

LANCASTER CORRECTIONAL INSTITUTION



September 22-24, 2025

Report Distributed: October 29, 2025

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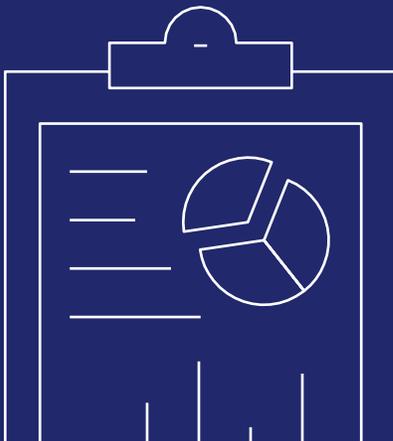
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

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

Institutional Potential and Actual Workload

Main Capacity	575	Main Census	539
Satellite Unit(s) Capacity	476	Current Satellite(s) Census	387
Total Capacity	1051	Total Current Census	926

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	580	311	35	0	0	0	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	683	84	159	0	0	0	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	27	39	5	6	4	0

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0.2	0.2
Clinical Associate	1	0
Registered Nurse	5.2	0
Licensed Practical Nurse	7	1.1
DON/Nurse Manager	1	0
Dentist	1	0.2
Dental Assistant	2	0
Dental Hygienist	0	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0.4	0
Psychological Services Director	0.4	0
Psychologist	0	0
Behavioral Health Specialist	2	0
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health Nurse	0.4	0

LANCASTER CORRECTIONAL INSTITUTION

The CMA conducted a thorough review of the medical, mental health, and dental systems at LANCI on September 22-24, 2025. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Detailed below are results from the institutional survey of LANCI. 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	0	Mental Health Survey Findings	0

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 There is evidence of appropriate physical examinations	15	15	0	0	100%
2 Annual laboratory work is completed as required	15	15	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	7	7	0	8	100%
4 Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	6	5	1	9	83%
5 Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
6 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	15	N/A
Overall Compliance Score 97%					

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	11	11	0	0	100%
2 Annual laboratory work for diabetic inmates is completed as required	11	11	0	0	100%
3 Annual laboratory work for inmates with thyroid disorders is completed as required	3	3	0	8	100%
4 Abnormal labs are reviewed and addressed in a timely manner	10	10	0	1	100%
5 A dilated fundoscopic examination is completed yearly for diabetic inmates	8	8	0	3	100%
6 Inmates with HgbA1c over 8% are seen at least every 90 days	7	7	0	4	100%
7 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	7	7	0	4	100%
8 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	9	9	0	2	100%
9 Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
10 Inmates receive insulin as prescribed	6	6	0	5	100%
11 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	11	N/A
Overall Compliance Score 100%					

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	12	11	1	0	92%
2	Annual laboratory work is completed as required	13	13	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	12	12	0	1	100%
4	Medications appropriate for the diagnosis are prescribed	11	11	0	2	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	13	13	0	0	100%
6	Abdominal ultrasounds are completed at the required intervals	13	13	0	0	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	12	12	0	1	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	13	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	8	8	0	5	100%
10	Hepatitis C treatment is started within the appropriate time frame	5	5	0	8	100%
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	5	5	0	8	N/A
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	3	3	0	10	N/A
Overall Compliance Score 99%						

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 Inmates are enrolled in all clinics appropriate to their diagnoses	16	16	0	0	100%
2 At each clinic visit there will be an evaluation as to the control of the disease and patient status	16	16	0	0	100%
3 Appropriate patient education is provided	16	16	0	0	100%
4 Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	16	16	0	0	100%
5 There is evidence labs are available to the clinician prior to the visit and are reviewed	16	16	0	0	100%
6 There is evidence of pneumococcal vaccination or refusal	15	15	0	1	100%
7 There is evidence of influenza vaccination or refusal	15	15	0	1	100%
Overall Compliance Score 100%					

