

# GRACEVILLE CORRECTIONAL FACILITY



December 12-14, 2023

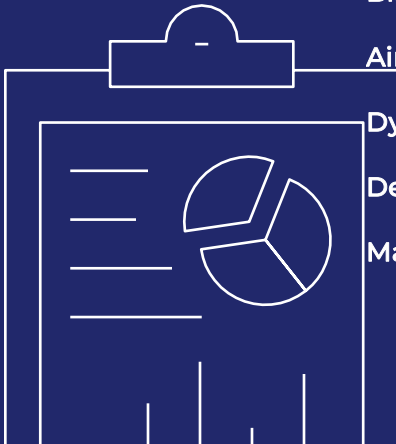
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## BACKGROUND AND SCOPE

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

Graceville Correctional Facility (GRCF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. GRCF consists of a Main Unit only.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1884	<b>Current Main Unit Census</b>	1873
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1884	<b>Total Current Census</b>	1873

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	1037	725	130	0	2	0	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1185	168	541	N/A	N/A	N/A	185

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	7	50	2	0	37	3

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

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	1	0
Registered Nurse	5	1
Licensed Practical Nurse	11	0
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	2	2
Psychological Services Director	1	1
Psychologists	1	1
Mental Health Professional	4	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0
Mental Health CNA	0	0

## GRACEVILLE CORRECTIONAL FACILITY SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at GRCF on December 12-14, 2023. 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.

As a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on December 18, 2023.

“Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies.”

CMA surveyors and staff noted serious deficiencies in the treatment of inmates at risk of serious self-harm. Inadequate suicide prevention practices were noted in the lack of safety observations for inmates requiring self-harm observation status (SHOS), and inadequate dispositions for inmates experiencing an acute mental health crisis. Overall, 15 episodes were noted in which inmates engaged in self-injurious behaviors or were threatening to engage in self-injurious behaviors with a specific plan but were not admitted to a higher level of care. In several of these examples, inmates continued to engage in self-injurious behaviors after being returned to their housing units and were still not admitted into the appropriate observation status. Several of these inmates required medical intervention following self-harm attempts. One inmate continued to self-harm while in an isolation management room (IMR). Additionally, a tour of the facility and interviews with institutional staff indicated that portions of the camera lenses in all but one IMR were painted over, leaving a significant blind spot that did not allow for the monitoring of patient safety. CMA staff and surveyors also noted that inmates' discharges from SHOS status were often not documented according to FDC policy, with discharge notes and corresponding clinical justifications often completed early in the morning before the clinician had personally evaluated the inmate, or while he was still reporting a desire to self-harm. Presently, suicide prevention practices at GRCF are grossly inadequate for ensuring the safety of inmates and institutional staff and are not in compliance with FDC's policies and procedures, nor are they commensurate with community standards.

Deficiencies were noted in several areas of the consultation process leading to delays in the diagnosis and treatment of serious or potentially serious medical conditions. Delays were noted in the initial stages of the referral process, as well as in the required follow-up clinical recommendations. CMA surveyors noted that delays in consultation services or missed opportunities for follow-up may lead to adverse health outcomes. Additionally, interviews with institutional staff indicated a lack of familiarity with FDC's policies and procedures related to the accessing of specialty services including the established time frames for completion.

Serious systemic issues were also noted in the administration of medications, affecting multiple areas of medical and mental health care. In many records reviewed, CMA surveyors noted an extraordinary number of medication refusals, without evidence of signed refusal. In multiple examples, medications were only marked as administered several times over the course of the month. Additionally, the FDC escalation policy which provides for counseling regarding medication compliance and referral to the clinician was not implemented. It was noted during record reviews, that clinicians were not made aware of compliance issues, as most encounters with medical and psychiatric providers did not address medication noncompliance. In many cases documentation indicated that the clinician believed the inmate was compliant with his medications. Interviews with inmates revealed concerns regarding their access to medications. Four of five inmates reported disruptions in keep-on-person medications and eight of 12 indicated that over-the-counter medications were not consistently available in housing units. Additionally, surveyors voiced concern regarding the timing of the pill line. Documentation in the electronic medical record and staff interviews indicated single-dosed

medications are administered at 0200 and 1400, which is not conducive to encouraging compliance, and is not appropriate for medications that are either activating or sedating. CMA surveyors were concerned that a lack of access to needed medications may result in improper treatment or exacerbate existing conditions.

The CMA survey at GRCF revealed other systemic deficiencies including failure to complete laboratory and diagnostic testing in multiple areas including preventative health screenings, chronic illness clinics, psychiatric services, and consultations. It was noted that the majority of inmates did not receive the full battery of laboratory and diagnostic testing during their periodic screenings. These serve as an important mechanism for identifying and treating chronic medical conditions, as well as ensuring the early detection of disease. Other serious deficiencies in the provision of clinical services were noted in the timing of chronic illness clinic (CIC) appointments, improper physical examinations during CIC visits and inadequate follow-up by the medical provider. Poor medical management can lead to adverse medical outcomes for the inmate population.

The totality of findings noted in conjunction with the lack of credible systems in place to address these deficiencies has resulted in significant impediments to basic standards of care for the inmates at GRCF. CMA clinical surveyors identified deficiencies in most areas of the physical and mental healthcare reviewed. Due to the pervasive and persistent pattern of inadequate health care, it is evident that institutional quality management processes have been inadequate and failed to identify systemic issues affecting quality of care. Additionally, interviews with staff revealed an inadequate understanding of FDC’s policies and procedures regarding the provision of physical and mental health services. The CMA has serious concerns that the above deficiencies cannot be adequately addressed through the standard corrective action process.

On December 21, 2023, the CMA was provided a copy of the Department’s corrective action plan (CAP) addressing the emergency findings. Once the Department is in receipt of this full survey report, the CMA looks forward to receiving an even more specific and detailed CAP.

