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# MOORE HAVEN CORRECTIONAL FACILITY

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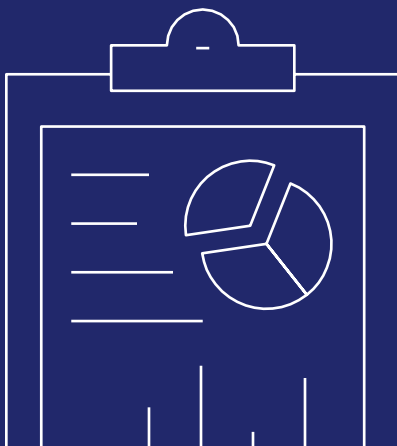
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## BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

## METHODOLOGY

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

This process consists of:

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

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

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

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

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Moore Haven Correctional Facility houses male inmates of minimum, and medium custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. Moore Haven consists of a Main Unit only.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1042	<b>Current Main Unit Census</b>	968
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1042	<b>Total Current Census</b>	968

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	476	384	111	0	0	61	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	568	74	329	N/A	N/A	N/A	0

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	5	18	8	0	0	0

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

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Medical Provider	1.5	0
Registered Nurse	8.75	3
Licensed Practical Nurse	5.5	4.5
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric Provider	.25	0
Mental Health Clinical Director	0	0
Psychologists	1	0
Behavioral Health Specialist	3.5	.5
Aftercare Coordinator	0	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0
Mental Health CNA	0	0

## MOORE HAVEN CORRECTIONAL FACILITY

The CMA conducted a thorough review of the medical, mental health, and dental systems at Moore Haven Correctional Facility (MHCF) in April 2024. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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 April 30, 2024.

“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.”

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 MHCF. CMA clinical surveyors identified deficiencies in almost all areas of the physical health care reviewed. The findings themselves are not related to one component of a dysfunctional health care delivery system, rather are related to many areas. These include inadequate follow-up by the provider, delays in treatment, inadequate laboratory and diagnostic testing, the consultation process and inadequate medication administration, including psychotropic medication. Hampering the survey process was a significant lapse in medical records keeping resulting in the inability of surveyors to fully assess the care provided. Poor record keeping and incomplete documentation can lead to medical errors, disrupt continuity of care, and cause further delays in treatment. Although an electronic medical record was implemented in December 2021, it was not fully utilized by MHCF until February 2024. Paper and electronic entries were reviewed which, at times, contained contradictory information. This made it impossible to determine if inmates received appropriate care.

Many of these findings were previously documented in an emergency notification to Secretary Inch on February 27, 2019. Multiple corrective action plan assessments were needed, spanning several years, to fully correct the findings outlined in the 2019 survey report. Additionally, several new clinical findings have been added that could adversely affect patient outcomes. Due to the significance of the clinical inadequacies, the repetitive nature of the findings from the 2019 survey, as well as an apparent inability to sustain corrective action over time, the CMA has serious concerns that the deficiencies will not be adequately addressed through the standard corrective action process as outlined in s. 945.6031 (3), (4) F.S., without addressing the larger systemic issues which are placing inmates at risk for adverse health outcomes. The survey process allows for a review of only a small sample of records; therefore, the far-reaching scope of these deficiencies is unknown. Additional assessment is warranted, and immediate action taken to eliminate the cause of the nonconformities to policy and procedure and implement management systems that will prevent further noncompliance.

Detailed below are results from the institutional survey of Moore Haven. 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	50	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	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
4 Annual laboratory work is completed as required	15	15	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	15	14	1	0	93%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	9	9	0	6	100%
7 Medications appropriate for the diagnosis are prescribed	15	12	3	0	80%
8 Patients are referred to a specialist for more in-depth treatment as indicated	3	2	1	12	67%

### Cardiovascular Chronic Illness Clinic Discussion:

Screen 8: In this record, CMA surveyors expressed concern there was no referral to a specialist for a patient with continued evidence of an elevated International Normalized Ration (INR) since 6/5/23.

**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	12	12	0	0	100%
2	There is evidence of an appropriate physical examination	12	12	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
4	Annual laboratory work is completed as required	12	12	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	12	11	1	0	92%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	6	1	5	6	17%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	3	1	2	9	33%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	5	5	0	7	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	4	4	0	8	100%
10	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
11	Patients are receiving insulin as prescribed	3	0	3	9	0%
12	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	11	100%

**Endocrine Clinic Chronic Illness Clinic Discussion:**

Screen 11: In all three records, the electronic Medication Administration Record (MAR) contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding with the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine if inmates were receiving appropriate medication services.



