
HERNANDO CORRECTIONAL INSTITUTION



March 11-13, 2025

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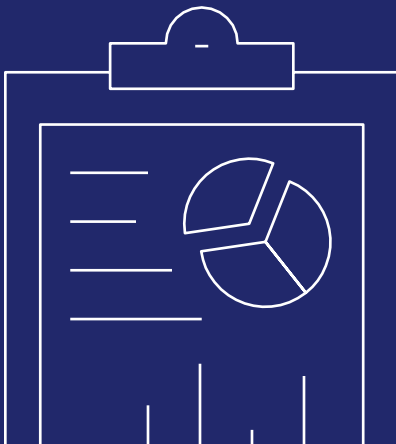
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Hernando Correctional Institution (HERCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. HERCI consists of a Main Unit.¹

Institutional Potential and Actual Workload

Main Unit Capacity	431	Current Main Unit Census	380
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	431	Total Current Census	380

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	256	128	4	0	0	0	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	291	27	70	N/A	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	5	5	0	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
Registered Nurse	4	0
Licensed Practical Nurse	4	2
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	0	0
Psychiatric APRN/PA	1	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	2	0
Aftercare Coordinator	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

HERNANDO CORRECTIONAL INSTITUTION SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at HERCI on March 11-13, 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 HERCI. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

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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	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
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	1	1	0	14	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	3	3	0	12	100%
7 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
Overall Compliance Score 100%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the endocrine clinic	10	10	0	0	100%
2	There is evidence of an appropriate physical examination	10	10	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	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	6	6	0	4	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	10	10	0	0	100%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	3	3	0	7	100%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	0	0	0	10	N/A
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	5	5	0	5	100%
10	Medications appropriate for the diagnosis are prescribed	10	10	0	0	100%
11	Patients are receiving insulin as prescribed	4	4	0	6	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A
Overall Compliance Score 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	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
4 Annual laboratory work is completed as required	11	11	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	0	0	0	11	N/A
7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	11	0	0	100%
8 Abdominal ultrasounds are completed at the required intervals	11	11	0	0	100%
9 Inmates with chronic hepatitis will have liver function tests at the required intervals	11	11	0	0	100%
10 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A
11 Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	11	N/A
12 Hepatitis C treatment is started within the appropriate time frame	0	0	0	11	N/A
13 Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	11	N/A
14 Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	11	N/A
15 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	11	N/A

Overall Compliance Score 100%

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	4	4	0	0	100%
2 There is evidence of an appropriate physical examination	4	4	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	4	4	0	0	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	4	4	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	1	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	2	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

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

Oncology Chronic Illness Clinic

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

Respiratory Chronic Illness Clinic

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

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	6	6	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	6	6	0	0	100%
3 There is evidence of initial and ongoing education	6	6	0	0	100%
4 There is evidence of monthly nursing follow-up	6	6	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	1	100%
6 AST and ALT testing are repeated as ordered by the clinician	6	6	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	1	0	1	5	0%
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	3	3	0	3	100%
9 The appropriate medication regimen is prescribed	6	6	0	0	100%
10 The inmate receives TB medications as prescribed	6	6	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	2	2	0	4	100%
12 Documentation of the CIC visit includes an appropriate physical examination	6	6	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	6	N/A
Overall Compliance Score 92%					

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	0	0	0	17	N/A
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	17	17	0	0	100%
3 Vital signs including weight are documented	17	17	0	0	100%
4 There is evidence of appropriate and applicable patient education	17	17	0	0	100%
5 Findings requiring clinician notification are made in accordance with protocols	14	14	0	3	100%
6 Follow-up visits are completed timely	13	11	2	4	85%
7 Clinician's orders from the follow-up visit are completed as required	13	13	0	4	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	15	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	0	0	0	17	N/A
Overall Compliance Score 98%					

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	17	0	0	100%
2 The inmate is assessed in the appropriate time frame	17	17	0	0	100%
3 The nursing assessment is completed in its entirety	17	17	0	0	100%
4 Complete vital signs including weight are documented	17	17	0	0	100%
5 There is evidence of applicable patient education	17	17	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	0	0	0	17	N/A
7 Follow-up visits are completed in a timely manner	0	0	0	17	N/A
8 Clinician orders from the follow-up visit are completed as required	0	0	0	17	N/A
Overall Compliance Score 100%					

Other Medical Records Review

Confinement Medical Review

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

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	11	11	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	11	10	1	0	91%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	11	7	4	0	64%
4	The consultation report is reviewed by the clinician in a timely manner	10	10	0	1	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	7	5	2	4	71%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	5	2	3	6	40%
7	The diagnosis is recorded on the problem list	11	10	1	0	91%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	11	N/A
9	There is evidence that the ATP is implemented	0	0	0	11	N/A
Overall Compliance Score 80%						

Consultations Services Discussion:

Screen 3: Per policy, routine consultations are to be completed within 45 days.

