
LOWELL ANNEX CORRECTIONAL INSTITUTION



May 16-18, 2023

Report Distributed: July 14, 2023

Corrective Action Plan Due: August 13, 2023

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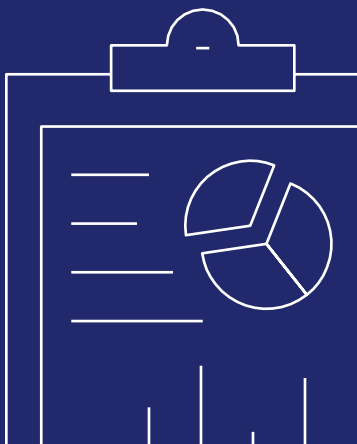
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large.
- 2) to promote ongoing improvement in the correctional system of health services.
- 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.
- 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 Annex Correctional Institutional (LOWAN) houses female inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3.

Institutional Potential and Actual Workload

Annex Unit Capacity	1248	Current Annex Unit Census	1419
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1248	Total Current Census	1419

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	653	684	74	2	6	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	620	189	610	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	102	67	2	3	18	8

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	5	3
Clinical Associate	2	0
Registered Nurse	13.6	15.3
Licensed Practical Nurse	30.9	15.3
DON/Nurse Manager	2	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	2	2
Psychiatric APRN/PA	2	0
Psychological Services Director	1	0
Psychologists	3	0
Mental Health Professional	15	4
Aftercare Coordinator	1	0
Activity Technician	0	0
Mental Health RN	2	0
Mental Health LPN	0	0

LOWELL ANNEX CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at LOWAN on May 16-18, 2023. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

As a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on June 7, 2023. While the notification was sent regarding Lowell CI Main and Annex, some of the issues noted may unit specific.

“Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies.”

Deficiencies were noted in several areas of the consultation process leading to delays in the diagnosis and treatment of serious or potentially serious medical conditions. Delays were noted in the initial stages of the referral process, as well as in the required follow-up clinical recommendations. CMA surveyors noted that delays in consultation services or missed opportunities for follow-up may lead to adverse health outcomes.

Serious systemic issues were also noted in the administration of medications, affecting multiple areas of patient medical and mental health care. In many records reviewed, CMA surveyors noted lapses in medication administration. Evidence of improper administration was widespread and affected inmates in general population and special housing units. CMA surveyors were concerned that a lack of access to needed medications may result in improper treatment or exacerbate existing conditions. Additionally, 13 of 22 inmates interviewed (Main and Annex), reported difficulties in obtaining medications including over-the-counter, keep-on-person, and/or single-dose medications. A detailed analysis of the medication administration issues is warranted due to the systemic nature of the deficiencies. This is beyond the scope of the CMA survey process.

The CMA survey at LOWCI revealed other systemic deficiencies including failure to complete laboratory and diagnostic testing in multiple areas including preventative health screenings, chronic illness clinics, psychiatric services, and consultations. It was noted that most inmates did not receive the full battery of laboratory and diagnostic testing during their periodic screenings. These serve as an important mechanism for identifying and treating chronic medical conditions, as well as ensuring the early detection of disease.

The totality of findings noted in conjunction with the lack of credible systems in place to address these deficiencies has resulted in significant impediments to basic standards of care for the inmates at LOWCI. CMA clinical surveyors identified deficiencies in almost all areas of the inmate health care reviewed. However, certain deficient areas of the health care delivery system require immediate action.

Many of the most serious clinical findings were noted in previous reports. Furthermore, there is significant concern that these issues are systemic. For each of the previous surveys, multiple assessments were conducted (sometimes spanning multiple years), to fully correct findings outlined in the 2015 and 2018 survey reports. Due to the seriousness of the clinical inadequacies, the repetitive nature of the findings across surveys, as well as an apparent inability to sustain corrective action over time, the CMA lacks confidence that these concerns can be meaningfully addressed by the usual corrective action process.

On June 9, 2023, the CMA was provided a copy of the Department’s corrective action plan (CAP) addressing the emergency findings. Once the Department is in receipt of this full survey report, the CMA looks forward to receiving an even more specific and detailed CAP.

