
LOWELL CORRECTIONAL INSTITUTION - ANNEX



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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

Lowell Correctional Institutional - Annex (LOWAN) houses female 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, and 3. Lowell Correctional Institution consists of a Main Unit, Annex, and Work Camp.¹

Institutional Potential and Actual Workload

Annex Unit Capacity	1419	Current Annex Unit Census	1318
Satellite Unit(s) Capacity	394	Current Satellite(s) Census	290
Total Capacity	1813	Total Current Census	1608

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	524	685	110	11	4	67	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	600	161	574	N/A	N/A	N/A	2

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	69	93	0	32	32	24

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	6	1
Clinical Associate	0	0
Registered Nurse	15	4
Licensed Practical Nurse	28	8
DON/Nurse Manager	2	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatric APRN/PA	3	2
Psychological Services Director	1	0
Psychologist	3	3
Mental Health Professional	15	1
Aftercare Coordinator	1	0
Activity Technician	0	0
Mental Health RN	2	0
Mental Health LPN	0	0
Mental Health CNA	0	0

LOWELL CORRECTIONAL INSTITUTIONAL-ANNEX SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at LOWAN on May 21-24, 2024. 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 LOWAN. 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	29	Mental Health Survey Findings	8

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	9	9	0	9	N/A
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	11	100%
7	Medications appropriate for the diagnosis are prescribed	18	16	2	0	89%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	18	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	17	1	0	94%
5 Abnormal labs are reviewed and addressed in a timely manner	18	18	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	16	11	5	2	69%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	13	12	1	5	92%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	16	16	0	2	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	14	14	0	4	100%
10 Medications appropriate for the diagnosis are prescribed	18	14	4	0	78%
11 Patients are receiving insulin as prescribed	11	9	2	7	82%
12 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	15	100%

Endocrine Clinic Discussion:

Screen 10: In all four records, there was no evidence the medical provider considered medication adjustments for patients with continuously uncontrolled blood sugars.

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	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	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	17	17	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	9	9	0	8	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	17	17	0	0	100%
8	Abdominal ultrasounds are completed at the required intervals	16	16	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	6	6	0	11	100%
12	Hepatitis C treatment is started within the appropriate time frame	6	6	0	11	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	3	3	0	14	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	6	5	1	11	83%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	2	2	0	15	100%

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	12	4	0	75%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

General Chronic Illness Clinic Discussion:

Screen 3: In two records, M-3 inmates were scheduled for 180 days rather than at 90-day intervals as required. In one record, the inmate was appropriately scheduled at 90 days but was not seen within that time. In the last record, an inmate was seen on 11/29/23 via telehealth but refused an appointment on 2/13/24. He was not scheduled for his next clinic appointment.

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)	15	15	0	0	100%
2	There is evidence of an appropriate physical examination.	15	14	1	0	93%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	15	15	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	15	15	0	0	100%
5	A CBC is collected annually	15	15	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	15	15	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	15	13	2	0	87%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	15	13	2	0	87%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	15	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

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	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	11	3	0	79%
3 Medications appropriate for the diagnosis are prescribed	11	11	0	3	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	9	7	2	5	78%
6 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	11	100%

Miscellaneous Chronic Illness Clinic Discussion:

Screen 2: In two records, examinations of patients with a diagnosis of anemia were limited and only addressed the skin and general health sections of the clinic assessment. In the third record, the miscellaneous clinic was not addressed at the clinic visit on 1/12/24.

Screen 5: In the first record, labs were completed after the clinic visit and multiple abnormal lab values were not addressed. In the second record, low hemoglobin levels were noted in multiple clinic visits, but were not addressed.

