HAMILTON CORRECTIONAL INSTITUTION

CORRECTIONAL MEDICAL AUTHORITY

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Report Distributed:
Corrective Action Plan Due:

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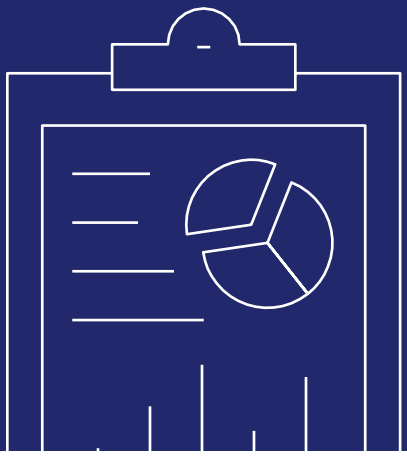

BACKGROUND AND SCOPE

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 (HAMCI) 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. HAMCI consists of a Main Unit and an Annex. The Work Camp is currently closed.[1]

Institutional Potential and Actual Workload

Main Unit Capacity	1257	**Current Main Unit Census**	647
Satellite Unit(s) Capacity	1551	**Current Satellite(s) Census**	1476
Total Capacity	2808	**Total Current Census**	2123

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	372	207	17	0	0	164

Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**Mental Health Inpatient**			
	1	**2**	**3**	**4**	**5**	**6**	**Impaired**
	424	48	124	N/A	N/A	N/A	0

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	0	0
Clinical Associate	2	1
Registered Nurse	5	1
Licensed Practical Nurse	7	3
DON/Nurse Manager	1	0
Dentist	1	1
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

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

HAMILTON CORRECTIONAL INSTITUTION SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at HAMCI on May 20-25, 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 HAMCI. 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		**Mental Health Survey Findings**	

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

Endocrine Clinic Chronic Illness Clinic

Endocrine Clinic Discussion:

Gastrointestinal Chronic Illness Clinic

General Chronic Illness Clinic

General Chronic Illness Clinic Discussion:

Immunity Chronic Illness Clinic

Immunity Chronic Illness Clinic Discussion:

Miscellaneous Chronic Illness Clinic

Neurology Chronic Illness Clinic

Oncology Chronic Illness Clinic

Respiratory Chronic Illness Clinic

Tuberculosis Chronic Illness Clinic

Episodic Care

Emergency Services

Emergency Services Discussion:

Screen 3: In four of 18 records reviewed, the weight was not included with the vital signs.

Outpatient Infirmary Care

Inpatient Infirmary Care

Inpatient Infirmary Care Discussion:

Sick Call Services

Sick Call Services Discussion:

Screen 7: In two of nine applicable records reviewed, there was no evidence the clinician follow-up visit had a complete assessment. The first record revealed a patient was seen on 4/11/25 with possible folliculitis/cyst and returned for a follow-up on 4/15/25. The clinician's objective (physical findings) on the follow-up noted "see nursing note". There was no up-to-date assessment noted from four days prior. A second patient was seen in sick call on 2/24/25 complaining of an insect or possible spider bite to the "right" knee and was seen and treated with antibiotics by the clinician on that same day. The patient was instructed to return in two days for a follow-up but was not seen until 2/28/25 (four days later). At the follow-up visit, the clinician noted the location of the bite was on the "left" knee.

Other Medical Records Review

Confinement Medical Review

Confinement Medical Review Discussion:

Consultations

Consultation Services Discussion:

Screen 3: In seven of 12 records reviewed, there was no evidence the consultation was completed timely:

-H61351 routine surgical consult for abdominal ventral hernia 10/22/24, appointment 1/15/25, > 45 days.
-C32579 routine neurology consult for evaluation of seizures 3/26/25, appointment scheduled for 5/22/25, > 45 days.
-N42079 routine GI consultation for occult blood in stool and anemia 9/13/24, appointment 12/27/24, > 45 days.
-K42479 3/20/25 routine consult for general surgery f/u after MRI completed for large mass to left scapular area for several years, f/u appointment scheduled for 05/12/25 but rescheduled, > 45 days.
-X19306 routine ophthalmologist consult for evaluation of eyelid lesion 03/20/25, was EOS'd 5/21/25 before appointment, > 45 days.
-S92253 routine general surgery consult 03/21/25 for chest mass, appointment 5/12/25, > 45 days.
-T67433 routine general surgery consult for right temple mass 10/4/24, appointment 2/19/25, > 45 days.

