

# LOWELL CORRECTIONAL INSTITUTION - MAIN



May 21-23, 2024

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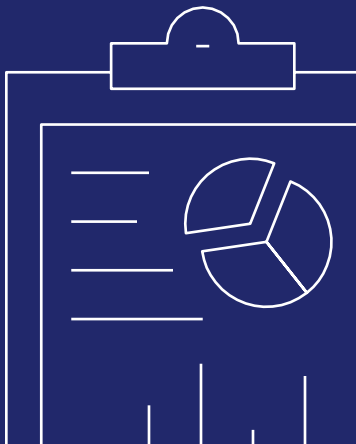
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## BACKGROUND AND SCOPE

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

Lowell Correctional Institutional - Main (LOWCI) 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.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	968	<b>Current Main Unit Census</b>	698
<b>Satellite Unit(s) Capacity</b>	394	<b>Current Satellite(s) Census</b>	290
<b>Total Capacity</b>	1362	<b>Total Current Census</b>	988

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	308	392	64	3	4	19	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	338	68	376	N/A	N/A	N/A	6

### Inmates Assigned to Special Housing Status

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

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

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

## Mental Health Unit Staffing

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

## LOWELL CORRECTIONAL INSTITUTIONAL-MAIN SURVEY SUMMARY

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

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# Physical Health Survey Findings

## Chronic Illness Clinics

### Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	16	2	0	89%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	17	1	0	94%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	17	N/A
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	5	5	0	13	100%
7	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	17	100%

**Endocrine Clinic Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	17	17	0	0	100%
2 There is evidence of an appropriate physical examination	17	3	14	0	18%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	17	11	6	0	65%
4 Annual laboratory work is completed as required	17	16	1	0	94%
5 Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	11	9	2	6	82%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	4	3	1	13	75%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	7	7	0	10	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	8	7	1	9	88%
10 Medications appropriate for the diagnosis are prescribed	16	16	0	1	100%
11 Patients are receiving insulin as prescribed	4	2	2	13	50%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A

**Endocrine Clinic Discussion:**

Screen 2: In eight records, there was no documentation of a sensory exam for inmates with a diagnosis of diabetes. In six records, there was no evidence that inmates with thyroid disorders received a thyroid examination.

Screen 11: In two records, there were blanks on the medication administration record (MAR), indicating that inmates may not have been offered insulin on the corresponding dates.



**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	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	7	9	0	44%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	15	13	2	1	87%
4	Annual laboratory work is completed as required	16	16	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	11	11	0	5	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	15	9	6	1	60%
8	Abdominal ultrasounds are completed at the required intervals	15	15	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	14	14	0	2	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	2	2	0	14	100%
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	16	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	2	2	0	14	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	2	2	0	14	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A

**Gastrointestinal Chronic Illness Clinic Discussion:**

Screen 2: In the deficient records, there were limited physical examinations as the clinic encounters were completed via telehealth. These examinations did not adhere to the guidelines set forth by the Department's Health Services Bulletin (15.03.05 Appendix #8).

**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	16	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	14	2	0	88%

**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.	10	9	1	3	90%
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	2	2	0	11	100%
5	A CBC is collected annually	13	13	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	3	3	0	10	100%
7	Medications appropriate for the diagnosis are prescribed	12	12	0	1	100%
8	The inmate receives HIV medication(s) as prescribed	12	12	0	1	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	13	N/A
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	13	11	2	0	85%
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	0	0	0	13	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	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	11	1	0	92%
3 Medications appropriate for the diagnosis are prescribed	11	9	2	1	82%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	8	7	1	4	88%
6 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	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	10	10	0	1	100%
2 There is evidence of an appropriate physical examination	10	8	2	1	80%
3 Annual laboratory work is completed as required	10	10	0	1	100%
4 Abnormal labs are reviewed and addressed in a timely manner	3	2	1	8	67%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	10	3	7	1	30%
6 Medications appropriate for the diagnosis are prescribed	7	6	1	4	86%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

**Neurology Chronic Illness Clinic Discussion:**

Screen 4: In the deficient record, the inmate had a significantly elevated white blood cell count which was never addressed.

### 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	4	4	0	0	100%
2 There is evidence of an appropriate physical examination	4	1	3	0	25%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	1	100%
4 Annual laboratory work is completed as required	4	4	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	2	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	4	4	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	2	2	0	2	100%
8 Oncological treatments are received as prescribed	2	2	0	2	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	2	100%

#### Oncology Chronic Illness Clinic Discussion:

Screen 2: In the first record, there was no documentation of a mouth examination for an inmate with squamous cell cancer of the soft palate and additional oral health issues. In the second record, there was no documented breast examination for an inmate with metastatic left breast cancer. In the third record, an inmate with melanoma did not have a documented skin examination.