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	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	12	2	0	86%
3 Annual laboratory work is completed as required	14	14	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	14	13	1	0	93%
6 Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	13	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	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	7	4	0	64%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	9	0	2	100%
4 Annual laboratory work is completed as required	10	10	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	5	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	3	2	1	8	67%
8 Oncological treatments are received as prescribed	4	4	0	7	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	8	100%

Oncology Chronic Illness Clinic Discussion:

Screen 2: In the first record, a skin check was not documented for a patient with a history of melanoma and basal cell carcinoma. In the second record, the left breast was not addressed in an inmate with history of right breast cancer. In the third record, a patient with history of breast cancer had not been seen in person since 2/7/23. She did, however, have a telehealth visit 1/8/24. At that encounter, the physical examination only addressed the lymphatic system. In the fourth record, the patient's anemia was not addressed at her last clinic visit.

Screen 7: In the deficient record, the inmate's prescriptions for folic acid and ferrous sulfate expired and were not renewed.

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	16	16	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	0	0	0	16	N/A
3 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4 A peak flow reading is recorded at each visit	16	15	1	0	94%
5 There is evidence of an appropriate physical examination	16	16	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

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	5	5	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	5	5	0	0	100%
3	There is evidence of initial and ongoing education	5	5	0	0	100%
4	There is evidence of monthly nursing follow-up	5	4	1	0	80%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	5	5	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	5	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	4	100%
9	The appropriate medication regimen is prescribed	5	5	0	0	100%
10	The inmate receives TB medications as prescribed	5	5	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	0	0	0	5	N/A
12	Documentation of the CIC visit includes an appropriate physical examination	5	5	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	5	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	8	8	0	10	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	18	0	0	100%
4 There is evidence of appropriate and applicable patient education	17	17	0	1	100%
5 Findings requiring clinician notification are made in accordance with protocols	13	13	0	5	100%
6 Follow-up visits are completed timely	11	11	0	7	100%
7 Clinician's orders from the follow-up visit are completed as required	11	11	0	7	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	6	6	0	12	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	6	5	1	12	83%

Outpatient 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 on observation status. Admission status is appropriate for the presenting complaint/condition	15	14	1	0	93%
2	All orders are received and implemented	15	12	3	0	80%
3	The inmate is evaluated within one hour of being placed on observation status	15	14	1	0	93%
4	Patient evaluations are documented at least once every eight hours	14	13	1	1	93%
5	Weekend and holiday clinician phone rounds are completed and documented as required	3	2	1	12	67%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	15	15	0	0	100%
7	A discharge note containing all of the required information is completed as required	8	7	1	7	88%

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	15	11	4	0	73%
2 All orders are received and implemented	15	1	14	0	7%
3 A thorough nursing assessment is completed within two hours of admission	15	11	4	0	73%
4 A Morse Fall Scale is completed at the required intervals	15	12	3	0	80%
5 Nursing assessments are completed at the required intervals	15	15	0	0	100%
6 Clinician rounds are completed and documented as required	15	15	0	0	100%
7 Weekend and holiday clinician phone rounds are completed and documented as required	13	12	1	2	92%
8 A discharge note containing all of the required information is completed as required	7	6	1	8	86%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	8	1	6	89%

Inpatient Infirmary Care Discussion:

Screen 1: In four records, admission orders did not clearly specify whether the inmate should be placed under observation status or be fully admitted for inpatient infirmary care. Additionally, the status of several patients was changed from acute to chronic long-term care inappropriately.

Screen 2: In ten records, vital signs were not completed at the frequency ordered by the clinical provider. In two records, blood sugar checks were not documented at the required intervals. In the two remaining records, inmates did not receive medications as prescribed.

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	18	17	1	0	94%
2 The inmate is assessed in the appropriate time frame	18	15	3	0	83%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	18	0	0	100%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	11	10	1	7	91%
7 Follow-up visits are completed in a timely manner	11	6	5	7	55%
8 Clinician orders from the follow-up visit are completed as required	9	8	1	9	89%

Sick Call Services Discussion:

Screen 7: In the first record, the inmate was referred to the provider, but not seen for almost three weeks. In the second record, the inmate was referred to the provider at the beginning of April 2024, but not seen by the date of the survey. In the third record, the provider ordered an ultrasound and X-ray, but these were not completed for almost seven weeks. In the fourth and fifth records, the inmates were not seen by the provider until six weeks following the referrals.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Evaluation is complete and accurate	17	14	3	0	82%
2 All medications are continued as prescribed while in the inmate is held in special housing	10	10	0	7	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	10	6	4	7	60%
4 All emergencies are responded to within the required time frame	0	0	0	17	N/A
5 The response to the emergency is appropriate	0	0	0	17	N/A
6 All sick call appointments are triaged and responded to within the required time frame	12	11	1	5	92%
7 New or pending consultations progress as clinically required	3	3	0	14	100%
8 All mental health and/or physical health inmate requests are responded to within the required time frame	11	11	0	6	100%

Confinement Medical Review Discussions:

Screen 3: In three records, inmates did not attend their scheduled appointments. However, there were no refusals noted in the medical record. Additionally, the appointments were never rescheduled. In the fourth record, the documentation indicated that the appointment was not completed “due to confinement status.”

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	16	16	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	16	15	1	0	94%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	16	12	4	0	75%
4 The consultation report is reviewed by the clinician in a timely manner	15	13	2	1	87%
5 The consultant's treatment recommendations are incorporated into the treatment plan	15	13	2	1	87%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	15	14	1	1	93%
7 The diagnosis is recorded on the problem list	16	16	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	16	N/A
9 There is evidence that the ATP is implemented	0	0	0	16	N/A

Consultations Discussion:

Screen 3: In the first record, an urgent dermatological consult was submitted on 12/1/23, but was not completed until 1/17/24. In the second record, an urgent consult was submitted on 1/4/24 for oncological evaluation of a pelvic mass. It was not completed until 3/1/24. In the third record, a routine consult for general surgery was submitted on 12/4/23. It was resubmitted as urgent on 3/20/24 but was not completed until 5/1/24. In the last record, an emergent consult request was completed on 1/10/24 and scheduled for the following day. It had to be rescheduled due to the patient not being transported in time to be seen. The patient was not seen until 1/18/24.

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	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	15	3	0	83%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	17	13	4	1	76%
4 The follow-up to the request occurs as intended	8	4	4	10	50%

Medical Inmate Requests Discussion:

Screen 4: In the first record, the inmate was inquiring about the status of pending X-rays on a request dated 4/10/24. As of the date of the survey, the X-rays had not been completed. In the second record, the inmate was inquiring about an MRI that was ordered following a shoulder injury in October 2023. As of the date of the survey, it remained pending. In the third record, the inmate submitted a request on 4/16/24 inquiring about an orthopedic consultation resulting from a hip injury. The consultation was requested on 10/24/23 and was still pending at the time of the survey. In the fourth record, the inmate placed multiple requests spanning several months requesting information about follow-up for an abnormal pap test.

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	10	2	0	83%
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	2	0	2	10	0%
4 There is evidence of pneumococcal vaccination or refusal	10	7	3	2	70%
5 There is evidence of influenza vaccination or refusal	11	9	2	1	82%

Intra-system Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	15	13	2	0	87%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	13	12	1	2	92%
3 The inmate's medications reflect continuity of care	8	7	1	7	88%
4 The medical record reflects continuity of care for inmate's pending consultations	3	2	1	12	67%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	6	6	0	9	100%
6 Special passes/therapeutic diets are reviewed and continued	4	4	0	11	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	14	8	6	1	57%

Intra-system Transfers Discussion:

Screen 4: In the deficient record, a pending surgery consult was not documented by the clinician.

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	17	13	4	0	76%
2 All components of the screening are completed and documented as required	17	12	5	0	71%
3 All diagnostic tests are completed prior to the periodic screening encounter	17	6	11	0	35%
4 Referral to a clinician occurs if indicated	12	9	3	5	75%
5 All applicable health education is provided	17	13	4	0	76%

Periodic Screenings Discussion:

Screen 2: In four records, the tuberculin skin test was not completed timely. In the fifth record, the patient was not provided with her laboratory testing results.

Screen 3: In five records, the low-dose CT scan was not completed for inmates with an applicable smoking history. In five records, the CBC, urinalysis, and/or the fasting plasma glucose were not completed within the acceptable time frame. In the last record, there was no evidence hemocult cards were provided.