Detailed below are results from the institutional survey of Lowell Annex. 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	40	Mental Health Survey Findings	23

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	17	1	0	94%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	16	2	0	89%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	4	4	0	14	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	17	17	0	1	100%
7 Medications appropriate for the diagnosis are prescribed	18	16	2	0	89%
8 Patients are referred to a specialist for more in-depth treatment as indicated	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	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	18	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	17	17	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	18	12	6	0	67%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	16	15	1	2	94%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	14	9	5	4	64%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	15	15	0	3	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	14	14	0	4	100%
10 Medications appropriate for the diagnosis are prescribed	18	10	8	0	56%
11 Patients are receiving insulin as prescribed	10	6	4	8	60%
12 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	13	100%

Endocrine Clinic Discussion:

Screen 5: The majority of inmates had HgbA1c levels that were indicative of uncontrolled or poorly controlled diabetes. CMA surveyors expressed concern that these inmates were not provided follow-up as clinically indicated. Additionally, for inmates receiving insulin services, there were multiple blanks on the Medication Administration Record (MAR), indicating the inmates may not have been offered insulin on those days.

- In the first record, an inmate with elevated HgbA1c levels of 9.0% since 3/9/22 had no change to her treatment plan. Additionally, she was seen at intervals of 180 days, although “poor control” of symptoms was identified by the clinician and abnormal laboratory results require more frequent chronic illness clinic (CIC) visits.
- In the second record, an inmate with elevated HgbA1c levels of 10.6% since 12/2/22 had no change to her treatment plan.
- In the third record, an inmate with elevated HgbA1c levels of 10.1 noted on 3/21/23 had not been evaluated in endocrine clinic since 9/21/22.
- In the fourth record, an elevated HgbA1c level of 13.2% was not addressed.
- In the fifth record, an elevated HgbA1c level of 10.0% was not addressed.
- In the sixth record, an elevated HgbA1c level of 9.0% was noted by the clinician who ordered repeat laboratory testing in November 2022. However, the testing was not completed until 4/7/23.

Screen 7: Department policy requires that inmates with HgbA1c levels over 8.0% are seen every 90 days regardless of their medical grade.

- In the first record, an inmate’s medical grade was lowered from M-3 to M-2 in the context of an elevated HgbA1c level of 10.6% and documentation of “poor control”.
- In the second record, an inmate with an HgbA1c level of 9.0% who was non-complaint with medications was scheduled at 180-day intervals.
- In the third record, the clinician noted the inmate’s “poor control” of her blood sugars and elevated HgbA1c levels as high as 9.5% and indicated she was to return to the clinic at 30 days. However, the inmate has not been seen since 1/30/23.
- In the fourth record, an inmate with an HgbA1c value of 10.0% was seen every 180 days.
- In the fifth record, an inmate with an HgbA1c level of 9.0% has not been seen in clinic since 11/11/22.

Screen 11: In four records, there were blanks on the MAR indicating that inmate may not have been offered her insulin on the corresponding days. Additionally, HgbA1c levels for these inmates were found to be significantly elevated.

Gastrointestinal Chronic Illness Clinic

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
4	Annual laboratory work is completed as required	17	17	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	1	100%
6	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	14	6	8	3	43%
8	Abdominal ultrasounds are completed at the required intervals	14	14	0	3	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	3	3	0	14	100%
12	Hepatitis C treatment is started within the appropriate time frame	1	1	0	16	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	1	0	1	16	0%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	16	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	17	N/A

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	15	1	0	94%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	8	8	0	50%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

General Chronic Illness Clinic Discussion:

Screen 3: In these records, M-3 inmates were scheduled at 120 or 180-day intervals rather than at 90 days as required. Additionally, many inmates with a medical grade of 1 were enrolled in chronic clinics. CMA surveyors noted the importance of medical grade status as a both a measure of the acuity of health-related conditions and as an important determinant of the health care to be received by the inmate.

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)	11	11	0	0	100%
2	There is evidence of an appropriate physical examination.	11	2	9	0	18%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	11	11	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	9	100%
5	A CBC is collected annually	11	11	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	11	11	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	11	11	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	11	N/A
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	11	5	6	0	45%
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	0	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	0	N/A

Immunity Chronic Illness Clinic Discussion:

Screen 2: In five records, the examinations did not include a pap and/or pelvic exam. Per policy, documentation of vital signs and weight, description of inmate’s general condition, skin, mouth, lungs, heart, abdomen, lymphatic’s, mental status, and pelvic exam are to be included at each clinic visit as well as a pap smear every six months when clinically indicated. The remaining records did not contain documentation from the on-site clinician regarding the immunity examination.

