

LAKE CORRECTIONAL INSTITUTION



October 2023

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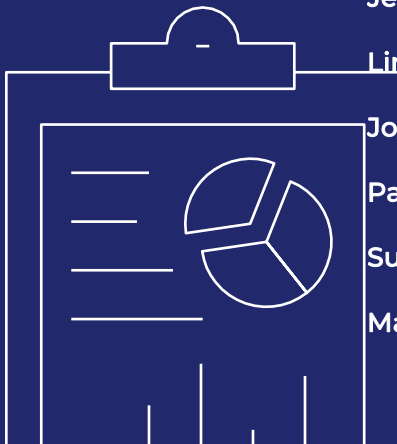
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BACKGROUND AND SCOPE

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

Lake Correctional Institutional (LAKCI) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1, 2, 3, 4, 5, and 6. LAKCI consists of a Main Unit only.¹

Institutional Potential and Actual Workload

Main Unit Capacity	603	Current Main Unit Census	508
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	603	Total Current Census	508

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	265	182	36	0	6	4	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	256	29	79	56	43	25	42

Inmates Assigned to Special Housing Status

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

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	6.2	1
Licensed Practical Nurse	7	1
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	N/A	N/A

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	2	2
Psychiatric APRN/PA	2	0
Psychological Services Director	1	0
Psychologist	4	1
Mental Health Professional	17	0
Aftercare Coordinator	1	0
Activity Technician	7	3
Mental Health RN	15.4	4
Mental Health LPN	12.2	6
Mental Health CNA	11.2	2

LAKE CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at LAKCI on October 17-19, 2023. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

Survey Findings Summary			
Physical Health Survey Findings	14	Mental Health Survey Findings	11

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	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	16	16	0	1	100%
4 Annual laboratory work is completed as required	17	17	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	6	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	10	10	0	7	100%
7 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	12	4	0	75%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4 Annual laboratory work is completed as required	14	14	0	2	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	5	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	10	2	4	83%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	8	6	2	8	75%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	9	9	0	7	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	12	12	0	4	100%
10 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
11 Patients are receiving insulin as prescribed	8	8	0	8	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Endocrine Clinic Discussion:

Screen 2: In two records, there was no thyroid/neck palpation noted for patients with thyroid disease. In one diabetic patient record, there was no sensory status of the extremities or examination of the feet noted. In the last record, a physical examination was not documented.

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	15	15	0	0	100%
2	There is evidence of an appropriate physical examination	15	13	2	0	87%
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	13	2	0	87%
5	Abnormal labs are reviewed and addressed in a timely manner	12	12	0	3	100%
6	Medications appropriate for the diagnosis are prescribed	13	13	0	2	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	7	5	2	8	71%
8	Abdominal ultrasounds are completed at the required intervals	15	14	1	0	93%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	14	14	0	1	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	2	2	0	13	100%
12	Hepatitis C treatment is started within the appropriate time frame	2	2	0	13	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	1	1	0	14	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	2	2	0	13	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	15	N/A

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	15	15	0	0	100%
2	Appropriate patient education is provided	15	15	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	15	12	3	0	80%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	14	14	0	1	100%

Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	13	13	0	0	100%
2	There is evidence of an appropriate physical examination.	13	0	13	0	0%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	13	13	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	12	100%
5	A CBC is collected annually	13	13	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	12	100%
7	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	13	12	0	1	92%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	13	12	1	0	92%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	13	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	10	10	0	3	100%

Immunity Chronic Illness Clinic Discussion:

Screen 2: In these records, the assessments conducted by the Department of Health (DOH) provider were missing several components of the physical examination. These included evaluations of the head, eyes, ears, nose, throat, lungs, heart, abdomen, and ano-genital areas, as well as the neurological and lymphatic systems. Additionally, there was no record review or further follow-up documented by the institution’s provider to address these items.