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	7	6	1	0	86%
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	7	N/A
3 There is documentation that the alleged victim was provided education on STIs	1	1	0	6	100%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	7	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	7	N/A
6 Repeat STI testing is completed as required	1	0	1	6	0%
7 A mental health referral is submitted following the completion of the medical screening	7	5	2	0	71%
8 The inmate is evaluated by mental health by the next working day	7	6	1	0	86%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	7	N/A

PREA Discussion:

Screen 6: In this record, the clinician identified the need for laboratory testing to rule out the presence of sexually transmitted infections. However, there was no evidence the required testing was completed or refused by the alleged victim.

Screen 7: In the deficient records, the referrals were completed but erroneously indicated that the required evaluation could be completed within seven days. Policy requires that the evaluation be completed the next business day.

Female Preventative Health Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Routine pap smears were offered at the required intervals	17	16	1	1	94%
2 Pap smears were reviewed by the clinician within a clinically appropriate time frame.	9	9	0	9	100%
3 Follow-up for abnormal pap smears occurred as ordered by the gynecological clinician.	0	0	0	18	N/A
4 Referrals to a specialist occurred as clinically appropriately.	0	0	0	18	N/A
5 There was evidence of a yearly breast examination.	5	5	0	13	100%
6 Mammograms were completed at the required intervals.	16	14	2	2	88%
7 Mammograms were reviewed by the clinician within a clinically appropriate time frame.	15	15	0	3	100%
8 Follow-up for abnormal or inconclusive mammograms occurred as clinically appropriate.	0	0	0	18	N/A
9 Referrals to a specialist occurred as clinically appropriate.	0	0	0	18	N/A

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1 Allergies are documented in the EMR	18	18	0	0	100%	
2 There is evidence of a regional head and neck examination completed at required intervals	17	17	0	1	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	3	3	0	15	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	12	12	0	6	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	1	1	0	17	100%	
8 Dental findings are accurately documented	11	11	0	7	100%	
9 Sick call appointments are completed timely	6	6	0	12	100%	
10 Follow-up appointments for sick call or other routine care are completed timely	3	3	0	15	100%	
11 Consultations or specialty services are completed timely	2	2	0	16	100%	
12 Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%	
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	5	5	0	13	100%	
14 The use of dental materials including anesthetic agent are accurately documented	12	12	0	6	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)	14	12	2	0	86%
2	The nursing evaluation is completed within 2 hours of admission	14	13	1	0	93%
3	Guidelines for SHOS management are observed	3	3	0	11	100%
4	The inmate is observed at the frequency ordered by the clinician	14	12	2	0	86%
5	Nursing evaluations are completed once per shift	14	12	2	0	86%
6	There is evidence of daily rounds by the attending clinician	14	13	1	0	93%
7	There is evidence of daily counseling provided by mental health staff	13	13	0	1	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	14	14	0	0	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	14	14	0	0	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	10	5	5	4	50%

Self-Injury and Suicide Prevention Discussion:

Screen 10: In four records, the plan of care was not reviewed and revised after a self-harm observation status (SHOS) acute infirmary admission. The remaining record contained the required Individualized Service Plan (ISP) review post-discharge. However, it was not completed within 14 days.

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	12	12	0	0	100%
2	The emergency is responded to within one hour	12	12	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	12	11	1	0	92%
4	Documentation indicates the clinician fully assessed suicide risk	12	12	0	0	100%
5	A thorough mental status examination is completed	12	12	0	0	100%
6	Appropriate interventions are made	12	12	0	0	100%
7	The disposition is clinically appropriate	12	12	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	5	5	0	7	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	15	1	0	94%
2	The request is responded to within the appropriate time frame	15	15	0	1	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	15	15	0	1	100%
4	The follow-up to the request occurs as intended	9	9	0	7	100%
5	Consent for treatment is obtained prior to conducting an interview	13	12	1	3	92%

