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# OKEECHOBEE CORRECTIONAL INSTITUTION

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July 9-11, 2024

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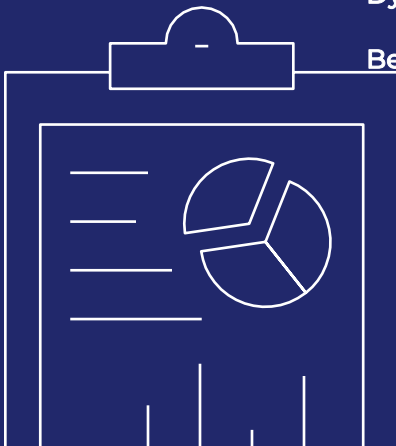
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## BACKGROUND AND SCOPE

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
- 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

Okeechobee Correctional Institutional (OKECI) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1 and 2. Okeechobee Correctional Institution consists of a main unit, work camp, and re-entry center.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1356	<b>Current Main Unit Census</b>	1774
<b>Satellite Unit(s) Capacity</b>	384	<b>Current Satellite(s) Census</b>	354
<b>Total Capacity</b>	1740	<b>Total Current Census</b>	2128

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	1025	693	64	1	3	139	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	1653	139	0	N/A	N/A	N/A	122

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	87	51	53	0	12	16

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

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1.0	0
Clinical Associate	2.0	0
Registered Nurse	5.2	0
Licensed Practical Nurse	6.6	1.1
DON/Nurse Manager	2.0	0
Dentist	2.0	0
Dental Assistant	3.0	1.0
Dental Hygienist	1.0	1.0

## Mental Health Unit Staffing

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

## OKEECHOBEE CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at OKECI on July 9-11, 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 Okeechobee Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
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# Physical Health Survey Findings

## Chronic Illness Clinics

### Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	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	17	17	0	1	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	6	6	0	12	100%
7	Medications appropriate for the diagnosis are prescribed	17	16	1	1	94%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
<b>Overall Compliance Score 98%</b>						

**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	17	17	0	0	100%
2 There is evidence of an appropriate physical examination	17	17	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
4 Annual laboratory work is completed as required	17	17	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	13	12	1	4	92%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	13	13	0	4	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	14	14	0	3	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	13	13	0	4	100%
10 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
11 Patients are receiving insulin as prescribed	7	7	0	10	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	14	100%
<b>Overall Compliance Score 99%</b>					

### 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	15	1	0	94%
5	Abnormal labs are reviewed and addressed in a timely manner	12	12	0	4	100%
6	Medications appropriate for the diagnosis are prescribed	2	2	0	14	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	13	11	2	3	85%
8	Abdominal ultrasounds are completed at the required intervals	15	14	1	1	93%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	15	15	0	1	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	14	14	0	2	100%
12	Hepatitis C treatment is started within the appropriate time frame	2	2	0	14	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	6	6	0	10	100%
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	15	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	1	1	0	15	100%
<b>Overall Compliance Score 98%</b>						

**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	15	1	0	94%
4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%
<b>Overall Compliance Score 98%</b>					

**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	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	2	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	2	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	10	10	0	6	100%
<b>Overall Compliance Score 100%</b>					

### 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	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	11	1	0	92%
3 Annual laboratory work is completed as required	11	9	2	1	82%
4 Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	NA
5 At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
6 Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A
<b>Overall Compliance Score 93%</b>					

**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	9	9	0	0	100%
2 There is evidence of an appropriate physical examination	9	9	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	9	9	0	0	100%
4 Annual laboratory work is completed as required	9	9	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	9	9	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	5	5	0	4	100%
8 Oncological treatments are received as prescribed	9	9	0	0	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	8	100%
<b>Overall Compliance Score 100%</b>					

**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	11	11	0	5	100%
3	Medications appropriate for the diagnosis are prescribed	16	13	3	0	81%
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	15	1	0	94%
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
<b>Overall Compliance Score 96%</b>						

**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	12	12	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	12	11	1	0	92%
3	There is evidence of initial and ongoing education	12	12	0	0	100%
4	There is evidence of monthly nursing follow-up	12	12	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	12	12	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	12	12	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	2	2	0	10	100%
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	12	N/A
9	The appropriate medication regimen is prescribed	12	12	0	0	100%
10	The inmate receives TB medications as prescribed	11	11	0	1	100%
11	The Inmate is seen by the clinician at the completion of therapy	3	3	0	9	100%
12	Documentation of the CIC visit includes an appropriate physical examination	12	12	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	12	N/A
<b>Overall Compliance Score 99%</b>						

## 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	11	11	0	6	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	17	17	0	0	100%
3 Vital signs including weight are documented	17	15	2	0	88%
4 There is evidence of appropriate and applicable patient education	15	14	1	2	93%
5 Findings requiring clinician notification are made in accordance with protocols	17	16	1	0	94%
6 Follow-up visits are completed timely	15	12	3	2	80%
7 Clinician's orders from the follow-up visit are completed as required	12	12	0	5	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	4	4	0	13	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	3	0	14	100%
<b>Overall Compliance Score 95%</b>					

### 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	13	12	1	1	92%
2 All orders are received and implemented	13	12	1	1	92%
3 The inmate is evaluated within one hour of being placed on observation status	13	13	0	1	100%
4 Patient evaluations are documented at least once every eight hours	13	11	2	1	85%
5 Weekend and holiday clinician phone rounds are completed and documented as required	6	6	0	8	100%
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	13	13	0	1	100%
7 A discharge note containing all of the required information is completed as required	13	13	0	1	100%
<b>Overall Compliance Score 96%</b>					

***Inpatient Infirmary Care***

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	11	9	2	1	82%
2 All orders are received and implemented	12	10	2	0	83%
3 A thorough nursing assessment is completed within two hours of admission	12	12	0	0	100%
4 A Morse Fall Scale is completed at the required intervals	12	12	0	0	100%
5 Nursing assessments are completed at the required intervals	12	12	0	0	100%
6 Clinician rounds are completed and documented as required	12	11	1	0	92%
7 Weekend and holiday clinician phone rounds are completed and documented as required	10	9	1	2	90%
8 A discharge note containing all of the required information is completed as required	9	8	1	3	89%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	9	0	3	100%
<b>Overall Compliance Score 93%</b>					

**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	17	0	0	100%
2 The inmate is assessed in the appropriate time frame	17	17	0	0	100%
3 The nursing assessment is completed in its entirety	17	17	0	0	100%
4 Complete vital signs including weight are documented	17	16	1	0	94%
5 There is evidence of applicable patient education	17	17	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	13	13	0	4	100%
7 Follow-up visits are completed in a timely manner	14	13	1	3	93%
8 Clinician orders from the follow-up visit are completed as required	10	10	0	7	100%
<b>Overall Compliance Score 98%</b>					

## 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	14	11	3	2	79%
2	All medications are continued as prescribed while in the inmate is held in special housing	4	3	1	12	75%
3	The inmate is seen in chronic illness clinic as regularly scheduled	6	0	6	10	0%
4	All emergencies are responded to within the required time frame	10	8	2	6	80%
5	The response to the emergency is appropriate	8	3	5	8	38%
6	All sick call appointments are triaged and responded to within the required time frame	8	4	4	8	50%
7	New or pending consultations progress as clinically required	4	0	4	12	0%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	4	2	2	12	50%
<b>Overall Compliance Score 46%</b>						

### Confinement Medical Review Discussion:

Screen 1: In the first record, there was no evidence that daily blood pressure checks were completed as ordered by the provider. In the second record, medications were not addressed on the health appraisal. In the third record, blood pressure and heart rate were found to be outside of the acceptable range. However, the medical provider was not contacted.

Screen 2: In one record, there was no evidence that the inmate received his asthma medication. The inmate later declared a medical emergency to obtain treatment for shortness of breath.

Screen 3: In two records, inmates were not seen in chronic clinic for over 365 days. In one record, an EKG order took four weeks to complete, even though it could have been done onsite. In the remaining records, inmates in confinement missed multiple dental appointments. Documentation indicated the inmates were not provided a security escort to attend the dental appointment thereby causing delays in treatment.

Screen 5: In five records, the response to the emergency was not clinically appropriate.

- In the first record, the inmate declared an emergency due to severe abdominal and flank pain in addition to symptoms of a urinary tract infection. He was given a urine specimen cup and sent back to his confinement cell. He was instructed to give the urine specimen to the nurse who makes rounds in the confinement unit. It was unclear when the inmate provided the sample, but he had no means to refrigerate it in his cell. Two days later, nursing staff collected the sample for testing.

- In the second record, the inmate was simultaneously evaluated by nursing staff for both an emergency and a pre-confinement evaluation. Documentation indicated that the inmate had been involved in a physical use of force incident. The inmate was found to have an abnormal heart rate but was not referred to the clinician.
- In the third record, the inmate declared an emergency complaining of pain to his head and neck, as well as his right knee. The inmate indicated that these injuries resulted from a physical altercation four days prior. Two protocols were completed: Non-Traumatic Joint/Extremity Pain and Abdominal Pain Protocol. Since the pain and swelling were attributed to the altercation, the Head Trauma and Fracture/Dislocation/Sprain Protocols would have been more clinically appropriate.
- In the fourth record, emergency nursing documentation indicated the inmate arrived via stretcher after a physical use of force by security staff for noncompliance with verbal orders. His pulse and blood pressure were found to be elevated. However, he was not referred to the provider and was sent to confinement.
- In the fifth record, the inmate had an observed seizure, but instead of completing the Seizure Protocol, the Neurological Protocol was used. Additionally, the provider was not notified.

Screen 6: In four records, sick call services were not provided according to Department policy.

- In the first record, the request was written on 4/12/24 but not marked received until 4/15/24. It was then triaged the next day, but the inmate was not seen until 4/17/24, five days after his initial request.
- In the second record, the inmate requested a higher calorie diet on 2/24/24 due to greater than 30-pound unintentional weight loss. He was seen by nursing on 3/4/24 who documented a BMI of 20.5. However, the EMR listed his BMI as 15.5 which is underweight and may indicate malnutrition. There was no clinical rationale as to why this request was not relayed to the provider, and follow-up was not scheduled. In the third record, the patient was seen for rectal bleeding in December 2023 but a stool guaiac was not performed.
- In the fourth record, an x-ray was ordered 1/14/24 but not completed until 2/7/24.

Screen 7: In three records, optometry consults were not completed within the requested time frames. In the remaining record, an ultrasound completed in February 2024 indicated probable renal disease. The inmate was assessed by the APRN who requested treatment recommendations from the onsite medical director. Two follow-up ultrasounds were requested but not completed by the time of the survey.

## 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	12	12	0	1	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	13	13	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	13	10	3	0	77%
4 The consultation report is reviewed by the clinician in a timely manner	13	12	1	0	92%
5 The consultant's treatment recommendations are incorporated into the treatment plan	13	13	0	0	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	2	100%
7 The diagnosis is recorded on the problem list	13	12	1	0	92%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	13	N/A
9 There is evidence that the ATP is implemented	0	0	0	13	N/A
<b>Overall Compliance Score 95%</b>					

### Consultations Discussion:

Screen 3: In the first record, an urgent consult for capsular opacification was requested on 4/5/24. The consultation was not completed for over one month. In the second record, the provider wrote a routine consult for treatment of left knee osteoarthritis. The consult coordinator received it the same day but routed it back to the provider for medical clearance twice before it was finally approved. The appointment was rescheduled multiple times, and the surgery was not completed for almost seven months. In the third record, a routine optometry consult was rescheduled multiple times and not completed for over one year.

