HAMILTON CORRECTIONAL INSTITUTION - ANNEX

CORRECTIONAL MEDICAL AUTHORITY

April 15-17, 2025

Report Distributed: July 2, 2025
Corrective Action Plan Due: August 1, 2025

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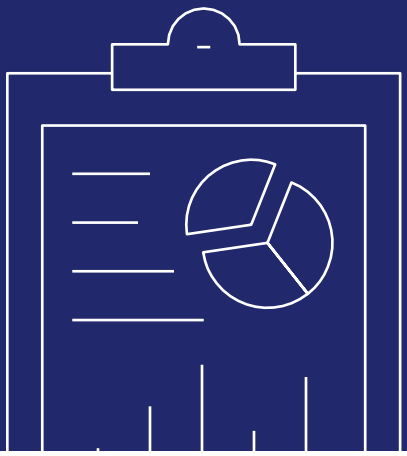

BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large.

2) to promote ongoing improvement in the correctional system of health services; and,

3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Hamilton Correctional Institution-Annex (HAMAN) 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. Hamilton Correctional Institution consists of a Main Unit and an Annex.[1]

Institutional Potential and Actual Workload

Annex Capacity	1551	**Annex Census**	1476
Satellite Unit(s) Capacity	N/A	**Current Satellite(s) Census**	N/A
Total Capacity	1551	**Total Current Census**	1476

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	823	594	52	0	13	651

Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**Mental Health Inpatient**			
	1	**2**	**3**	**4**	**5**	**6**	**Impaired**
	824	142	516	N/A	N/A	N/A	2

Inmates Assigned to Special Housing Status

	DC	**AC**	**PM**	**CM3**	**CM2**	**CM1**
Confinement/ Close Management	148	85	22	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	1
Registered Nurse	8	0
Licensed Practical Nurse	10	2
DON/Nurse Manager	2	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	N/A	N/A
Mental Health Professional	6	2
Aftercare Coordinator	1	0
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

HAMILTON CORRECTIONAL INSTITUTION – ANNEX SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at HAMAN on May 20-22, 2025. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

Survey Findings Summary			
Physical Health Survey Findings	**6**	**Mental Health Survey Findings**	**8**

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	17	1	0	94%
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	9	9	0	9	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	11	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	2	2	0	16	100%
	Overall Compliance Score 99%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	16	1	0	94%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	16	1	0	94%
4	Annual laboratory work is completed as required	16	16	0	1	100%
5	Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	15	13	2	2	87%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	11	11	0	6	100%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	12	12	0	5	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	13	13	0	4	100%
10	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
11	Patients are receiving insulin as prescribed	10	10	0	7	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
	Overall Compliance Score 98%					

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	15	1	0	94%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	14	2	0	88%
4	Annual laboratory work is completed as required	16	16	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	16	15	1	0	94%
8	Abdominal ultrasounds are completed at the required intervals	15	15	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	16	16	0	0	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	16	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	16	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	16	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	16	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A
	Overall Compliance Score 97%					

General Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Record	YES	NO	N/A	Compliance Percentage
1	The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
2	Appropriate patient education is provided	14	14	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	14	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	14	14	0	0	100%
	Overall Compliance Score 100%					

Immunity Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	16	16	0	0	100%
2	There is evidence of an appropriate physical examination.	16	16	0	0	100%
3	Did the on-site medical provider review the DOH documentation?	16	16	0	0	100%
4	Were appropriate laboratory and imaging requirements completed as recommended by the DOH medical provider?	16	16	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	2	2	0	14	100%
6	Is the inmate receiving HIV medications as prescribed?	16	16	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	8	8	0	8	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	14	100%
	Overall Compliance Score 100%					

Miscellaneous Chronic Illness Clinic

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

Neurology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the neurology clinic	15	15	0	0	100%
2	There is evidence of an appropriate physical examination	15	13	2	0	87%
3	Annual laboratory work is completed as required	15	15	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	2	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	2	100%
6	Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
	Overall Compliance Score 98%					