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	15	15	0	0	100%
2	There is evidence of an appropriate physical examination	15	15	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	9	100%
5	Abnormal labs are reviewed and addressed in a timely manner	7	7	0	8	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

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

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	7	5	0	58%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	9	0	3	100%
4 Annual laboratory work is completed as required	11	11	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	N/A
6 At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
7 Medications appropriate for the diagnosis are prescribed	3	3	0	9	100%
8 Oncological treatments are received as prescribed	3	3	0	9	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	11	100%

Oncology Chronic Illness Clinic Discussion:

Screen 2: In four records, there was no documentation of a breast exam for inmates with a history of breast cancer. In the last record, the objective portion of the assessment was blank.

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	16	16	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	12	12	0	4	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	A peak flow reading is recorded at each visit	16	7	9	0	44%
5	There is evidence of an appropriate physical examination	16	16	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	0	94%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	4	4	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	4	4	0	0	100%
3 There is evidence of initial and ongoing education	4	4	0	0	100%
4 There is evidence of monthly nursing follow-up	4	2	2	0	50%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	4	4	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	4	4	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	4	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	4	N/A
9 The appropriate medication regimen is prescribed	4	4	0	0	100%
10 The inmate receives TB medications as prescribed	4	2	2	0	50%
11 The inmate is seen by the clinician at the completion of therapy	3	0	3	1	0%
12 Documentation of the CIC visit includes an appropriate physical examination	4	4	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	4	N/A

Tuberculosis Chronic Illness Clinic Discussion:

Screen 10: In the first record, the inmate was out-to-court for several months. However, INH was not restarted until several weeks after she returned to LOWAN. Additionally, she only received 10 doses between October 2022 and January 2023. In the second record, the inmate received 63 of 78 ordered administrations.

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	10	10	0	8	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	17	1	0	94%
3	Vital signs including weight are documented	18	12	6	0	67%
4	There is evidence of appropriate and applicable patient education	18	16	2	0	89%
5	Findings requiring clinician notification are made in accordance with protocols	11	11	0	7	100%
6	Follow-up visits are completed timely	9	9	0	9	100%
7	Clinician's orders from the follow-up visit are completed as required	8	8	0	10	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	16	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	2	2	0	16	100%

Outpatient Infirmiry 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 infirmiry or placed on observation status. Admission status is appropriate for the presenting complaint/condition	14	14	0	0	100%
2 All orders are received and implemented	14	5	9	0	36%
3 The inmate is evaluated within one hour of being placed on observation status	14	13	1	0	93%
4 Patient evaluations are documented at least once every eight hours	14	3	11	0	21%
5 Weekend and holiday clinician phone rounds are completed and documented as required	4	1	3	10	25%
6 The inmate is discharged within 23 hours or admitted to the infirmiry for continued care	13	13	0	1	100%
7 A discharge note containing all of the required information is completed as required	9	9	0	5	100%

Outpatient Infirmiry Care Discussion:

Screen 2: In the six records, vital signs were not documented at the intervals ordered by the clinician. In the seventh record, neurological checks were not completed at the intervals ordered by the clinician. In the eighth record, there was no evidence that neurological checks were completed every four hours as ordered. In the ninth record, there was no evidence that IV fluids were administered. Additionally, lab tests were not completed.

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	14	14	0	1	100%
2 All orders are received and implemented	14	10	4	0	71%
3 A thorough nursing assessment is completed within two hours of admission	13	12	1	1	92%
4 A Morse Fall Scale is completed at the required intervals	14	9	5	0	64%
5 Nursing assessments are completed at the required intervals	14	10	4	0	71%
6 Clinician rounds are completed and documented as required	13	10	3	1	77%
7 Weekend and holiday clinician phone rounds are completed and documented as required	9	5	4	5	56%
8 A discharge note containing all of the required information is completed as required	8	4	4	6	50%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	8	1	5	89%

Inpatient Infirmary Care Discussion:

Screen 2: In the first record, the inmate returned from an outside hospitalization on 1/3/23 but orders were not received until 1/5/23. In the second record, PT/INR testing was ordered to be completed daily but was not documented from 11/26/22 to 11/28/22. In the third record, vital signs were not obtained at the intervals ordered by the clinician. In the fourth record, PT/INR testing was not completed for five days, although the clinician ordered it to be completed daily.