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	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	11	2	0	85%
3	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	13	12	1	0	92%
5	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	7	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	11	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	9	9	0	0	100%
2 There is evidence of an appropriate physical examination	9	9	0	0	100%
3 Annual laboratory work is completed as required	9	9	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	6	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	9	N/A

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	1	1	0	0	100%
4 Annual laboratory work is completed as required	1	1	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	1	1	0	0	100%
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	0	0	0	1	N/A
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%

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	14	14	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	5	5	0	9	100%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
4 A peak flow reading is recorded at each visit	14	14	0	0	100%
5 There is evidence of an appropriate physical examination	14	13	1	0	93%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	4	4	0	12	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	16	16	0	0	100%
3	Vital signs including weight are documented	16	12	4	0	75%
4	There is evidence of appropriate and applicable patient education	12	10	2	4	83%
5	Findings requiring clinician notification are made in accordance with protocols	7	7	0	9	100%
6	Follow-up visits are completed timely	4	4	0	12	100%
7	Clinician's orders from the follow-up visit are completed as required	4	4	0	12	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	14	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	2	2	0	14	100%

Outpatient Infirmery Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmery or placed on observation status. Admission status is appropriate for the presenting complaint/condition	7	7	0	0	100%
2 All orders are received and implemented	7	7	0	0	100%
3 The inmate is evaluated within one hour of being placed on observation status	7	7	0	0	100%
4 Patient evaluations are documented at least once every eight hours	7	3	4	0	43%
5 Weekend and holiday clinician phone rounds are completed and documented as required	0	0	0	7	N/A
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	7	6	1	0	86%
7 A discharge note containing all of the required information is completed as required	6	5	1	1	83%

Outpatient Infirmery Care Discussion:

Screen 4: All four records were missing at least one night shift evaluation.

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	14	14	0	0	100%
2 All orders are received and implemented	14	10	4	0	71%
3 A thorough nursing assessment is completed within two hours of admission	14	13	1	0	93%
4 A Morse Fall Scale is completed at the required intervals	14	9	5	0	64%
5 Nursing assessments are completed at the required intervals	14	12	2	0	86%
6 Clinician rounds are completed and documented as required	14	14	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	7	7	0	7	100%
8 A discharge note containing all of the required information is completed as required	9	2	7	5	22%

Inpatient Infirmary Care Discussion:

Screen 2: In two records, vital signs were not completed as ordered. In one record, intake and output were ordered every shift but were not located for the entirety of the admission. In the last record, the nurses only documented that “wound care” was given. CMA surveyors were unable to determine that all orders were carried out according to the clinician’s instructions.

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	17	16	1	0	94%
2	The inmate is assessed in the appropriate time frame	17	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	11	11	0	6	100%
7	Follow-up visits are completed in a timely manner	11	11	0	6	100%
8	Clinician orders from the follow-up visit are completed as required	11	11	0	6	100%

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Pre-Special Housing Health Evaluation is complete and accurate	13	13	0	0	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	7	7	0	6	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	2	2	0	11	100%
4	All emergencies are responded to within the required time frame	6	6	0	7	100%
5	The response to the emergency is appropriate	7	7	0	6	100%
6	All sick call appointments are triaged and responded to within the required time frame	6	6	0	7	100%
7	New or pending consultations progress as clinically required	7	7	0	6	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	7	7	0	6	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	12	12	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	12	12	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	12	11	1	0	92%
4	The consultation report is reviewed by the clinician in a timely manner	12	12	0	0	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	0	100%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	1	100%
7	The diagnosis is recorded on the problem list	12	12	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	12	N/A
9	There is evidence that the ATP is implemented	0	0	0	12	N/A

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	15	15	0	0	100%
2 The request is responded to within the appropriate time frame	15	15	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	15	15	0	0	100%
4 The follow-up to the request occurs as intended	14	12	2	1	86%

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	1	1	0	11	100%
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%

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	11	11	0	7	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	8	8	0	10	100%
6	Special passes/therapeutic diets are reviewed and continued	0	0	0	18	N/A
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	17	14	3	0	82%
2	All components of the screening are completed and documented as required	17	4	13	0	24%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	11	6	0	65%
4	Referral to a clinician occurs if indicated	0	0	0	17	N/A
5	All applicable health education is provided	17	10	6	0	59%

Periodic Screenings Discussion:

Screen 2: In 13 records, there was no indication that weights and vital signs were compared to previous encounters. Additionally, in five of those records, there was no evidence that inmates were provided with lab results at the time of the screening.