Medical Inmate Requests

Medication And Vaccination Administration

Medication And Vaccination Administration Discussion:

Screen 5: In two of eight applicable records, there was no evidence of an influenza vaccination or a refusal.

Intra-System Transfers

Intra-System Transfers Discussion:

Screen 7: In nine of 18 records reviewed, there was no evidence the provider reviewed the health record and DC4-760A within seven days of arrival.

Periodic Screenings

Periodic Screenings Discussion:

Screen 3: In three of 12 applicable records, the diagnostic/laboratory tests were not completed as required. All three patients had long histories of smoking and were missing their annual low dose CTs. Two of these patients were also missing hemoccult card results or refusals.

PREA

PREA Discussion:

Screen 8: In two of four records reviewed, there was no evidence the inmate was evaluated by mental health (MH) the next working day for crisis intervention and follow-up. One record revealed the follow up was 6 days after the PREA occurred. In the second record, the MH evaluation was refused by the inmate, but the MHP could have completed observable information.

Dental Review

Dental Care

Dental Systems

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention Discussion:

Psychiatric Restraints

Psychiatric Restraints Discussion:

Access To Mental Health Services

Psychological Emergency

Mental Health Inmate Requests

Special Housing

Special Housing Discussion:

Use of Force

Use of Force Discussion:

Inpatient Mental Health Services

Inpatient Mental Health Services Discussion:

Inpatient Psychotropic Medication Practices

Outpatient Mental Health Services

Outpatient Mental Health Services Discussion:

Outpatient Psychotropic Medication Practices

Outpatient Psychotropic Medication Practices Discussion:

Aftercare Planning

Institutional Systems Tour

Medical Area

Infirmary

Inmate Housing Areas

Pharmacy

Psychiatric Restraint

Self-Injury/Suicide Prevention

Special Housing

Mental Health Services

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. Most inmates were complementary of medical services and indicated that sick call and emergency services were administered timely. Inmates denied difficulty in obtaining medications, both KOP and over the counter in housing areas. A few inmates are receiving dental services and reported satisfaction.
Inmates also reported they were satisfied with mental health services. They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment.

MEDICAL STAFF INTERVIEWS

Four members of the medical team participated in interviews including clinical and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution**.**
Overall, staff indicated they are motivated to provide good clinical services and felt medical and security personnel work well together. One thing that feels they are doing particularity well at is that this institution's sick-call nurse is an APRN, this allows the inmates to be seen by the provider the next day.

MENTAL HEALTH STAFF INTERVIEWS

One mental health professional (MHP) participated in an interview. The MHP appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge and was familiar with policies and procedures related to the accessing of mental health care. Staff suggested that not having a mental health clerk can be challenging, but ensure good care is provided and medical, mental health and security have a great team here.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. They appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures pertaining to inmates being placed in special housing, and they described a good working relationship with medical and mental health staff. One officer suggested that if medical had computer in confinement, it would help alleviate the need to bring inmates to medical to wait for appointments.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	**Total Number Finding**
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	**Total Number Finding**
Emergency Care	1
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	1
Other Medical Records Review	
Assessment Area	**Total Number Finding**
Confinement Medical Review	N/A
Consultations	1
Medical Inmate Request	0
Medication and Vaccine Administration	1
Intra-System Transfers	1
Periodic Screening	1
PREA Medical Review	1
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	**8**

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	**Total Number Finding**
Mental Health Systems	**0**
Total Findings	
Total	**5**

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 HAMCI the CMA makes the following recommendations:

- Ensure consultations and specialty services are completed within the required time frame.
- Ensure clinician follow-up referrals from sick call appointments and emergency visits are performed timely.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters