
NORTHWEST FLORIDA RECEPTION CENTER - MAIN



February 2024

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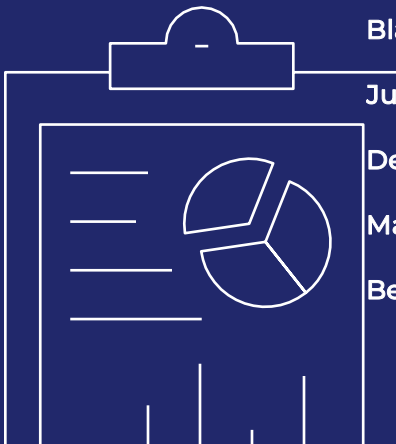
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Northwest Florida Reception Center (NWFR) - Main houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. NWFR consists of a Main Unit, Annex, and a work release center.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1181	Current Main Unit Census	1224
Satellite Unit(s) Capacity	70	Current Satellite(s) Census	65
Total Capacity	1251	Total Current Census	1289

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	585	560	148	1	6	64	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	598	62	633	N/A	N/A	N/A	3

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	23	87	5	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	1
Clinical Associate	2	0
Registered Nurse	8	0
Licensed Practical Nurse	10	0
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	2
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	1	0
Psychological Services Director	1	1
Psychologists	1	1
Mental Health Professional	6	1
Aftercare Coordinator	1	0
Activity Technician	0	0
Mental Health RN	1	0
Mental Health LPN	0	0
Mental Health CNA	0	0

NORTHWEST FLORIDA RECEPTION CENTER SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at NWFRC-Main in February 2024. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Detailed below are results from the institutional survey of Northwest Florida. 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	18	Mental Health Survey Findings	11

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	2	16	0	11%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	17	1	0	94%
5 Abnormal labs are reviewed and addressed in a timely manner	8	8	0	10	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	7	7	0	11	100%
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	0	0	0	18	N/A

Cardiovascular Chronic Illness Clinic Discussion:

Screen 2: In these records, the fundoscopic examination was missing. Per Health Services Bulletin (HSB) 15.03.05 (Appendix 4), these are to be included at each cardiovascular clinic visit.

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	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4 Annual laboratory work is completed as required	16	16	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	2	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	9	3	4	75%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	11	10	1	5	91%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	8	7	1	8	88%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	9	9	0	7	100%
10 Medications appropriate for the diagnosis are prescribed	15	15	0	1	100%
11 Patients are receiving insulin as prescribed	6	6	0	10	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	15	100%

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	16	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4	Annual laboratory work is completed as required	16	16	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	3	3	0	13	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	16	13	3	0	81%
8	Abdominal ultrasounds are completed at the required intervals	16	16	0	0	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	3	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	4	4	0	12	100%
12	Hepatitis C treatment is started within the appropriate time frame	4	4	0	12	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	4	4	0	12	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	4	4	0	12	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A

General Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Record	YES	NO	N/A	
1 The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2 Appropriate patient education is provided	16	15	1	0	94%
3 The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	12	4	0	75%
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 four records, inmates with an assigned medical grade of three (M-3) were seen at 180-day intervals, rather than every 90 days as required.

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)	17	17	0	0	100%
2 There is evidence of an appropriate physical examination.	17	14	3	0	82%
3 Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	17	17	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	17	N/A
5 A CBC is collected annually	17	17	0	0	100%
6 Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
8 The inmate receives HIV medication(s) as prescribed	17	17	0	0	100%
9 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
10 There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	17	15	2	0	88%
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	17	N/A
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	12	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	9	9	0	3	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	10	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	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	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	5	5	0	9	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	13	13	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	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	8	8	0	0	100%
2 There is evidence of an appropriate physical examination	8	8	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	8	8	0	0	100%
4 Annual laboratory work is completed as required	8	8	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	6	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	8	8	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	0	0	0	8	N/A
8 Oncological treatments are received as prescribed	0	0	0	8	N/A
9 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	8	N/A

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	16	16	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	14	14	0	2	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	A peak flow reading is recorded at each visit	16	16	0	0	100%
5	There is evidence of an appropriate physical examination	16	16	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	5	5	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	5	5	0	0	100%
3 There is evidence of initial and ongoing education	5	5	0	0	100%
4 There is evidence of monthly nursing follow-up	5	4	1	0	80%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	5	5	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	5	5	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	5	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	4	100%
9 The appropriate medication regimen is prescribed	5	5	0	0	100%
10 The inmate receives TB medications as prescribed	5	5	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	0	0	0	5	N/A
12 Documentation of the CIC visit includes an appropriate physical examination	5	5	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	5	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	16	16	0	1	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	17	16	1	0	94%
3 Vital signs including weight are documented	17	17	0	0	100%
4 There is evidence of appropriate and applicable patient education	15	15	0	2	100%
5 Findings requiring clinician notification are made in accordance with protocols	11	11	0	6	100%
6 Follow-up visits are completed timely	10	10	0	7	100%
7 Clinician's orders from the follow-up visit are completed as required	4	4	0	13	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	3	2	1	14	67%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	3	0	14	100%

Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	15	15	0	0	100%
2 All orders are received and implemented	15	13	2	0	87%
3 The inmate is evaluated within one hour of being placed on observation status	15	15	0	0	100%
4 Patient evaluations are documented at least once every eight hours	13	12	1	2	92%
5 Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	14	100%
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	14	14	0	1	100%
7 A discharge note containing all of the required information is completed as required	14	10	4	1	71%

Outpatient Infirmary Care Discussion:

Screen 7: Patient condition upon discharge was missing in all four records.

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	15	15	0	0	100%
2 All orders are received and implemented	15	15	0	0	100%
3 A thorough nursing assessment is completed within two hours of admission	15	15	0	0	100%
4 A Morse Fall Scale is completed at the required intervals	15	15	0	0	100%
5 Nursing assessments are completed at the required intervals	15	15	0	0	100%
6 Clinician rounds are completed and documented as required	15	13	2	0	87%
7 Weekend and holiday clinician phone rounds are completed and documented as required	8	8	0	7	100%
8 A discharge note containing all of the required information is completed as required	14	6	8	1	43%
9 A discharge summary is completed by the clinician within 72 hours of discharge	14	13	1	1	93%

Inpatient Infirmary Care Discussion:

Screen 8: In three records, there was no record of a discharge note from the nurse. In four records, the discharge note was missing the disposition of the patient and/or education. In one record, the note did not include patient condition or identify the education provided.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	16	2	0	89%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	18	0	0	100%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	15	15	0	3	100%
7 Follow-up visits are completed in a timely manner	12	12	0	6	100%
8 Clinician orders from the follow-up visit are completed as required	14	14	0	4	100%

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Evaluation is complete and accurate	16	16	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	12	12	0	4	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	4	4	0	12	100%
4 All emergencies are responded to within the required time frame	2	2	0	14	100%
5 The response to the emergency is appropriate	2	2	0	14	100%
6 All sick call appointments are triaged and responded to within the required time frame	13	13	0	3	100%
7 New or pending consultations progress as clinically required	15	15	0	1	100%
8 All mental health and/or physical health inmate requests are responded to within the required time frame	15	15	0	1	100%

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	14	14	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	14	13	1	0	93%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	14	11	3	0	79%
4 The consultation report is reviewed by the clinician in a timely manner	13	11	2	1	85%
5 The consultant's treatment recommendations are incorporated into the treatment plan	9	9	0	5	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	4	5	5	44%
7 The diagnosis is recorded on the problem list	14	14	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	2	2	0	14	100%
9 There is evidence that the ATP is implemented	2	2	0	14	100%

Consultations Discussion:

Screen 3: In two records, the urgent consultation was not completed for six weeks. In the remaining record, the urgent consultation was not completed for almost four months.

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

- In the first record, the surgeon recommended the urgent removal of basal cell carcinoma on 8/22/23. The consult request was submitted on 8/23/23 but it was not done until 11/9/23.
- In the second record, the orthopedist recommended open reduction internal fixation (ORIF) of the middle finger. The request was submitted 12/8/23 but had not been scheduled as of the date of the survey.
- In the third record, the specialist recommended an EGD and colonoscopy on 9/29/23. The request was submitted as routine on 9/29/23 but changed to urgent on 12/4/23. It was scheduled for 2/19/24.
- In the fourth record, on 11/30/23 the neurologist recommended a follow-up visit in two to four weeks and a CT following a subarachnoid hemorrhage. Neither were completed as of the date of the survey.
- In the fifth record, the inmate refused the visit with ENT at the time of appointment on 7/17/23. Regardless of the refusal, the ENT recommended ultrasound guided biopsy on thyroid nodules. It does not appear that the nodules or neck mass have been addressed since that time.

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	17	1	0	94%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	1	1	0	17	100%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	12	0	0	100%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	4	4	0	8	100%
4 There is evidence of pneumococcal vaccination or refusal	11	10	1	1	91%
5 There is evidence of influenza vaccination or refusal	12	12	0	0	100%

Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2 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	15	15	0	3	100%
4 The medical record reflects continuity of care for inmate's pending consultations	3	3	0	15	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	15	15	0	3	100%
6 Special passes/therapeutic diets are reviewed and continued	9	9	0	9	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	11	7	0	61%

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	17	17	0	0	100%
2	All components of the screening are completed and documented as required	17	6	11	0	35%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	10	7	0	59%
4	Referral to a clinician occurs if indicated	2	1	1	15	50%
5	All applicable health education is provided	17	11	6	0	65%

Periodic Screenings Discussion:

Screen 2: In nine records, vital signs and weight were not compared to previous screenings. In two records, lab results were not given to the patient.

