation was completed late. Department standards require the mental health evaluation to be completed within one business day.

Female Preventative Health Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Cervical cancer screenings are completed as required	18	18	0	0	100%
2	Screenings are reviewed by the clinician within a clinically appropriate time frame	18	17	0	1	100%
3	Follow-up for abnormal screenings occur as ordered by the gynecological clinician	3	3	0	15	100%
4	Referrals to a specialist occurred as clinically appropriately	1	1	0	17	100%
5	Mammograms are completed at the required intervals	15	15	0	3	100%
6	Mammograms are reviewed by the clinician within a clinically appropriate time frame	14	14	0	4	100%
7	Follow-up for abnormal or inconclusive mammograms occurs as clinically appropriate	3	3	0	15	100%
8	Referrals to a specialist occur as clinically appropriate	0	0	0	18	N/A
9	Upon confirmation of pregnancy, medical grades are changed to M9	0	0	0	18	N/A
10	Upon confirmation of pregnancy, inmates are referred to a licensed clinician for obstetrical care	0	0	0	18	N/A
11	Inmates are evaluated and treated at the intervals specified by the obstetrical clinician	0	0	0	18	N/A
12	Labs and ultrasounds are completed at intervals specified by the obstetrical clinician	0	0	0	18	N/A
13	Additional patient care orders are completed as specified by the obstetrical clinician	0	0	0	18	N/A
14	HIV testing is offered at the initial prenatal appointment and at 28-32 weeks gestation	0	0	0	18	N/A
15	Hepatitis B test (HBsAg), gonorrhea, chlamydia and syphilis tests are 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 is provided at the institution according to the discharge orders of the attending obstetrician	0	0	0	18	N/A
17	Six week postpartum follow-up appointments with the obstetrical clinician are completed	0	0	0	18	N/A
18	If inmates request mental health counseling, they are evaluated by mental health and services initiated as clinically appropriate	0	0	0	18	N/A
19	If a staff request/referral is initiated for mental health evaluation/treatment, an evaluation occurs and services are initiated as clinically appropriate	0	0	0	18	N/A
Compliance Percentage 100%						

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1 Allergies are documented in the EMR	18	18	0	0	100%	
2 There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%	
3 Dental appointments are completed in a timely manner	17	17	0	1	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	17	17	0	1	100%	
5 There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	18	18	0	0	100%	
6 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	14	14	0	4	100%	
7 Sick call appointments are completed in a timely manner	13	13	0	5	100%	
8 Follow-up appointments for sick call or other routine care are completed in a timely manner	9	9	0	9	100%	
9 Consultations or specialty services are completed in a timely manner	3	3	0	15	100%	
10 Consultant's treatment recommendations are incorporated into the treatment plan	3	3	0	15	100%	
11 There is evidence of informed consent or refusal for extractions and/or endodontic care	16	16	0	2	100%	
12 The use of dental materials including anesthetic agent are accurately documented	17	17	0	1	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)	11	11	0	0	100%
2	Nursing evaluations are completed within two hours of admission	11	11	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	9	8	1	2	89%
4	Guidelines for SHOS management are observed	3	3	0	8	100%
5	SHOS infirmery orders contain required components, and are received and implemented accordingly	11	7	4	0	64%
6	Patients on SHOS are observed at the frequency ordered by the clinician	11	7	4	0	64%
7	Nursing evaluations are completed once per shift	11	11	0	0	100%
8	There is evidence of daily rounds by the attending clinician	11	11	0	0	100%
9	There is evidence of daily counseling provided by mental health staff	11	11	0	0	100%
10	There is evidence of face-to-face evaluation by the clinician prior to discharge	11	9	2	0	82%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	11	8	3	0	73%
12	There is evidence of adequate post-discharge follow-up by mental health staff	11	11	0	0	100%
13	The Individualized Services Plan (ISP) is revised within 14 days of discharge	11	10	1	0	91%
14	Potential changes needed in the patient's care are addressed as clinically indicated	5	4	1	6	80%
Overall Compliance Score 89%						

Self-Injury and Suicide Prevention Discussion:

Screen 5: Patient care orders were incomplete in the identified records.

Screen 6: In the deficient records, there was at least one day of missing safety observations.

Screen 11: The required documentation was located in the medical record; however, the summaries were incomplete and missing pertinent information.