**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	11	11	0	0	100%
2	There is evidence of an appropriate physical examination	11	11	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
4	Annual laboratory work is completed as required	11	11	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	11	11	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	2	1	1	9	50%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	9	7	2	2	78%
8	Abdominal ultrasounds are completed at the required intervals	9	7	2	2	78%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	9	9	0	2	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	8	100%
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	11	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	11	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	11	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	11	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	11	N/A

**Gastrointestinal Chronic Illness Clinic Discussion:**

Screen 6: In the deficient record, there was no evidence that the inmate received his prescribed Dicyclomine for the month of March. Additional MARs contained multiple blanks, indicating that the inmate may not have been offered his medications on corresponding days.

Screen 8: In one record, an order for a required abdominal ultrasound was not found for a patient diagnosed with hepatitis C in February 2024. In the other record, an ultrasound was ordered and scheduled for 3/23/23. However, there was no evidence that the ultrasound was ever completed.

**General Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	4	12	0	25%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	15	15	0	1	100%

**General Chronic Illness Clinic Discussion:**

Screen 3: In twelve records, inmates with a medical grade of three (M-3) were scheduled to return for their follow-up clinic encounter at 90 days. Although the majority of follow-up appointments were appropriately scheduled with the correct time frames, most inmates were not actually seen for six to eight months. There was no documentation as to why the 90-day appointment was not kept or rescheduled in a timely manner.

**Immunity Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	15	15	0	0	100%
2	There is evidence of an appropriate physical examination.	15	13	2	0	87%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	15	15	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	3	1	2	12	33%
5	A CBC is collected annually	15	15	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	15	12	3	0	80%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	15	11	4	0	73%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	15	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	13	100%

**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	13	13	0	0	100%
2 There is evidence of an appropriate physical examination	13	13	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	13	11	2	0	85%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	2	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	6	6	0	7	100%

**Neurology Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	14	0	0	100%
3 Annual laboratory work is completed as required	14	14	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	12	12	0	2	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	14	7	7	0	50%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A

**Neurology Chronic Illness Clinic Discussion:**

Screen 6: In all seven records, the electronic MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine if inmates were receiving appropriate medication services.

**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	5	5	0	0	100%
2 There is evidence of an appropriate physical examination	5	4	1	0	80%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	5	5	0	0	100%
4 Annual laboratory work is completed as required	5	5	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	5	5	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	5	5	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	1	1	0	4	100%
8 Oncological treatments are received as prescribed	5	5	0	0	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	0	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	15	15	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	0	0	0	15	N/A
3	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4	A peak flow reading is recorded at each visit	15	9	6	0	60%
5	There is evidence of an appropriate physical examination	15	15	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

**Tuberculosis Chronic Illness Clinic**

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

**Tuberculosis Chronic Illness Clinic Discussion:**

Screen 10: In the deficient record, the electronic MAR contained multiple blanks, indicating that the inmate may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

## Episodic Care

### Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	7	7	0	11	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	16	2	0	89%
3 Vital signs including weight are documented	18	8	10	0	44%
4 There is evidence of appropriate and applicable patient education	14	13	1	4	93%
5 Findings requiring clinician notification are made in accordance with protocols	14	14	0	4	100%
6 Follow-up visits are completed timely	15	10	5	3	67%
7 Clinician's orders from the follow-up visit are completed as required	14	14	0	4	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	4	3	1	14	75%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	4	4	0	14	100%

#### Emergency Services Discussion:

Screen 3: All 10 records did not contain documentation of the current weight.

Screen 6: In the review of emergency care records, it was discovered that the clinician was not documenting a complete, separate follow-up assessment, but was instead signing off on the nursing assessment as reviewed. In most cases, medications and passes were ordered as needed, but without a clinician's note, actions appeared to be a result of the nursing assessment. CMA surveyors expressed concern that without clinician documentation, it may appear that nursing staff are working beyond what their scope of practice and licensing allows.

Screen 8: In the deficient record, medical staff requested security at the main gate activate emergency medical services (EMS) to transport an inmate to the hospital following a traumatic head injury. Documentation indicated that EMS was not activated after two separate requests. The inmate was then brought to the outside hospital in an institutional transport van,



***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	7	6	1	0	86%
2 All orders are received and implemented	6	5	1	1	83%
3 A thorough nursing assessment is completed within two hours of admission	7	5	2	0	71%
4 A Morse Fall Scale is completed at the required intervals	7	1	6	0	14%
5 Nursing assessments are completed at the required intervals	7	4	3	0	57%
6 Clinician rounds are completed and documented as required	7	2	5	0	29%
7 Weekend and holiday clinician phone rounds are completed and documented as required	7	1	6	0	14%
8 A discharge note containing all of the required information is completed as required	6	4	2	1	67%
9 A discharge summary is completed by the clinician within 72 hours of discharge	6	3	3	1	50%

***Inpatient Infirmary Care Discussion:***

Screen 3: In one record, infirmary admission orders could not be located; therefore, CMA surveyors were unable to determine if the nursing evaluation was completed within the required time frame. In the second record, the nursing evaluation was completed the next day.