Screen 3: In three records, there was no evidence of stool hemocult card. In two records, there was no evidence that the fasting plasma glucose was completed. In one record, the low-dose CT scan was not completed.

Screen 5: In all six records, health education did not include information on advanced directives/health care surrogates.

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	3	3	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	3	N/A
3 There is documentation that the alleged victim was provided education on STIs	0	0	0	3	N/A
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	3	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	3	N/A
6 Repeat STI testing is completed as required	0	0	0	3	N/A
7 A mental health referral is submitted following the completion of the medical screening	3	1	2	0	33%
8 The inmate is evaluated by mental health by the next working day	3	2	1	0	67%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	3	N/A

PREA Discussion:

Screen 7: In two records, the referral was submitted timely but erroneously indicated that mental health staff had seven days to respond.

Screen 8: The interview was due 8/28/23 but completed on 9/6/23.

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	18	18	0	0	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	18	18	0	0	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	18	18	0	0	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	18	18	0	0	100%
8	Dental findings are accurately documented	18	18	0	0	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	6	5	1	12	83%
11	Consultations or specialty services are completed timely	4	4	0	14	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	4	4	0	14	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	17	17	0	1	100%
15	Applicable patient education for dental services is provided	18	18	0	0	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%

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)	8	7	1	0	88%
2	The nursing evaluation is completed within 2 hours of admission	8	8	0	0	100%
3	Guidelines for SHOS management are observed	5	4	1	3	80%
4	The inmate is observed at the frequency ordered by the clinician	8	7	1	0	88%
5	Nursing evaluations are completed once per shift	8	6	2	0	75%
6	There is evidence of daily rounds by the attending clinician	8	6	2	0	75%
7	There is evidence of daily counseling provided by mental health staff	8	7	1	0	88%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	8	8	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	7	7	0	1	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	6	5	1	2	83%

Self-Injury and Suicide Prevention Discussion:

Screen 6: In one record, the attending clinician missed rounds on one business day. In the remaining record, there were three days in which rounds were not completed.

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	11	11	0	0	100%
2	The emergency is responded to within one hour	11	11	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	11	11	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	11	10	1	0	91%
5	A thorough mental status examination is completed	11	11	0	0	100%
6	Appropriate interventions are made	11	10	1	0	91%
7	The disposition is clinically appropriate	11	11	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	8	8	0	3	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	16	16	0	0	100%
2	The request is responded to within the appropriate time frame	16	15	1	0	94%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	16	16	0	0	100%
4	The follow-up to the request occurs as intended	12	11	1	4	92%
5	Consent for treatment is obtained prior to conducting an interview	14	13	1	2	93%

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	11	10	1	0	91%
2	Psychotropic medications continue as ordered while inmates are held in special housing	4	4	0	7	100%
3	A mental status examination (MSE) is completed in the required time frame	11	11	0	0	100%
4	Follow-up MSEs are completed in the required time frame	8	8	0	3	100%
5	MSEs are sufficient to identify problems in adjustment	11	9	2	0	82%
6	Mental health staff responds to identified problems in adjustment	1	1	0	10	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	11	11	0	0	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	1	1	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	1	1	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	1	1	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	1	1	0	0	100%
5	Recent changes in the inmate's condition are addressed	1	1	0	0	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	0	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	1	N/A

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	17	15	2	0	88%
2	The inmate is interviewed by mental health staff within 14 days of arrival	7	7	0	10	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	7	7	0	10	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	2	2	0	15	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	17	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	1	1	0	16	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	1	1	0	16	100%
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	17	N/A
9	The Bio-psychosocial (BPSA) is present in the record	17	16	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	17	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	0	0	17	N/A
12	The ISP is individualized and addresses all required components	17	17	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	16	1	0	94%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	17	0	0	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	17	14	3	0	82%
17	The ISP is reviewed and revised at least every 180 days	14	13	1	3	93%
18	Identified problems are recorded on the problem list	17	17	0	0	100%
19	The diagnosis is clinically appropriate	17	17	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	17	17	0	0	100%
21	Counseling is offered at least once every 60 days	17	17	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	10	10	0	7	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	7	7	0	0	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	17	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	17	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	17	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	17	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	17	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	17	17	0	0	100%
30	The frequency of clinical contacts is sufficient	17	17	0	0	100%