### 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	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	12	11	1	6	92%
<b>Overall Compliance Score 91%</b>					

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	14	12	2	2	86%
2 Allergies are listed on the MAR or the medication page in the EMR	16	16	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	3	3	0	13	100%
4 There is evidence of pneumococcal vaccination or refusal	14	12	2	2	86%
5 There is evidence of influenza vaccination or refusal	12	12	0	4	100%
<b>Overall Compliance Score 94%</b>					

**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	11	11	0	7	100%
4 The medical record reflects continuity of care for inmate's pending consultations	1	1	0	17	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	10	10	0	8	100%
6 Special passes/therapeutic diets are reviewed and continued	4	4	0	14	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	15	3	0	83%
<b>Overall Compliance Score 98%</b>					

**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	18	11	7	0	61%
2 All components of the screening are completed and documented as required	18	17	1	0	94%
3 All diagnostic tests are completed prior to the periodic screening encounter	16	9	7	2	56%
4 Referral to a clinician occurs if indicated	3	1	2	15	33%
5 All applicable health education is provided	18	18	0	0	100%
<b>Overall Compliance Score 69%</b>					

**Periodic Screenings Discussion:**

Screen 3: In two records, there was no evidence of a CT scan to screen for lung cancer in patients with an applicable smoking history. In two records, there was no evidence of hemoccult cards to screen for colon and other gastrointestinal cancers. In the remaining records, laboratory testing was incomplete.

Screen 4: In one record, there was no referral made to optometry as indicated on the screening documentation. In the other record, the patient complained of back pain with a history of spinal issues. He was seen in sick call the same day for this issue. However, neither encounter resulted in a referral to the provider.

**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	12	12	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	12	N/A
3 There is documentation that the alleged victim was provided education on STIs	1	1	0	11	100%
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	12	N/A
5 Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	12	N/A
6 Repeat STI testing is completed as required	1	1	0	11	100%
7 A mental health referral is submitted following the completion of the medical screening	12	3	9	0	25%
8 The inmate is evaluated by mental health by the next working day	12	9	3	0	75%
9 The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	12	N/A
<b>Overall Compliance Score 80%</b>					

**PREA Discussion:**

Screen 7: The referrals erroneously indicated that mental health staff had seven days to complete the required evaluation. Policy requires this evaluation be completed within one business day.

Screen 8: In all three records, the required evaluation was completed, but not within the required time frame.

# 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	16	16	0	2	100%	
3 Dental appointments are completed in a timely manner	11	11	0	7	100%	
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	14	0	4	100%	
5 There is evidence of accurate diagnosis based on a complete dental examination	14	14	0	4	100%	
6 The treatment plan is appropriate for the diagnosis	14	14	0	4	100%	
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	15	15	0	3	100%	
9 Sick call appointments are completed timely	3	3	0	15	N/A	
10 Follow-up appointments for sick call or other routine care are completed timely	0	0	0	18	N/A	
11 Consultations or specialty services are completed timely	3	3	0	15	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	0	0	0	18	N/A	
14 The use of dental materials including anesthetic agent are accurately documented	2	2	0	16	100%	
15 Applicable patient education for dental services is provided	14	14	0	4	100%	
<b>Overall Compliance Score 100%</b>						

**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%
<b>Overall Compliance Score 100%</b>				

## 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	8	3	5	0	38%
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	7	1	0	88%
7 There is evidence of daily counseling provided by mental health staff	8	7	1	0	88%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	5	5	0	3	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	4	4	0	4	100%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	1	1	0	7	100%

**Overall Compliance Score 91%**

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

Screen 3: In these records, there was no documentation that the patient was evaluated on the fourth day of admission to determine if a higher level of care was needed during the acute mental health crisis.

## Access To Mental Health Services

### Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	14	14	0	0	100%
2	The emergency is responded to within one hour	14	14	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	14	14	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	14	14	0	0	100%
5	A thorough mental status examination is completed	14	14	0	0	100%
6	Appropriate interventions are made	14	14	0	0	100%
7	The disposition is clinically appropriate	14	14	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	3	2	1	11	67%
<b>Overall Compliance Score 96%</b>						

### Psychological Emergency Discussion:

Screen 8: In the deficient record, the mental health professional indicated that follow-up would be provided within seven days. There was no evidence that this occurred.

**Mental Health Inmate Requests**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	15	15	0	0	100%
2 The request is responded to within the appropriate time frame	15	15	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	15	14	1	0	93%
4 The follow-up to the request occurs as intended	15	9	6	0	60%
5 Consent for treatment is obtained prior to conducting an interview	13	12	1	2	92%
<b>Overall Compliance Score 89%</b>					

**Mental Health Inmate Requests Discussion:**

Screen 4: In four records, the follow-up did not occur timely. In two records, inmates were told they would be evaluated by mental health; however, there was no evidence that these appointments occurred.

**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	14	14	0	0	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	0	0	0	14	N/A
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	12	12	0	2	100%
5	MSEs are sufficient to identify problems in adjustment	14	14	0	0	100%
6	Mental health staff responds to identified problems in adjustment	1	1	0	13	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	0	0	0	14	N/A
<b>Overall Compliance Score 100%</b>						

**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	5	3	2	0	60%
2 The post use-of-force physical examination is completed in its entirety	5	5	0	0	100%
3 There is evidence physical health staff completed a referral to mental health staff	5	5	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	5	5	0	0	100%
5 Recent changes in the inmate's condition are addressed	3	3	0	2	100%
6 There is evidence of appropriate follow-up care for identified mental health problems	3	3	0	2	100%
7 A physician's order is documented if force is used to provide medical treatment	0	0	0	5	N/A
<b>Overall Compliance Score 93%</b>					

**Use of Force Discussion:**

Screen 1: In these records, the post use of force physical examination did not occur immediately following the use of force event. In one record, the use of force occurred at 1150 and the examination occurred at 1259. In the second record, the use of force occurred at 2200, but the exam was not completed until the next day at 0134.

## 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	17	17	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	11	9	2	6	82%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	6	6	0	11	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	3	1	2	14	33%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	17	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	1	1	0	16	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	2	1	1	15	50%
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	17	N/A
9	The Bio-psychosocial (BPSA) is present in the record	17	17	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	1	1	0	16	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	3	3	0	14	100%
12	The ISP is individualized and addresses all required components	17	17	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	17	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	16	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	17	9	8	0	53%
17	The ISP is reviewed and revised at least every 180 days	16	10	6	1	63%
18	Identified problems are recorded on the problem list	17	17	0	0	100%
19	The diagnosis is clinically appropriate	17	17	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	16	7	9	1	44%
21	Counseling is offered at least once every 60 days	17	8	9	0	47%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	17	N/A
23	Case management is provided at least every 60 days for inmates without psychotic disorders	17	8	9	0	47%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	17	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	17	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	17	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	17	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	17	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	17	16	1	0	94%
30	The frequency of clinical contacts is sufficient	17	14	3	0	82%
<b>Overall Compliance Score 81%</b>						

***Outpatient Mental Health Services Discussion:***

Screen 16: In six records, the individualized service plan was not signed by the inmate.

## 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%
<b>Compliance Percentage 100%</b>				

**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%
<b>Overall Compliance Score 100%</b>				

**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	0	1	0	0%
3 Hot and cold water are available for showering and handwashing	0	1	0	0%
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%
<b>Overall Compliance Score 50%</b>				

***Inmate Housing Areas Discussion:***

Screens 2 & 3: A tour of the institution revealed several deficiencies within inmate housing areas. Hot water was not consistently available for showering and handwashing. Additionally, several sinks and toilets were not operational.

***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%
<b>Overall Compliance Score 86%</b>				

***Pharmacy Discussion:***

Screen 5: Within the pharmacy area, medications that had expired, been mislabeled or damaged, etc. were separated from regular stock medications. However, the log of weekly inspections of this system was not properly dated, making it impossible to determine compliance.