Screen 6: In two records, four days of provider rounds were not documented. In two records, five days of provider rounds were not documented. In one record, six days of provider rounds were not documented.

**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	13	4	9	0	31%
2 All orders are received and implemented	13	11	2	0	85%
3 The inmate is evaluated within one hour of being placed on observation status	13	11	2	0	85%
4 Patient evaluations are documented at least once every eight hours	13	5	8	0	38%
5 Weekend and holiday clinician phone rounds are completed and documented as required	8	8	0	5	100%
6 The inmate is discharged within 23 hours or admitted to the infirmery for continued care	13	10	3	0	77%
7 A discharge note containing all of the required information is completed as required	13	5	8	0	38%

**Outpatient Infirmery Care Discussion:**

Screen 1: In two records, clinician orders for the outpatient infirmery admission were not found. In seven records, verbal orders were found; however, they were not co-signed by the clinician.

**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	17	14	3	0	82%
2	The inmate is assessed in the appropriate time frame	17	14	3	0	82%
3	The nursing assessment is completed in its entirety	17	17	0	0	100%
4	Complete vital signs including weight are documented	17	14	3	0	82%
5	There is evidence of applicable patient education	17	16	1	0	94%
6	Referrals to a higher level of care are made in accordance with protocols	6	6	0	11	100%
7	Follow-up visits are completed in a timely manner	8	4	4	9	50%
8	Clinician orders from the follow-up visit are completed as required	4	3	1	13	75%

**Sick Call Services Discussion:**

Screen 7: There was no evidence the clinician was providing timely follow-up for inmates who are referred through the sick call process. In the first record, an inmate with history of prostate cancer presented to sick call on 2/2/24 for bladder pain but was not seen by the clinician until 3/13/24. In the second record, an inmate came to sick call on 3/6/24 with complaints of a sore throat, coughing up blood, and a swollen tonsil. He submitted a second sick call on 3/11/24 for the same issue and another on 3/20/24. There was no documentation he was ever seen by the clinician. The inmate finally signed a refusal on 3/26/24 stating the issue was resolved. In the third record, an inmate was seen on 1/10/24 in sick call for urinary frequency. He was not seen for follow-up until 2/29/24. In the last record, an inmate was referred to the clinician on 1/7/24 for itchy skin and requesting a different blanket. There was no evidence he was ever seen.

Screen 8: In the deficient record, the provider ordered multiple laboratory tests on 1/12/24. This testing was not fully completed until 3/7/24.

## 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	12	11	1	0	92%
2	All medications are continued as prescribed while in the inmate is held in special housing	11	5	5	1	45%
3	The inmate is seen in chronic illness clinic as regularly scheduled	7	7	0	5	100%
4	All emergencies are responded to within the required time frame	4	4	0	8	100%
5	The response to the emergency is appropriate	4	4	0	8	100%
6	All sick call appointments are triaged and responded to within the required time frame	4	2	2	8	50%
7	New or pending consultations progress as clinically required	1	1	0	11	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	7	7	0	5	100%

### Confinement Medical Review Discussion:

Screen 2: In all five records, the electronic MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine that inmates were receiving appropriate medication services.

## 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	17	17	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	17	7	10	0	41%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	17	9	8	0	53%
4 The consultation report is reviewed by the clinician in a timely manner	15	14	1	2	93%
5 The consultant's treatment recommendations are incorporated into the treatment plan	12	11	1	5	92%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	14	7	7	3	50%
7 The diagnosis is recorded on the problem list	16	16	0	1	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	17	N/A
9 There is evidence that the ATP is implemented	0	0	0	17	N/A

### Consultations Discussion:

Screen 2: In ten records, there was no evidence that the referral was sent to Utilization Management (UM) within a clinically appropriate time frame.

- In the first record, an orthopedic consultation was submitted on 11/16/22. On the date of the appointment the inmate was not transferred to the specialist due to "problem with transport". The specialist was not reconsulted until 11/29/23.
- In the second record, an inmate was seen by a cardiologist in June 2023. The cardiologist requested the follow-up appointment be completed in December 2023; however, the paperwork for this appointment was not submitted to UM until January 2024.
- In the third record, the inmate was not referred to the orthopedic specialist until five weeks after the abnormal MRI was completed.
- In the fourth record, an inmate with an abnormal electrocardiogram, multiple episodes of severe chest pain and a significant family history of early cardiac deaths was referred to the cardiologist with the acuity listed as "routine". CMA surveyors noted that the combination of significant risk factors should have increased the acuity of the appointment.
- In the fifth record, CMA surveyors noted that the acuity of the requested referral was erroneously requested as "routine". The inmate had experienced an unintentional weight loss and several other symptoms that were concerning for the possibility of a malignancy and suggested that the consult should have been submitted as urgent.
- In the sixth record, the general surgeon recommended a hernia repair on 1/9/24; however, the procedure was not requested until 4/9/24.

- In the seventh record, an inmate experienced several months of rectal bleeding and had a significant family history of colon cancer. The subsequent colonoscopy was requested as routine. CMA surveyors noted that due to the presence of several risk factors and a family history of malignancy the consult would have been more appropriately ordered as urgent.
- In the eighth record, a PET scan to rule out metastatic disease was ordered as routine.
- In the ninth record, the urologist requested a cystoscopy “within one week.” The procedure was not requested for almost two weeks.
- In the tenth record, multiple appointments to diagnose, stage, and treat prostate cancer were all ordered as routine, leading to treatment delays.

Screen 3: In eight records, there was no evidence that the consultation was completed timely.

- In the first record, an orthopedic evaluation originally scheduled for 11/16/22 was not completed until 1/4/24.
- In the second record, an inmate was due to be evaluated by the cardiologist on 12/23/23 but was not seen until 1/30/24.
- In the third record, CMA surveyors were unable to determine if the consultation was completed within the required time frame, as the provider did not classify it as routine, urgent, or emergent.
- In the fourth record, an abnormal MRI completed 3/24/23 demonstrated the need for orthopedic follow-up. The provider initiated the consult; however, it appeared that it was never processed. The inmate eventually transferred to another institution after several months without receiving the appropriate orthopedic assessment.
- In the fifth record, a PET scan to rule out metastatic disease took almost three months to complete.
- In the sixth record, a cystoscopy that was recommended to be completed within one week, took two months to be completed.
- In the seventh record, a cardiac consult to rule out ischemic changes was ordered 1/10/24 but not completed until 4/9/24.
- In the eighth record, the inmate was scheduled to see ENT following a traumatic injury on 12/19/23. However, the inmate was not transported to the specialist. The consult was not reordered until April 2024.

Screen 7: In seven records, there was no evidence that follow-up specialty care was completed as per the consultant’s recommendations.

- In the first record, the inmate was seen by the urologist on 12/12/23. The urologist prescribed antibiotics and recommended an urgent needle biopsy of the prostate within one week. The biopsy was not requested until 1/3/24 and not completed until 3/26/24, which was one week prior to the inmate’s scheduled release date. Additionally, there was no evidence that the inmate received the full course of antibiotics.
- In the second record, an inmate was evaluated by the cardiologist on 10/11/23. The cardiologist recommended an echocardiogram and a stress test before returning to the clinic. The echocardiogram was completed within the requested time frame; however, the inmate was returned to the cardiologist without the stress test. This test was not completed until January 2024.
- In the third record, the follow-up gastrointestinal appointment was not completed in the time frame requested by the consultant.
- In the fourth record, the general surgeon recommended a hernia repair. There was no evidence that the site provider requested the surgical repair until almost three months later.
- In the fifth record, the inmate was expected to return to the gastroenterologist’s office by mid-December 2023. However, the follow-up appointment was not completed until 1/25/24.
- In the sixth record, the cardiologist recommended an urgent echocardiogram and nuclear stress test on 2/1/24. However, the diagnostic testing was not completed until 4/1/24.

- In the seventh record, a pathology report showing adenocarcinoma of the prostate was completed on 6/9/23. There was no evidence of follow-up for two months. Additionally, the PET scan recommended by the urologist was not completed until October 2023. These delays in follow-up care also delayed surgical intervention for the malignancy, which was not completed until six months post-diagnosis.

**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	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	15	1	0	94%
4 The follow-up to the request occurs as intended	16	14	2	0	88%

**Medication And Vaccination Administration**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	11	5	6	1	45%
2 Allergies are listed on the MAR or the medication page in the EMR	12	8	4	0	67%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	6	1	5	6	17%
4 There is evidence of pneumococcal vaccination or refusal	11	8	3	1	73%
5 There is evidence of influenza vaccination or refusal	12	9	3	0	75%

**Medication and Vaccination Discussion:**

Screen 1: In all six records, the electronic MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals;” however there were no signed refusals corresponding to the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine that inmates were receiving appropriate medication services.

