

LOWELL CORRECTIONAL INSTITUTION



MAY 16-18, 2023

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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 Correctional Institutional (LOWCI) houses female inmates of minimum, and medium custody levels as well as Youthful Offenders. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. LOWCI consists of a Main Unit, Annex, and Work Camp. ¹

Institutional Potential and Actual Workload

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

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	499	464	54	9	1	12
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	906	115	341	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	0	0	0	0	0	0

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	5	3
Clinical Associate	0	0
Registered Nurse	13.6	5.9
Licensed Practical Nurse	30.9	15.3
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	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 CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

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

Survey Findings Summary			
Physical Health Survey Findings	25	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	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	16	1	1	94%
4	Annual laboratory work is completed as required	18	17	1	0	94%
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	16	12	4	2	75%
7	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	4	4	0	14	100%

Endocrine Clinic 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 endocrine clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	13	3	0	81%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	12	8	4	4	67%
4	Annual laboratory work is completed as required	15	10	5	1	67%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	7	6	1	9	86%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	5	5	0	11	100%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	6	6	0	10	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	5	5	0	11	100%
10	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
11	Patients are receiving insulin as prescribed	4	4	0	12	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Endocrine Clinic Discussion:

Screen 3: In four records, documentation of clinic visits did not contain the required information.

Screen 4: In five records, there was no evidence that the required annual urinalysis was completed.

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	3	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	2	2	0	15	100%
6	Medications appropriate for the diagnosis are prescribed	0	0	0	17	N/A
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	17	13	4	0	76%
8	Abdominal ultrasounds are completed at the required intervals	17	16	1	0	94%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	17	17	0	0	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	0	0	0	17	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	17	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	17	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	17	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	17	N/A

Gastrointestinal Chronic Illness Clinic Discussion:

Screen 7: In four records, there was no evidence of Hepatitis A & B vaccination or refusal. Additionally, evidence of immunity was not demonstrated by performing a lab titer.

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	15	15	0	1	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

Immunity Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is a diagnosis of Human Immunodeficiency Virus (HIV)	12	12	0	0	100%
2 There is evidence of an appropriate physical examination.	12	0	12	0	0%
3 Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	12	12	0	0	100%
4 Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	12	N/A
5 A CBC is collected annually	12	12	0	0	100%
6 Abnormal labs are reviewed and addressed in a timely manner	1	1	0	11	100%
7 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
8 The inmate receives HIV medication(s) as prescribed	12	11	1	0	92%
9 At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	12	N/A
10 There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	12	5	7	0	42%
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	12	N/A
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A

Immunity Chronic Illness Clinic Discussion:

Screen 2: In all 12 records, the physical examination was incomplete. Additionally, in nine of the records, Pap tests were not completed as required.

Screen 10: In seven records, there was no evidence of vaccination, immunity status, or inmate refusal.

Miscellaneous Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the miscellaneous clinic	14	14	0	0	100%
2	There is evidence of an appropriate physical examination	14	14	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	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	13	13	0	0	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	5	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	6	6	0	0	100%
2	There is evidence of an appropriate physical examination	6	6	0	0	100%
3	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	6	6	0	0	100%
4	Annual laboratory work is completed as required	6	6	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	2	2	0	4	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	5	5	0	1	100%
8	Oncological treatments are received as prescribed	5	5	0	1	100%
9	Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	3	100%

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	14	14	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	0	0	0	14	N/A
3	Medications appropriate for the diagnosis are prescribed	14	14	0	0	100%
4	A peak flow reading is recorded at each visit	11	8	3	3	73%
5	There is evidence of an appropriate physical examination	14	14	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	14	13	1	0	93%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	5	5	0	13	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	15	3	0	83%
4	There is evidence of appropriate and applicable patient education	18	18	0	0	100%
5	Findings requiring clinician notification are made in accordance with protocols	7	7	0	11	100%
6	Follow-up visits are completed timely	3	3	0	15	100%
7	Clinician's orders from the follow-up visit are completed as required	3	3	0	15	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	1	1	0	17	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	0	0	0	18	N/A

Outpatient Infirmery Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmery or placed on observation status. Admission status is appropriate for the presenting complaint/condition	4	4	0	0	100%
2 All orders are received and implemented	4	3	1	0	75%
3 The inmate is evaluated within one hour of being placed on observation status	4	2	2	0	50%
4 Patient evaluations are documented at least once every eight hours	4	1	3	0	25%
5 Weekend and holiday clinician phone rounds are completed and documented as required	0	0	0	4	N/A
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	4	3	1	0	75%
7 A discharge note containing all of the required information is completed as required	4	3	1	0	75%

Outpatient Infirmery Care Discussion:

Screen 2: In this record, patient care orders were not located.