Screen 8: In two records, there was no evidence of a discharge note completed by nursing staff. In the remaining two records, discharge notes were completed but contained no evidence of applicable patient education.

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	17	1	0	94%
3	The nursing assessment is completed in its entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	16	2	0	89%
5	There is evidence of applicable patient education	18	17	1	0	94%
6	Referrals to a higher level of care are made in accordance with protocols	13	11	2	5	85%
7	Follow-up visits are completed in a timely manner	14	12	2	4	86%
8	Clinician orders from the follow-up visit are completed as required	14	13	1	4	93%

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Evaluation is complete and accurate	16	9	7	0	56%
2 All medications are continued as prescribed while in the inmate is held in special housing	12	1	11	4	8%
3 The inmate is seen in chronic illness clinic as regularly scheduled	1	1	0	15	100%
4 All emergencies are responded to within the required time frame	4	4	0	12	100%
5 The response to the emergency is appropriate	4	4	0	12	100%
6 All sick call appointments are triaged and responded to within the required time frame	7	6	1	9	86%
7 New or pending consultations progress as clinically required	3	3	0	13	100%
8 All mental health and/or physical health inmate requests are responded to within the required time frame	5	5	0	11	100%

Confinement Medical Review Discussion:

Screen 2: In these records, there were multiple blanks spanning the months of March, April, and May. In one record, there was a “no show” on 4/8/23 & 4/9/23. Per the nursing manual, a failure to show shall not occur in special housing as medications are taken to the inmate while they are held in confinement.

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

Consultations Discussion:

Screen 3: In four records, consultation services were not completed within required time frames.

- In the first record, an inmate fell off her bunk on 10/11/22. Upon evaluation, her foot was described as "swollen and purplish in color." The site clinician ordered an X-ray which was not completed until 10/19/22. The X-ray revealed an acute fracture, and the inmate was sent to a local emergency room. The discharge documentation indicated that the inmate should be evaluated by an orthopedic surgeon within "three to four days." An urgent consult was written on 10/21/22; however, the inmate was not evaluated by the specialist until 11/18/22.
- In the second record, the inmate was evaluated for ventral hernia repair on 11/18/22. An urgent request for the procedure was not submitted until 1/30/23 and the surgery not completed until 3/3/23.
- In the third record, the inmate had an echocardiogram and stress test completed in December 2022; however, she was not referred back to the cardiologist until 2/28/23. Additionally, unexplained delays resulted in the consultation not being submitted to utilization management until 3/24/23. The inmate's procedures were not completed until May 2023.

- In the fourth record, an inmate with complaints of dysphagia was seen by ENT 9/19/2022. The specialist at that time recommended a repeat thyroid US and then follow-up with the specialist. On 9/22/22 the site clinician signed the ENT report but didn't order the thyroid US. On 2/28/23, during a chronic clinic appointment, the inmate notified the provider that she still had swallowing difficulty and that follow-up care was still pending. An urgent referral was submitted on 2/28/23 and completed 3/7/23 showing multinodular goiter and bilateral thyroid nodules.

Screen 6: In three records, follow-up care was not completed timely.

- In the first record, the orthopedic specialist recommended on 3/17/23 that the inmate be returned to the clinic for further evaluation. The inmate was not seen until 5/12/23.
- In the second record, an inmate with laryngeal reflux related to vocal cord paralysis was seen for a GI consult on 1/20/23. The consultant recommended an EGD and colonoscopy which were not completed until 4/19/23.
- In the third record, the inmate had cervical spine surgery on 2/27/23. The surgeon recommended a 5-day follow-up, but the inmate had not been seen as of the date of the survey.