Screen 3: If an inmate misses three consecutive or five total doses within a month, staff is required to meet with the patient. At that time, a refusal of all future doses can be signed, and the chart forwarded to the clinician for disposition. In these records, there was no evidence this process was followed.



### Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	16	2	0	89%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3 The inmate's medications reflect continuity of care	14	10	4	4	71%
4 The medical record reflects continuity of care for inmate's pending consultations	0	0	0	18	N/A
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	8	6	2	10	75%
6 Special passes/therapeutic diets are reviewed and continued	5	5	0	13	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	17	1	0	94%

#### *Intra-System Transfers Discussion:*

Screen 3: In all four records, the electronic MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals;” however there were no signed refusals corresponding to the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine that inmates were receiving appropriate medication services.

Screen 5: In the first record, the scheduled CIC appointment was missed post-transfer and was not rescheduled for almost six weeks. In the second record, the missed CIC visit was not rescheduled prior to the inmate's release from prison.

**Periodic Screenings**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	15	5	10	0	33%
2 All components of the screening are completed and documented as required	15	4	11	0	27%
3 All diagnostic tests are completed prior to the periodic screening encounter	15	0	15	0	0%
4 Referral to a clinician occurs if indicated	0	0	0	15	N/A
5 All applicable health education is provided	15	4	11	0	27%

**Periodic Screenings Discussion:**

Screen 3: In all 15 records, the required diagnostic and laboratory tests were not completed according to the latest FDC guidelines. Staff had been using an outdated policy and were unaware of recent requirement changes.

**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	4	4	0	0	100%
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	4	N/A
3	There is documentation that the alleged victim was provided education on STIs	2	2	0	2	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	4	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	4	N/A
6	Repeat STI testing is completed as required	0	0	0	4	N/A
7	A mental health referral is submitted following the completion of the medical screening	4	3	1	0	75%
8	The inmate is evaluated by mental health by the next working day	4	4	0	0	100%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	4	N/A

**PREA Discussion:**

Screen 7: In the deficient record, the referral erroneously indicated that mental health staff had seven days to complete the required evaluation.

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

**Dental Systems Discussion:**

Screen 6: CMA dental surveyors recommended an amalgam separator for capturing mercury and other metals per 2017 EPA guidelines.

## 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)	8	7	1	0	88%
2	The nursing evaluation is completed within 2 hours of admission	8	6	2	0	75%
3	Guidelines for SHOS management are observed	4	2	2	4	50%
4	The inmate is observed at the frequency ordered by the clinician	8	5	3	0	63%
5	Nursing evaluations are completed once per shift	8	5	3	0	63%
6	There is evidence of daily rounds by the attending clinician	8	7	1	0	88%
7	There is evidence of daily counseling provided by mental health staff	8	6	2	0	75%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	8	6	2	0	75%
9	There is evidence of adequate post-discharge follow-up by mental health staff	8	6	2	0	75%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	3	0	3	5	0%

#### Self-Injury and Suicide Prevention Discussion:

Screen 3: In these records, standard patient care orders were not documented. According to Department policy, clinician orders for infirmary admissions, regardless of where the inmate is housed, should include all aspects of safety management and clinical treatment including the frequency of safety observations.

Screen 4: In all three records, one or more days safety observation checklists could not be located. Without this documentation, it was impossible to determine if safety was maintained during an acute mental health crisis.

Screen 7: In one record, the patient was not seen by a mental health counselor one day of the admission. In the other record, the patient was seen, but the documentation was incomplete.

## Access To Mental Health Services

### Psychological Emergencies

	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	18	18	0	0	100%
2	The emergency is responded to within one hour	18	17	1	0	94%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	18	17	1	0	94%
4	Documentation indicates the clinician fully assessed suicide risk	18	18	0	0	100%
5	A thorough mental status examination is completed	18	18	0	0	100%
6	Appropriate interventions are made	18	16	2	0	89%
7	The disposition is clinically appropriate	18	17	1	0	94%
8	There is appropriate follow-up as indicated in response to the emergency	10	9	1	8	90%

**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	11	11	0	0	100%
2 The request is responded to within the appropriate time frame	11	7	4	0	64%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	11	10	1	0	91%
4 The follow-up to the request occurs as intended	9	5	4	2	56%
5 Consent for treatment is obtained prior to conducting an interview	11	11	0	0	100%

**Mental Health Inmate Requests Discussion:**

Screen 2: In two records, the time between when the inmate wrote the request and the time it was stamped as received by the mental health department was nearly a month. In the remaining two records, the response was provided to the inmate outside of the required timeframe of 10 days.