Screen 3: In the first record, the nursing admission documentation was delayed by several hours. In the second required, the required evaluation was not documented.

Screen 6: Prior to the expiration of the 23-hour outpatient admission, a determination must be made whether to discharge or admit the inmate on inpatient status. In the deficient record, there was no documentation as to when this took place.

Screen 7: In one record, the nursing discharge note did not contain the required information.

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	11	11	0	0	100%
2 All orders are received and implemented	11	10	1	0	91%
3 A thorough nursing assessment is completed within two hours of admission	11	10	1	0	91%
4 A Morse Fall Scale is completed at the required intervals	11	11	0	0	100%
5 Nursing assessments are completed at the required intervals	11	5	6	0	45%
6 Clinician rounds are completed and documented as required	11	9	2	0	82%
7 Weekend and holiday clinician phone rounds are completed and documented as required	6	5	1	5	83%
8 A discharge note containing all of the required information is completed as required	9	5	4	2	56%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	9	0	2	100%

Inpatient Infirmary Care Discussion:

Screen 5: In two records, the required evaluation was missing for one day. In four records, evaluations were not documented for multiple days.

Screen 8: In two records, the discharge note did not include patient education. In the remaining two records, there was no nursing discharge note contained in the electronic health record.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	17	1	0	94%
2 The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3 The nursing assessment is completed in its entirety	17	15	2	1	88%
4 Complete vital signs including weight are documented	17	14	3	1	82%
5 There is evidence of applicable patient education	17	15	2	1	88%
6 Referrals to a higher level of care are made in accordance with protocols	9	7	2	9	78%
7 Follow-up visits are completed in a timely manner	6	5	1	12	83%
8 Clinician orders from the follow-up visit are completed as required	7	7	0	11	100%

Sick Call Services Discussion:

Screen 6: In the first record, an inmate reported severe back pain with associated numbness and tingling. Per Department protocol, these symptoms require referral to the clinician. However, there was no evidence a clinician was notified. In the second record, nursing documentation stated that the inmate would be referred to clinician for further evaluation. Documentation in the medical record did not support that the referral was completed.

Other Medical Records Review

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of clinical information is sufficient to obtain the needed consultation	18	18	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	18	18	0	0	100%
3	The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	18	6	12	0	33%
4	The consultation report is reviewed by the clinician in a timely manner	17	17	0	1	100%
5	The consultant's treatment recommendations are incorporated into the treatment plan	17	14	3	1	82%
6	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	6	5	7	55%
7	The diagnosis is recorded on the problem list	18	18	0	0	100%
8	The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	18	N/A
9	There is evidence that the ATP is implemented	0	0	0	18	N/A

Consultations Discussion:

Screen 3: In 12 records, consultation services for routine and urgent conditions were not completed within the required time frames.

- In the first record, an urgent CT scan to rule out a suspected malignancy was ordered on 2/8/23 but not completed until 4/4/23. The CT was consistent with a malignant lesion growing in size.
- In the second record, an urgent request for a colonoscopy and endoscopy was submitted on 12/15/22 but not completed until 2/27/23.
- In the third record, an urgent oncology consultation for an inmate experiencing symptoms consistent with advanced gynecological/urological carcinoma was not completed for five weeks.