**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	15	15	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	4	4	0	11	100%
3	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4	A peak flow reading is recorded at each visit	15	15	0	0	100%
5	There is evidence of an appropriate physical examination	15	13	2	0	87%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	15	14	1	0	93%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	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	4	4	0	1	100%
3	There is evidence of initial and ongoing education	4	4	0	1	100%
4	There is evidence of monthly nursing follow-up	4	4	0	1	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	4	4	0	1	100%
6	AST and ALT testing are repeated as ordered by the clinician	4	4	0	1	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	0	0	0	5	N/A
9	The appropriate medication regimen is prescribed	4	3	1	1	75%
10	The inmate receives TB medications as prescribed	3	3	0	2	100%
11	The Inmate is seen by the clinician at the completion of therapy	2	2	0	3	100%
12	Documentation of the CIC visit includes an appropriate physical examination	4	4	0	1	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	5	N/A

**Tuberculosis Chronic Illness Clinic Discussion:**

Screen 9: In the deficient record, the inmate tested positive for latent tuberculosis infection on 3/21/24. There was no evidence that she was offered pharmaceutical treatment.



## 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	7	7	0	11	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	15	3	0	83%
4 There is evidence of appropriate and applicable patient education	18	15	3	0	83%
5 Findings requiring clinician notification are made in accordance with protocols	13	13	0	5	100%
6 Follow-up visits are completed timely	7	7	0	11	100%
7 Clinician's orders from the follow-up visit are completed as required	7	7	0	11	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	0	0	0	18	N/A
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	0	0	0	18	N/A

## 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	15	0	0	100%
2	All orders are received and implemented	15	10	5	0	67%
3	The inmate is evaluated within one hour of being placed on observation status	15	13	2	0	87%
4	Patient evaluations are documented at least once every eight hours	15	8	7	0	53%
5	Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	14	100%
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	7	7	0	8	100%

### Outpatient Infirmary Care Discussion:

Screen 2: In the first record, there was no evidence the ordered chest X-ray was completed. In the second record, lab work was not completed. In the third record, wound care was not provided as ordered. In all five records, vital signs were not documented at the frequency requested by the provider.

***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	15	0	0	100%
2 All orders are received and implemented	14	14	0	1	100%
3 A thorough nursing assessment is completed within two hours of admission	14	14	0	1	100%
4 A Morse Fall Scale is completed at the required intervals	15	15	0	0	100%
5 Nursing assessments are completed at the required intervals	15	15	0	0	100%
6 Clinician rounds are completed and documented as required	15	10	5	0	67%
7 Weekend and holiday clinician phone rounds are completed and documented as required	13	8	5	2	62%
8 A discharge note containing all of the required information is completed as required	12	10	2	3	83%
9 A discharge summary is completed by the clinician within 72 hours of discharge	12	12	0	3	100%

**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	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	14	4	0	78%
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	13	13	0	5	100%
7 Follow-up visits are completed in a timely manner	8	7	1	10	88%
8 Clinician orders from the follow-up visit are completed as required	4	4	0	14	100%

**Sick Call Services Discussion:**

Screen 2: In the deficient records, routine sick call requests were seen more than seven days after being triaged.

## Other Medical Records Review

### 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	14	2	0	88%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	16	11	5	0	69%
4 The consultation report is reviewed by the clinician in a timely manner	15	15	0	1	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	16	16	0	0	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	14	14	0	2	100%
7 The diagnosis is recorded on the problem list	15	15	0	1	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 gastrointestinal consult was not completed for five weeks. In the second record, an urgent PET scan to rule out metastatic disease was not completed for one month. In the third record, an urgent cardiac consultation was not completed for over three months. In the fourth record, an urgent echocardiogram was not completed for six weeks. In the fifth record, an urgent request for gynecological oncology was not completed for two months.

### 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	4	4	0	11	100%

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	12	0	0	100%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	0	0	0	12	N/A
4 There is evidence of pneumococcal vaccination or refusal	11	6	5	1	55%
5 There is evidence of influenza vaccination or refusal	11	5	6	1	45%

**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	15	15	0	0	100%
2	All components of the screening are completed and documented as required	15	13	2	0	87%
3	All diagnostic tests are completed prior to the periodic screening encounter	15	11	4	0	73%
4	Referral to a clinician occurs if indicated	2	2	0	13	100%
5	All applicable health education is provided	15	13	2	0	87%

**Periodic Screenings Discussion:**

Screen 3: In two records, there was no evidence that inmates were provided with stool hemocult cards. In one record, lab testing was not completed within the required time frame. In the last record, laboratory testing was incomplete.