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	0	0	0	18	N/A
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.	5	4	1	13	80%
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.	9	7	2	9	78%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	16	15	1	2	94%
7 Drug Except Requests (DER) are clinically appropriate	3	3	0	15	100%
8 The inmate receives medication(s) as prescribed	17	9	8	1	53%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	10	2	8	8	20%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	9	3	6	9	33%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	15	15	0	3	100%
12 Informed consents are signed for each medication prescribed	18	17	1	0	94%
13 Follow-up sessions are conducted at appropriate intervals	18	18	0	0	100%
14 Documentation of psychiatric encounters is complete and accurate	18	16	2	0	89%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	9	9	0	9	100%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	1	1	0	17	100%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	1	1	0	17	100%
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	1	1	0	17	100%
20 An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Outpatient Psychotropic Medication Practices Discussion:

Screen 5: In these records, inmates taking antipsychotic medication did not receive a fasting blood glucose test and a lipid profile when indicated.

Screen 8: In one record, the inmate was not offered psychotropic medications several times during September 2023. In two records, there were two months in which the inmate was not offered medications on multiple occasions. In the next four records, blanks were noted on the medication administration record (MAR) over a four-month period. In the remaining record, an inmate was admitted to Self-harm Observation Status (SHOS) and a MAR could not be located for that month. Documentation indicates the inmate's medications were adjusted during this acute care infirmary admission; however, without a MAR, it is impossible to determine if the inmate received the medication.

Screen 9: Almost half of the records reviewed contained two consecutive days of medication refusals. However, there was no indication that nursing staff met with the inmate to assess the situation and encourage medication adherence.

Screen 10: In these records, the inmate refused three consecutive days or five days of medication within one month. Policy states that when this criterion is met, a refusal is signed by the inmate and a referral is made to the prescribing clinician for disposition. There was no documentation to suggest that this meeting and referral took place.

Inpatient Mental Health Services

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Court Order or Informed Consent are present in the record	18	18	0	0	100%
2	Admissions documentation is provided within four hours of admission	8	8	0	10	100%
3	Vital signs are obtained within one hour of admission	8	8	0	10	100%
4	Nursing assessment is completed within four hours of admission	8	8	0	10	100%
5	For new admissions, vital signs are taken daily for 2 days	8	5	3	10	63%
6	Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	8	7	1	10	88%
7	The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	16	13	3	2	81%
8	The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	8	8	0	10	100%
9	Follow-up risk assessments occur at least every 90 days	12	12	0	6	100%
10	There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	18	18	0	0	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	An individualized service plan (ISP) is initiated within the appropriate time frame	16	16	0	2	100%
12	The ISP is reviewed at the required intervals	18	17	1	0	94%
13	Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	18	18	0	0	100%
14	The ISP is signed by the patient	18	18	0	0	100%
15	Patient progress is noted and updated on the ISP	18	18	0	0	100%
16	The patient is receiving the services listed on the ISP	18	17	1	0	94%
17	The MDST meets to address initial placement in the Inpatient Unit	8	8	0	10	100%
18	The MDST meets no later than 3 business days in response to a precipitating event	12	11	1	6	92%
19	The patient attends MDST meetings or there is evidence of refusal	18	18	0	0	100%
20	The MDST meets and reviews Behavioral Levels	18	18	0	0	100%
21	The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	18	16	2	0	89%
22	Nursing evaluations are completed as required	18	16	2	0	89%
23	Vital signs are recorded by nursing staff at required intervals	18	14	4	0	78%
24	Weight is recorded by nursing staff at required intervals	18	10	8	0	56%
25	For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	0	0	0	18	N/A

Inpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The psychiatric evaluation is present in the record and conducted within 3 days of admission	4	4	0	14	100%
2 An admission note by the attending clinician is completed within 24 hours of admission	4	4	0	14	100%
3 Appropriate initial laboratory tests are ordered	9	9	0	9	100%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	9	8	1	9	89%
5 Appropriate follow-up laboratory studies are ordered and conducted as required	13	12	1	5	92%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	16	16	0	2	100%
7 Drug Exception Requests (DER) are clinically appropriate	8	7	1	10	88%
8 The inmate receives medication(s) as prescribed	18	12	6	0	67%
9 The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	5	5	0	13	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	4	3	1	14	75%
11 Prescribed medication administration times are appropriate	17	17	0	1	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
12 Informed consent forms are signed for each medication prescribed	16	15	1	2	94%
13 A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	4	4	0	14	100%
14 Follow-up sessions are conducted at the appropriate intervals	18	18	0	0	100%
15 Documentation of psychiatric encounters is complete and accurate	18	17	1	0	94%
16 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	16	15	1	2	94%
17 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	0	0	0	18	N/A
18 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	0	0	0	18	N/A
19 For each administration of the medication, an additional ETO is written	0	0	0	18	N/A
20 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
21 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

Inpatient Psychotropic Medication Practices Discussion:

Screen 8: In the first record, Trileptal was not given for 13 days in September. In the second record, the inmate did not receive Amantadine for four days in July. In the third record, the patient did not receive doses of Trileptal for three days in October. In the remaining three records, the inmate did not receive the Abilify Maintena injection in August.

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)	7	7	0	1	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	7	6	1	1	86%
3	Appropriate patient care summaries are completed within 30 days of EOS	3	3	0	5	100%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	8	N/A

Institutional Systems Tour

Medical Area

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

Infirmary

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

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	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%

Pharmacy

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

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	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%

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Eighteen inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. They reported no difficulties in receiving prescribed medications either in open population or confinement. Most reported that over-the-counter medications were available in the dorms. They indicated they were seen timely for sick call requests and in response to emergencies. Several inmates commented that the nurses are “nice”. The majority of inmates on the mental health caseload were satisfied with the care and indicated that mental health staff listen and are helpful. Those that had received dental services at the institution were complimentary of dental staff and the care they provided.

It should be noted that over a third of the inmates interviewed had similar complaints regarding the physician. They reported they are not allowed to ask questions and can only answer questions asked of them with “yes” or “no”. They indicated that they have been told they will be given a disciplinary report, their passes will be taken away or they will be taken off their medication if they try to ask questions. They gave descriptives such as “terrible”, “difficult” and “rude”. These complaints were also noted during interviews with clinical and security staff. For example, one staff member indicated inmates are “asked to sign without being able to review documents, instructed to look at the floor, and are made to wait unnecessarily as a means of punishment.” Examples of other comments from staff include “no respect for inmates”, “consequences and training are needed to improve the practice”, and “need a nicer doctor.”

MEDICAL STAFF INTERVIEWS

Nine members of the medical team participated in interviews including nurses, clinical, and administrative staff. 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 personnel is cooperative and helpful when assistance is required. Several individuals indicated that new medical equipment would be helpful in addition to computers or tablets for access to the electronic medical record (EMR). While no one reported staffing shortages, a few staff members felt that additional training on procedures and the EMR would be beneficial.

MENTAL HEALTH STAFF INTERVIEWS

Seven members of the mental health team agreed to participate in interviews including inpatient and outpatient staff. They were easily able to describe access to care processes as well as suicide and self-harm prevention techniques and aftercare planning. Several interviewees voiced concern regarding the ability of inmates to consistently receive prescribed medications. Suggestions for improvements included more psychological testing, access to community resources, and development of programs for inmates with borderline personality disorder. Additionally, they reported difficulty in documenting within the EMR due to Wi-Fi limitations and outages.

SECURITY STAFF INTERVIEWS

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

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	2
Gastrointestinal Clinic	1
General Chronic Illness Clinics	0
Immunity Clinic	1
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	1
Inpatient Infirmary Care	3
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	0
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	3
PREA Medical Review	2

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	14

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	2
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	3
Inpatient Psychotropic Medications	2
Outpatient Mental Health Services	0
Outpatient Psychotropic Medications	4
Aftercare Planning	0

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	11

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 LAKCI, the CMA makes the following recommendations:

- Provide additional education to nursing staff on documentation of required items in the periodic screening encounters.
- Establish a system to ensure that DOH and on-site provider reviews of immunity patients are coordinated and completed to include all required elements of the examination.
- Explore and provide continuing education regarding clinician/patient communication.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Ensure that medical and mental health staff are reeducated on procedures related to acute mental health crises.
- Ensure vital signs are taken and recorded as required.