- In the fourth record, the clinician requested that the inmate be evaluated by the general surgeon on 12/8/22. Notes from utilization management (UM) indicated that the referral would be held until “scans are complete.” On 1/6/23 the inmate refused the scans. Additional documentation from UM on 1/26/23 erroneously indicated that the imaging was “still pending.” The inmate was not evaluated by the surgeon until 2/21/23.
- In the fifth record, an urgent gynecological evaluation was requested for an inmate with severe and persistent anemia secondary to blood loss on 10/7/22. The inmate was not evaluated until 1/26/23.
- In the sixth record, an urgent gynecological evaluation was submitted on 9/12/22 for an inmate with prolonged and heavy periods related to fibroid tumors. The inmate was not seen until 10/20/22.
- In the seventh record, an urgent biopsy of the left breast was requested on 1/24/23 but not completed until 2/28/23.
- In the eighth record, the clinician requested urgent neurosurgical evaluation on 4/5/22. An appointment was scheduled for 5/24/22; however, the inmate was not seen on that date. The order was erroneously cancelled, and it was not until 9/23/22 that the error was recognized. The evaluation was not completed until 11/3/22.
- In the ninth record, a routine ophthalmology consult was requested on 1/5/22 but not completed for almost ten months.
- In the tenth record, a clinician noted in an examination on 11/14/22 that there was an “urgent” need for imaging of a breast mass. This imaging was not completed until 12/27/22.
- In the eleventh record, an urgent consult for evaluation by a gynecological oncologist was requested on 11/22/22. This was in response to an abnormal pap test which demonstrated a high grade squamous intraepithelial lesion along with high-risk HPV. Several attempts were made to schedule an appointment with outside providers; however, this did not appear urgent until the inmate neared the end of her incarceration. The inmate was released from FDC custody on 4/23/23 with an appointment date of 6/6/23.
- In the twelfth record, an urgent consult was requested for the evaluation of a suspicious skin lesion for an inmate with a history of basal cell carcinoma (BCC) and melanoma. The inmate was not evaluated by the surgeon for almost five weeks.

Screen 6: In five records, follow-up appointments and diagnostic testing were not completed within the required time frames.

- In the first record, an inmate with a history of BCC and melanoma was diagnosed with an additional BCC lesion. An urgent excision was requested by the surgeon which was scheduled for 12/6/22. However, on this date the inmate refused the procedure. On 4/14/23 during a medical evaluation, the inmate informed the provider that she decided to have surgery. A new consult was resubmitted; however, it was not approved until 5/11/23 with a pending appointment date of 6/13/23.
- In the second record, a CT scan completed on 4/4/23 showed a growing malignancy; however, an urgent oncological consult was not submitted until 5/12/23.
- In the third record, an inmate with complaints of pelvic pain, abnormal discharge and evidence of a large cervical mass was evaluated by the oncologist. The specialist recommended a PET scan, as well as referrals to radiation oncology and gynecological oncology. Although the PET scan was approved on 3/24/23, it was not completed until 4/27/23 and showed evidence of metastatic disease. Thirty-five radiation treatments were approved on 5/5/23 and an appointment with a gynecological oncologist was

obtained for 6/13/23. The patient was released from FDC custody on 5/23/23 under the conditional medical release program.

- In the fourth record, on 2/28/23 the specialist indicated the urgent need for a diagnostic mammogram, ultrasound, and biopsy of a breast mass. This was not completed until 4/13/23.
- In the fifth record, the cardiologist recommended diagnostic testing with urgent follow-up at the conclusion of testing. Although, all components of the testing were completed by mid-December 2022, the cardiologist was not reconsulted until 1/23/23.

Female Preventative Health Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
Gynecological Care						
1	Routine pap smears are offered at the required intervals	10	8	2	3	80%
2	Pap smears are reviewed by the clinician within a clinically appropriate time frame.	10	10	0	3	100%
3	Follow-up for abnormal pap smears occur as ordered by the gynecological clinician.	2	2	0	11	100%
4	Referrals to a specialist occur as clinically appropriately.	0	0	0	13	N/A
5	There is evidence of a yearly breast examination.	13	12	1	0	92%
6	Mammograms are completed at the required intervals.	7	6	1	6	86%
7	Mammograms are reviewed by the clinician within a clinically appropriate time frame.	7	7	0	6	100%
8	Follow-up for abnormal or inconclusive mammograms occur as clinically appropriate.	2	2	0	11	100%
9	Referrals to a specialist occur as clinically appropriate.	2	2	0	11	100%

Female Preventative Health – Obstetrical Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
Gynecological Care						
1	Routine pap smears are offered at the required intervals	10	8	2	3	80%
2	Pap smears are reviewed by the clinician within a clinically appropriate time frame.	10	10	0	3	100%
3	Follow-up for abnormal pap smears occur as ordered by the gynecological clinician.	2	2	0	11	100%
4	Referrals to a specialist occur as clinically appropriately.	0	0	0	13	N/A
5	There is evidence of a yearly breast examination.	13	12	1	0	92%
6	Mammograms are completed at the required intervals.	7	6	1	6	86%
7	Mammograms are reviewed by the clinician within a clinically appropriate time frame.	7	7	0	6	100%
8	Follow-up for abnormal or inconclusive mammograms occur as clinically appropriate.	2	2	0	11	100%
9	Referrals to a specialist occur as clinically appropriate.	2	2	0	11	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	18	18	0	0	100%
2	The request is responded to within the appropriate time frame	18	18	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	18	12	6	0	67%
4	The follow-up to the request occurs as intended	12	10	2	6	83%

Medical Inmate Requests Discussion:

Screen 3: In the first record, a response was not provided to the request. In the second record, the inmate was informed that an upcoming appointment was scheduled, but her stated need was not addressed. In the remaining four records, the inmate was told to access sick call, adding unnecessary delays and potentially disrupting the accessing of health care services.