- In the first record, a request for gastroenterology was made on 1/16/25 but had not been completed as of the date of the survey. An appointment is scheduled for 4/4/25.
- In the second record, a request to be seen by a retinal specialist was written on 11/18/24. Although the optometrist had seen the patient and recommended an appointment be made as soon as possible due to the urgency of the situation, the patient was not seen until 1/7/25.
- In the third record, a request for orthopedics was written 11/26/24 for a patient with a left humerus fracture. The patient was not seen until 1/21/25 and the fracture had healed.
- In the last record, a request was written 7/11/24 for general surgery to remove a basal cell carcinoma that was ulcerated. The surgery was completed on 10/2/24.

Screen 5: In the first record, the cardiologist requested a one-month follow-up appointment; however, there was no evidence that this follow-up occurred. In the second record, there was no evidence that the request to excise a chest lesion was submitted as per the consultant's recommendations.

Screen 6: In these records, follow-up recommended by the consultant did not occur in a timely manner:

- In the first record, the patient was seen by a urologist on 3/6/25 who recommended an urgent cystoscopy for removal of a foreign body. The request was submitted on 3/6/25 but was not scheduled until 4/16/25. Urgent consults are to occur within 14 business days per policy.
- In the second record, on 1/7/25, a retinal specialist recommended cataract excision at “next available” appointment. A routine request was not submitted until 2/27/25 and the appointment had not been scheduled as of the date of the survey.
- In the third record, following an appointment with a general surgeon on 10/2/24, it was recommended that the patient be seen by ophthalmology for a lesion on the eye lid. The request was submitted as routine but then changed to urgent on 12/27/24 after seeing the optometrist 12/20/24. The appointment was 2/18/25.

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	14	14	0	0	100%
2 The request is responded to within the appropriate time frame	14	14	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	14	14	0	0	100%
4 The follow-up to the request occurs as intended	3	3	0	11	100%
Overall Compliance Score 100%					

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	12	0	0	100%
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	0	0	0	12	N/A
4 There is evidence of pneumococcal vaccination or refusal	12	11	1	0	92%
5 There is evidence of influenza vaccination or refusal	12	12	0	0	100%
Overall Compliance Score 98%					

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3	The inmate's medications reflect continuity of care	4	4	0	14	100%
4	The medical record reflects continuity of care for inmate's pending consultations	3	3	0	15	100%
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	8	8	0	10	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	17	1	0	94%
Overall Compliance Score 99%						

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	13	13	0	0	100%
2 All components of the screening are completed and documented as required	13	13	0	0	100%
3 All diagnostic tests are completed prior to the periodic screening encounter	13	6	7	0	46%
4 Referral to a clinician occurs if indicated	3	1	2	10	33%
5 All applicable health education is provided	13	12	1	0	92%
Overall Compliance Score 74%					

Periodic Screenings Discussion:

Screen 3: In all seven records, there was no evidence of the low-dose CT scan.

Screen 4: In one record, an inmate with vision changes was not referred to the clinician. In the second record, the inmate reported hearing and vision changes which were not reported to the clinician.

PREA

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	2	2	0	0	100%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	2	N/A
3	There is documentation that the alleged victim was provided education on STIs	0	0	0	2	N/A
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	2	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	2	N/A
6	Repeat STI testing is completed as required	0	0	0	2	N/A
7	A mental health referral is submitted following the completion of the medical screening	2	2	0	0	100%
8	The inmate is evaluated by mental health by the next working day	2	2	0	0	100%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	2	N/A
Overall Compliance Score 100%						