Screen 4: In one record, a request was written on 1/02/24 and was received by mental health on 1/31/24. The response provided was that the inmate had been working on this with his case manager since 1/21/24. While the inmate’s concern was addressed, it was several weeks after the request was made. In two records, inmates with an assigned psychological grade of three (S-3), already on the psychiatric caseload, were requesting to meet with the provider to discuss medication. It was approximately a month before they were seen. In the last record, the inmate wrote a request 12/28/23 asking for medication for his depressive symptoms. He was not seen by the psychologist until 1/18/24 who referred the inmate to psychiatry, but erroneously documented that no further follow-up was needed. The psychiatric provider saw the inmate on 1/25/24 and medication was started.



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

**Special Housing Discussion:**

Screen 2: In two records, the electronic MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals;” however there were no signed refusals corresponding to the dates shown on the MAR.

In addition to the discrepancies on the electronic MARs, the majority of inmate records contained in this sample also had handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine that inmates were receiving appropriate medication services.

**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	3	3	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	3	3	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	3	3	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	3	3	0	0	100%
5	Recent changes in the inmate's condition are addressed	3	3	0	0	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	3	3	0	0	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	3	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	10	10	0	8	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	11	11	0	7	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	17	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	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	5	5	0	13	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	15	3	0	83%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	16	2	0	89%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	17	1	0	94%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	17	1	0	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	18	13	5	0	72%
17	The ISP is reviewed and revised at least every 180 days	17	15	2	1	88%
18	Identified problems are recorded on the problem list	18	18	0	0	100%
19	The diagnosis is clinically appropriate	18	18	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	18	18	0	0	100%
21	Counseling is offered at least once every 60 days	18	18	0	0	100%
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	14	0	4	100%
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	18	0	0	100%
30	The frequency of clinical contacts is sufficient	18	18	0	0	100%

**Outpatient Mental Health Services Discussion:**

Screen 16: In one record, all signatures of treatment team members were missing from the document. In the remaining four records, the inmates' signatures were missing on treatment plans written between three months and 10 months prior.

## 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	3	3	0	15	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.	3	2	1	15	67%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	3	1	14	75%
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	8	6	2	10	75%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7 Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8 The inmate receives medication(s) as prescribed	15	4	11	3	27%
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	0	6	12	0%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	6	0	6	12	0%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consents are signed for each medication prescribed	18	12	6	0	67%
13	Follow-up sessions are conducted at appropriate intervals	18	17	1	0	94%
14	Documentation of psychiatric encounters is complete and accurate	18	13	5	0	72%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	10	9	1	8	90%
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 this record, a thyroid profile was not conducted prior to the initiation of antidepressant medication.

Screen 4: In this record, an inmate was prescribed multiple psychotropic medications. The Thyroid Stimulating Hormone (TSH) blood test results were elevated on 1/30/23. On 11/7/23 another TSH level was drawn which was higher than the previous one. There was no documentation that the abnormal test results were addressed, nor was there documentation that the inmate was referred to the medical provider.

Screen 5: In one record, a lipid level test was not completed three months post-initiation of antipsychotic medication. It was eventually completed, eight months after starting the medication. In the second record, required labs for antidepressants and antipsychotic medications were completed in January 2023 with follow-up labs due by January 2024. There was no indication this had been ordered at the time of the survey.

Screen 8: In 11 records, there was no evidence that inmates received their medications as ordered by the prescribing clinician.

- In the first record, Zyprexa and Remeron were ordered keep-on-person (KOP) until they were changed to direct observation therapy (DOT) in December 2023. The MAR was incomplete for December, and mostly blank in January 2024.
- In the second record, Zyprexa and Zoloft were ordered KOP but changed to DOT in December 2023. The MAR contained blanks for both medications that month. In January 2024, the Zyprexa was

increased but this was not transcribed onto the MAR. CMA surveyors were unable to determine if the inmate received the correct dosage.