Medication And Vaccination Administration

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	The inmate receives medications as prescribed	12	7	5	0	58%
2	Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	5	3	2	7	60%
4	There is evidence of pneumococcal vaccination or refusal	12	11	1	0	92%
5	There is evidence of influenza vaccination or refusal	12	12	0	0	100%

Medication And Vaccination Administration Discussion:

Screen 1: In five records, there were multiple blanks on the Medication Administration Record (MAR) across the months of February, March, and April 2023. 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.

Screen 3: These records contained medication refusals by the inmate. However, there was no indication that nursing met with the inmate to provide education, or that the clinician was notified for the purposes of disposition and continuity of care.

Periodic Screenings

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	The periodic screening encounter is completed within one month of the due date	17	10	7	0	59%
2	All components of the screening are completed and documented as required	17	4	13	0	24%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	3	14	0	18%
4	Referral to a clinician occurs if indicated	5	5	0	12	100%
5	All applicable health education is provided	17	17	0	0	100%

Periodic Screenings Discussion:

Screen 1: In five records, the periodic screening encounter was not completed annually as required. In the remaining two records, the inmate was due to be seen after five years, but this did not occur timely.

Screen 2: In 11 records, the visit did not include screening for symptoms of tuberculosis. In two records, there was no evidence of the required tuberculin skin test (TST) in addition to the missing symptoms screen.

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

- In the first record, the inmate was overdue for her mammogram by more than one year.
- In the second record, the inmate did not receive an electrocardiogram (EKG), urinalysis, fecal stool test, and a CT for lung cancer screening.
- In the third record, there was no evidence of mammogram or CT scan.
- In the fourth record, there was no evidence of mammogram or fecal stool card.
- In the fifth record, there was no evidence of mammogram, fecal stool card, or CT scan.
- In the sixth record, there was no evidence of mammogram or CT scan.
- In the seventh record, there was no evidence of mammogram or CT scan. Additionally, the urinalysis was not completed within the required time frame.
- In the eighth record, there was no evidence of urinalysis, mammogram, or CT scan.
- In the ninth record, the inmate was overdue for her mammogram by greater than one year.
- In the tenth record, laboratory studies were incomplete. Additionally, the mammogram and fecal stool cards were not administered.
- In the eleventh and twelfth records, laboratory studies were incomplete and there was no evidence of the required mammogram.
- In the thirteenth record, there was no evidence of the fecal stool card and CT scan.
- In the fourteenth record, the mammogram was overdue by almost two years and there was no evidence of CT scan.

PREA

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	6	2	4	0	33%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	6	N/A
3	There is documentation that the alleged victim was provided education on STIs	1	1	0	5	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	6	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	6	N/A
6	Repeat STI testing is completed as required	0	0	0	6	N/A
7	A mental health referral is submitted following the completion of the medical screening	6	5	1	0	83%
8	The inmate is evaluated by mental health by the next working day	6	5	1	0	83%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	6	N/A

PREA Discussion:

Screen 1: In four records, the sexual battery protocol was initiated after allegations of a PREA incident. However, there was no indication that the clinician was notified as is required in all circumstances.

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	17	17	0	1	100%
3	Dental appointments are completed in a timely manner	10	10	0	8	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	6	6	0	12	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	9	9	0	9	100%
6	The treatment plan is appropriate for the diagnosis	7	6	1	11	86%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	9	9	0	9	100%
8	Dental findings are accurately documented	7	7	0	11	100%
9	Sick call appointments are completed timely	16	15	1	2	94%
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	1	1	0	17	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	1	1	0	17	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	16	16	0	2	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	17	17	0	1	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	0	1	0	0%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	0	0	1	N/A
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	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%

Dental Systems Discussion:

Screen 4: CMA surveyors toured the institution and found two sharp containers in the dental clinic. They expressed concern that without additional receptacles, staff would be forced to carry used instruments or needles between two locations, thus increasing the risk of accidental needle sticks and exposure to bloodborne pathogens.

