PUTNAM CORRECTIONAL INSTITUTION

CORRECTIONAL MEDICAL AUTHORITY

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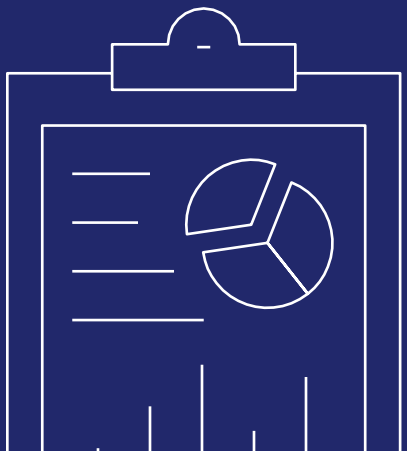

BACKGROUND AND SCOPE

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 the Florida Department of Corrections (FDC) 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

Putnam Correctional Institutional (PUTCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1 and 2, and psychology (S) grades 1 and 2. PUTCI consists of a Main Unit only.[1]

Institutional Potential and Actual Workload

Main Unit Capacity	480	**Current Main Unit Census**	476
Satellite Unit(s) Capacity	N/A	**Current Satellite(s) Census**	N/A
Total Capacity	480	**Total Current Census**	476

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	**1**	**2**	**3**	**4**	**5**	**Impaired**
	236	240	N/A	N/A	N/A	N/A
Mental Health Grade (S-Grade)	**Mental Health Outpatient**			**Mental Health Inpatient**		
	1	**2**	**3**	**4**	**5**	**Impaired**
	236	30	N/A	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

Confinement/ Close Management	**DC**	**AC**	**PM**	**CM3**	**CM2**	**CM1**
	12	10	N/A	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	0
Clinical Associate	N/A	N/A
Registered Nurse	3	0
Licensed Practical Nurse	3	0
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	N/A	N/A

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric Provider	N/A	N/A
Mental Health Clinical Director	N/A	N/A
Psychologist	N/A	N/A
Behavioral Health Specialist	1	0
Aftercare Coordinator	N/A	N/A
Activity Technician	N/A	NA
Mental Health Nurse	N/A	N/A

PUTNAM CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at PUTCI on June 17-18, 2026. 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 PUTCI. 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	**2**	**Mental Health Survey Findings**	3

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	16	14	2	0	88%
2	Annual laboratory work is completed as required	16	16	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	1	100%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	3	3	0	13	100%
5	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
	Overall Compliance Score 98%					

Endocrine Clinic Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	10	10	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	7	7	0	3	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	5	5	0	5	100%
4	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	4	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	5	5	0	5	100%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	0	0	0	10	N/A
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	4	4	0	6	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	3	3	0	7	100%
9	Medications appropriate for the diagnosis are prescribed	10	10	0	0	100%
10	Inmates receive insulin as prescribed	0	0	0	10	N/A
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	10	N/A
	Overall Compliance Score 100%					

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	12	11	1	0	92%
2	Annual laboratory work is completed as required	12	12	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	8	100%
4	Medications appropriate for the diagnosis are prescribed	0	0	0	12	N/A
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	12	9	3	0	75%
6	Abdominal ultrasounds are completed at the required intervals	11	11	0	1	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	12	12	0	0	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	12	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	12	N/A
10	Hepatitis C treatment is started within the appropriate time frame	0	0	0	12	N/A
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	12	N/A
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	12	N/A
	Overall Compliance Score 94%					

General Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Record	YES	NO	N/A	Compliance Percentage
1	Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2	At each clinic visit there will be an evaluation as to the control of the disease and patient status	13	13	0	1	100%
3	Appropriate patient education is provided	14	14	0	0	100%
4	Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	13	12	1	1	92%
5	There is evidence labs are available to the clinician prior to the visit and are reviewed	14	14	0	0	100%
6	There is evidence of pneumococcal vaccination or refusal	8	8	0	6	100%
7	There is evidence of influenza vaccination or refusal	12	12	0	2	100%
	Overall Compliance Score 99%					

Miscellaneous Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	6	6	0	0	100%
2	Medications appropriate for the diagnosis are prescribed	3	3	0	3	100%
3	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	100%
4	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	6	N/A
	Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	6	6	0	0	100%
2	Annual laboratory work is completed as required	6	6	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	5	5	0	1	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	6	N/A
	Overall Compliance Score 100%					

Oncology Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	3	3	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	0	100%
3	Annual laboratory work is completed as required	3	3	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	1	1	0	2	100%
5	Medications appropriate for the diagnosis are prescribed	1	1	0	2	100%
6	Oncological treatments are received as prescribed	3	3	0	0	100%
7	Referrals to a specialist for more in-depth treatment are made as indicated	3	3	0	0	100%
	Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	11	11	0	0	100%
2	A pulse oximetry is recorded at each visit	11	11	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	4	4	0	7	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	11	N/A
	Overall Compliance Score 100%					

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	3	3	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	3	3	0	0	100%
3	There is evidence of initial and ongoing education	3	3	0	0	100%
4	There is evidence of monthly nursing follow-ups	2	2	0	1	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	3	3	0	0	100%
6	AST and ALT tests are repeated as ordered by the clinician	3	3	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	3	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	3	N/A
9	The appropriate medication regimen is prescribed	3	3	0	0	100%
10	Inmates receive medications as prescribed	3	3	0	0	100%
11	Inmates are seen by the clinican at the completion of therapy	2	2	0	1	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	3	N/A
	Overall Compliance Score 100%					

Episodic Care

Emergency Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	5	5	0	13	100%
2	Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	17	16	1	1	94%
3	Vital signs including weight are documented	17	17	0	1	100%
4	There is evidence of appropriate and applicable patient education	16	15	1	2	94%
5	Findings requiring clinician notification are made in accordance with protocols	11	11	0	7	100%
6	Verbal orders received from the clinician are noted and carried out timely	10	9	1	8	90%
7	Follow-up visits are completed in a timely manner	1	0	1	17	0%
8	Provider's orders from the follow-up visit are completed as required	1	1	0	17	100%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	6	6	0	12	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	5	5	0	13	100%
	Overall Compliance Score 88%					

Emergency Services Care Discussion:

Screen 7: In the deficient record, the medical provider indicated that the inmate would be evaluated the following day. However, this appointment was never completed.

Sick Call Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	18	0	0	100%
3	Nursing assessments are completed in their 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	Findings requiring clinician notification are made in accordance with protocols	3	3	0	15	100%
7	Verbal orders received from the clinician are noted and carried out timely	3	3	0	15	100%
8	Follow-up visits are completed in a timely manner	8	8	0	10	100%
9	Clinician orders from the follow-up visit are completed as required	6	6	0	12	100%
	Overall Compliance Score 100%					

Other Medical Records Review

Confinement Medical Review

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Pre-confinement examinations are completed prior to placement in special housing	12	12	0	0	100%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	12	12	0	0	100%
3	All active medications continue as ordered while inmates are held in special housing	3	3	0	9	100%
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	2	2	0	10	100%
5	All medical emergencies are responded to timely and appropriately	1	1	0	11	100%
6	Medical inmate requests are responded to timely and appropriately.	1	1	0	11	100%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	3	3	0	9	100%
	Overall Compliance Score 100%					

Consultations

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	8	8	0	0	100%
2	Referrals are processed in a timely manner	8	8	0	0	100%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	8	8	0	0	100%
4	The provider monitors inmates weekly to determine deterioration or status change	2	2	0	6	100%
5	Consultation reports are reviewed by the clinician in a timely manner	8	8	0	0	100%
6	The consultant's treatment recommendations are incorporated into the treatment plan	8	8	0	0	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	6	6	0	2	100%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	8	N/A
9	There is evidence that the ATPs are implemented	0	0	0	8	N/A
	Overall Compliance Score 100%					

Medical Inmate Grievances

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	6	5	1	0	83%
2	The identified requests are responded to within 15 calendar days from the date of receipt	6	6	0	0	100%
3	Documentation is completed in a SOAP note format	6	6	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	6	6	0	0	100%
	Overall Compliance Score 96%					

Medical Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	17	17	0	0	100%
2	Requests are responded to within the appropriate time frame	17	17	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	17	17	0	0	100%
4	Follow-up to the requests occur as intended	17	17	0	0	100%
	Overall Compliance Score 100%					