**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	6	4	2	0	67%
2 If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	2	2	0	4	100%
3 There is documentation that the alleged victim was provided education on STIs	1	1	0	5	100%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	6	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	6	N/A
6 Repeat STI testing is completed as required	0	0	0	6	N/A
7 A mental health referral is submitted following the completion of the medical screening	6	3	3	0	50%
8 The inmate is evaluated by mental health by the next working day	6	4	2	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	6	N/A

**PREA Discussion:**

Screen 1: In two records, the inmate was not referred to the medical provider.

Screen 7: In one record, there was no evidence that the inmate was referred to mental health staff for the PREA evaluation. In two records, the referral was located, but erroneously indicated that mental health staff had seven days to complete their evaluation.

Screen 8: In two records, the evaluations were in the medical record but were not completed in the required time frame of one 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	12	12	0	5	100%
2 Pap smears were reviewed by the clinician within a clinically appropriate time frame.	11	11	0	6	100%
3 Follow-up for abnormal pap smears occurred as ordered by the gynecological clinician.	2	1	1	15	50%
4 Referrals to a specialist occurred as clinically appropriately.	1	1	0	16	100%
5 There was evidence of a yearly breast examination.	0	0	0	17	N/A
6 Mammograms were completed at the required intervals.	14	13	1	3	93%
7 Mammograms were reviewed by the clinician within a clinically appropriate time frame.	12	12	0	5	100%
8 Follow-up for abnormal or inconclusive mammograms occurred as clinically appropriate.	1	1	0	17	100%
9 Referrals to a specialist occurred as clinically appropriate.	0	0	0	17	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	17	17	0	0	100%	
2 There is evidence of a regional head and neck examination completed at required intervals	11	11	0	6	100%	
3 Dental appointments are completed in a timely manner	4	4	0	13	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	0	0	0	17	N/A	
5 There is evidence of accurate diagnosis based on a complete dental examination	5	5	0	12	100%	
6 The treatment plan is appropriate for the diagnosis	5	5	0	12	100%	
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	0	0	0	17	N/A	
8 Dental findings are accurately documented	6	6	0	11	100%	
9 Sick call appointments are completed timely	7	7	0	10	100%	
10 Follow-up appointments for sick call or other routine care are completed timely	2	2	0	15	100%	
11 Consultations or specialty services are completed timely	0	0	0	17	N/A	
12 Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	17	N/A	
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	0	0	0	17	N/A	
14 The use of dental materials including anesthetic agent are accurately documented	4	4	0	13	100%	
15 Applicable patient education for dental services is provided	17	17	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

### 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	17	16	1	0	94%
2	The emergency is responded to within one hour	17	17	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	17	17	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	17	17	0	0	100%
5	A thorough mental status examination is completed	17	17	0	0	100%
6	Appropriate interventions are made	17	17	0	0	100%
7	The disposition is clinically appropriate	17	17	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	15	13	2	2	87%

**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	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	16	12	4	2	75%
5 Consent for treatment is obtained prior to conducting an interview	18	17	1	0	94%

**Mental Health Inmate Requests Discussion:**

Screen 4: In all four records, the response to the request indicated that the inmate was to be placed on the callout list to speak with a mental health provider. However, they were not assessed by mental health staff.

## 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	3	3	0	15	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	2	2	0	16	100%
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	18	0	0	100%
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	1	1	16	50%
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	18	18	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	17	1	0	94%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	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	18	7	11	0	39%
17	The ISP is reviewed and revised at least every 180 days	16	8	8	2	50%
18	Identified problems are recorded on the problem list	18	18	0	0	100%
19	The diagnosis is clinically appropriate	18	18	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	18	18	0	0	100%
21	Counseling is offered at least once every 60 days	18	16	2	0	89%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	2	2	0	16	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	18	15	3	0	83%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	18	16	2	0	89%
30	The frequency of clinical contacts is sufficient	18	16	2	0	89%

***Outpatient Mental Health Services Discussion:***

Screen 11: In the deficient record, the initial interview was completed on 12/8/23. However, the treatment plan was not completed until 4/4/24.

Screen 16: In three records, only the mental health professional signed the Individualized Services Plan (ISP). In six records, the inmate did not sign the ISP. In two records, there was no signature from the psychiatric provider.