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)	7	6	1	0	86%
2 The nursing evaluation is completed within 2 hours of admission	7	7	0	0	100%
3 Guidelines for SHOS management are observed	3	3	0	4	100%
4 The inmate is observed at the frequency ordered by the clinician	7	4	3	0	57%
5 Nursing evaluations are completed once per shift	7	2	5	0	29%
6 There is evidence of daily rounds by the attending clinician	7	7	0	0	100%
7 There is evidence of daily counseling provided by mental health staff	7	7	0	0	100%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	7	7	0	0	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	7	7	0	0	100%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	7	0	7	0	0%

Self-Injury and Suicide Prevention Discussion:

Screen 4: In three records there were blanks on the observation checklists, indicating that monitoring for inmate safety may not have been completed during those time periods.

Screen 5: In five records, subjective information was not documented according to Departmental policy.

Screen 10: In five records, the Individualized Services Plan (ISP) was not updated. In two records, an ISP was not located 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	11	11	0	0	100%
2	The emergency is responded to within one hour	11	11	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	11	10	1	0	91%
4	Documentation indicates the clinician fully assessed suicide risk	11	11	0	0	100%
5	A thorough mental status examination is completed	11	11	0	0	100%
6	Appropriate interventions are made	11	11	0	0	100%
7	The disposition is clinically appropriate	11	11	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	11	11	0	0	100%

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	16	16	0	0	100%
2	The request is responded to within the appropriate time frame	16	16	0	0	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	16	16	0	0	100%
4	The follow-up to the request occurs as intended	10	7	3	6	70%
5	Consent for treatment is obtained prior to conducting an interview	10	8	2	6	80%

Mental Health Inmate Requests Discussion:

Screen 4: In one record, the inmate requested mental health counseling and was told that he would be evaluated by mental health staff. However, the appointment was not scheduled within a clinically appropriate time frame, and the inmate declared a psychological emergency in order to be seen. In the second record, the inmate had to place multiple requests before being evaluated by mental health staff. In the third record, the inmate’s medication administration issues continued to persist.

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	13	5	0	72%
2	The inmate is interviewed by mental health staff within 14 days of arrival	13	12	1	5	92%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	13	13	0	5	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	2	2	0	16	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	13	5	0	72%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	6	6	0	12	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	5	5	0	13	100%
12	The ISP is individualized and addresses all required components	18	10	8	0	56%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	12	11	1	6	92%
14	ISP goals are time limited and written in objective, measurable behavioral terms	12	11	1	6	92%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	12	11	1	6	92%

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	12	4	8	6	33%
17	The ISP is reviewed and revised at least every 180 days	10	5	5	8	50%
18	Identified problems are recorded on the problem list	18	15	3	0	83%
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	12	8	4	6	67%
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	4	4	0	14	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	14	11	3	4	79%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	18	17	1	0	94%
30	The frequency of clinical contacts is sufficient	18	16	2	0	89%

Outpatient Mental Health Services Discussion:

Screen 12: In six records, the ISP could not be located. In one record, the trauma history was not addressed. In the remaining record, the ISP was incomplete, containing only problem information but not addressing any of the other components, including the types and frequency of clinical interventions to be provided.

Screen 17: In the first and second records, the ISP due April 2023 was not located. In the third record, the ISP due in March 2023 was not located. In the fourth record, there was no ISP update since January 2022. The fifth record should have contained multiple ISP revisions; however, none were located.

Screen 20: In the first two records, the ISPs indicated that case management and counseling services would be provided every 30 days; however, services were provided every 60 days. In the third record, the inmate had not received case management and counseling services since September 2022 without evidence of refusal. In the fourth record, the inmate had not been seen by psychiatry since arrival at LOWCI in September 2022.

Screen 23: In the first record, there were gaps of approximately 120 days between appointments. In the second record, services were not provided for five months. In the third record, there was no indication that the inmate was seen by the mental health provider.

Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	0	0	0	18	N/A
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	18	N/A
3 Appropriate initial laboratory tests are ordered.	5	1	4	13	20%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	2	1	1	16	50%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	8	5	3	10	63%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	16	13	3	2	81%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	17	13	4	1	76%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	6	1	5	12	17%
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	83%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	17	16	1	1	94%
12 Informed consents are signed for each medication prescribed	17	13	4	1	76%
13 Follow-up sessions are conducted at appropriate intervals	18	16	2	0	89%
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	8	2	6	10	25%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Outpatient Psychotropic Medication Practices Discussion:

Screen 3: In three records, there was no evidence that a thyroid panel was ordered. In the fourth record, there was no evidence that the ordered thyroid panel was completed.