Female Preventative Health Screenings

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Routine pap smears are offered at the required intervals	14	14	0	0	100%
2	Pap smears are reviewed by the clinician within a clinically appropriate time frame.	9	9	0	5	100%
3	Follow-up for abnormal pap smears occur as ordered by the gynecological clinician.	6	6	0	8	100%
4	Referrals to a specialist occur as clinically appropriately.	3	3	0	11	100%
5	There is evidence of a yearly breast examination.	14	12	2	0	86%
6	Mammograms are completed at the required intervals.	7	6	1	7	86%
7	Mammograms are reviewed by the clinician within a clinically appropriate time frame.	6	6	0	8	100%
8	Follow-up for abnormal or inconclusive mammograms occur as clinically appropriate.	6	6	0	8	100%
9	Referrals to a specialist occur as clinically appropriate.	5	5	0	9	100%

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	14	1	0	93%
4 The follow-up to the request occurs as intended	13	11	2	2	85%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	13	9	4	0	69%
2 Allergies are listed on the MAR or the medication page in the EMR	13	13	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	9	7	2	4	78%
4 There is evidence of pneumococcal vaccination or refusal	11	9	2	2	82%
5 There is evidence of influenza vaccination or refusal	10	10	0	3	100%

Medication And Vaccination Administration Discussion:

Screens 1 & 3: In four records, there were blanks on the MAR indicating that the inmate may not have been offered her medications on the corresponding dates. In two of those records, the inmate missed either three consecutive doses or five doses in one month and did not receive counseling/education related to the problem(s) resulting from nonadherence or the importance of compliance and continued use of the medication.

Intra-System Transfers

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	15	15	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	15	15	0	0	100%
3	The inmate's medications reflect continuity of care	8	8	0	15	100%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	15	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	10	10	0	5	100%
6	Special passes/therapeutic diets are reviewed and continued	3	3	0	12	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	15	5	9	0	33%

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	13	12	1	0	92%
2 All components of the screening are completed and documented as required	13	0	13	0	0%
3 All diagnostic tests are completed prior to the periodic screening encounter	13	4	9	0	31%
4 Referral to a clinician occurs if indicated	8	7	1	5	88%
5 All applicable health education is provided	13	10	3	0	77%

Periodic Screenings Discussion:

Screen 2: In all thirteen records, there was no weight and/or vital signs comparison or TB symptoms documentation. In addition, two of the records did not include smoking history and two did not include level of orientation.

Screen 3: Nine records did not contain the required diagnostic tests performed 7-14 days prior to the periodic screening encounter.

- In the first record, there was no evidence of blood glucose levels for an inmate with elevated blood pressure. Additionally, there was no evidence of the required mammogram.
- In the second record, there was no evidence of blood glucose levels for an inmate with elevated blood pressure.
- In the third record, there was no evidence of the baseline lipid profile.
- In the fourth record, there was no evidence of a fecal stool test or baseline lipid profile.
- In the fifth record, the complete blood count (CBC) was not completed within the required time frame and there was no evidence of blood glucose levels for an inmate with elevated blood pressure.
- In the sixth record, there was no evidence of blood glucose levels for an inmate with elevated blood pressure and no evidence of mammogram or CT scan.
- In the seventh record, there was no evidence of urinalysis, and the smoking history was not documented.
- In the eighth record, the CBC and urinalysis were not completed within the required time frames.
- In the ninth record, there was no evidence of the required mammogram.

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	9	4	5	0	44%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	3	3	0	6	100%
3	There is documentation that the alleged victim was provided education on STIs	0	0	0	9	N/A
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	9	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	9	N/A
6	Repeat STI testing is completed as required	0	0	0	9	N/A
7	A mental health referral is submitted following the completion of the medical screening	9	3	6	0	33%
8	The inmate is evaluated by mental health by the next working day	9	2	7	0	22%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	9	N/A

PREA Discussion:

Screen 1: In five records, there was no evidence that the clinician was notified of an alleged PREA incident, as is required in all cases.

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	15	15	0	3	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	14	0	4	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	18	18	0	0	100%
6	The treatment plan is appropriate for the diagnosis	18	18	0	0	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	14	12	2	4	86%
8	Dental findings are accurately documented	17	16	1	1	94%
9	Sick call appointments are completed timely	15	15	0	3	100%
10	Follow-up appointments for sick call or other routine care are completed timely	15	15	0	3	100%
11	Consultations or specialty services are completed timely	3	3	0	15	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	3	3	0	15	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	17	17	0	1	100%
14	The use of dental materials including anesthetic agent are accurately documented	17	17	0	1	100%
15	Applicable patient education for dental services is provided	18	18	0	0	100%