Medication And Vaccination Administration

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Inmates receive medications as prescribed	11	11	0	1	100%
2	Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	12	0	0	100%
3	Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	0	0	0	12	N/A
	Overall Compliance Score 100%					

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3	Medications reflect continuity of care.	8	8	0	10	100%
4	The medical record reflects continuity of care for pending consultations	1	1	0	17	100%
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	6	6	0	12	100%
6	Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	1	1	0	17	100%
7	Special passes/therapeutic diets are reviewed and continued	0	0	0	18	N/A
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	18	0	0	100%
	Overall Compliance Score 100%					

Periodic Screenings

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Periodic screening encounters are completed up to 30 days after the due date	14	13	1	0	93%
2	Screenings include documentation of vital signs and appropriate follow-up	14	14	0	0	100%
3	Screenings are completed in their entirety	14	14	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	14	12	2	0	86%
5	Referrals to a clinician occur if indicated	4	4	0	10	100%
6	All applicable health education is provided	14	14	0	0	100%
	Overall Compliance Score 96%					

PREA

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	3	3	0	0	100%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	2	2	0	1	100%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	3	N/A
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	3	N/A
5	Repeat STI testing is completed as required	1	1	0	2	100%
6	Mental health referrals are submitted following the completion of the medical screening	3	3	0	0	100%
7	Inmates are evaluated by mental health by the next working day	3	3	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	3	N/A
	Overall Compliance Score 100%					

Dental Review

Dental Care

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

Dental Systems

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
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 the 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	Necessary equipment is available, adequate, and in working order.	1	0	0	100%
13	The dental clinic is a clean, orderly, adequately lit room with sufficient space for privacy	1	0	0	100%
	Overall Compliance Score 100%				

Mental Health Survey Findings

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	9	9	0	0	100%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	0	0	0	9	N/A
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	9	9	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	9	9	0	0	100%
5	Thorough mental status examinations are completed	9	9	0	0	100%
6	Appropriate interventions are made as indicated by presentation	9	9	0	0	100%
7	Dispositions are clinically appropriate	9	9	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	1	1	0	8	100%
Overall Compliance Score 100%						

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Copies of the inmate request form are present in the electronic health record	11	3	8	0	27%
2	Identified requests are responded to within the appropriate time frame	3	3	0	8	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	3	3	0	8	100%
4	Follow-up to the requests occur as intended	3	3	0	8	100%
5	Consents for treatment are obtained prior to conducting an interview	11	8	3	0	73%
	Overall Compliance Score 80%					

Mental Health Inmate Requests Discussion:

Screen 1: In these records, the hand-written inmate request was not uploaded to the electronic medical record (EMR). The log provided by the institution lists whether it was an inmate request or staff referral, when it was received and answered, and when it was returned to the inmate. Without the request written by the inmate, it was impossible for surveyors to determine if the issues were addressed. However, all inmates were subsequently seen by the mental health professional.

Screen 5: In two records, the consent expired and new one was not completed. In the remaining record, there was no indication that consent for treatment was obtained.

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Psychological emergencies are responded to timely and appropriately	0	0	0	5	N/A
2	Mental status exams (MSE) are completed in the required time frame	5	5	0	0	100%
3	Follow-up mental status exams are completed in the required time frame	0	0	0	5	N/A
4	MSEs are sufficient to identify any problems in adjustment	5	5	0	0	100%
5	Mental health staff responds to identified problems in adjustment	0	0	0	5	N/A
6	Mental health inmate requests are responded to timely and appropriately	2	2	0	3	100%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	3	3	0	2	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	5	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	5	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	5	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	5	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	5	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	5	N/A
	Overall Compliance Score	**100%**				

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	12	11	1	0	92%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	8	8	0	4	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	9	9	0	3	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	8	8	0	4	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	1	1	0	11	100%
6	BPSAs are present in the records	12	12	0	0	100%
7	ISPs are individualized and addresses all required components	12	12	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	12	12	0	0	100%
9	ISP goals specify target behaviors and measurement criteria	12	12	0	0	100%

