

RECEPTION AND MEDICAL CENTER – MAIN UNIT



October 22-24, 2024

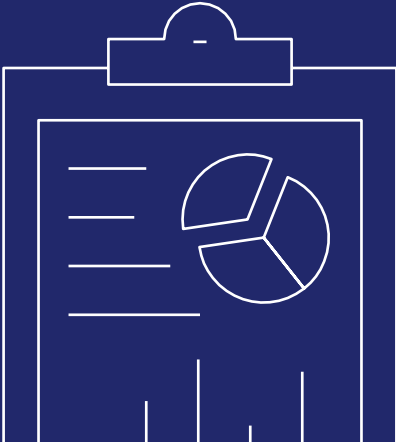
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Reception and Medical Center-Main Unit (RMC-Main) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5 and psychology (S) grades 1, 2, 3, 4, and 5. RMC consists of a Main Unit, West Unit, and Work Camp. Reception services are provided at RMC Main Unit.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1506	Current Main Unit Census	1505
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	70
Total Capacity	1938	Total Current Census	1575

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	489	673	171	4	85	211	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1137	111	258	11	1	N/A	54

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	54	140	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	12.2	5.4
Clinical Associate	7.0	0
Registered Nurse	54.4	11.5
Licensed Practical Nurse	39.7	17.8
DON/Nurse Manager	5.0	0
Dentist	3.0	1.75
Dental Assistant	8.0	2.0
Dental Hygienist	1.0	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1.0	1.0
Psychiatric APRN/PA	3.0	1.4
Psychological Services Director	1.0	1.0
Psychologist	2.0	0
Mental Health Professional	11.0	3.0
Aftercare Coordinator	1.0	0
Activity Technician	3.0	0
Mental Health RN	5.2	0.6
Mental Health LPN	0	0

RECEPTION AND MEDICAL CENTER – MAIN UNIT SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at RMC-Main on October 22-24, 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 RMC-Main. 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	15	Mental Health Survey Findings	12

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	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	3	3	0	15	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	12	12	0	6	100%
7	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	16	100%
Overall Compliance Score 100%						

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	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	16	2	0	89%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	16	2	0	89%
4 Annual laboratory work is completed as required	18	16	2	0	89%
5 Abnormal labs are reviewed and addressed in a timely manner	16	15	1	2	94%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	10	2	6	83%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	4	3	1	14	75%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	8	8	0	10	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	10	10	0	8	100%
10 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
11 Patients are receiving insulin as prescribed	10	10	0	8	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
Overall Compliance Score 93%					

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	17	16	1	0	94%
4	Annual laboratory work is completed as required	16	16	0	1	100%
5	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	13	100%
6	Medications appropriate for the diagnosis are prescribed	13	13	0	4	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	17	16	1	0	94%
8	Abdominal ultrasounds are completed at the required intervals	17	17	0	0	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	16	16	0	1	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	17	N/A
12	Hepatitis C treatment is started within the appropriate time frame	1	1	0	16	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	17	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	16	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	1	1	0	16	100%
Overall Compliance Score 99%						

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	14	13	1	0	93%
2 Appropriate patient education is provided	14	14	0	0	100%
3 The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	8	6	0	57%
4 There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	14	14	0	0	100%
Overall Compliance Score 88%					

General Chronic Illness Clinic Discussion:

Screen 3: Department policy requires that inmates assigned a medical grade of 3 (M-3) be seen in their assigned chronic illness clinics at intervals no greater than 90 days. In four records, M-3 inmates were seen at 180-day intervals. In the remaining two records, M-3 inmates were not seen for almost one year.

Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	14	14	0	0	100%
2	There is evidence of an appropriate physical examination.	14	14	0	0	100%
3	Did the on-site medical provider review the DOH documentation?	14	14	0	0	100%
4	Were appropriate laboratory and imaging requirements completed as recommended by the DOH medical provider?	14	14	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	1	1	0	13	100%
6	Is the inmate receiving HIV medications as prescribed?	14	14	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	7	7	0	7	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	13	100%
Overall Compliance Score 100%						