Dental Review

Dental Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
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	7	7	0	11	100%
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	11	11	0	7	100%
5 There is evidence of accurate diagnosis based on a complete dental examination	11	11	0	7	100%
6 The treatment plan is appropriate for the diagnosis	11	11	0	7	100%
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	11	11	0	7	100%
8 Dental findings are accurately documented	11	11	0	7	100%
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	4	4	0	14	100%
11 Consultations or specialty services are completed timely	0	0	0	18	N/A
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	7	7	0	11	100%
14 The use of dental materials including anesthetic agent are accurately documented	11	11	0	7	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			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	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				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)	1	1	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	1	1	0	0	100%
3	Guidelines for SHOS management are observed	1	1	0	0	100%
4	The inmate is observed at the frequency ordered by the clinician	1	1	0	0	100%
5	Nursing evaluations are completed once per shift	1	0	1	0	0%
6	There is evidence of daily rounds by the attending clinician	1	1	0	0	100%
7	There is evidence of daily counseling provided by mental health staff	1	1	0	0	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	1	1	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	0	0	0	1	N/A
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	0	0	0	1	N/A
Overall Compliance Score 88%						

Self-Injury and Suicide Prevention Discussion:

Screen 5: In this record, nursing shift assessments were completed twice per day. However, there were multiple days of the infirmary admission that a Licensed Practical Nurse (LPN) evaluated the patient. If a Registered Nurse (RN) does not initially assess the patient, they must co-sign the LPN's documentation to acknowledge their agreement. Several days of this acute care admission were lacking RN review and signature.

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	8	8	0	0	100%
2	The emergency is responded to within one hour	8	8	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	8	8	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	8	8	0	0	100%
5	A thorough mental status examination is completed	8	8	0	0	100%
6	Appropriate interventions are made	8	8	0	0	100%
7	The disposition is clinically appropriate	8	8	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	8	8	0	0	100%
Overall Compliance Score 100%						

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	11	11	0	0	100%
2 The request is responded to within the appropriate time frame	11	11	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	10	10	0	1	100%
4 The follow-up to the request occurs as intended	7	6	1	4	86%
5 Consent for treatment is obtained prior to conducting an interview	8	8	0	3	100%
Overall Compliance Score 97%					

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	7	7	0	0	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	6	6	0	1	100%
3	A mental status examination (MSE) is completed in the required time frame	7	7	0	0	100%
4	Follow-up MSEs are completed in the required time frame	3	3	0	4	100%
5	MSEs are sufficient to identify problems in adjustment	7	7	0	0	100%
6	Mental health staff responds to identified problems in adjustment	1	1	0	6	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	6	6	0	1	100%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	7	N/A
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	7	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	7	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	7	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	7	N/A
Overall Compliance Score 100%						

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	2	2	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	2	2	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	1	1	0	1	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	1	1	0	1	100%
5	Recent changes in the inmate's condition are addressed	1	1	0	1	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	1	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	2	N/A
Overall Compliance Score 100%						

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	14	13	1	0	93%
2	The inmate is interviewed by mental health staff within 14 days of arrival	13	12	1	1	92%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	13	13	0	1	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	3	3	0	11	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	14	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	2	2	0	12	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	14	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	14	N/A
9	The Bio-psychosocial (BPSA) is present in the record	14	14	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	4	0	10	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	8	8	0	6	100%
12	The ISP is individualized and addresses all required components	13	13	0	1	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	13	13	0	1	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	13	13	0	1	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	13	13	0	1	100%

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	9	4	1	69%
17 The ISP is reviewed and revised at least every 180 days	9	9	0	5	100%
18 Identified problems are recorded on the problem list	13	13	0	1	100%
19 The diagnosis is clinically appropriate	13	13	0	1	100%
20 There is evidence the inmate received the mental health services described in the ISP	13	12	1	1	92%
21 Counseling is offered at least once every 60 days	13	13	0	1	100%
22 Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	11	100%
23 Case management is provided at least every 60 days for inmates without psychotic disorders	9	9	0	5	100%
24 Progress notes are of sufficient detail to follow the course of treatment	14	14	0	0	100%
25 The frequency of clinical contacts is sufficient	14	14	0	0	100%
Overall Compliance Score 98%					

Outpatient Mental Health Services Discussion:

Screen 16: In all deficient records, the patient’s signature was not documented. Without the signature of the patient and the treatment team, it is impossible to determine if all agree with the plan of care.