	SCREEN QUESTION	COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	12	12	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	12	12	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	12	12	0	0	100%
13	Qualifying events are addressed on the ISP	3	3	0	9	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	12	N/A
15	Case management is provided at least every 60 days for inmates without psychotic disorders	12	12	0	0	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	12	12	0	0	100%
17	Frequency of clinical contacts is sufficient	12	12	0	0	100%
Overall Compliance Score 99%						

Institutional Systems Tour

Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
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%
	Overall Compliance Score 100%				

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/ hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	0	1	0	0%
7	First-aid kits are present in housing units	1	0	0	100%
	Overall Compliance Score 86%				

Medical Area Discussion:

Screen 6: In the dorms that were observed, copies of the procedures for accessing medical and dental services were not posted as required.

Pharmacy

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	All narcotics are securely stored and a count is conducted every shift	0	0	1	N/A
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%
	Overall Compliance Score 100%				

Psychiatric Restraint

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

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE 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%
	Overall Compliance Score 100%				

Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	1	0	0	100%
2	Annual training for psychiatric restaint use provided to staff	1	0	0	100%
	Overall Compliance Score 100%				

Interview Summaries

INMATE INTERVIEWS

Eight inmates agreed to participate in interviews. Overall, inmates were complimentary of the medical care at PUTCI. Several inmates indicated that they occasionally had difficulty obtaining a sick call form. However, they all agreed that once they submit a request, they are seen timely for their presenting need.

All inmates endorsed occasional issues obtaining medications, either from the pill line, through the keep-on-person refill process, and most often over-the-counter medications in the dorms. Two inmates reported that they have been denied access to emergency services in the past due to lack of response from security staff or fear that if the officer did not deem the issue emergent, they could “lock you up for lying”. All but two inmates denied unmet medical needs.

Inmates on the mental health caseload described their treatment as helpful. They were complementary of the mental health practitioner and indicated they were involved in treatment planning.

Inmates receiving dental services were generally satisfied with the care they received.

MEDICAL STAFF INTERVIEWS

Four medical staff participated in interviews. Interviewees were familiar with the policies and procedures relating to the accessing of routine and emergency medical services. Several staff members indicated that they sometimes work alone, which can be challenging due to the variety of needs for routine and emergency medical care. Several stated that having a provider onsite only one day a week was insufficient to keep up with regularly scheduled appointments. All staff members indicated that cooperation between medical and security staff enabled the medical unit to function efficiently.

MENTAL HEALTH STAFF INTERVIEWS

Mental health services are provided by one team member. The mental health professional demonstrated familiarity with policies and procedures related to the accessing of mental health services and appeared dedicated to meeting the needs of the inmates on the caseload.

SECURITY STAFF INTERVIEWS

Four correctional officers participated in interviews. Officers were easily able to articulate policies and procedures related to accessing health care. Several officers suggested that having medical staff onsite around the clock would be beneficial in expediting urgent and emergent care for the inmates.

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	1
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	1
Outpatient Infirmary Care	N/A
Inpatient Infirmary Care	N/A
Sick Call	0
Other Medical Records Review	
Assessment Area	**Total Number Finding**
Confinement Medical Review	0
Consultations	0
Medical Inmate Grievance	0
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	0
PREA Medical Review	0

Dental Review	
Assessment Area	**Total Number Finding**
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	**Total Number Finding**
Physical Health Systems	1
Total Findings	
Total	**3**

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	**Total Number Finding**
Self-Injury and Suicide Prevention	N/A
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	**Total Number Finding**
Use of Force	N/A
Psychological Emergencies	0
Mental Health Inmate Grievance	N/A
Mental Health Inmate Request	2
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	0
Outpatient Psychotropic Medications	N/A
Aftercare Planning	N/A

Institutional Tour	
Assessment Area	**Total Number Finding**
Mental Health Systems	0
Total Findings	
Total	**2**

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 PUTCI, the CMA makes the following recommendations:

- Review the process for submission, tracking, documentation, and response to mental health inmate requests to ensure compliance with Departmental procedures.
- Replace signage within inmate living areas that provides instructions for obtaining medical care to include daily sick-call requests both verbal and written.
- Ensure inmates receive vaccinations in a timely manner.