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	12	12	0	1	100%
2 Psychotropic medications continue as ordered while inmates are held in special housing	10	7	3	3	70%
3 A mental status examination (MSE) is completed in the required time frame	12	11	1	1	92%
4 Follow-up MSEs are completed in the required time frame	8	8	0	5	100%
5 MSEs are sufficient to identify problems in adjustment	13	12	1	0	92%
6 Mental health staff responds to identified problems in adjustment	6	6	0	7	100%
7 Outpatient mental health treatment continues as indicated while the inmate is held in special housing	12	12	0	1	100%

Special Housing Discussion:

Screen 2: In one record, there were two active orders for Keppra, one keep on person (KOP) and the other direct observation therapy (DOT). Surveyors were unable to determine if the inmate received the medication as intended by the provider. In the second record, the inmate's medications were held without an order to do so. Additionally, nursing documentation indicated that medication administration was "self"; however, the inmate had active orders for KOP and DOT medications, none of which were listed on the form. In the last record, documentation indicated that the medication would be self-administered. However, no details were provided about the location of the KOP medications (i.e., if security staff or inmate possessed them).

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	10	10	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	10	6	4	0	60%
3	There is evidence physical health staff completed a referral to mental health staff	9	9	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	9	9	0	1	100%
5	Recent changes in the inmate's condition are addressed	9	9	0	1	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	8	8	0	2	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	10	N/A

Use of Force Discussion:

Screen 2: In three records, the examination was missing the body diagram of injury. In the remaining record, vital signs were not documented.

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	18	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	4	4	0	14	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	5	4	1	13	80%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	18	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	17	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	2	0	16	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	2	2	0	16	100%
12	The ISP is individualized and addresses all required components	18	17	1	0	94%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	17	0	1	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	1	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	17	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	17	16	1	1	94%
17	The ISP is reviewed and revised at least every 180 days	14	11	3	4	79%
18	Identified problems are recorded on the problem list	17	17	0	1	100%
19	The diagnosis is clinically appropriate	17	17	0	1	100%
20	There is evidence the inmate received the mental health services described in the ISP	17	17	0	1	100%
21	Counseling is offered at least once every 60 days	18	17	1	0	94%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	4	4	0	14	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	14	13	1	4	93%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	10	8	2	8	80%
25	The BRA is accurate and signed by all members of the treatment team	9	9	0	9	100%
26	The ISP is updated within 14 days of CM placement	8	7	1	10	88%
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	10	10	0	8	100%
28	Mental health staff complete the CM referral assessment within five working days	7	7	0	11	100%
29	Progress notes are of sufficient detail to follow the course of treatment	17	17	0	1	100%
30	The frequency of clinical contacts is sufficient	17	17	0	1	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	6	6	0	12	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	0	0	0	18	N/A
3	Appropriate initial laboratory tests are ordered.	7	6	1	11	86%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	4	0	14	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	13	9	4	5	69%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7	Drug Except Requests (DER) are clinically appropriate	4	4	0	14	100%
8	The inmate receives medication(s) as prescribed	18	11	7	0	61%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	5	4	1	13	80%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	5	2	3	13	40%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	18	0	0	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	13	13	0	5	100%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Outpatient Psychotropic Medication Practices Discussion:

Screen 5: In two records, inmates prescribed atypical antipsychotic medications did not have a fasting blood glucose level or a lipid panel completed. In the third record, a complete blood count, liver function tests, and a valproic acid level were over a month late being completed. In the fourth record, the patient was on fluoxetine and olanzapine which requires annual lab work. Although labs were completed in 2022 and 2024, there were no results documented for 2023.

Screen 8: In two records, documentation indicated that the inmate may have received twice the prescribed dosage of olanzapine for two days. In the third record, the prescription expired and the inmate did not receive her antipsychotic medication for two weeks. In the fourth record, the prescription expired and the inmate did not receive her medications for two days. In the fifth record, the inmate did not receive the correct dosage of fluoxetine. In the remaining two records, there were blanks on the medication administration record (MAR) indicating that inmates may not have been offered medications on those days.