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	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	16	16	0	0	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	10	10	0	6	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	10	10	0	6	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the neurology clinic	14	14	0	0	100%
2	There is evidence of an appropriate physical examination	14	13	1	0	93%
3	Annual laboratory work is completed as required	14	14	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	14	N/A
5	At each visit there is an evaluation of the control of the disease and the status of the patient	14	13	1	0	93%
6	Medications appropriate for the diagnosis are prescribed	8	8	0	6	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	4	4	0	10	N/A
Overall Compliance Score 97%						

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	17	17	0	0	100%
2 There is evidence of an appropriate physical examination	17	17	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	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	6	6	0	11	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	17	17	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	10	10	0	7	100%
8 Oncological treatments are received as prescribed	10	10	0	7	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	12	12	0	5	100%
Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the respiratory clinic	17	17	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	3	3	0	14	100%
3 Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
4 A peak flow reading is recorded at each visit	17	15	2	0	88%
5 There is evidence of an appropriate physical examination	17	17	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
Overall Compliance Score 98%					

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	6	6	0	0	100%
2 There is evidence a chest X-ray (CXR) was completed	6	6	0	0	100%
3 There is evidence of initial and ongoing education	6	6	0	0	100%
4 There is evidence of monthly nursing follow-up	6	6	0	0	100%
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	6	6	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	6	6	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	2	1	1	4	50%
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	5	100%
9 The appropriate medication regimen is prescribed	6	6	0	0	100%
10 The inmate receives TB medications as prescribed	6	6	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	4	4	0	2	100%
12 Documentation of the CIC visit includes an appropriate physical examination	6	6	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	6	N/A
Overall Compliance Score 96%					

Tuberculosis Chronic Illness Clinic Discussion:

Screen 7: In this record, there was no evidence of laboratory testing since July 2024 for an inmate diagnosed with HIV.

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	12	12	0	6	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	14	4	0	78%
3 Vital signs including weight are documented	18	16	2	0	89%
4 There is evidence of appropriate and applicable patient education	18	15	3	0	83%
5 Findings requiring clinician notification are made in accordance with protocols	18	18	0	0	100%
6 Follow-up visits are completed timely	16	14	2	2	88%
7 Clinician's orders from the follow-up visit are completed as required	17	16	1	1	94%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	5	5	0	13	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	4	4	0	14	100%
Overall Compliance Score 92%					

Emergency Services Discussion:

Screen 2: In four records, the assessment was incomplete.

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	14	11	3	0	79%
2 All orders are received and implemented	14	12	2	0	86%
3 A thorough nursing assessment is completed within two hours of admission	14	11	3	0	79%
4 A Morse Fall Scale is completed at the required intervals	14	12	2	0	86%
5 Nursing assessments are completed at the required intervals	14	14	0	0	100%
6 Clinician rounds are completed and documented as required	14	10	4	0	71%
7 Weekend and holiday clinician phone rounds are completed and documented as required	2	2	0	12	100%
8 A discharge note containing all of the required information is completed as required	11	11	0	3	100%
9 A discharge summary is completed by the clinician within 72 hours of discharge	11	11	0	3	100%
Overall Compliance Score 89%					

Inpatient Infirmary Care Discussion:

Screen 1: In three records, inmates were admitted to the infirmary under the status of a chronic long-term care admission, although they were each receiving short-term treatment for an acute medical condition.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2 The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	18	0	0	100%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Referrals to a higher level of care are made in accordance with protocols	12	12	0	6	100%
7 Follow-up visits are completed in a timely manner	10	9	1	8	90%
8 Clinician orders from the follow-up visit are completed as required	8	8	0	10	100%
Overall Compliance Score 99%					

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	11	11	0	7	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	16	16	0	2	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	12	11	1	6	92%
4	All emergencies are responded to within the required time frame	5	5	0	13	100%
5	The response to the emergency is appropriate	5	5	0	13	100%
6	All sick call appointments are triaged and responded to within the required time frame	7	7	0	11	100%
7	New or pending consultations progress as clinically required	15	14	1	3	93%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	8	8	0	10	100%
Overall Compliance Score 98%						

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	17	17	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	17	17	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	17	12	5	0	71%
4 The consultation report is reviewed by the clinician in a timely manner	15	15	0	2	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	13	13	0	4	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	12	0	5	100%
7 The diagnosis is recorded on the problem list	17	17	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	17	N/A
9 There is evidence that the ATP is implemented	0	0	0	17	N/A
Overall Compliance Score 96%					

Consultations Discussion:

Screen 3: Department policy requires that urgent consultations be completed within 14 business days. In the first record, an urgent request for a CT guided lung biopsy to rule out a malignancy was not completed for six weeks. In the second record, an urgent urology appointment was not completed for more than five weeks. In the third record, an urgent consultation with the vascular surgeon was not completed for almost six weeks. In the fourth record, the general surgery appointment was not completed for more than one month. In the fifth record, the inmate was to be evaluated by the vascular surgeon on 10/16/24. However, wheelchair transport was not available on the appointment day. This appointment has been rescheduled for 12/4/24.

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	9	9	0	9	100%
Overall Compliance Score 100%					

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	12	0	0	100%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	3	3	0	9	100%
4 There is evidence of pneumococcal vaccination or refusal	12	12	0	0	100%
5 There is evidence of influenza vaccination or refusal	12	12	0	0	100%
Overall Compliance Score 100%					

Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3 The inmate's medications reflect continuity of care	13	13	0	5	100%
4 The medical record reflects continuity of care for inmate's pending consultations	6	6	0	12	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	12	11	1	6	92%
6 Special passes/therapeutic diets are reviewed and continued	5	5	0	13	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	15	3	0	83%
Overall Compliance Score 96%					

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	17	11	6	0	65%
2	All components of the screening are completed and documented as required	17	12	5	0	71%
3	All diagnostic tests are completed prior to the periodic screening encounter	17	9	8	0	53%
4	Referral to a clinician occurs if indicated	2	2	0	15	100%
5	All applicable health education is provided	17	16	1	0	94%
Overall Compliance Score 76%						

Periodic Screenings Discussion:

Screen 2: In three records, there was no evidence that lab results were given to patients. In one record, it was noted lab results were given but there were no lab results found in the EMR. In the last record, there was no confirmation of a current tuberculosis skin test.

Screen 3: In two records, a urinalysis was not completed. In two records, there was no annual low-dose CT. In two records, there was no CBC, urinalysis, or fasting plasma glucose found. In one record, it was documented that the patient refused lab testing, but a signed refusal was not found. In the last record, no labs were completed for the periodic screening.

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	7	7	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	7	N/A
3	There is documentation that the alleged victim was provided education on STIs	3	3	0	4	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	2	1	1	5	50%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	7	N/A
6	Repeat STI testing is completed as required	1	1	0	6	100%
7	A mental health referral is submitted following the completion of the medical screening	7	7	0	0	100%
8	The inmate is evaluated by mental health by the next working day	7	5	2	0	71%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	7	N/A
Overall Compliance Score 87%						

PREA Discussion:

Screen 8: In two records, the required evaluations were not offered within one business day.

Reception Record Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The record contains a DC4-711C Authorization for Health Evaluation and Treatment that was signed by the patient and witnessed by medical personnel prior to treatment.	18	18	0	0	100%
2	There is evidence a complete set of vital signs were taken at the initial reception screening.	18	18	0	0	100%
3	An orientation to health services is provided within 7 days of arrival by appropriate staff.	18	18	0	0	100%
4	Testing for HIV infection is offered and education is provided.	17	17	0	1	100%
5	Within 7 days of arrival, newly committed inmates receive required laboratory testing.	18	17	1	0	94%
6	Within 7 days of arrival, newly committed inmates receive a dental intake exam by a licensed dentist.	18	15	3	0	83%
7	All needed immunizations are provided.	18	18	0	0	100%
8	Within 8 hours of arrival a socio/medical history is documented.	18	18	0	0	100%
9	A complete health appraisal by a clinical associate/advanced registered nurse practitioner or a physician is done within 14 days of arrival.	18	18	0	0	100%
10	Labs are reviewed, initialed, and date stamped.	18	18	0	0	100%
11	If a chronic condition is identified, the inmate is enrolled in the appropriate chronic illness clinic.	13	13	0	5	100%
12	If a chronic condition is identified, a problem list is started and the condition is properly identified on the problem list.	13	13	0	5	100%
13	If a chronic condition is identified, the practitioner provides additional care as needed.	13	13	0	5	100%
14	For females, required diagnostics are completed.	0	0	0	18	N/A
Overall Compliance Score 92%						

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	Allergies are documented in the EMR	18	18	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3	Dental appointments are completed in a timely manner	14	14	0	4	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	18	18	0	0	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	16	16	0	2	100%
6	The treatment plan is appropriate for the diagnosis	17	17	0	1	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	18	16	2	0	89%
9	Sick call appointments are completed timely	12	12	0	6	100%
10	Follow-up appointments for sick call or other routine care are completed timely	4	4	0	14	100%
11	Consultations or specialty services are completed timely	6	6	0	12	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	6	6	0	12	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	16	16	0	2	100%
14	The use of dental materials including anesthetic agent are accurately documented	17	17	0	1	100%
15	Applicable patient education for dental services is provided	16	16	0	2	100%

Overall Compliance Score 99%

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%
Overall Compliance Score 100%					

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	16	16	0	0	100%
2	The nursing evaluation is completed within 2 hours of admission	15	14	1	1	93%
3	Guidelines for SHOS management are observed	6	5	1	10	83%
4	The inmate is observed at the frequency ordered by the clinician	15	12	3	1	80%
5	Nursing evaluations are completed once per shift	13	13	0	3	100%
6	There is evidence of daily rounds by the attending clinician	13	13	0	3	100%
7	There is evidence of daily counseling provided by mental health staff	13	11	2	3	85%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	14	14	0	2	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	14	14	0	2	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	11	9	2	5	82%
Overall Compliance Score 92%						

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	15	14	1	1	93%
2	The emergency is responded to within one hour	14	14	0	2	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	15	12	3	1	80%
4	Documentation indicates the clinician fully assessed suicide risk	15	14	1	1	93%
5	A thorough mental status examination is completed	15	14	1	1	93%
6	Appropriate interventions are made	15	13	2	1	87%
7	The disposition is clinically appropriate	15	13	2	1	87%
8	There is appropriate follow-up as indicated in response to the emergency	11	9	2	5	82%
Overall Compliance Score 89%						

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	16	16	0	0	100%
2 The request is responded to within the appropriate time frame	16	13	3	0	81%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	16	10	6	0	63%
4 The follow-up to the request occurs as intended	14	6	8	2	43%
5 Consent for treatment is obtained prior to conducting an interview	12	11	1	4	92%
Overall Compliance Score 76%					

Mental Health Inmate Requests Discussion:

Screen 3: In six records, responses to inmates requesting psychotropic medications and mental health services were not appropriate.

- In the first record, the inmate indicated that mental health had ignored multiple requests to be restarted on psychiatric medications. In the most recent request, the inmate reported a history of suicide attempts and requested medications for anxiety and depression, stating “It is an emergency. I am losing control.” The response was “per review of your mental health records, you have refused your last two scheduled MH appointments. Please cooperate with your MH provider before referral to psychiatry”. Surveyors noted there was an apparent lack of consideration for a psychiatric referral as well as a lack of urgency considering the nature of the request.
- In the second record, the inmate arrived at RMC in May and submitted multiple requests to be placed on previously prescribed antipsychotic medications. At the time, he endorsed auditory hallucinations and anxiety. When the inmate was seen in July by the mental health professional (MHP), medications were discussed. The inmate was encouraged to use coping skills and relaxation techniques and a referral was not made to psychiatry. The inmate was next seen in September for follow-up after a psychological emergency. The MHP noted “a referral to psychiatry will be made to evaluate if the patient should resume medications.” By the time of the survey in mid-October, there had not yet been a consultation with the psychiatric provider.
- In the third and fourth records, the inmate reported auditory hallucinations. Both requested to be restarted on antipsychotic medications; however, there was no indication a response was provided. Three weeks later both were transferred to other institutions, without a completed or pending psychiatry consult.
- The fifth record contained two inmate requests, both pertaining to psychotropic medications. In the first request the inmate stated he had been at RMC for two weeks and had not gotten his prescribed medications. The response was “you should have been called out for KOP.” The response to the second request was “you have an appointment coming up with your psychiatric provider.” Since the inmate was prescribed KOP medications but did not have a supply, the request should have been forwarded to nursing to reconcile the medications. Additionally, the inmate could have been instructed to go to the pill line until the refills were available, or until the appointment with psychiatry if new orders were needed.

- In the last record, the inmate requested to start counseling services and he was seen briefly by an MHP. The disposition was “Patient is S-1...is aware of how to access mental health services” and that no follow-up was indicated. Documentation did not address the inmate’s stated desire to initiate therapy and did not provide a clinical rationale for not providing this service.