Oncology Chronic Illness Clinic

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the oncology clinic	10	10	0	0	100%
2	There is evidence of an appropriate physical examination	10	9	1	0	90%
3	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	8	8	0	2	100%
4	Annual laboratory work is completed as required	10	10	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	3	3	0	7	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	0	0	0	10	N/A
8	Oncological treatments are received as prescribed	0	0	0	10	N/A
9	Patients are referred to a specialist for more in-depth treatment as indicated	4	4	0	6	100%
	Overall Compliance Score 99%					

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the respiratory clinic	16	16	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	7	7	0	9	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	A peak flow reading is recorded at each visit	16	16	0	0	100%
5	There is evidence of an appropriate physical examination	16	14	2	0	88%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
	Overall Compliance Score 98%					

Tuberculosis Chronic Illness Clinic

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

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	6	6	0	12	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	17	1	0	94%
3	Vital signs including weight are documented	18	18	0	0	100%
4	There is evidence of appropriate and applicable patient education	17	15	2	1	88%
5	Findings requiring clinician notification are made in accordance with protocols	13	13	0	5	100%
6	Follow-up visits are completed timely	10	9	1	8	90%
7	Clinician's orders from the follow-up visit are completed as required	9	9	0	9	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	4	4	0	14	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	4	4	0	14	100%
	Overall Compliance Score 97%					

Outpatient Infirmary Care

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

Inpatient Infirmary Care

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	9	9	0	0	100%
2	All orders are received and implemented	9	9	0	0	100%
3	A thorough nursing assessment is completed within two hours of admission	9	9	0	0	100%
4	A Morse Fall Scale is completed at the required intervals	9	9	0	0	100%
5	Nursing assessments are completed at the required intervals	9	9	0	0	100%
6	Clinician rounds are completed and documented as required	9	9	0	0	100%
7	Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	8	100%
8	A discharge note containing all of the required information is completed as required	2	2	0	7	100%
9	A discharge summary is completed by the clinician within 72 hours of discharge	2	2	0	7	100%
	Overall Compliance Score 100%					

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	16	2	0	89%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Referrals to a higher level of care are made in accordance with protocols	14	14	0	4	100%
7	Follow-up visits are completed in a timely manner	13	11	2	5	85%
8	Clinician orders from the follow-up visit are completed as required	13	13	0	5	100%
	Overall Compliance Score 97%					

Other Medical Records Review

Confinement Medical Review

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Pre-Special Housing Health Evaluationis complete and accurate	18	15	3	0	83%
2	All medications are continued as prescribed while in the inmate is held in special housing	14	14	0	4	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	11	11	0	7	100%
4	All emergencies are responded to within the required time frame	1	1	0	17	100%
5	The response to the emergency is appropriate	1	1	0	17	100%
6	All sick call appointments are triaged and responded to within the required time frame	13	13	0	5	100%
7	New or pending consultations progress as clinically required	3	1	2	15	33%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	7	7	0	11	100%
	Overall Compliance Score 90%					

Confinement Medical Review Discussion:

Screen 7: In both records, optometrist referrals did not progress in a timely manner. In the first record, the appointment was pending six months before the patient refused. In the second record, the patient had been seen in January and a follow-up was recommended in 90 days. The patient had not been scheduled as of the date of the survey.

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Documentation of clinical information is sufficient to obtain the needed consultation	16	16	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	16	16	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	15	10	5	1	67%
4	The consultation report is reviewed by the clinician in a timely manner	15	15	0	1	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	15	15	0	1	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	15	14	1	1	93%
7	The diagnosis is recorded on the problem list	16	16	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	16	N/A
9	There is evidence that the ATP is implemented	0	0	0	16	N/A
	Overall Compliance Score 94%					

Consultation Services Discussion:

Screen 3: In one record, the provider ordered an emergent ortho consult for an acute hand fracture on 2/25/25. These referrals require immediate attention. The patient was seen on 2/28/25 and an emergent open reduction was recommended and completed the same day.