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

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)	10	9	1	0	90%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	9	8	1	1	89%
3 Appropriate patient care summaries are completed within 30 days of EOS	5	4	1	5	80%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	10	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 Infirmary beds are within sight or sound of staff	1	0	0	100%
4 Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5 Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

Inmate Housing Areas

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

Inmate Housing Areas Discussion:

Screens 2 & 3: A review of inmate housing areas revealed that multiple repairs were needed in Dorms “R” (two ADA showers), “O” (two ADA toilets), “P” (no hot water in multiple sinks, one sink did not function), and “M” (two sinks were not functioning). Additionally, a confinement cell in “T dorm” had a leaking sink.

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	0	1	0	0%
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%

Special Housing Discussion:

Screen 1: A review of confinement logs (DC6-229) showed that multiple rounds were missing for the month of May.

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%

Mental Health Services Discussion:

Screen 3: Outpatient group therapy services were not provided at the time of the survey.

Interview Summaries

INMATE INTERVIEWS

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

Inmates expressed multiple concerns related to barriers in accessing medical services. One third of inmates interviewed indicated they submitted sick call requests that were never acknowledged. Additionally, one third of the sample reported they were denied the ability to request emergency services. Many patients in the general population as well as in confinement, stated they were unable to get their medications. Inmates reported appointments and refill requests were delayed causing lapses in medication. Some inmates were told to access sick call to refill medications that had an active order. Multiple inmates admitted to the special housing unit, had their KOP medications and belongings packed and stored by security staff. This left them without their medications, or the refill request slips required to obtain replacement KOP medication.

Six inmates reported they have received mental health services and stated that they were satisfied with the quality of care provided. Four inmates indicated they have used the dental services and that their issues had been addressed.

MEDICAL STAFF INTERVIEWS

Seven members of the medical team participated in interviews including clinical and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Several individuals indicated that additional staff was needed, as well as more training for providers.

Overall, staff indicated they were motivated to provide good clinical services. Some staff reported issues with inmates receiving medications prescribed to them. Most of the staff interviewed felt that medical and security personnel worked well together. Although, a few felt it would be beneficial for the medical department to have access to radio communication with security to expedite emergency response.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health team agreed to participate in interviews. They were familiar with the inmates on their caseloads and demonstrated good clinical knowledge. Staff was aware of policies and procedures related to suicide and self-harm prevention techniques and the accessing of mental health services.

Several interviewees voiced concern that the inmate request forms were not collected daily and forwarded timely to mental health staff. Review of the institutional inmate request log supports inconsistency in the system of receiving, triaging, and forwarding inmate requests to the mental health department.

A few mental health personnel reported problems with inmates receiving psychotropic medications consistently. Staff endorsed hearing this complaint frequently when discussing medication compliance with inmates. Many agreed that additional therapeutic groups would be beneficial. Groups are currently only available to inmates on close management status. The mental health team reported a good working relationship with security staff. They suggested additional training for correctional officers in emergency mental health care.

SECURITY STAFF INTERVIEWS

Three 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. They correctly verbalized procedures that pertain to inmates being placed in special housing, and they described a good working relationship with medical and mental health staff. A suggestion was made to incentivize retainment of experienced security staff.

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	0
General Chronic Illness Clinics	1
Immunity Clinic	0
Miscellaneous Clinic	2
Neurology Clinic	0
Oncology Clinic	2
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	1
Inpatient Infirmary Care	3
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	1
Consultations	1
Medical Inmate Request	2
Medication and Vaccine Administration	2
Intra-System Transfers	2
Periodic Screening	5
PREA Medical Review	2
Female Preventative Health Screenings	0

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	2
Total Findings	
Total	29

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	1
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	1
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	1
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	2
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 LOWAN, the CMA makes the following recommendations:

- Ensure that orders are written clearly and accurately for infirmary admissions to reflect admission status and level of care needed.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Establish a system to ensure clinician referral and follow-up are completed for sick call when required.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure that clinical examinations, especially those conducted via telehealth, include all applicable components.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Ensure that outpatient therapeutic groups are provided to meet the needs of the inmate population.