- In the third record, there were conflicting orders for Abilify and Prozac and it was impossible to determine compliance and administration. Additionally, in February 2024 there were two active orders for Prozac, indicating the inmate may have received an incorrect dose.
- In the fourth record, Prozac and Buspar were ordered DOT and KOP simultaneously, with conflicting documentation.
- In the fifth record, only one of the two psychotropic medications were transcribed onto the MAR in January 2024. There was no indication that the inmate received his antipsychotic medication.
- In the sixth record, the inmate transferred to MHCF on 7/17/23 already on mental health medication. There were no documented doses of the prescribed psychotropic medications until December 2023 when they appeared on the MAR.
- In the eighth record, the medications were changed to DOT in October 2023. There was no documentation of administration in the EMR until December 2023.
- In the remaining three records, the MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates indicated on the MAR. In addition to the discrepancies on the electronic MARs, the majority of records in this sample also contained handwritten paper MARs. The paper MARs contained information that contradicted the electronic MARs. These conditions made it impossible to determine if inmates were receiving appropriate medication services.
- CMA surveyors also noted that several inmates were prescribed antipsychotic medications to keep with them, instead of being given out by the nurse. FDC guidelines prevent this class of medications from being prescribed KOP.

Screen 9: In these records, there was no evidence that nursing staff met with the inmate after two consecutive missed doses to provide education and encourage medication compliance.

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

Screen 12: In four records, one or more psychotropic medication(s) did not have an accompanying informed consent document signed by the inmate. In one record, an antidepressant and anticonvulsant medication names were inserted into a form for antipsychotic medications which have vastly different side effect profiles. In the last record, there was a signed consent for Prozac. However, it contained an incomplete and inaccurate list of side effects.

Screen 14: CMA surveyors noted that documentation of psychiatric encounters did not consistently contain accurate information.

- In the first record, documentation by the provider did not address the active prescription for Cymbalta. The provider did not mention this medication in several notes while it was prescribed for the inmate, and it was unclear if he was meant to receive it.
- In the second record, there was conflicting documentation regarding labs and the note did not address abnormal laboratory results.
- In the third record, the clinician documented that the inmate was fully compliant with his medications; however, this conflicted with the MAR. Additionally, information regarding lab results was missing.
- In the fourth record, the provider made a medication change in April 2023 but documented that medications were not changed. In February 2024, the provider documented normal lab results, but no labs had been completed in over a year.

- In the fifth record, the inmate arrived at the facility already taking Vistaril, but this was missed in the evaluation. It appears that he did not receive his psychotropic medication for a week before the error was corrected.

**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)	13	11	2	1	85%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	13	8	5	1	62%
3 Appropriate patient care summaries are completed within 30 days of EOS	9	6	3	5	67%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	13	100%

**Aftercare Services Discussion:**

Screen 2: In five records, the consent to release medical records was completed incorrectly, making it invalid. Institutional staff cannot facilitate continuity of care if they are unable to send a record of the patient’s treatment while incarcerated. Some consents were marked with an expiration date “EOS”, which is when the inmate leaves the facility. This would prevent mental health providers in the community from getting records at a later date, or if prohibit them from obtaining more information if it was required post-discharge. In the last record, documentation indicated that no discharge planning was needed since the inmate was locating to another state. No refusal for aftercare was found.

Screen 3: In two records, multiple areas of the form were not addressed. In the third record, the form was completed but stated that the inmate was required to follow-up on his own and there was no indication it was sent to the community mental health provider.



## 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%

***Inmate Housing Areas***

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	0	1	0	0%
3	Hot and cold water are available for showering and handwashing	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	0	1	0	0%
6	First-aid kits are present in housing units	1	0	0	100%

***Inmate Housing Areas Discussion:***

Screen 2: Water was not operational in D2121.

Screen 5: Dental sick call procedures were not posted in all dorms.

***Infirmary***

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
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	Infirmery 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%

**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	0	1	0	0%
6 A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7 There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

**Pharmacy Discussion**

Screen 5: There was no evidence that expired, misbranded, damaged, or adulterated products were removed at least quarterly and separated from active stock.

**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%

**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	0	0	1	N/A
3	Outpatient group therapy is offered	0	1	0	0%

Screen 3: Outpatient therapy groups were not offered.