The following routine requests for services were not completed within 45 days as required:

- A request for excision of a large mass on the scalp was submitted on 11/21/24. The procedure was not completed until 2/14/25.
- On 6/11/24 a request to general surgery was made for removal of basal cell carcinoma with margin involvement. The surgery was not done until 3/12/25.

The following urgent requests were not completed within 14 business days as required:

- An urgent request was submitted for a CT after an abnormal chest X-ray for lung mass/nodules. The CT was approved and scheduled for 1/17/25; however, the patient was not transported and there was no reason documented. The patient was rescheduled for 1/23/25 but could not be transported that day due to snow. The CT was not done until 2/6/25.
- An urgent request for a thyroidectomy was submitted on 12/18/24. It was not completed until 2/10/25.

Medical Inmate Requests

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2	The request is responded to within the appropriate time frame	18	18	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4	The follow-up to the request occurs as intended	6	4	2	12	67%
	Overall Compliance Score 92%					

Medical Inmate Requests Discussion:

Screen 4: In one record the inmate inquired about the glasses he had previously been told were ordered. The response was he had a pending referral to the optometrist that had been requested on 11/13/24 and to please be patient. As of the date of the survey, the inmate had not been seen. In the second record, the inmate was told in the response that he had a pending optometry exam. There was no record it had been requested.

Medication And Vaccination Administration

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The inmate receives medications as prescribed	12	10	2	0	83%
2	Allergies are listed on the MAR or the medication page in the EMR	12	11	1	0	92%
3	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	5	2	3	7	40%
4	There is evidence of pneumococcal vaccination or refusal	11	11	0	1	100%
5	There is evidence of influenza vaccination or refusal	10	10	0	2	100%
	Overall Compliance Score 83%					

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3	The inmate's medications reflect continuity of care	16	16	0	2	100%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	18	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	13	13	0	5	100%
6	Special passes/therapeutic diets are reviewed and continued	2	2	0	16	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	11	7	0	61%
	Overall Compliance Score 94%					

Periodic Screenings

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The periodic screening encounter is completed within one month of the due date	17	16	1	0	94%
2	All components of the screening are completed and documented as required	17	15	2	0	88%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	12	5	0	71%
4	Referral to a clinician occurs if indicated	5	4	1	12	80%
5	All applicable health education is provided	17	17	0	0	100%
	Overall Compliance Score 87%					

Periodic Screenings Discussion:

Screen 3: In four records, there was no evidence of hemoccult results or an appropriately signed refusal. In the last record, the hemoccult cards were returned two weeks after the date of the periodic exam.

PREA

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	12	12	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	12	N/A
3	There is documentation that the alleged victim was provided education on STIs	0	0	0	12	N/A
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	12	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	12	N/A
6	Repeat STI testing is completed as required	0	0	0	12	N/A
7	A mental health referral is submitted following the completion of the medical screening	12	11	1	0	92%
8	The inmate is evaluated by mental health by the next working day	12	10	2	0	83%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	12	N/A
	Overall Compliance Score 92%					

Dental Review

Dental Care

	SCREEN QUESTION	COMPLIANCE SCORE				
		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	15	15	0	3	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	15	15	0	3	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	18	18	0	0	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	14	14	0	4	100%
8	Dental findings are accurately documented	17	17	0	1	100%
9	Sick call appointments are completed timely	10	10	0	8	100%
10	Follow-up appointments for sick call or other routine care are completed timely	3	3	0	15	100%
11	Consultations or specialty services are completed timely	2	2	0	16	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	18	18	0	0	100%
14	The use of dental materials including anesthetic agent are accurately documented	18	18	0	0	100%
15	Applicable patient education for dental services is provided	18	18	0	0	100%
	Overall Compliance Score 100%					

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%
	Overall Compliance Score 100%				