Screen 3: In three records, there was no evidence of the stool hemoccult screening. In one record, there was no evidence of the low dose CT scan. In the remaining records, there was no urinalysis and fasting plasma glucose.

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	1	0	1	3	0%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	3	100%
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	1	1	0	3	100%
7 A mental health referral is submitted following the completion of the medical screening	4	1	3	0	25%
8 The inmate is evaluated by mental health by the next working day	4	3	1	0	75%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	1	0	1	3	0%

PREA Discussion:

Screen 7: In three records, the referral erroneously indicated that mental health staff had seven days to complete the evaluation. Policy requires that this evaluation be completed within one working day.

Screen 8: The deficient evaluation was not completed for two weeks after the PREA incident.

Screen 9: In the deficient record, an inmate reported several rape allegations. This inmate had a history of trauma and victimization. He had to place an inmate request for mental health services.

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1 Allergies are documented in the EMR	18	18	0	0	100%	
2 There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%	
3 Dental appointments are completed in a timely manner	18	18	0	0	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	16	16	0	2	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	15	14	1	3	93%	
6 The treatment plan is appropriate for the diagnosis	15	14	1	3	93%	
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	13	13	0	5	100%	
8 Dental findings are accurately documented	14	13	1	4	93%	
9 Sick call appointments are completed timely	5	5	0	13	100%	
10 Follow-up appointments for sick call or other routine care are completed timely	4	4	0	14	100%	
11 Consultations or specialty services are completed timely	2	2	0	16	100%	
12 Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%	
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	8	8	0	10	100%	
14 The use of dental materials including anesthetic agent are accurately documented	14	14	0	4	100%	
15 Applicable patient education for dental services is provided	14	14	0	4	100%	

Dental Systems

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

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	8	8	0	0	100%
2 The nursing evaluation is completed within 2 hours of admission	8	8	0	0	100%
3 Guidelines for SHOS management are observed	2	1	1	6	50%
4 The inmate is observed at the frequency ordered by the clinician	8	8	0	0	100%
5 Nursing evaluations are completed once per shift	8	8	0	0	100%
6 There is evidence of daily rounds by the attending clinician	8	6	2	0	75%
7 There is evidence of daily counseling provided by mental health staff	8	8	0	0	100%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	8	8	0	0	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	8	8	0	0	100%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	6	1	5	2	17%

Self-Injury and Suicide Prevention Discussion:

Screen 3: In this record, there was no indication that on the fourth day of infirmary mental health care, the patient was evaluated for consideration of admission to a crisis stabilization unit (CSU).

Screen 6: In one record, daily clinician rounds were not completed for five days of the admission. In the other record, three days were missing. It should be noted that these days were weekend/holidays. On non-business days, the nurse in charge and the on-call clinician may discuss the patients by phone. When this takes place, the nurse documents the discussion within the electronic medical record (EMR).

Access To Mental Health Services

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	16	2	0	89%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	18	15	3	0	83%
4 The follow-up to the request occurs as intended	8	6	2	10	75%
5 Consent for treatment is obtained prior to conducting an interview	5	4	1	13	80%

Mental Health Inmate Requests Discussion:

Screen 4: In the first record, the inmate requested psychotropic medication. There was no indication he was evaluated by mental health staff to determine if a psychiatry referral was needed. In the remaining record, the request was for the inmate to be seen by mental health staff. There was no indication he was seen, and he wrote another request two weeks later.

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	15	15	0	0	100%
2	The emergency is responded to within one hour	15	15	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	15	14	1	0	93%
4	Documentation indicates the clinician fully assessed suicide risk	15	14	1	0	93%
5	A thorough mental status examination is completed	15	15	0	0	100%
6	Appropriate interventions are made	15	14	1	0	93%
7	The disposition is clinically appropriate	15	15	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	6	5	1	9	83%

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	1	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	6	6	0	8	100%
3	A mental status examination (MSE) is completed in the required time frame	14	14	0	0	100%
4	Follow-up MSEs are completed in the required time frame	9	9	0	5	100%
5	MSEs are sufficient to identify problems in adjustment	13	13	0	1	100%
6	Mental health staff responds to identified problems in adjustment	3	3	0	11	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	14	14	0	0	100%

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	12	12	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	12	9	3	0	75%
3	There is evidence physical health staff completed a referral to mental health staff	12	11	1	0	92%
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	12	6	6	0	50%
5	Recent changes in the inmate's condition are addressed	6	6	0	6	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	6	6	0	6	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A

Use of Force Discussion:

Screen 2: In these records, the assessment was documented by the nurse, but the body diagram was missing.

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	17	16	1	1	94%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	16	16	0	2	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	17	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	2	2	14	50%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	6	6	0	12	100%
12	The ISP is individualized and addresses all required components	18	18	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	18	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	18	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	0	0	100%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The ISP is signed by the inmate and all members of the treatment team	16	5	11	2	31%
17	The ISP is reviewed and revised at least every 180 days	15	14	1	3	93%
18	Identified problems are recorded on the problem list	18	17	1	0	94%
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	2	2	0	16	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	16	16	0	2	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 Discussion:

Screen 16: In these records, the Individualized Service Plan (ISP) was not signed by the inmate. Without the signature of the inmate as well as all members of the treatment team, it is impossible to determine if everyone agrees with the plan of care.

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	4	1	13	80%
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	18	N/A
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	8	7	1	10	88%
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	2	2	0	16	100%
8 The inmate receives medication(s) as prescribed	17	16	1	1	94%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	1	1	0	17	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	1	1	0	17	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	12	6	0	67%
12 Informed consents are signed for each medication prescribed	18	15	3	0	83%
13 Follow-up sessions are conducted at appropriate intervals	18	10	8	0	56%
14 Documentation of psychiatric encounters is complete and accurate	18	14	4	0	78%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	12	10	2	6	83%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	3	3	0	15	100%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	3	3	0	15	100%
18 For each administration of the medication, an additional ETO is written.	0	0	0	15	N/A
19 The ETO is administered in the least restrictive manner	3	3	0	15	100%
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	1	1	0	17	100%

Outpatient Psychotropic Medication Practices Discussion:

Screen 11: In these records, the inmates were prescribed psychotropic medications that tend to be sedating. While they were ordered nightly, they were being given at 3:00 pm.

Screen 13: In four records, inmates were instructed to return for a 14-day follow-up after initiating new medications. However, they were seen between 30-90 days later. In the remaining four records, the inmates were not seen at least every 90 days for medication management as required.

Discharge Planning

	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)	12	12	0	0	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	12	12	0	0	100%
3	Appropriate patient care summaries are completed within 30 days of EOS	11	11	0	1	100%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	11	100%

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			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	0	1	0	0%
6	First-aid kits are present in housing units	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%

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%

Special Housing

		COMPLIANCE SCORE			
SCREEN QUESTION		YES	NO	N/A	Compliance Percentage
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

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

SHOS

		COMPLIANCE SCORE			
SCREEN QUESTION		YES	NO	N/A	Compliance Percentage
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	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%

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff and surveyors. Overall, inmates were familiar with how to access medical, dental, and mental health services. They reported no difficulties in receiving prescribed medications, either in open population or confinement. Most reported that over-the-counter medications were available in the dorms. Interviewees indicated they were seen timely for sick call requests and in response to emergencies. However, three inmates reported a current medical issue that was not being addressed.

The majority of inmates on the mental health caseload were satisfied with the care and indicated that mental health staff listen and are helpful. Those that had received dental services at the institution were complimentary of dental staff and the care they provided.

MEDICAL STAFF INTERVIEWS

Eight members of the medical team including nurses, clinical, administrative, and clerical staff, participated in interviews. All interviewees appeared knowledgeable about procedures for accessing health services. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. One issue of concern mentioned by staff was that sometimes security puts keep-on-person (KOP) medications in with property when inmates are brought to confinement, and this occasionally results in a missed dose. Both medical and mental health staff mentioned that getting inmates to come to callouts is a challenge.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health team agreed to participate in interviews. They were easily able to describe access to care processes as well as suicide and self-harm prevention techniques. Several interviewees voiced concern with the inmate request process stating that security often receives the requests and brings them to mental health. They also report that inmates often say they have submitted a request that does not get answered and their concern is that security may not be turning them in in a timely or consistent manner. It was suggested that a separate mailbox be established for inmates to utilize for requests and grievances that can be checked daily by mental health staff. Mental health staff also mentioned that getting inmates to come to callouts is an issue.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	1
Total Findings	
Total	18

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	2
Psychological Emergencies	0
Mental Health Inmate Request	1
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	2
Outpatient Psychotropic Medications	3
Aftercare Planning	0

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	11

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 NWFRC-Main the CMA makes the following recommendations:

- Conduct a thorough review of inmates enrolled in CICs to reassess M-grade status and ensure that inmates are scheduled and seen at the appropriate intervals.
- Ensure that infirmary discharge notes are thorough and complete.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Consider providing shelter and benches for inmates in the outside waiting area for sick call services.
- Reeducate nurses, medical, and mental health clinicians on the policies and standards for an acute mental health infirmary admission.
- Conduct a thorough review of inmates on the mental health caseload to reassess S-grade status and ensure that inmates are scheduled to be seen by psychiatry at the appropriate intervals.