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	13	13	0	0	100%
2 Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	4	4	0	9	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	2	2	0	11	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	10	9	1	0	90%
2 Annual laboratory work is completed as required	10	10	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	10	N/A
4 Medications appropriate for the diagnosis are prescribed	7	7	0	3	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	10	N/A
Overall Compliance Score 97%					

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	9	9	0	0	100%
2 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	9	0	0	100%
3 Annual laboratory work is completed as required	9	9	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	3	100%
5 Medications appropriate for the diagnosis are prescribed	1	1	0	8	100%
6 Oncological treatments are received as prescribed	4	4	0	5	100%
7 Referrals to a specialist for more in-depth treatment are made as indicated	4	4	0	5	100%
Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	16	16	0	0	100%
2 Pulmonary function testing is completed as indicated	16	16	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4 Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	1	1	0	15	100%
5 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
Overall Compliance Score 100%					

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	15	15	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	15	15	0	0	100%
3	There is evidence of initial and ongoing education	15	15	0	0	100%
4	There is evidence of monthly nursing follow-ups	15	15	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	10	10	0	5	100%
6	AST and ALT tests are repeated as ordered by the clinician	10	10	0	5	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	15	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	14	100%
9	The appropriate medication regimen is prescribed	10	10	0	5	100%
10	Inmates receive medications as prescribed	10	10	0	5	100%
11	Inmates are seen by the clinician at the completion of therapy	6	6	0	9	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	14	100%
Overall Compliance Score 100%						

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	2	2	0	16	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol 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	18	17	1	0	94%
5 Findings requiring clinician notification are made in accordance with protocols	7	7	0	11	100%
6 Verbal orders received from the clinician are noted and carried out timely	4	4	0	14	100%
7 Follow-up visits are completed in a timely manner	5	5	0	13	100%
8 Provider's orders from the follow-up visit are completed as required	5	5	0	13	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	0	0	0	18	N/A
10 The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	0	0	0	18	N/A
Overall Compliance Score 99%					

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3 Nursing assessments are completed in their 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	18	100%
6 Findings requiring clinician notification are made in accordance with protocols	6	6	0	12	100%
7 Verbal orders received from the clinician are noted and carried out timely	6	6	0	12	100%
8 Follow-up visits are completed in a timely manner	2	2	0	16	100%
9 Clinician orders from the follow-up visit are completed as required	2	2	0	16	100%
Overall Compliance Score 100%					

Other Medical Records Review

Physical Health Confinement

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Pre-confinement examinations are completed prior to placement in special housing	15	15	0	0	100%
2 Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	15	15	0	0	100%
3 All active medications continue as ordered while inmates are held in special housing	8	8	0	7	100%
4 Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	4	4	0	11	100%
5 All medical emergencies are responded to timely and appropriately	4	4	0	11	100%
6 Medical inmate requests are responded to timely and appropriately.	2	2	0	13	100%
7 All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	3	3	0	12	100%
Overall Compliance Score 100%					

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	14	14	0	0	100%
2 Referrals are processed in a timely manner	12	12	0	2	100%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	12	12	0	2	100%
4 The provider monitors inmates weekly to determine deterioration or status change	2	2	0	12	100%
5 Consultation reports are reviewed by the clinician in a timely manner	12	12	0	2	100%
6 The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	2	100%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	10	2	2	83%
8 Alternative treatment plans (ATP) are documented in the medical record	2	2	0	12	100%
9 There is evidence that the ATPs are implemented	2	2	0	12	100%
Overall Compliance Score 98%					

Medical Inmate Requests

SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	14	14	0	4	100%
Overall Compliance Score 100%						

Medication And Vaccination Administration

SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Inmates receive medications as prescribed	13	13	0	0	100%
2	Allergies are listed on the medication record (MAR) or the medication page in the EMR	13	13	0	0	100%
3	Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	0	0	0	13	N/A
Overall Compliance Score 100%						

Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2 Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3 Medications reflect continuity of care.	7	6	1	11	86%
4 The medical record reflects continuity of care for pending consultations	0	0	0	18	N/A
5 The medical record reflects continuity of care for pending chronic illness clinic appointments	3	3	0	15	100%
6 Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
7 Special passes/therapeutic diets are reviewed and continued	0	0	0	18	N/A
8 A clinician reviews the health record and DC4-760A within seven days of arrival	16	16	0	2	100%
Overall Compliance Score 97%					

Periodic Screenings

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Periodic screening encounters are completed within one month of the due date	17	17	0	0	100%
2	Screenings include documentation of vital signs and appropriate follow-up	17	17	0	0	100%
3	Screenings are completed in their entirety	17	17	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	17	17	0	0	100%
5	Referrals to a clinician occur if indicated	1	1	0	16	100%
6	All applicable health education is provided	17	17	0	0	100%
Overall Compliance Score 100%						

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	8	8	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	5	5	0	3	100%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	7	100%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	8	N/A
5	Repeat STI testing is completed as required	1	1	0	7	100%
6	Mental health referrals are submitted following the completion of the medical screening	8	8	0	0	100%
7	Inmates are evaluated by mental health by the next working day	8	8	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	8	N/A
Overall Compliance Score 100%						

Dental Review

Dental Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Allergies are documented in the EMR	18	18	0	0	100%
2 There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3 Dental appointments are completed in a timely manner	5	5	0	13	100%
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	8	8	0	10	100%
5 There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	8	8	0	10	100%
6 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	8	8	0	10	100%
7 Sick call appointments are completed in a timely manner	10	10	0	8	100%
8 Follow-up appointments for sick call or other routine care are completed in a timely manner	3	3	0	15	100%
9 Consultations or specialty services are completed in a timely manner	1	1	0	17	100%
10 Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	17	100%
11 There is evidence of informed consent or refusal for extractions and/or endodontic care	8	8	0	10	100%
12 The use of dental materials including anesthetic agent are accurately documented	14	14	0	4	100%
13 Applicable patient education for dental services is provided	18	18	0	0	100%
Overall Compliance Score 100%					

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately, and the 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	0	0	1	N/A
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	Necessary equipment is available, adequate, and in working order.	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%
Overall Compliance Score 100%					

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	8	8	0	0	100%
2 Nursing evaluations are completed within two hours of admission	8	8	0	0	100%
3 A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	8	7	1	0	88%
4 Guidelines for SHOS management are observed	5	4	1	3	80%
5 SHOS infirmatory orders contain required components, and are received and implemented accordingly	8	8	0	0	100%
6 Inmates on SHOS are observed at the frequency ordered by the clinician	8	8	0	0	100%
7 Nursing evaluations are completed once per shift	8	8	0	0	100%
8 There is evidence of daily rounds by the attending clinician	8	7	1	0	88%
9 There is evidence of daily counseling provided by mental health staff	8	8	0	0	100%
10 There is evidence of face-to-face evaluations by the clinician prior to discharge	8	8	0	0	100%
11 Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	8	8	0	0	100%
12 There is evidence of adequate post-discharge follow-up by mental health staff	8	8	0	0	100%
13 Individualized Services Plans (ISP) are revised within 14 days of discharge	5	5	0	3	100%
14 Potential changes needed in inmates' care are addressed as clinically indicated	4	4	0	4	100%

Overall Compliance Score 97%

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	18	18	0	0	100%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	5	5	0	13	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	18	18	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	18	18	0	0	100%
5	Thorough mental status examinations are completed	18	18	0	0	100%
6	Appropriate interventions are made as indicated by presentation	18	18	0	0	100%
7	Dispositions are clinically appropriate	18	18	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	14	14	0	4	100%
Overall Compliance Score 100%						

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Copies of the inmate request form are present in the electronic health record	17	17	0	0	100%
2 Identified requests are responded to within the appropriate time frame	17	17	0	0	100%
3 Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	17	17	0	0	100%
4 Follow-up to the requests occur as intended	16	16	0	1	100%
5 Consents for treatment are obtained prior to conducting an interview	16	16	0	1	100%
Overall Compliance Score 100%					