### 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	12	12	0	6	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.	13	12	1	5	92%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	1	1	0	17	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	15	12	3	3	80%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	18	17	1	0	94%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	0	0	0	18	N/A
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	0	0	0	18	N/A



		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consents are signed for each medication prescribed	18	18	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	18	16	2	0	89%
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	14	9	5	4	64%
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

### Aftercare Planning

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	17	16	1	0	94%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	17	16	1	0	94%
3	Appropriate patient care summaries are completed within 30 days of EOS	6	4	2	11	67%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	0	1	16	0%

## 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	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			
		YES	NO	N/A	Compliance Percentage
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	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	0	1	0	0%
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%

**Pharmacy Discussion:**

Screen 5: There were multiple expired medications in the pharmacy area. Staff indicated that these expired medications were administered to inmates whose current medications were unavailable. At the conclusion of the tour, these medications were pulled from the shelves, boxed up, and sent out the following day.

**Psychiatric Restraint**

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

**Self-Injury/Suicide Prevention**

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

**Special Housing**

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

**Mental Health Services**

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

**Mental Health Services Discussion:**

Screen 3: Outpatient group therapy was not offered at the time of the survey.

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews. Although inmates generally endorsed the idea that medical services were adequate, more than half reported issues with the pill line and timely keep on person (KOP) refills. Additionally, several reported that many of the medical staff were resistant to answering health-related questions and appeared frustrated when asked for details of diagnostic information, disease progression, and plans of care. Several inmates reported submitting a sick call request that was never answered. Over half of the inmates reported that they presented to medical for callouts but were returned to the dorm after waiting a full day without completing the medical appointment. Seven inmates received dental services and generally reported satisfaction. They indicated that wait times for dental services were appropriate.

Overall, inmates expressed satisfaction with mental health services. They indicated that counseling and case management and psychiatric medication services were helpful in dealing with psychological symptoms and prison adjustment. They reported that they felt involved in the treatment planning process.

### ***MEDICAL STAFF INTERVIEWS***

Six members of the medical team participated in interviews with CMA staff. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. Staff indicated that they need more nursing and clinical staff to better serve the needs of the inmates. Several interviewees suggested that improved communication with security would help improve processes, including the pill line and ensuring inmates are brought to their appointments. Staff reported that there had been a lack of consistency in leadership; however, with recent changes it is improving. Staff stated that medical transports for specialty appointments are frequently cancelled in favor of security transports and indicated that better collaboration with security would help with this issue.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Interviews were conducted with three members of the mental health staff. The mental health professionals (MHP) appeared dedicated to the inmates in their care and were generally knowledgeable about the inmates on their respective caseloads. Staff were easily able to describe the suicide and self-harm prevention techniques that they use. They reported that they are soon starting groups that will provide inmates with additional support. They indicated that it would be helpful to have additional time for therapy sessions.

### ***SECURITY STAFF INTERVIEWS***

Three correctional officers agreed to participate in interviews with CMA staff. Officers were easily able to articulate policies and procedures related to the accessing of services. Staff reported concerns with sick call wait times and delays in inmates receiving KOP medications when transferred from another facility. They recommended adding additional medical staff. Interviewees voiced concerns that some medical staff are dismissive of the inmate's needs.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	4
Gastrointestinal Clinic	2
General Chronic Illness Clinics	0
Immunity Clinic	0
Miscellaneous Clinic	0
Neurology Clinic	2
Oncology Clinic	1
Respiratory Clinic	0
Tuberculosis Clinic	1
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	2
Inpatient Infirmary Care	2
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	N/A
Consultations	1
Medical Inmate Request	0
Medication and Vaccine Administration	2
Intra-System Transfers	N/A
Periodic Screening	1
PREA Medical Review	3
Female Preventative Health Screening	1

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	0
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>24</b>

### Mental Health Findings Summary

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	N/A
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	N/A
Psychological Emergencies	0
Mental Health Inmate Request	1
Special Housing	N/A
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	3
Outpatient Psychotropic Medications	1
Aftercare Planning	2



<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>8</b>

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 LOWCI, the CMA makes the following recommendations:

- Review the sick call process with attention to the triage levels and the time required for inmates to be seen depending on the level of care.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Review infirmary guidelines to ensure daily clinician rounds, weekend phone rounds and nursing documentation is completed as required.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Ensure physical examinations are completed especially when utilizing telehealth.
- Ensure ISPs are signed by all members of the treatment team.
- Ensure that outpatient therapeutic groups are provided to meet the needs of the inmate population.