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	16	12	4	0	75%
2 The nursing evaluation is completed within 2 hours of admission	16	8	8	0	50%
3 Guidelines for SHOS management are observed	0	0	0	16	N/A
4 The inmate is observed at the frequency ordered by the clinician	16	3	13	0	19%
5 Nursing evaluations are completed once per shift	16	6	10	0	38%
6 There is evidence of daily rounds by the attending clinician	16	15	1	0	94%
7 There is evidence of daily counseling provided by mental health staff	16	15	1	0	94%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	16	16	0	0	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	16	15	1	0	94%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	16	11	5	0	69%

Self-Injury and Suicide Prevention Discussion:

Screen 2: In all eight records, the required nursing evaluation was not located by institutional staff.

Screen 4: In these records, there were multiple blanks on the observation checklist, indicating that the required safety checks may not have been completed. Department policy requires that inmates are observed at 15-minute intervals during periods of an acute mental health crisis to ensure that inmate safety is maintained.

Screen 5: In two records, one shift of nursing evaluations was not located. In the remaining eight records, there were multiple shifts missing. In addition, the majority of nursing evaluations did not contain appropriate documentation of subjective information.

Screen 10: In one record, the individualized service plan (ISP) revision was not completed within the required time frame. In one record, the ISP was not revised following discharge from Self-harm Observation Status (SHOS). In the remaining three records, an ISP was not contained in the electronic health record.

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

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	15	14	1	0	93%
2 The request is responded to within the appropriate time frame	14	10	4	1	71%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	14	14	0	1	100%
4 The follow-up to the request occurs as intended	11	10	1	4	91%
5 Consent for treatment is obtained prior to conducting an interview	14	13	1	1	93%

Special Housing

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The pre-confinement examination is completed prior to placement in special housing	15	9	6	0	60%
2 Psychotropic medications continue as ordered while inmates are held in special housing	9	2	7	6	22%
3 A mental status examination (MSE) is completed in the required time frame	15	14	1	0	93%
4 Follow-up MSEs are completed in the required time frame	12	11	1	3	92%
5 MSEs are sufficient to identify problems in adjustment	14	14	0	1	100%
6 Mental health staff responds to identified problems in adjustment	1	1	0	14	100%
7 Outpatient mental health treatment continues as indicated while the inmate is held in special housing	14	14	0	1	100%

Special Housing Discussion:

Screen 2: In all records, there were multiple blanks on the Medication Administration Record (MAR) across the multiple months. CMA surveyors were unable to determine if inmates were offered medication on the corresponding days since there was neither evidence of inmate refusal, nor an incidental note providing additional information.

Use of Force

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

Outpatient Mental Health Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	18	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	11	7	2	9	64%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	11	5	4	9	45%
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	NA
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	9	2	7	9	22%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	9	4	5	9	44%
12	The ISP is individualized and addresses all required components	18	16	2	0	89%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	17	0	1	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	1	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	16	1	1	94%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
16	The ISP is signed by the inmate and all members of the treatment team	17	11	6	1	65%
17	The ISP is reviewed and revised at least every 180 days	16	10	6	2	63%
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	17	11	6	1	65%
21	Counseling is offered at least once every 60 days	18	15	3	0	83%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	1	1	0	17	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	17	14	3	1	82%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	8	8	0	10	100%
25	The BRA is accurate and signed by all members of the treatment team	8	8	0	10	100%
26	The ISP is updated within 14 days of CM placement	7	6	1	11	86%
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	7	7	0	11	100%
28	Mental health staff complete the CM referral assessment within five working days	18	16	2	0	89%
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	14	4	0	78%

Outpatient Mental Health Services Discussion:

Screen 17: In three records, ISPs had not been updated for over one year. In three records, ISP revisions were overdue by nine months.

Screen 20: In the first record, no clinical services were provided for over seven months. In the second record, no clinical services were provided for over six months. In the remaining records, individual counseling was not provided at the intervals specified on the treatment plan.

Screen 30: In one record, there was no evidence of clinical services for a period of seven months. In the second record, there was no evidence of clinical services for a period of six months. In the third record, there was no evidence that the inmate received individual counseling. In the fourth record, documentation indicated that the inmate would benefit from increased mental health services, although there was no change in the frequency of clinical contacts.