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	5	5	0	10	100%
2	Mental status exams (MSE) are completed in the required time frame	14	14	0	1	100%
3	Follow-up mental status exams are completed in the required time frame	8	8	0	7	100%
4	MSEs are sufficient to identify any problems in adjustment	15	15	0	0	100%
5	Mental health staff responds to identified problems in adjustment	2	2	0	13	100%
6	Mental health inmate requests are responded to timely and appropriately	1	1	0	14	100%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	10	10	0	5	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	15	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	15	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	15	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	15	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	15	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	15	N/A
Overall Compliance Score 100%						

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Post use-of-force physical examinations are present in the record	11	11	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	11	11	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	11	11	0	0	100%
4	Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed	9	9	0	2	100%
5	Recent changes in the inmate's condition are addressed	7	7	0	4	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	7	7	0	4	100%
Overall Compliance Score 100%						

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Valid consent forms are completed prior to the initiation of mental health treatment	18	18	0	0	100%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	9	8	1	9	89%
3	Inmates are interviewed by mental health staff within 14 days of arrival	9	9	0	9	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	9	9	0	9	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	8	8	0	10	100%
6	BPSAs are present in the records	18	18	0	0	100%
7	ISPs are individualized and addresses all required components	18	18	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	18	18	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	18	18	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	18	18	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	18	18	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	17	17	0	1	100%
13	Qualifying events are addressed on the ISP	10	10	0	8	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	5	5	0	13	100%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	13	13	0	5	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	18	18	0	0	100%
17	Frequency of clinical contacts is sufficient	18	18	0	0	100%
Overall Compliance Score 99%						

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	1	1	0	17	100%
2	If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	0	0	0	18	N/A
3	Appropriate initial laboratory tests are ordered	2	2	0	16	100%
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	14	14	0	4	100%
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	2	2	0	16	100%
8	Inmates receive medication(s) as prescribed	18	18	0	0	100%
9	The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	1	1	0	17	100%
10	Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	2	2	0	16	100%

SCREEN QUESTION	COMPLIANCE SCORE				
	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	18	0	0	100%
14 Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	11	11	0	7	100%
16 Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	4	4	0	14	100%
Overall Compliance Score 100%					

Aftercare Planning

SCREEN QUESTION	COMPLIANCE SCORE				
	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	17	0	0	100%
2 The appropriate consent form is signed by inmates within the required time frame	17	16	1	0	94%
3 Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	17	N/A
4 Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	12	11	1	5	92%
5 Appropriate patient care summaries are completed within the required time frame 17	12	12	0	5	100%
6 Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	9	8	1	8	89%
7 Any inmate qualifying for re-entry service planning is provided with a 30-day supply of their current psychiatric medications at the time of release	12	12	0	5	100%
Overall Compliance Score 96%					

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%
Compliance Percentage 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	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Pharmacy

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

Psychiatric Restraint

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

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Twelve inmates participated in interviews. Overall, they expressed satisfaction with health care services at Lancaster CI. There were no reports of medical issues that were not being addressed. They denied difficulties getting prescription or over-the-counter medications and described healthcare staff as helpful.

All inmates on the mental health caseload expressed satisfaction with mental health services. They indicated that counseling, case management and medication services are beneficial. Seven out of 12 inmates had received dental services and six indicated that their dental issues were addressed.

MEDICAL STAFF INTERVIEWS

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

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health team participated in interviews. All members of the mental health team appeared to be knowledgeable about the inmates on their caseload, as well as policies and procedures related to the accessing of mental health care. Staff members reported they work well as a team to provide mental health services.

SECURITY STAFF INTERVIEWS

Two 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. They described a good working relationship with medical and mental health staff at the institution.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

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

Mental Health Findings Summary

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

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

Recommendations

There were no findings requiring corrective action as a result of the survey. Staff are encouraged to maintain their commitment to providing consistent, quality healthcare services to the incarcerated population.