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 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	2	2	0	16	100%
3 Appropriate initial laboratory tests are ordered.	6	6	1	12	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	11	11	0	7	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	14	14	0	4	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	15	15	0	3	100%
7 Drug Except Requests (DER) are clinically appropriate	3	3	0	15	100%
8 The inmate receives medication(s) as prescribed	14	14	0	4	100%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	3	3	0	15	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	2	2	0	16	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	13	13	0	5	100%
12 Informed consents are signed for each medication prescribed	14	14	0	4	100%
13 Follow-up sessions are conducted at appropriate intervals	18	18	0	0	100%
14 Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
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.	3	2	1	15	67%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	3	2	1	15	67%
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	3	2	1	15	67%
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 94%					

Outpatient Psychotropic Medication Practices Discussion:

Screen 16: An emergency treatment order (ETO) is the use of psychotropic medications without an inmate's informed consent and is restricted to emergency situations in which the inmate presents an immediate danger of causing serious bodily harm to self or others, and where no less intrusive or restrictive intervention is available or would be effective. In the deficient record, the patient was "manic" and responding to internal stimuli. However, the patient was interacting appropriately with staff, displayed no aggressive behaviors towards himself or others, and did not endorse suicidal or homicidal ideations. He was not offered less invasive means of medication administration such as taking medications by mouth.

Screen 17: In the deficient record, the patient care order for the ETO did not contain information regarding the medications to be administered, or the route and dosage information.

Screen 19: According to HSB 15.05.10 Psychiatric Restraint, an ETO must be administered in the least restrictive manner. There was no indication within the record that the inmate was offered medications by mouth prior to being given psychotropic medication without his informed consent.

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	14	0	0	100%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	14	14	0	0	100%
3 Appropriate patient care summaries are completed within 30 days of EOS	9	8	1	5	89%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2	2	0	12	100%
Overall Compliance Score 97%					

Institutional Systems Tour

Medical Area

5

	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	0	1	0	0%
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 90%					

Medical Area Discussion:

Screen 5: An exam light was not available in the medical unit.

Infirmary

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

Infirmary Discussion:

Screens 1-5: Infirmary services are not provided at Hernando CI.

Inmate Housing Areas

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2 Sinks and toilets are clean and operational	0	1	0	0%
3 Hot and cold water are available for showering and handwashing	0	1	0	0%
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 67%				

Inmate Housing Areas Discussion:

Screen 2: Multiple sinks and showers were not functioning. Additionally, many did not provide hot water.

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%
Overall Compliance Score 100%				

Psychiatric Restraint

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

Psychiatric Restraint Discussion:

Screens 2 & 3: During a tour of the facility, staff were unable to produce psychiatric restraint equipment in all sizes as required for institutions housing S-3 inmates. Additionally, clinical personnel interviewed were unable to verbalize accurate instructions for the safe application and use of psychiatric restraint equipment.

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Adequate space is available for the mental health department	1	0	0	100%
2 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%
Compliance Percentage 50%				

Mental Health Services Discussion:

Screen 3: According to the Pre-Survey Questionnaire (PSQ), Hernando CI was not offering therapeutic groups to meet the needs of the inmate population for 12 months prior to CMA’s arrival.

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical and mental health services. Most inmates were complimentary of medical services and indicated that sick call and emergency services were administered timely. The majority of inmates denied barriers to obtaining both prescribed and over-the-counter medications.

Eight interviewees had received dental services at the institution. Most of the inmates reported satisfaction with care. Overall, inmates expressed satisfaction with mental health services and felt that all the mental health professionals (MHP) listen to them. They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment.

MEDICAL STAFF INTERVIEWS

Five members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. Interviewees expressed that they work well as a team including security and mental health staff.

MENTAL HEALTH STAFF INTERVIEWS

Two members of the mental health staff were interviewed during the survey. They appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge and were familiar with policies and procedures related to the accessing of mental health care. Staff indicated that they all work well as a team with medical and security staff to provide excellent patient care. Staff suggested that additional trainings brought from outside could be beneficial.

SECURITY STAFF INTERVIEWS

Three security officers participated in interviews. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency care. They correctly verbalized procedures that pertained to inmates being placed in confinement.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	0
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	1
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	3
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	2
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	3
Total Findings	
Total	9

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	1
Psychiatric Restraints	0
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	1
Outpatient Psychotropic Medications	3
Aftercare Planning	0

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	3
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 HERCI the CMA makes the following recommendations:

- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure consultations, specialty services, and necessary follow-ups are completed within the required time frames.
- Complete a thorough review of mandatory psychiatric restraint use training including standardized lesson plans, required materials, and mock drills. Provide additional training to all medical, nursing, mental health, and security staff in self-harm prevention interventions.
- Provide training to medical and nursing staff on Emergency Treatment Orders (ETO) including requirements for documenting orders, clinical rationale, and the least restrictive alternative principle.