Screen 4: In one record, an abnormal thyroid profile was not addressed.

Screen 8: In two records, there were blanks on the MAR indicating that the inmate may not have been offered her medications on the corresponding dates. In the third record, institutional staff discontinued the inmate's medication after one refused dose without evidence of counseling or a signed permanent refusal. In the fourth record, the inmate's medications were not continued after transferring from a neighboring institution.

Screen 15: In three records, baseline AIMS were not administered. In the remaining records, AIMS were administered at intervals greater than 180 days.

Aftercare Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	18	9	9	0	50%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	18	14	4	0	78%
3 Appropriate patient care summaries are completed within 30 days of EOS	8	1	7	10	13%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2	0	2	16	0%

Aftercare Services Discussion:

Screen 2: In three records, the form was not located. In one record, the form was not completed within the required time frame.

Screen 3: In seven records, the discharge summary was not located.

Screen 4: In two records, there was no evidence that institutional staff were assisting the inmate in obtaining social security disability benefits, although the inmates had qualifying psychiatric diagnoses.

Institutional Systems Tour

Medical Area

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

Infirmary

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

Inmate Housing Areas

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2 Sinks and toilets are clean and operational	1	0	0	100%
3 Hot and cold water are available for showering and handwashing	1	0	0	100%
4 Over-the-counter medications are available and logged	1	0	0	100%
5 Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6 First-aid kits are present in housing units	1	0	0	100%

Pharmacy

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

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Eleven of twelve inmates agreed to participate in interviews with CMA staff. Although inmates generally endorsed the idea that medical services were adequate; half of them reported they had a medical issue that was not being addressed and expressed frustration with long wait times for medical services.

Overall, inmates were familiar with how to access medical, dental, and mental health services when needed. They reported it often takes one to two weeks to be seen for medical sick call, and a few days for mental health. However, over half of the inmates interviewed reported disruptions in continuity of care for medication services. They indicated that occasional unavailability of over-the-counter (OTC) medications in the dorms, an inconsistent supply of single-dose medications, and delays in receiving keep-on-person (KOP) refills made adherence to the medication regimen a challenge.

All inmates interviewed were familiar with the process for declaring a physical or mental health emergency. Two of these inmates stated in the past they have either been told they could not declare an emergency or felt there would be repercussions for doing so. Inmates were complimentary of mental health staff and felt involved in the treatment planning process. Some inmates reported waiting over six months to begin the preventative dental care plan but were satisfied with these services once they were initiated.

MEDICAL STAFF INTERVIEWS

Five staff including administration, clinicians, and nursing team members participated in interviews during the survey process. All personnel reported employee shortages and the need for increased nursing and clinical staff to better serve the needs of the inmates. The most reported issue was difficulty obtaining bridge medication orders, and untimely clinic appointments due to rescheduling when clinicians are shared with other facilities. Most staff members interviewed endorsed a good working relationship with security members and a cohesive care team.

MENTAL HEALTH STAFF INTERVIEWS

Interviews were conducted with three members of the mental health staff. All interviewees indicated they were familiar with policy and procedures for prevention of self-harm and expressed a strong desire to serve the inmates in their care. They indicated that addressing nursing shortages could increase medication adherence as pill line wait times would be reduced and more time allotted for patient education on psychotropic medications.

SECURITY STAFF INTERVIEWS

Three correctional officers agreed to participate in interviews with CMA staff. Officers were easily able to articulate policies and procedures related to the accessing of services, as well as ensuring that patient privacy is maintained. They agreed that the relationship between security and healthcare staff is collaborative in nature with good communication between the two groups. They did not report any areas of concern.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	1
Institutional Tour	
Assessment Area	Total Number Finding
Institutional Tour	0
Total Findings	
Total	25

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	3
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	N/A
Psychological Emergencies	0
Mental Health Inmate Request	1
Special Housing	N/A
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	7
Aftercare Planning	4
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 LOWCI, the CMA makes the following recommendations:

- Ensure patient evaluations are completed as required for infirmary admissions.
- Ensure 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 completed, signed and services are provided at required intervals.
- Ensure aftercare services are provided for eligible inmates.