Detailed below are results from the institutional survey of Graceville Correctional Facility. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

<b>Survey Findings Summary</b>			
<b>Physical Health Survey Findings</b>	<b>52</b>	<b>Mental Health Survey Findings</b>	<b>53</b>

# Physical Health Survey Findings

## Chronic Illness Clinics

### Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	16	2	0	89%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	18	N/A
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	5	5	0	13	100%
7 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A



**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	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	15	2	0	88%
4 Annual laboratory work is completed as required	16	13	3	1	81%
5 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	1	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	13	11	2	4	85%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	6	5	1	11	83%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	7	6	1	10	86%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	9	9	0	8	100%
10 Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
11 Patients are receiving insulin as prescribed	8	7	1	9	88%
12 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	15	100%

**Gastrointestinal Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	15	15	0	0	100%
2	There is evidence of an appropriate physical examination	15	14	1	0	93%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
4	Annual laboratory work is completed as required	15	15	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	12	12	0	3	100%
6	Medications appropriate for the diagnosis are prescribed	3	3	0	12	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	4	7	4	36%
8	Abdominal ultrasounds are completed at the required intervals	9	8	1	6	89%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	12	12	0	3	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	14	100%
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	15	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	15	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	15	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	15	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	15	N/A

**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	16	15	1	0	94%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	8	8	0	50%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	15	15	0	1	100%

**General Chronic Illness Clinic Discussion:**

Screen 3: CMA surveyors noted concerns in the ordering of chronic clinic visits that affected many of the inmates enrolled in multiple clinics. For these inmates, clinic visits were not scheduled at the same time, which led to many of the visits for M3 inmates occurring at intervals greater than 90 days. This affected four of the records in the reviewed sample. Additionally, in one record, the M3 inmate was scheduled for 180 days. In three records, inmates were not seen for over 365 days.

**Immunity Chronic Illness Clinic**

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	15	15	0	0	100%
2	There is evidence of an appropriate physical examination.	15	5	10	0	33%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	15	15	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	3	2	1	12	67%
5	A CBC is collected annually	15	15	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	11	10	1	4	91%
7	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	15	13	2	0	87%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	15	N/A
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	15	6	9	0	40%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	15	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

**Immunity Chronic Illness Clinic Discussion:**

Screen 2: Per Health Services Bulletin 15.03.05, the institutional clinician providing primary care is to review the Department of Health (DOH) clinician’s notes and document recommendations. The DOH 340B assessments were not scanned into the electronic medical record; therefore, it could not be determined that

the onsite clinicians were reviewing them. There was a note on the clinic visit form that the patient was under the care of DOH but no further documentation regarding recommendations or the assessment.

**Miscellaneous Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	14	1	0	93%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	2	1	12	67%
6 Patients are referred to a specialist for more in-depth treatment as indicated	9	9	0	6	100%

**Miscellaneous Chronic Illness Clinic Discussion:**

Screen 5: The abnormal prostate-specific antigen (PSA) test was not addressed, nor was follow-up PSA testing ordered for more than one year.

**Neurology Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	10	6	0	63%
3 Annual laboratory work is completed as required	16	16	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	15	13	2	1	87%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

**Neurology Chronic Illness Clinic Discussion:**

Screen 2: In six records, the neurological examination was incomplete. CMA surveyors noted that incomplete physical examinations make it exceedingly difficult to follow the course of the inmate’s neurological condition over time.

**Oncology 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 oncology clinic	9	9	0	0	100%
2	There is evidence of an appropriate physical examination	9	7	2	0	78%
3	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	8	1	0	89%
4	Annual laboratory work is completed as required	9	9	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	8	8	0	1	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	3	3	0	6	100%
8	Oncological treatments are received as prescribed	7	7	0	2	100%
9	Patients are referred to a specialist for more in-depth treatment as indicated	6	4	2	3	67%

**Oncology Chronic Illness Clinic Discussion:**

Screen 2: In the first record, there was no evidence of a physical examination. In the second record, there was no visual evaluation of the anal area for an inmate with a history of squamous cell cancer of the anus. Additionally, the rectal evaluation was noted as deferred, without evidence of the inmate’s refusal.

Screen 9: In one record, an inmate with a history of basal cell cancer had not been evaluated by a dermatologist since 2021. In the second record, an inmate with paraganglioma of the right carotid had not been evaluated by the oncologist since 1/5/23. At his chronic illness visit on 8/8/23, the clinician indicated that further oncological evaluation was needed. However, there was no evidence the referral process had been initiated.

**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	17	17	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	8	8	0	9	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
4	A peak flow reading is recorded at each visit	16	16	0	1	100%
5	There is evidence of an appropriate physical examination	17	17	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A



### Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	1	1	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	1	1	0	0	100%
3 There is evidence of initial and ongoing education	1	1	0	0	100%
4 There is evidence of monthly nursing follow-up	1	1	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	1	1	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	1	1	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	1	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	1	N/A
9 The appropriate medication regimen is prescribed	1	1	0	0	100%
10 The inmate receives TB medications as prescribed	0	0	0	1	N/A
11 The Inmate is seen by the clinician at the completion of therapy	1	1	0	0	100%
12 Documentation of the CIC visit includes an appropriate physical examination	1	1	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	N/A

## Episodic Care

### Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	9	9	0	9	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	13	5	0	72%
4 There is evidence of appropriate and applicable patient education	17	16	1	1	94%
5 Findings requiring clinician notification are made in accordance with protocols	17	17	0	1	100%
6 Follow-up visits are completed timely	13	12	1	5	92%
7 Clinician's orders from the follow-up visit are completed as required	14	12	2	4	86%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	3	2	1	15	67%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	3	0	15	100%

## Outpatient Infirmery Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmery or placed on observation status. Admission status is appropriate for the presenting complaint/condition	6	6	0	0	100%
2 All orders are received and implemented	6	3	3	0	50%
3 The inmate is evaluated within one hour of being placed on observation status	6	4	2	0	67%
4 Patient evaluations are documented at least once every eight hours	5	2	3	1	40%
5 Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	5	100%
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	6	5	1	0	83%
7 A discharge note containing all of the required information is completed as required	4	0	4	2	0%

### Outpatient Infirmery Care Discussion:

Screen 2: In one record, admission orders were not signed by the clinician. In two records, vital signs were not completed at the intervals ordered by the clinician.

Screen 7: In four records, the nursing discharge notes did not contain all of the required components.

***Inpatient Infirmary Care***

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	10	9	1	0	90%
2 All orders are received and implemented	10	2	8	0	20%
3 A thorough nursing assessment is completed within two hours of admission	10	9	1	0	90%
4 A Morse Fall Scale is completed at the required intervals	10	6	4	0	60%
5 Nursing assessments are completed at the required intervals	10	10	0	0	100%
6 Clinician rounds are completed and documented as required	10	2	8	0	20%
7 Weekend and holiday clinician phone rounds are completed and documented as required	10	3	7	0	30%
8 A discharge note containing all of the required information is completed as required	10	5	5	0	50%
9 A discharge summary is completed by the clinician within 72 hours of discharge	10	6	4	0	60%

***Inpatient Infirmary Care Discussion:***

Screen 2: In the first record, patient care orders were not found. In the second record, Clonidine was ordered but there was no documentation that it was administered. In the third record, there was no evidence that IV antibiotics were administered as ordered. Additionally, there was no evidence that wound care was provided. In the remaining five records, vital signs were not obtained at the intervals ordered by the clinician.