**SHOS**

	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%

**Administrative Issues Physical and Mental Health Care**

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The electronic medical records (EMR) system was not fully utilized until February 2024	0	1	0	0%
2	Inmates were not properly enrolled in chronic illness clinics	0	1	0	0%
3	Periodic Screenings were not conducted from July 2023 through February 2024	0	1	0	0%
4	Clinical documentation included the use of non-standardized abbreviations	0	1	0	0%
5	Dental care was not documented in the EMR until February 2024	0	1	0	0%

**Administrative Issues Physical and Mental Health Care Discussion:**

Throughout the survey, CMA surveyors noted several administrative issues that affected inmate health care. These deficiencies are not part of the CMA’s standardized assessment tools. ***These findings will not require monitoring and corrective action but are instead noted to provide a comprehensive description of issues related to the numerous findings noted in this report.***

Screen 1: FDC fully transitioned to an electronic health record system in December 2021; however, MHCF continued to use a combination of handwritten and electronic documentation to record medication administration until February 2024. In many cases, these two documentation systems contained contradictory information making it impossible to verify the health care services received. Additionally, CMA surveyors were concerned that utilizing separate documentation systems could potentially disrupt continuity of care for inmates transferring between institutions. Since FDC policy requires the electronic documentation of medical and mental health services, other FDC institutions would not be conducting a review of the written medical record.

Screen 2: Multiple inmates were not properly enrolled in chronic clinics through the use of the EMR and had to be re-enrolled thus delaying timely appointments.

Screen 3: There were no periodic screenings conducted from July 2023 until February 2024. Staff again attributed this to not being properly identified in the EMR.

Screen 4: Department policy requires the use of only approved medical abbreviations that are generally accepted and utilized by the at-large medical community. CMA surveyors noted the use of non-approved abbreviations that were idiosyncratic to the providers. In many cases, surveyors had to ask staff to interpret the abbreviations. There were concerns that this could impact continuity of care.

Screen 5: Dental personnel did not use the EMR until February 2024. As a result, the CMA dental surveyor stated it was difficult to follow the plan of care as some information was in the EMR and other documentation was in the paper chart. Additionally, surveyors were concerned that utilizing two documentation systems could potentially disrupt continuity of care.

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA surveyors. At that time, three reported medical issues that were not being addressed. None of the interviewees indicated they had ever been prevented from declaring a medical emergency. Conversely, three individuals indicated they had submitted sick call requests but had not received a response. Two of the twelve reported difficulty getting their medications including over-the-counter and prescription medications. All the inmates interviewed stated overall, they were satisfied with the quality of medical, mental health, and dental care provided at MHCF.

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

Three members of the nursing team, as well as additional clerical, clinical, and administrative staff participated in interviews. All interviewees appeared knowledgeable about procedures related to accessing health services. The majority of interviewees indicated that ongoing training for the EMR would be helpful for improving documentation. One concern mentioned by staff was not having enough transport teams/escorts to get inmates to outside appointments, limiting the number they can send out. Several expressed that staffing levels, especially nurses, were improving which will be beneficial in meeting inmate care needs.

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

Mental health staff interviewed appeared to be knowledgeable about the inmates on their caseload and dedicated to providing adequate clinical services. Service plans were individualized, and patients were being seen timely for therapy and medication management services. Behavioral health specialists, the psychologist, and the mental health nurse work closely together to improve continuity of patient care. Staff interviewed endorsed that having weekly Multi-disciplinary Services Team (MDST) meetings was beneficial and provided an opportunity to discuss difficult cases. Staff indicated that improvements to the EMR, including consistent Wi-Fi connectivity, and additional training on the electronic record and electronic medication administration record, would help them do their jobs better.

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

Three security officers participated in interviews. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency care. They correctly verbalized procedures that pertained to inmates being placed in confinement.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	1
Endocrine Clinic	3
Gastrointestinal Clinic	3
General Chronic Illness Clinics	1
Immunity Clinic	2
Miscellaneous Clinic	0
Neurology Clinic	1
Oncology Clinic	0
Respiratory Clinic	1
Tuberculosis Clinic	1
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	3
Inpatient Infirmary Care	7
Outpatient Infirmary Care	4
Sick Call	2
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	2
Consultations	3
Medical Inmate Request	0
Medication and Vaccine Administration	5
Intra-System Transfers	2
Periodic Screening	4
PREA Medical Review	1

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	3
<b>Total Findings</b>	
<b>Total</b>	<b>50</b>

### Mental Health Findings Summary

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	8
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	2
Special Housing	1
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	1
Outpatient Psychotropic Medications	8
Aftercare Planning	2



<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>23</b>

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

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

## Recommendations

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

- Train and support staff on optimally utilizing the electronic health record, with particular focus on the eMAR.
- Conduct a thorough review of inmates enrolled in chronic illness clinics to reassess M-grade status and ensure that inmates are seen at appropriate intervals.
- Ensure that orders are received and implemented accordingly for medical and mental health infirmary admissions.
- Establish a system to ensure clinician referral for follow-ups are completed for sick call and emergencies when required.
- Provide clinician training on FDC Health Services Bulletins as well as policies and procedures.
- Re-educate mental health staff and provider on aftercare planning and services.