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	12	10	2	0	83%
2	The nursing evaluation is completed within 2 hours of admission	12	11	1	0	92%
3	Guidelines for SHOS management are observed	9	7	2	3	78%
4	The inmate is observed at the frequency ordered by the clinician	12	11	1	0	92%
5	Nursing evaluations are completed once per shift	12	11	1	0	92%
6	There is evidence of daily rounds by the attending clinician	12	11	1	0	92%
7	There is evidence of daily counseling provided by mental health staff	12	12	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	12	11	1	0	92%
9	There is evidence of adequate post-discharge follow-up by mental health staff	8	7	1	4	88%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	9	8	1	3	89%
	Overall Compliance Score 90%					

Self-Injury and Suicide Prevention Discussion:

Screen 3: In the first record, the patient was admitted to self-harm observation status (SHOS) after an attempted hanging. He refused most evaluations and assessments throughout the first three days of his infirmary admission. On the fourth day, when the provider met with the patient, the documentation stated only that he did not meet the criteria for a higher level of care but gave no further details or a clinical rationale. In the second record, the rationale for not referring the patient to a higher level of care was not made by the attending clinician.

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	16	16	0	0	100%
2	The emergency is responded to within one hour	16	16	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	16	14	2	0	88%
4	Documentation indicates the clinician fully assessed suicide risk	16	14	2	0	88%
5	A thorough mental status examination is completed	16	16	0	0	100%
6	Appropriate interventions are made	16	13	3	0	81%
7	The disposition is clinically appropriate	16	15	1	0	94%
8	There is appropriate follow-up as indicated in response to the emergency	7	6	1	9	86%
	Overall Compliance Score	**92%**				

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the inmate request form is present in the electronic health record	15	12	3	0	80%
2	The request is responded to within the appropriate time frame	12	10	2	3	83%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	12	12	0	3	100%
4	The follow-up to the request occurs as intended	10	10	0	5	100%
5	Consent for treatment is obtained prior to conducting an interview	10	8	2	5	80%
	Overall Compliance Score	**89%**				

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The pre-confinement examination is completed prior to placement in special housing	15	15	0	0	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	3	3	0	12	100%
3	A mental status examination (MSE) is completed in the required time frame	14	12	2	1	86%
4	Follow-up MSEs are completed in the required time frame	9	9	0	6	100%
5	MSEs are sufficient to identify problems in adjustment	10	10	0	5	100%
6	Mental health staff responds to identified problems in adjustment	6	5	1	9	83%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	12	12	0	3	100%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	15	N/A
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	15	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	15	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	15	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	15	N/A
Overall Compliance Score						**96%**

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A post use-of-force physical examination is present in the record	12	12	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	12	11	1	0	92%
3	There is evidence physical health staff completed a referral to mental health staff	12	12	0	0	100%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	12	12	0	0	100%
5	Recent changes in the inmate's condition are addressed	11	10	1	1	91%
6	There is evidence of appropriate follow-up care for identified mental health problems	11	10	1	1	91%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A
Overall Compliance Score 96%						

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	17	1	0	94%
2	The inmate is interviewed by mental health staff within 14 days of arrival	12	10	2	6	83%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	12	12	0	6	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	2	2	0	16	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	2	2	0	16	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	1	1	0	17	100%
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	17	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	1	1	16	50%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	3	2	1	15	67%
12	The ISP is individualized and addresses all required components	18	18	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	17	1	0	94%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	18	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	17	1	0	94%

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
16	The ISP is signed by the inmate and all members of the treatment team	18	12	6	0	67%
17	The ISP is reviewed and revised at least every 180 days	16	13	3	2	81%
18	Identified problems are recorded on the problem list	18	18	0	0	100%
19	The diagnosis is clinically appropriate	18	18	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	18	17	1	0	94%
21	Counseling is offered at least once every 60 days	18	15	3	0	83%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	7	7	0	11	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	11	11	0	7	100%
24	Progress notes are of suficient detail to follow the course of treatment	18	18	0	0	100%
25	The frequency of clinical contacts is sufficient	18	18	0	0	100%
Overall Compliance Score 91%						

Outpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	5	5	0	13	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	4	4	0	14	100%
3	Appropriate initial laboratory tests are ordered.	3	3	0	15	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	3	3	0	15	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	15	15	0	3	100%
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	4	4	0	14	100%
8	The inmate receives medication(s) as prescribed	17	12	5	1	71%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	4	1	3	14	25%
10	The inmate signs DC4-711A “Refusal of Health Care Services” after three consecutive OR five medication refusals in one month.	2	1	1	16	50%

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consents are signed for each medication prescribed	18	18	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	18	17	1	0	94%
14	Documentation of psychiatric encounters is complete and accurate	18	16	2	0	89%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	12	12	0	6	100%
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
	Overall Compliance Score	**88%**				

Outpatient Psychotropic Medication Practices Discussion:

Screen 8: In the first record, the patient was prescribed keep-on-person (KOP) medications. Surveyors were unable to determine if a supply of these medications was dispensed to the patient because only two of the six months of refill slips provided by the pharmacy contained the medication name, dose and date of the refill. In the second record, the drug exception request (DER) approval expired on 7/31/24 as documented in the provider note. It was not renewed for approximately one month, leaving the patient without the psychotropic medication. Additionally, surveyors were unable to determine the status of KOP refills with the receipts provided by pharmacy. In the remaining records, surveyors were unable to determine if the patient received the medication as prescribed due to a lack of documentation on the KOP refill receipts provided by the pharmacy.

Aftercare Planning

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	13	13	0	0	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	13	11	2	0	85%
3	Appropriate patient care summaries are completed within 30 days of EOS	11	7	4	2	64%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	3	3	0	10	100%
Overall Compliance Score 87%						

Institutional Systems Tour

Medical Area

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

Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
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%
	Overall Compliance Score 100%				

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%
	Overall Compliance Score 100%				

Pharmacy

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

Psychiatric Restraint

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	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%
	Overall Compliance Score 100%				

Self-Injury/Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%
Overall Compliance Score 100%					

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%
Overall Compliance Score 100%					

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. Seven of 12 inmates interviewed reported difficulty getting sick call request forms from the officers, and four reported they were not able to declare an emergency when needed. Reasons ranged from the officers wouldn't call it in, to being told "quit being a baby." Only one person reported any issues receiving their prescription medications, but a few stated that their supply of KOP medications were stolen or lost leaving them without any until the next refill. Additionally, several interviewees stated it was difficult to obtain over-the-counter medications in the dorms.

Six inmates reported they have received mental health services and five stated their counselor was helpful and felt like they listened. Seven inmates indicated they have used dental services, and the majority stated that their issues had been addressed. Overall, the inmates interviewed were satisfied with the medical, mental health, and dental care received at Hamilton Annex. Conversely, many had concerns about their ability to access care consistently due to security procedures and/or security staff members.

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution**.** The constant lockdowns were listed as the biggest challenges staff face. Several suggestions for improvement were given including more staffing, better transportation for outside appointments, having an APRN for sick call, and more hands-on training for the newer nurses. Overall, medical staff feel that they work well as a team and do a good job given their high volume of callouts and emergencies.

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health staff were interviewed. Interviewees stated their biggest challenges were the number of lockdowns they have and that they are short-staffed. They indicated the addition of two telehealth counselors has helped with staffing issues. Mental health staff were familiar with policies and procedures related to the accessing of mental health care.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Officers appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. They reported the only time an inmate may be afraid to ask for any type of care would be when in a fight or injured by another inmate.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	**Total Number Finding**
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	**Total Number Finding**
Physical Health Systems	0
Total Findings	
Total	**6**

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	**Total Number Finding**
Mental Health Systems	0
Total Findings	
Total	**8**

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 HAMAN the CMA makes the following recommendations:

- Ensure that providers document a thorough and complete examination for all clinic visits.
- Ensure consultation appointments are completed within the required timeframes.
- Ensure laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Explore the possibility of outside providers to ensure timeliness of optometry appointments and help reduce the current scheduling backlog.
- Ensure the protocol is followed when inmates refuse medication.
- Ensure complete and accurate documentation is provided on KOP medication refill slips.
- Ensure that inmates receive psychotropic medications as prescribed, and that the escalation policy is followed.