**Sick Call Services**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	17	16	1	0	94%
2	The inmate is assessed in the appropriate time frame	17	15	2	0	88%
3	The nursing assessment is completed in its entirety	17	14	3	0	82%
4	Complete vital signs including weight are documented	16	14	2	1	88%
5	There is evidence of applicable patient education	16	14	2	1	88%
6	Referrals to a higher level of care are made in accordance with protocols	13	12	1	4	92%
7	Follow-up visits are completed in a timely manner	12	4	8	5	33%
8	Clinician orders from the follow-up visit are completed as required	6	3	3	11	50%

**Sick Call Services Discussion:**

Screen 7: In four records, the inmate was referred for clinician follow-up; however, there was no evidence that this occurred. In two records, the sick call referral visit did not address the inmate’s complaints. In two records, there was no evidence that the clinician personally evaluated the inmate as was required by the presenting complaint.

Screen 8: In the first record, the ordered X-ray was never completed. In the second record, there was no evidence the ordered ultrasound was completed. In the third record, it took more than one month for labs to be drawn.

## Other Medical Records Review

### Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Pre-Special Housing Health Evaluation is complete and accurate	17	14	3	0	82%
2	All medications are continued as prescribed while in the inmate is held in special housing	10	8	2	7	80%
3	The inmate is seen in chronic illness clinic as regularly scheduled	7	2	5	10	29%
4	All emergencies are responded to within the required time frame	5	3	2	12	60%
5	The response to the emergency is appropriate	5	2	3	12	40%
6	All sick call appointments are triaged and responded to within the required time frame	10	3	7	7	30%
7	New or pending consultations progress as clinically required	4	0	4	13	0%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	6	2	4	11	33%

### Confinement Medical Review Discussion:

Screen 3: Inmates in confinement are to receive the same access to health care as those in the general population. In first record, the inmate's chronic clinic visit was over three months late. In the second record, the CIC visit was four months late. In the third record, the clinic visit was greater than three months late and the ordered labs were not drawn. In the fourth record, the inmate was seen 3/18/23 and was to return in six months but only the miscellaneous clinic was addressed. In the last record, the inmate had not been seen in the clinic since 7/15/22.

Screen 5: In three records, inmates were not appropriately evaluated following the declaration of a mental health emergency. In these emergencies, the inmates declared the intention to engage in self-injurious behaviors or inflict violence on others. In all three cases, inmates were returned to confinement without evidence of a proper suicide risk assessment and without making any arrangements to ensure their safety, or the safety of the inmates and institutional staff they encountered.

Screen 6: In two records, sick call requests were not dated when received. CMA surveyors were unable to determine if sick call visits were triaged and completed within required time frames. In the third record, it took more than two weeks for the inmate's pass to be renewed. In the fourth record, the request was triaged on 6/13/23; however, the visit did not occur for greater than four months. In the fifth record, a sick call request for chest pains and shortness of breath was written on 10/26/23 but was not marked as received or triaged until 10/28/23. In this case, an inmate with serious medical complaints should be evaluated with greater urgency. Per policy, sick call requests are to be triaged daily. In the remaining records, sick call requests were written on the general inmate request form. In each request, the inmates indicated that security would not provide them

the appropriate form and they outlined their medical concerns. The requests were returned, and the inmates instructed to utilize the proper form.

Screen 7: In one record, an urgent optometry consultation has been pending since 11/13/23. In the second record, the clinician indicated an optometry appointment was needed but the referral process was never initiated. In the third record, wound care was not completed as ordered. In the fourth record, the clinician indicated that the inmate was overdue for a consultation by the orthopedist. However, the consult was never initiated.

**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	19	19	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	19	16	3	0	84%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	19	9	10	0	47%
4 The consultation report is reviewed by the clinician in a timely manner	13	13	0	6	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	13	10	3	6	77%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	13	9	4	6	69%
7 The diagnosis is recorded on the problem list	17	17	0	2	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	19	N/A
9 There is evidence that the ATP is implemented	0	0	0	19	N/A

**Consultations Review Discussion:**

Screen 3: In 10 of 19 records, consultations were not completed in a timely manner.

- In the first record, an urgent referral was submitted on 5/16/23 to request a glaucoma evaluation. The inmate complained of worsening vision. On 6/5/23 the inmate placed a sick call request inquiring about the status of the ophthalmology appointment. He was seen in sick call on 8/15/23 and 9/19/23. At both visits he complained of worsening vision. In September 2023 the consult request was resubmitted, and the inmate was seen by the optometrist 10/24/23 and finally by ophthalmologist on 11/28/23.
- In the second record, a routine referral was submitted to urology for an inmate with a PSA > 14 and history of prostate cancer on 8/10/23. There was no further documentation regarding the status of this request.
- In the third record, a routine request for was submitted for gastroenterological evaluation on 7/24/23 for a five-year review and treatment plan. The inmate was seen 8/14/23 and a colonoscopy was

recommended. The referral for the colonoscopy was not submitted for more than two weeks. The colonoscopy remains pending and is scheduled for 2/1/24.

- In the fourth record, a routine ENT consult was requested 8/1/23. The patient was seen 8/7/23 and surgery was recommended for a “suspected malignancy.” The inmate had a history of renal cancer with nephrectomy approximately 15 years prior. Thyroid imaging was completed via ultrasound 9/28/23. The inmate was seen in CIC on 10/11/23 and the clinician note stated “seen by ENT in July and again in August at which time he was told the nodule was malignant and he needed surgery. No consult for surgery placed. No pathology/biopsy results in chart.” Although the clinician noted that the required medical care had not been completed, there was no evidence that any action was taken to ensure the consultation was completed by submitting the correct paperwork. As of the date of the survey, a biopsy had not been completed and the status of the possible malignancy remains undetermined.
- In the fifth record, a routine consult for urological evaluation was submitted on 10/29/23. The consult noted that the patient had worsening urinary hesitancy, urgency, and dribbling. A digital rectal examination noted that the prostate was asymmetric with firm nodular contour of left side. On 11/14/23, the inmate declared a medical emergency complaining of blood in the urine and pain which was rated 8 out of 10. The inmate was referred to the onsite clinician and his blood pressure was noted to be 182/120. As of the date of the survey, he had not been seen by the urologist.
- In the sixth record, a routine consult for gastroenterological evaluation was submitted on 11/14/23. This inmate had a history of GI complaints (abdominal pain, diarrhea, constipation). Bloody stools were confirmed in September 2023. The consultation process appeared to have stalled and the patient is awaiting proper evaluation.
- In the seventh record, an urgent neurological consult was submitted 8/1/23 for “64 y/o with fast progression of muscle wasting, urinary/fecal incontinence.” There was no indication that the consult was completed. However, the inmate was transferred to another facility on 10/11/23.
- The remaining three consults were submitted as routine but were not completed within 45 days as required by policy. In one record, a routine referral was submitted to ENT on 9/6/23 and the patient was not seen until 10/30/23. In another record, a referral was submitted for an MRI on 9/25/23 that as of the time of the survey had not been done. In the last record, a routine referral for hernia surgery was submitted 7/25/23 but not completed until 9/11/23.

CMA surveyors noted that incomplete and delayed consultation services may place inmates at risk for adverse health outcomes.



### 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	17	15	2	0	88%
2 The request is responded to within the appropriate time frame	17	17	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	17	17	0	0	100%
4 The follow-up to the request occurs as intended	2	1	1	15	50%

#### Medical Inmate Requests Discussion:

Screen 4: In the deficient record, the inmate had to place multiple requests in order to be seen.

### 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	5	7	0	42%
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	8	1	7	4	13%
4 There is evidence of pneumococcal vaccination or refusal	10	5	5	2	50%
5 There is evidence of influenza vaccination or refusal	12	11	1	0	92%

#### Medication And Vaccination Administration Discussion:

Screen 1: In seven records, there were multiple refusals across several months. However, there was no evidence of any signed refusals.

Screen 3: According to FDC policy, if an inmate misses three consecutive or five total doses within a month, staff is required to meet with the inmate. At that time, a refusal of all future doses can be signed, and the chart forwarded to the clinician for disposition. In these records, there was no evidence this process was followed.

**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)	15	15	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	15	15	0	0	100%
3	The inmate's medications reflect continuity of care	10	9	1	5	90%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	15	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	6	6	0	9	100%
6	Special passes/therapeutic diets are reviewed and continued	6	6	0	9	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	15	4	11	0	27%

**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	17	13	4	0	76%
2	All components of the screening are completed and documented as required	17	0	17	0	0%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	0	17	0	0%
4	Referral to a clinician occurs if indicated	6	6	0	11	100%
5	All applicable health education is provided	17	7	10	0	41%

**Periodic Screenings Discussion:**

Screen 2: In all 17 records, there were no weight and vital signs compared to previous screenings and in over half of these records, lab results were not provided to the inmates. Additionally, three of the records contained no evidence of the required tuberculosis screening.

Screen 3: Seventeen records did not contain the required diagnostic tests performed 7-14 days prior to the periodic screening encounter.

- There was no evidence of fasting blood glucose levels for any of the 17 inmates.
- In four records there was no low dose CT for inmates with an applicable smoking history. This is important preventative health mechanism as it allows for early diagnosis of certain malignancies.
- In six records, there was no CBC and/or urinalysis recorded.
- In six records, there was no stool hemocult cards for those 45 years of age and over.
- In two records, there was no PSA when clinically indicated.

**PREA**

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	8	8	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	8	N/A
3	There is documentation that the alleged victim was provided education on STIs	6	4	2	2	67%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	4	0	4	4	0%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	8	N/A
6	Repeat STI testing is completed as required	4	0	4	4	0%
7	A mental health referral is submitted following the completion of the medical screening	8	1	7	0	13%
8	The inmate is evaluated by mental health by the next working day	7	0	7	1	0%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	1	0	1	7	0%

**PREA Discussion:**

Screen 7: In two records, there was no evidence of the referral. In the remaining records, the referral erroneously indicated that mental health staff had seven days to complete the evaluation, rather than one business day as is required by FDC policy.

Screen 8: In seven records, the mental health evaluation could not be located.

Screen 9: In one record, the inmate wrote a request for additional mental health services following the PREA incident. There was no evidence that these services were provided.

## 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	18	18	0	0	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	18	17	1	0	94%
5	There is evidence of accurate diagnosis based on a complete dental examination	17	17	0	1	100%
6	The treatment plan is appropriate for the diagnosis	17	17	0	1	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	17	17	0	1	100%
8	Dental findings are accurately documented	18	6	12	0	33%
9	Sick call appointments are completed timely	7	7	0	11	100%
10	Follow-up appointments for sick call or other routine care are completed timely	6	6	0	12	100%
11	Consultations or specialty services are completed timely	2	2	0	16	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	18	N/A
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	9	9	0	9	100%
14	The use of dental materials including anesthetic agent are accurately documented	9	9	0	9	100%
15	Applicable patient education for dental services is provided	14	14	0	4	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 an autoclave log is maintained and up to date.	1	0	0	100%
4 Sharps containers are available and properly utilized	1	0	0	100%
5 Biohazardous waste is properly disposed	1	0	0	100%
6 X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7 Dental instruments and equipment are properly sterilized	1	0	0	100%
8 Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9 A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10 The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11 Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12 Dental request logs are effectively maintained	1	0	0	100%
13 Necessary equipment is available, adequate and in working order	0	1	0	0%
14 The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

### Dental Systems Discussion:

Screen 13: Graceville CF does not have the ability to access and read X-rays of inmates coming from other facilities. Rather than exposing inmates to unnecessary radiation, the dental staff wait until new treatment plans are established at Graceville to initiate X-rays. Surveyors expressed concern that this could result in treatment delays.

## Mental Health Survey Findings

### Self-Injury and Suicide Prevention

#### Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	14	12	2	0	86%
2	The nursing evaluation is completed within 2 hours of admission	14	10	4	0	71%
3	Guidelines for SHOS management are observed	6	3	3	8	50%
4	The inmate is observed at the frequency ordered by the clinician	14	5	9	0	36%
5	Nursing evaluations are completed once per shift	14	11	3	0	79%
6	There is evidence of daily rounds by the attending clinician	12	6	6	2	50%
7	There is evidence of daily counseling provided by mental health staff	12	5	7	2	42%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	14	9	5	0	64%
9	There is evidence of adequate post-discharge follow-up by mental health staff	14	7	7	0	50%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	12	1	11	2	8%

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

Screen 3: In three records, inmates were not evaluated by mental health staff by the fourth day of SHOS admission, to determine if a higher level of mental health care was needed during the acute mental health crisis.

Screen 4: In five records, multiple blanks were noted on the safety observation checklists. In one record, observation checklists were missing for three days of the eight-day admission. In three records, safety observation checklists were missing for the entire admission. It should be noted that in two of the records with missing or incomplete safety checklists, the inmate self-harmed to such an extent that it required medical intervention.

## Screen 8:

- In one record, there was no documentation that a face-to-face evaluation was conducted.
- In the second record, the inmate was admitted to self-harm observation status (SHOS) on 10/30/23 due to smearing and eating feces and command hallucinations to kill himself. Prior to this admission, he either refused or was not offered all but one of his Haldol Decanoate injections since May 2023. The day before he was discharged the clinician documented that he was naked and posturing; however, there was no documentation the inmate was seen by the provider the day of discharge. Additionally, he was not offered any medication while on SHOS, although he requested it. CMA surveyors were unable to determine what clinical criteria were used to establish that this inmate was ready to be discharged.
- In the third record, the inmate self-harmed by cutting and a razor was found in his rectum while he was on SHOS. When he was seen by the provider for discharge, he voiced suicidal ideation with a plan to cut. He was discharged to confinement. During the pre-confinement health appraisal, the inmate reiterated his plan to cut, but the clinician declined to readmit him to SHOS. CMA surveyors were unable to determine what clinical criteria were used to establish that this inmate was ready to be discharged and why he was not readmitted to SHOS .
- In the fourth record, the discharge order was written at 0900 but the face-to-face evaluation was conducted at 1112.
- In the fifth record, an order was written on 11/27/23 at 0824 to transfer the inmate from SHOS to mental health observation status (MHOS). There is no indication the inmate was seen by the provider and there was no documentation of a rationale for discharge to a lower level of care.



## 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	16	11	5	0	69%
2	The emergency is responded to within one hour	15	15	0	1	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	11	7	4	5	64%
4	Documentation indicates the clinician fully assessed suicide risk	11	8	3	5	73%
5	A thorough mental status examination is completed	11	9	2	5	82%
6	Appropriate interventions are made	16	5	11	0	31%
7	The disposition is clinically appropriate	16	5	11	0	31%
8	There is appropriate follow-up as indicated in response to the emergency	12	3	9	4	25%

### Psychological Emergency Discussion:

Screen 1: Department policy requires a thorough evaluation following a mental health emergency. This evaluation should assess whether the inmate is at imminent risk for harming themselves or others, and if a higher level of mental health care is needed.

- In the first record, there was no evidence of the required mental health evaluation after the inmate engaged in serious self-injury requiring medical intervention.
- In the second record, there were two incidents of serious self-injury on the same date, in which the inmate attempted to self-harm by jumping head-first from his bunk. A mental health evaluation was not completed for either episode.
- In the third record, the inmate reported an intentional overdose of 100 ibuprofen; however, a mental health evaluation was not completed. In the fourth record, there was a spontaneous use-of-force following an attempted hanging. A mental health evaluation was not completed. In these episodes, the inmate was returned to the housing unit without evidence that a suicide risk assessment was completed. Additionally, there were no attempts to ensure the safety of the inmate, or the safety of other inmates and staff who they may encounter.

Screen 3: In three records, the inmate's history of self-injury and suicide attempts was inaccurately documented. In the remaining record, the mental health evaluation indicated that the inmate's last self-harm attempt was two months prior; however, there were two episodes of self-injurious behavior (SIB) requiring medical intervention earlier that day. CMA surveyors noted that a history of SIB or prior suicide attempts is a

significant risk factor for future self-harm and/or suicide attempts, and that accurately documenting this information is an important component of good clinical practice.

Screen 4: In the first record, future orientation was not addressed. In two records, the suicide risk assessment was incomplete.

Screens 6 & 7:

- In the first record, nursing staff applied Dermabond to a 6 cm laceration across the inmate's forehead, which was the result of his continuously banging his head on the cell door. There was no mental health evaluation completed and the clinician was not contacted. The inmate was sent to confinement. There was no evidence of mental health follow-up for approximately three weeks.
- In the second record, an inmate with a long history of serious SIB requiring medical intervention, inpatient treatment, and outside hospitalizations was sent to GRCF. Upon transfer, the inmate expressed suicidal ideations and was placed in SHOS. While maintained in SHOS the inmate continued to express a desire to self-harm if removed from that status (e.g., "If I am released, I'll cut myself.") The inmate was released from SHOS by the clinician who indicated that the inmate was "manipulative" and using "SIB for gain." That morning at 0900 the inmate was found with four self-inflicted lacerations which required medical intervention. Additionally, an X-ray noted a razor in his rectum. The emergency evaluation following the incident of SIB indicated that the "Inmate was non-participative and unwilling to provide any information or contribute any meaningful substance" so "efforts were discontinued." Another mental health provider noted that the "patient does not endorse suicidal ideation, rather he appears to create theatrics with cutting himself and insertion of foreign bodies." The inmate was sent to the outside hospital for medical intervention and was returned the next day. Upon receipt at GRCF the inmate continued to make threats of self-harm (e.g., "I am going to cut my stomach and pull out my intestines", "I am suicidal and I will cut myself.") The clinician was notified of these statements and orders were received to return the inmate to confinement.
- In the third record, an inmate reported overdosing on 100 ibuprofen. A mental health evaluation was not completed and there was no indication that the clinician was notified of the possible suicide attempt. The inmate was sent to confinement and a mental health referral was completed indicating that mental health staff should follow-up with seven days.
- In the fourth record, there were three incidents of SIB in one day. This inmate had a history of serious SIB and according to his problem list was at "high risk of self-harm." In the first incident, the inmate's bunkmate reported he had "jumped head-first" off the top bunk. The inmate stated, "I just want to die" and "I am not going to stop until I kill myself." The psychiatric provider was notified, and instructions given to return the inmate to confinement. Two hours later, the inmate jumped again and a 3 cm hematoma to the head was noted. The inmate was again returned to confinement. Several hours later, an emergency evaluation was conducted by the mental health professional (MHP). The inmate stated, "I'm going to kill myself. I have nothing to live for." Documentation indicated that the MHP determined that the inmate was not engaging in serious attempts to hurt himself due to the fact that "he didn't even break the skin." The documentation of the emergency reads as follows: "Inmate will self-inflict minor injuries in an attempt to lend credibility to his current manipulative effort. He has lied about swallowing things, jumping off his bunk, and recently stating he has stomach pains, but can't gain weight no matter how much he eats." The inmate was returned to confinement, although he continued to report a desire to "die." Additionally, a review of the medical record showed multiple visits to the medical provider for gastrointestinal complaints including frequent diarrhea and abdominal pain. Lab results recorded 9/29/23 show blood in stools, and follow-up hemoccult studies had been "inconclusive." The inmate's