**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%
<b>Overall Compliance Score 100%</b>					

**Psychiatric Restraint Discussion:**

A review of the psychiatric restraint log indicated there were no episodes requiring two-point or four-point restraints at OKECI during the previous nine months. However, there were four orders for emergency treatment with injectable psychotropic medications which were administered without informed consent from the patient. In these cases, the requirements for this type of invasive treatment are outlined in the Department's Health Services Bulletin (HSB) Psychotropic Medication Use Standards and Informed Consent, (HSB 15.05.19). A review of these records showed that protocols were not followed. The orders were not specified as an emergency treatment order (ETO) and telephone orders were not co-signed the next business day. One order was received from a psychiatrist but co-signed by a non-psychiatric nurse practitioner. One order was written as keep-on-person (KOP) therefore it did not appear on the medication administration record (MAR).

**Self-Injury/Suicide Prevention**

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

**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%
<b>Overall Compliance Score 100%</b>				

**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%
<b>Overall Compliance Score 50%</b>				

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews. Overall, inmates reported that medical services were adequate. However, there were numerous complaints regarding the sick call process. Multiple inmates reported that there are more patients on the call-out than medical can see each day and indicated that this leads to an increase in the refusal rates due to excessive wait times. Several inmates reported difficulty obtaining over-the-counter medications, as well as sick call forms in the dorms from the officers. Inmates also reported that they were prevented from declaring a medical or psychological emergency by security staff. Several inmates reported that they were denied passes to medical by officers and that they sometimes don't go to medical to avoid issues with security. Nearly half of the inmates reported sick call and/or inmate requests that were never responded to. Two inmates that were diabetic reported not receiving insulin timely and that medication administration of insulin does not always coincide with mealtimes. They indicated that sometimes it is given late at night or hours before a meal.

Overall, inmates expressed satisfaction with mental health services. They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment. Inmates that receive dental services were complimentary of the care they received.

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

Five members of the medical team participated in interviews. The majority reported difficulty with consistency in nursing staff. This included frequent turnover, low staffing rates, and use of agency nurses. However, they reported some improvement within the few months prior to the survey. Overall, they indicated they were motivated to provide good clinical services.

Three staff members reported problems with inmates' timely arrival to medical, dental, and mental health appointments. Security count and inability to obtain a security escort have been identified as causes for these delays. Additionally, two staff reported that security and medical personnel do not always follow the same procedure in an emergency and additional training would be beneficial.

Almost all team members interviewed reported a shortage of medical supplies. Additionally, two employees stated they had been restricted from ordering items such as diabetic footwear or dressings for wound care. They denied any ongoing issues with patients receiving the medications they needed.

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

One mental health professional (MHP) was interviewed. The MHP appeared knowledgeable and dedicated to meeting the needs of the inmates on the caseload. The MHP was easily able to describe the suicide and self-harm prevention techniques used and reported sufficient training for employees. The MHP described challenges with patients being brought to medical for appointments. The MHP reported that turnover had been a large obstacle, but they are now fully staffed.

### ***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. Staff was knowledgeable about emergency care procedures and the sick-call process.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

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

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	0
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Physical Health Systems	4
<b>Total Findings</b>	
<b>Total</b>	<b>17</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	1
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	1
Psychological Emergencies	1
Mental Health Inmate Request	1
Special Housing	0
<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	7
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A

<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>12</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 OKECI, the CMA makes the following recommendations:

- Complete a thorough review of systems in place for patients to access care within special housing areas.
- Provide additional education to nursing staff to ensure all elements of the periodic screening encounter are completed.
- Ensure consultation appointments are being scheduled within the timeframes as required and follow-up appointments are being ordered.
- Provide additional education and training to security and healthcare staff for physical and mental health emergencies.
- Ensure the inmate participates in the planning of his treatment and receives the services listed on his ISP.
- Provide outpatient therapeutic groups to meet the needs of the inmate population.