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A mental health emergency is declared by the patient, a staff member, or another inmate and an immediate response is documented	15	14	1	0	93%
2 If the emergency included physical harm to the inmate, the appropriate nursing protocol is completed in its entirety	0	0	0	15	N/A
3 Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	14	14	0	1	100%
4 Documentation indicates the clinician fully assessed suicide risk	14	14	0	1	100%
5 Thorough mental status examinations are completed	14	14	0	1	100%
6 Appropriate interventions are made as indicated by presentation	14	9	5	1	64%
7 Dispositions are clinically appropriate	14	14	0	1	100%
8 There is appropriate follow-up as indicated in response to the emergency	6	4	2	9	67%
Overall Compliance Score 89%					

Psychological Emergency Discussion:

Screen 6: In these records, the psychological emergency took place outside of business hours and nursing staff responded. Procedure 404.001 explains the process for non-mental health clinicians using the mental health emergency protocol. In all five records, the nurse did not call the provider to relay information collected from the inmate. The disposition was determined by the nurse, and the inmates were returned to security staff. Additionally, the required referral to mental health for the next business day was not made.

Screen 8: In two records, there was no evidence of follow-up by mental health staff following a declared psychological emergency.

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	18	0	0	100%
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	17	1	0	94%
4 Follow-up to the requests occur as intended	16	13	3	2	81%
5 Consents for treatment are obtained prior to conducting an interview	15	14	1	3	93%
Overall Compliance Score 94%					

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	0	0	0	9	N/A
2	Mental status exams (MSE) are completed in the required time frame	9	9	0	0	100%
3	Follow-up mental status exams are completed in the required time frame	5	5	0	4	100%
4	MSEs are sufficient to identify any problems in adjustment	0	0	0	9	N/A
5	Mental health staff responds to identified problems in adjustment	0	0	0	9	N/A
6	Mental health inmate requests are responded to timely and appropriately	2	2	0	7	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	8	7	1	1	88%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	9	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	9	N/A
10	The Individualized Services Plan is updated within 14 days of CM placement	0	0	0	9	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	9	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	9	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	9	N/A
Overall Compliance Score 97%						

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	3	3	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	3	3	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	3	3	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	3	3	0	0	100%
5	Recent changes in the inmate's condition are addressed	0	0	0	3	N/A
6	There is evidence of appropriate follow-up care for identified mental health problems	3	3	0	0	100%
Overall Compliance Score 100%						

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	15	3	0	83%
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	8	8	0	10	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	8	7	1	10	88%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	8	7	1	10	88%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	5	5	0	13	100%
6	BPSAs are present in the records	18	18	0	0	100%
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	18	0	0	100%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	18	18	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	18	13	5	0	72%
12	ISPs are reviewed and revised at least every 180 days	11	9	2	7	82%
13	Qualifying events are addressed on the ISP	9	8	1	9	89%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	6	5	1	12	83%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	14	11	3	4	79%
16	Individual counseling is provided at the required intervals or as specified in the ISP	17	15	2	1	88%
17	Frequency of clinical contacts is sufficient	18	18	0	0	100%
Overall Compliance Score 91%						

Outpatient Mental Health Services Discussion:

Screen 11: In these records, the inmate did not attend the multi-disciplinary services team (MDST), and her signature was missing. Without the signature of the inmate and members of the MDST, it is impossible to determine if all agree with the plan of care.

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	5	5	0	13	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	2	2	0	16	100%
3 Appropriate initial laboratory tests are ordered	2	2	0	16	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	6	6	0	12	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required	13	9	4	5	69%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	1	1	0	17	100%
8 Inmates receive medication(s) as prescribed	18	13	5	0	72%
9 The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	2	2	0	16	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	2	2	0	16	100%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consents are signed for each medication prescribed	18	17	1	0	94%
13	Follow-up sessions are conducted at appropriate intervals	18	18	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	18	15	3	0	83%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	14	14	0	4	100%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	11	11	0	7	100%
Overall Compliance Score 95%						

Outpatient Psychotropic Medication Practices Discussion:

Screen 5: Three records lacked the laboratory studies needed to ensure safe use of antipsychotic medication. This includes monitoring blood glucose levels, electrolytes, liver and kidney functions which can all be affected by atypical antipsychotic medication. If left unmonitored, patients are at risk of side effects like weight gain, increased cholesterol, and diabetes.

Screen 8: In three records, medication orders expired, and the inmate did not receive medications for approximately five days before the prescriptions were written again. There was no documentation as to why single dose medications were not given until the new order could be obtained. In one record, the inmate was prescribed a long-acting injectable medication to be given every four weeks. In the 12 months prior to the survey, she received eight injections, without documented refusal for the other doses. CMA surveyors were unable to review dates of administration, as the medication was ordered keep-on-person (KOP) and therefore was not documented on the MAR. In the next record, a decanoate injection was inaccurately ordered as KOP. It was impossible to determine if she was offered a dose every two weeks as prescribed. Additionally, in this record, Buspar was increased but the remaining meds (Cogentin and Vistaril) were not renewed. Corresponding documentation lacked clinical justification, and it was unclear if the changes were intended.

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)	10	10	0	0	100%
2	The appropriate consent form is signed by inmates within the required time frame	10	4	6	0	40%
3	Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	10	N/A
4	Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	1	0	1	9	0%
5	Appropriate patient care summaries are completed within the required time frame	7	7	0	3	100%
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	8	2	6	2	25%
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	6	6	0	4	100%
Overall Compliance Score 61%						

Aftercare Planning Discussion:

Screen 2: In one record, the initial aftercare planning contact visit took place 12 days prior to release. In three records, the consent form was signed two months prior to release. The next record was out of compliance by only a few days. In the remaining record, there was no indication this was addressed by the time of the survey for an inmate being released the following week.

Screen 4: Documentation in this record stated that an application was initiated for SSI/SSDI on 5/24/25. There was no evidence that the application was forwarded to the Social Security Administration.

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%
Compliance Percentage 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	Infirmary beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
Compliance Percentage 100%					

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE			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	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Pharmacy

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

Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE			
	YES	NO	N/A	Compliance Percentage
1 There is appropriate restraint equipment for the population in all necessary sizes	0	1	0	0%
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	0	1	0	0%
Overall Compliance Score 33%				

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	1	0	0	100%
3	Annual training for psychiatric restraint use provided to staff	1	0	0	100%
Compliance Percentage 100%					

Interview Summaries

INMATE INTERVIEWS

Eleven inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services and were generally satisfied with the care they received. Most inmates denied difficulties in receiving prescribed medications either in open population or in confinement settings. They reported that over-the-counter medications were usually available in the dorms. Several inmates complained that KOP medication renewals required multiple requests before they were refilled.

Most inmates on the mental health caseload were satisfied with the care provided and indicated that counseling and psychotropic medications were helpful in managing their symptoms. Interviewees who had received dental services at the institution were satisfied with their care.

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. Interviewees felt that they work well as a team and indicated that cooperation between medical and security staff was conducive to providing satisfactory healthcare. Staff reported delays in specialty services and indicated they had difficulty finding outside providers to see the inmates. It was also stated that medical transports for specialty appointments were frequently cancelled due to staffing shortages or mechanical issues. Staff indicated that having a nurse practitioner for sick call services would be beneficial to the team.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health team agreed to participate in interviews. They were familiar with the inmates on their caseloads and demonstrated good clinical knowledge. Staff were aware of policies and procedures related to suicide and self-harm prevention techniques and the accessing of mental health services. Staff expressed that they all work as a team to provide the best care. Members of the team suggested a psychiatric APRN, and an additional psychologist position would improve care. Staff reported adequate training and resources. Staff also suggested that providing additional mental health groups would be beneficial.

SECURITY STAFF INTERVIEWS

Two correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. They described a good working relationship with medical and mental health staff.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Female Preventative Health Screening	0
Health Care Grievances	0

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	14

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	3
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	2
Mental Health Inmate Grievance	N/A
Mental Health Inmate Request	0
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	2
Outpatient Psychotropic Medications	2

Aftercare Planning	3
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Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	2
Total Findings	
Total	14

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 GCF the CMA makes the following recommendations:

- Conduct a thorough review of inmates enrolled in chronic illness clinics to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals and reviews of all clinics enrolled are assessed at the same appointment.
- Conduct a thorough review of institutional procedures surrounding the consultation process to ensure that the systems in place are adequate for ensuring the timely completion of specialty services. It is recommended that all information is submitted or scanned into the EMR in a timely manner.
- Provide additional education to nursing staff on medication administration, implementation of orders and provider notification.
- Provide additional training to medical, mental health, and security staff regarding self-harm and suicide prevention techniques including assessment for imminent danger and follow-up, appropriate level of care, and management of SHOS infirmary patients in an acute mental health crisis.
- Re-educate mental health staff on aftercare planning and services to enhance continuity of mental health treatment after release.