weight had fluctuated from a high of 160 pounds (9/18/22) to 129 pounds (11/30/23). Medical providers at GRCF began the consultation process for a GI referral on 11/14/23; however, the consultation process appeared to have stalled. CMA surveyors were concerned about the apparent lack of follow-up and recommended further medical evaluation. Additionally, they noted that medical determinations are not within the MHP's scope of practice.

- In the fifth record, the inmate was brought to medical because he was confused and engaging in bizarre behaviors which included playing with and eating feces. The inmate was evaluated by the psychiatric provider who determined that the inmate should be placed in the IMR for observation. However, the inmate was discharged back to his housing unit without explanation.
- In the sixth record, the inmate was sent to medical for evaluation of three open lacerations to the left forearm. During the evaluation the inmate began banging his head against the medical bed resulting in significant bruising. The inmate stated, "I will bleed to death." The mental health clinician was notified, and orders were received to return the inmate to his housing unit. The inmate was not evaluated by mental health staff for several days.
- In the seventh record, there were two incidents in which the inmate voiced suicidal ideation in a 24-hour period. In the first incident, the inmate was brought to medical stating, "I want to hurt myself." The clinician was alerted, and the inmate was returned to his dorm. In the second incident, the inmate reported he planned to hang himself with his sheets. He reported that he had not slept or eaten for several days. It took approximately four hours for the psychiatric provider to assess the inmate. The inmate was returned to his housing unit. It was not clear what steps, if any, were taken after the second incident to ensure the safety of the inmate, including safety observations or removal of inmate's bedding to prevent it from being turned in to a noose.
- In the eighth record, the inmate reported suicidal and homicidal ideations to the MHP during an emergency evaluation. Additionally, the inmate reported command auditory hallucinations that were urging him to "hurt himself or someone else." The MHP recorded the diagnostic impression was "malingering". Additionally, it was written, "Inmate has a history of lewd and lascivious behavior. Placement in SHOS could have the desired reward of facilitating that behavior." The inmate was returned to his housing unit and the MHP indicated that weekly well-being checks would be conducted. However, there was no evidence that these occurred.
- In the ninth record, the emergency evaluation was completed by the MHP after the inmate threatened to self-injure or hurt security staff. Although counseling was deemed "minimally effective" the inmate was returned to his housing unit. Later that day, the inmate was brought to medical with "deep lacerations" to both wrists which required suturing. The psychiatric provider was contacted, and nursing staff was instructed to return the inmate to confinement. There was no evidence of additional mental health follow-up.
- In the tenth record, the inmate was found hanging in his cell and had to be revived using CPR. Upon return from outside hospital, the inmate was evaluated by the psychiatric provider who indicated that Zoloft would be initiated to treat the inmate's ongoing depressive symptoms. However, there was no indication that the medication was ordered prior to the inmate's transfer to another institution, even though the inmate had expressed the desire to start a medication trial to reduce depressive symptoms.

- In the eleventh record, the inmate declared a psychological emergency. Documentation indicated he was “agitated, irritable, and threatening self-harm.” There was no evidence that nursing staff notified the psychiatric clinician. He was returned to the housing unit without any intervention or change in mental status. There was no evidence of subsequent attempts to provide mental health follow-up and there was no documentation of attempts to ensure the inmate’s safety, or the safety of those around him.

**Mental Health Inmate Requests**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	15	8	7	0	53%
2 The request is responded to within the appropriate time frame	9	9	0	6	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	9	9	0	6	100%
4 The follow-up to the request occurs as intended	8	5	3	7	63%
5 Consent for treatment is obtained prior to conducting an interview	9	3	6	6	33%

**Mental Health Inmate Requests Discussion:**

Screen 1: In these records, there was no request in the electronic medical record from the inmate that coincided with the date on the mental health inmate request log provided by the facility.

Screen 4: In one record, there was no evidence that the request for services was answered. In the second record, an inmate reported he was suffering from a mental health “emergency” and reported a desire to restart his psychotropic medications. There was no evidence of the required follow-up. In the remaining record, the inmate reported suicidal ideations with a plan; however, he was not seen emergently as was required by both policy and good clinical practice.

Screen 5: In these records, there was no signed consent for mental health treatment at the time treatment was provided.

## Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	16	10	6	0	63%
2	Psychotropic medications continue as ordered while inmates are held in special housing	7	7	0	9	100%
3	A mental status examination (MSE) is completed in the required time frame	16	5	11	0	45%
4	Follow-up MSEs are completed in the required time frame	14	13	1	2	93%
5	MSEs are sufficient to identify problems in adjustment	14	14	0	2	100%
6	Mental health staff responds to identified problems in adjustment	4	4	0	12	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	16	15	1	0	94%

### Special Housing Discussion:

Screen 1: In these records, the pre-confinement evaluation was not located.

Screen 3: In three records, there was no indication this evaluation took place. In seven records, the evaluation was not completed within the required timeframe, including two exams completed over 30 days late. In the remaining record, the evaluation contained inaccurate information.

**Use of Force**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	10	10	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	10	7	3	0	70%
3	There is evidence physical health staff completed a referral to mental health staff	10	8	2	0	80%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	10	3	7	0	30%
5	Recent changes in the inmate's condition are addressed	5	5	0	5	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	5	5	0	5	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	10	N/A

**Use of Force Discussion:**

Screen 2: In these records, the post use-of-force exam was incomplete and did not include a diagram of the human body.

Screen 4: In five records, mental health staff did not meet with the inmate the next working day, after a use-of-force episode. In another record, the inmate was not seen for greater than 30 days after the use of force. In the remaining record, there was no indication the inmate was seen by mental health.

## Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	4	14	0	22%
2	The inmate is interviewed by mental health staff within 14 days of arrival	8	3	5	10	38%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	7	5	2	11	71%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	18	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	7	11	0	39%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	18	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	1	1	0	17	100%
12	The ISP is individualized and addresses all required components	18	10	8	0	56%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	14	12	2	4	86%
14	ISP goals are time limited and written in objective, measurable behavioral terms	14	13	1	4	93%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	14	12	2	4	86%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
16	The ISP is signed by the inmate and all members of the treatment team	13	2	11	5	15%
17	The ISP is reviewed and revised at least every 180 days	11	7	4	7	64%
18	Identified problems are recorded on the problem list	17	14	3	1	82%
19	The diagnosis is clinically appropriate	16	15	1	2	94%
20	There is evidence the inmate received the mental health services described in the ISP	11	10	1	7	91%
21	Counseling is offered at least once every 60 days	18	14	4	0	78%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	2	1	1	16	50%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	17	13	4	1	76%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	18	14	4	0	78%
30	The frequency of clinical contacts is sufficient	18	13	5	0	72%

**Outpatient Mental Health Services Discussion:**

Screen 1: In three of these records, the consent for mental health treatment was expired. In the remaining 11 records, the consents were unable to be located by staff.

Screen 2: In four records, mental health staff did not complete the service planning interview within the required time frame. In the remaining record, there was no indication the interview was completed.

Screen 12: Four records did not contain an individualized service plan (ISP). One record contained an ISP that had not been updated since the inmate's arrival, at which time he was receiving a higher level of care. The



remaining three records included an ISP but was missing required components; therefore, did not present an adequate snapshot of the inmate's treatment.

Screen 16: In five records, the ISP was not signed by the inmate. In four records, the ISP was only signed by the MHP. One treatment plan was missing the inmate and psychiatrist signatures. Lastly, one ISP was not signed by the inmate or any members of the treatment team.

Screen 17: In four of eleven applicable records, the ISP was not reviewed at the required 180-day intervals. These ISPs were four, seven, nine and ten months overdue.

Screen 21: Two of these inmates did not receive individual therapy for approximately four months. In one record, the inmate was not seen for counseling in the five months prior to the survey. In the remaining record, an inmate who was in confinement did not receive therapy for over six months.

Screen 29: These records contained documentation lacking the details needed to follow the course of treatment. They were not specific to the inmate and notes did not include progress made toward treatment goals, clinical rationale for altering the plan of care, or accurate information regarding medication non-compliance and adherence to the treatment regimen.

Screen 30: In these records, the documentation does not support that services were provided as required or listed on the treatment plan.

## 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	1	1	0	17	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	1	0	1	17	0%
3 Appropriate initial laboratory tests are ordered.	0	0	0	18	N/A
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	3	1	14	75%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	10	5	5	8	50%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	18	0	18	0	0%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	16	1	15	2	6%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	16	0	16	2	0%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	9	9	0	50%
12 Informed consents are signed for each medication prescribed	18	14	4	0	78%
13 Follow-up sessions are conducted at appropriate intervals	18	9	9	0	50%
14 Documentation of psychiatric encounters is complete and accurate	18	4	14	0	22%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	8	5	3	10	63%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

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

Screen 2: In one record, the neurology clinic note did not reflect whether the inmate has had or was having seizures when seen on 12/8/22. There was no evidence of a documented multi-disciplinary services team (MDST) meeting which would allow all members to have knowledge of the control of the disease and status of the patient.

Screen 4: In this record, an inmate was taking Lamotrigine which is used to control seizures, as well as for its mood stabilizing properties. The laboratory results were sub-therapeutic when the blood level was tested in August 2023. However, there was no mention of the abnormal lab in the next follow-up psychiatry note.

Screen 5: In three records, inmates taking antipsychotic medication did not receive annual lipid levels. In one record, an inmate taking an antidepressant did not have thyroid testing completed since his arrival at the facility in July 2021. In the remaining record, an inmate on both an antidepressant and antipsychotic did not have any labs ordered since 9/2/22.

Screen 8: In all the records reviewed for psychotropic medication practices, none of the inmates were receiving the medications as prescribed. This was a sample of only the patients who receive direct-observation-treatment (DOT) medications, not those taking keep-on-person (KOP) medications. In seven of these records, there were multiple blanks on the medication administration record (MAR) in each of the months reviewed. Blanks on the MAR make it impossible to determine if the medication was available and offered to the inmate for each dose. In five records, there was a lapse in the medication prescription ranging from two to three weeks during which time the inmate did not receive doses of their psychotropic medication. In the next two records, it

was unclear if the inmate was receiving KOP or DOT medications due to contradictions in the MAR and the progress notes. In one record, the inmate received less than 15 doses of Lexapro ordered daily, during the year 2023. Another inmate missed an average of 10 doses a month for the six months prior to the survey. In the remaining two records, several refusals for multiple months in the past year were noted on the MAR; however, there was no evidence of refusals signed by the inmate. Additionally, none of the MARs reviewed indicated that the escalation policy was followed when an inmate had a “no-show” or did not arrive at medication pass when instructed.

Screen 9: In these records, there was no evidence that nursing staff met with the inmate after two consecutive missed doses to provide education and encourage medication compliance.

Screen 10: If an inmate misses three consecutive or five total doses within a month, staff is required to meet with the patient. At that time, a refusal of all future doses can be signed, and the chart forwarded to the clinician for disposition. In these records, there was no evidence this process was followed.

Screen 11: In four records, medications that tend to be activating, typically given upon waking, were scheduled for 0200 (2:00 am). In another four records, sedating medications, typically given at bedtime, were scheduled for 1400 (2:00 pm). In the remaining record, both types of medications were ordered at inappropriate times.

Screen 12: In these records, informed consent was not obtained in writing for each psychotropic medication. Department policy and community standards of practice require that patients are informed in writing of the risks and/or benefits of psychotropic medications.

Screen 13: In three records, inmates who were started on a new medication were not seen again after two weeks as required. In the next two records, the inmate missed a follow-up appointment, and the medications were discontinued without a corresponding order from the clinician. In three records, the inmate was not seen at the required 90-day interval and the prescription expired without a bridge order being placed. In the last record, the inmate had a diagnosis of major depressive disorder but was treated with Oxcarbazepine without clear clinical rationale.