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	1	1	0	17	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.	1	1	0	17	100%
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.	7	6	1	10	86%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	14	14	0	4	100%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	13	0	13	5	0%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	4	1	3	14	25%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	6	5	1	12	80%

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
11 Medication administration times are appropriate	14	14	0	4	100%
12 Informed consents are provided for each medication prescribed	14	14	0	4	100%
13 Follow-up sessions are conducted at the appropriate intervals	14	14	0	4	100%
14 Documentation of psychiatric encounters is complete and accurate	14	14	0	4	100%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	7	4	3	11	57%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	5	5	0	13	100%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	5	0	5	13	0%
18 For each administration of the medication, an additional ETO is written.	2	2	0	16	100%
19 The ETO is administered in the least restrictive manner	5	5	0	13	100%
20 An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Outpatient Psychotropic Medication Practices Discussion:

Screen 8: In all 13 records, there were multiple blanks on the MAR spanning multiple months. CMA surveyors were unable to determine if inmates were offered medication on the corresponding days since there was neither evidence of inmate refusal, nor an incidental note providing additional information.

Discharge 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)	18	11	7	0	61%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	14	12	2	4	86%
3 Appropriate patient care summaries are completed within 30 days of EOS	14	10	3	1	71%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2	0	2	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	0	1	0	0%

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	0	1	0	0%
5 Procedures to assess medical and dental sick call are posted in a conspicuous place	0	1	0	0%
6 First-aid kits are present in housing units	1	0	0	100%

Screen 4: Alcalak was not available in four of the four housing areas toured.

Pharmacy

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

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff and surveyors. The majority of inmates interviewed reported similar complaints about medical services. Overall, more than half reported medical issues were not being addressed and sick call requests that were not acknowledged. Additionally, four of the twelve reported they were denied the ability to request emergency services. Seven inmates reported issues in obtaining sick call forms from officers. Most inmates reported difficulties in obtaining medications, including over-the-counter medications in housing areas, KOP medications, as well as single-dosed medications.

Twelve inmates reported they have received dental services and except for one, stated their issues had been addressed. A majority voiced satisfaction with the overall quality of dental care. Ten inmates expressed satisfaction with mental health services and indicated that those services were therapeutically beneficial.

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. Overall, staff expressed the need for additional nurses and clinical providers in order to better meet the needs of the inmate population. Nursing staff voiced frustration in training agency nurses only to have them employed temporarily. Several members of the medical staff reported that inmates complain of being denied the opportunity to request emergency services.

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health team agreed to participate in interviews. Staff appeared knowledgeable and dedicated to meeting the needs of the inmates on their caseloads. They were easily able to describe the suicide and self-harm prevention techniques used and reported sufficient training for employees and therapeutic programs for the inmates. Staff members agreed that additional staff would be helpful in ensuring that the mental health needs of the inmate population.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process, obtaining emergency care, and accessing routine medical care. They were familiar with the procedures that pertain to inmates being placed in special housing. They voiced concerns regarding the time it takes for nursing to respond to medical emergencies and not taking the inmate's medical complaint seriously. They expressed the need for more staff.

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	1
Immunity Clinic	2
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	1
Respiratory Clinic	1
Tuberculosis Clinic	3
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	1
Outpatient Infirmary Care	3
Inpatient Infirmary Care	6
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	2
Consultations	2
Female Preventative Health Screenings	0
Medical Inmate Request	0
Medication and Vaccine Administration	2
Intra-System Transfers	1
Periodic Screening	3
PREA Medical Review	3

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Institutional Tour	3
Total Findings	
Total	40

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	5
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	1
Special Housing	2
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	8
Outpatient Psychotropic Medications	4
Aftercare Planning	3
Total Findings	
Total	23

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed

Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at LOWAN, the CMA makes the following recommendations:

- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are enrolled in clinics appropriately and scheduled at required intervals.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Conduct a thorough review of institutional procedures surrounding the consultation process to ensure that the systems in place are adequate for ensuring the timely completion of specialty services.
- Conduct a review of pending consultations to ensure that all inmates who require specialized medical care receive it in a timely manner.
- Conduct a review of recently completed consultations to ensure that all aspects of the clinical treatment plan were completed.
- Conduct a thorough review of medication administration services to ensure that all aspects of medication services are in compliance with Department policy.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Ensure ISPs are signed and completed at required intervals.
- Ensure aftercare services are provided for eligible inmates.