Screen 14: In one record, the inmate reported the presence of command hallucinations instructing him to kill himself. There was no further description of these new symptoms. In nine records, medication compliance information was inaccurate or not addressed. In two records, abnormal labs were not noted. In two records, the psychiatric provider inaccurately documented that the inmate was not prescribed psychotropic 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)	14	4	10	0	29%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	11	1	10	3	9%
3 Appropriate patient care summaries are completed within 30 days of EOS	6	0	6	8	0%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	0	1	13	0%

## 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%

**Infirmary**

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

**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	0	1	0	0%
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	0	1	0	0%
6 First-aid kits are present in housing units	1	0	0	100%

**Inmate Housing Area Discussion:**

Screen 1: A hole was noted in the floor In Dorm D-1. It was reported that two inmates flipped after their wheelchairs ran in the hole. Due to the imminent safety hazard, the CMA surveyor requested that a cone be placed over the hole until it could be repaired. In Dorm D-2, buckets were utilized to catch water from a leaky roof. According to staff and inmates, the roof has been leaking for several years.

**Pharmacy**

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

**Psychiatric Restraint**

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

### 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	0	1	0	0%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

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

Screen 1: Almost all of the isolation management rooms (IMR) contained a safety hazard. Portions of the camera lenses in the IMRs were painted over, leaving a significant blind spot that did not allow for the monitoring of inmate safety during an acute mental health crisis.

### 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%

### Mental Health Services

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



**Administrative Issues Physical Health Care**

ADMINISTRATIVE ISSUES	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Pill line administration times were inappropriate	1	0	0	0%

**Administrative Issues Physical Health Care Discussion:**

Screen 1: A review of the medical records and discussions with institutional staff indicated that the pill line administration times were 0200 and 1400. CMA surveyors were concerned that these times would be inappropriate for inmates receiving medications that are especially activating or sedating. Additionally, there was concern that the above times were not conducive to ensuring inmate compliance with their medication regimen.

**Administrative Issues Mental Health Care**

ADMINISTRATIVE ISSUES	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Pill line administration times were inappropriate	1	0	0	0%
2 Multi-disciplinary Services Team (MDST) meetings were not conducted	1	0	0	0%

**Administrative Issues Mental Health Care Discussion:**

Screen 1: A review of the medical records and discussions with institutional staff indicated that the pill line administration times were 0200 and 1400. CMA surveyors were concerned that these times would be inappropriate for inmates receiving medications that are especially activating or sedating. Additionally, there was concern that the above times were not conducive to ensuring inmate compliance with their medication regimen.

Screen 2: Graceville Correctional Facility does not hold MDST meetings. MDST typically includes the inmate, members of mental health, medical, and correctional staff. Without these meetings, it is difficult to ensure all members of the treatment team and the inmate are knowledgeable of, and agreeable to, the plan of care.

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA staff and surveyors. The majority of inmates interviewed reported similar complaints about medical services. Overall, half reported they had medical issues that were not being addressed.

Inmates also expressed multiple concerns related to barriers in accessing medical services. The majority of inmates indicated that they submitted sick call requests that were never acknowledged. Three inmates in confinement reported that security staff refuses to provide them with sick call forms. Additionally, four inmates reported they were denied the ability to request emergency services. Most inmates reported difficulties in obtaining medications. Eight of 12 inmates indicated that officers in housing areas tell them they don't have over-the-counter (OTC) medications or refuse to provide them. Two of these inmates reported they were told to buy OTC medications at the canteen but indicated they could not afford them. Four of five inmates reported there were delays in refilling their KOP medications which led to lapses in medication administration.

Four inmates reported they have received dental services and stated their issues had been addressed. A majority voiced satisfaction with the overall quality of dental care. Eight inmates reported they received mental health services and five expressed satisfaction with these services.

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

Five members of the medical team participated in interviews. Overall, CMA surveyors and staff noted an inadequate understanding of FDC's policies and procedures in many areas. These areas included responding to medical and psychological emergencies, obtaining specialty medical services, and the administration of medications. There also appeared to be some knowledge gaps in the proper utilization of the electronic health record.

Overall, staff indicated they were motivated to provide good clinical services. Some staff reported issues with inmates receiving appropriate medications stating that they are often denied by MTC staff. For example, one staff member gave an example of only being able to give Tylenol to an inmate dying of metastatic cancer. The staff member indicated that the inmate's pain was not controlled up until the time of his death. Several staff indicated the need for basic first aid training for security staff and suggested having a mental health provider available on weekends and after hours.

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

Three members of the mental health team agreed to participate in interviews. They indicated that additional staff would be helpful in ensuring that the mental health needs of the inmate population are met. Staff reported that having MDST would be beneficial. Several staff members did not know that MDST meetings were a required component of the mental systems required by FDC policy.

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

Three correctional officers were interviewed. Most appeared knowledgeable about policies pertaining to the sick call process although one officer did report that officers, not nurses, pick up sick call forms in confinement. One officer, in addition to medical staff above, expressed the need for mental health staff on the weekends.

## 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	1
General Chronic Illness Clinics	1
Immunity Clinic	3
Miscellaneous Clinic	1
Neurology Clinic	1
Oncology Clinic	2
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	2
Outpatient Infirmary Care	4
Inpatient Infirmary Care	6
Sick Call	2
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	6
Consultations	3
Medical Inmate Request	1
Medication and Vaccine Administration	3
Intra-System Transfers	1
Periodic Screening	4
PREA Medical Review	6

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	1
Dental System	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	2
Administrative Issues Physical Health Care	1
<b>Total Findings</b>	
<b>Total</b>	<b>52</b>

### Mental Health Findings Summary

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	9
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	2
Psychological Emergencies	6
Mental Health Inmate Request	3
Special Housing	2
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	12
Outpatient Psychotropic Medications	11
Aftercare Planning	4

<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	2
Administrative Issues Mental Health Care	2
<b>Total Findings</b>	
<b>Total</b>	<b>53</b>

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

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

## Recommendations

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

- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- 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.
- Conduct a review of recently completed consultations to ensure that all aspects of the clinical treatment plan were completed.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Develop a system to access and review dental X-rays from receiving facilities.
- Provide additional training to clinicians on relevant policies and procedures for infirmary and SHOS acute care admissions.
- Conduct weekly MDST meeting to include all disciplines and the inmate when possible.
- Provide additional training to medical and mental health staff regarding self-harm and suicide prevention techniques including assessment for imminent danger and appropriate level of care.