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	11	9	2	5	82%
2	Psychotropic medications continue as ordered while inmates are held in special housing	11	3	8	5	27%
3	A mental status examination (MSE) is completed in the required time frame	15	15	0	1	100%
4	Follow-up MSEs are completed in the required time frame	13	12	1	3	92%
5	MSEs are sufficient to identify problems in adjustment	8	8	0	8	100%
6	Mental health staff responds to identified problems in adjustment	2	2	0	14	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	14	12	2	2	86%
8	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	16	N/A
9	The BRA is accurate and signed by all members of the treatment team	0	0	0	16	N/A
10	The ISP is updated within 14 days of CM placement	0	0	0	16	N/A
11	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	16	N/A
12	Mental health staff complete the CM referral assessment within five working days	0	0	0	16	N/A
Overall Compliance Score 84%						

Special Housing Discussion:

Screen 2: In four records, the Pre-Special Housing Health Appraisal did not address the fact the inmates were prescribed psychotropic medications. In two records, the pre-confinement health appraisals were not located in the medical record, making it difficult to determine if nursing staff reconciled the inmates’ medications. In the next record, the inmate arrived at confinement in the early afternoon. His nighttime medications were marked “not given” in the MAR hours before they were due. In the remaining record, the inmate was transferred from SHOS at the infirmary to the special housing unit. Multiple doses of medical and psychotropic medications were not given to the inmate, without clinical justification or evidence of refusal.

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	12	12	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	12	10	2	0	83%
3	There is evidence physical health staff completed a referral to mental health staff	12	10	2	0	83%
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	11	9	2	1	82%
5	Recent changes in the inmate's condition are addressed	5	4	1	7	80%
6	There is evidence of appropriate follow-up care for identified mental health problems	5	5	0	7	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A
Overall Compliance Score 88%						

Inpatient Mental Health Services

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Court Order or Informed Consent are present in the record	7	7	0	0	100%
2	Admissions documentation is provided within four hours of admission	6	6	0	1	100%
3	Vital signs are obtained within one hour of admission	6	6	0	1	100%
4	Nursing assessment is completed within four hours of admission	6	6	0	1	100%
5	For new admissions, vital signs are taken daily for 2 days	7	3	4	0	43%
6	Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	7	7	0	0	100%
7	The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	7	7	0	0	100%
8	The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	6	6	0	1	100%
9	Follow-up risk assessments occur at least every 90 days	4	4	0	3	100%
10	There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	7	7	0	0	100%
11	An individualized service plan (ISP) is initiated within the appropriate time frame	7	7	0	0	100%

	SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
			YES	NO	N/A	
12	The ISP is reviewed at the required intervals	7	7	0	0	100%
13	Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	7	7	0	0	100%
14	The ISP is signed by the patient	7	6	1	0	86%
15	Patient progress is noted and updated on the ISP	7	7	0	0	100%
16	The patient is receiving the services listed on the ISP	7	7	0	0	100%
17	The MDST meets to address initial placement in the Inpatient Unit	6	6	0	1	100%
18	The MDST meets no later than 3 business days in response to a precipitating event	2	2	0	5	100%
19	The patient attends MDST meetings or there is evidence of refusal	7	7	0	0	100%
20	The MDST meets and reviews Behavioral Levels	7	7	0	0	100%
21	The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	7	6	1	0	86%
22	Inpatient mental health daily nursing evaluation is completed as required.	7	7	0	0	100%
23	Vital signs are recorded by nursing staff at required intervals	7	4	3	0	57%
24	Weight is recorded by nursing staff at required intervals	7	7	0	0	100%
25	For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	0	0	0	7	N/A
Overall Compliance Score 94%						

Inpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The psychiatric evaluation is present in the record and conducted within 3 days of admission	1	1	0	8	100%
2 An admission note by the attending clinician is completed within 24 hours of admission	8	8	0	1	100%
3 Appropriate initial laboratory tests are ordered	0	0	0	9	N/A
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	8	8	0	1	100%
5 Appropriate follow-up laboratory studies are ordered and conducted as required	7	7	0	2	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	9	8	1	0	89%
7 Drug Exception Requests (DER) are clinically appropriate	1	1	0	8	100%
8 The inmate receives medication(s) as prescribed	9	9	0	0	100%
9 The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	1	1	0	8	100%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	0	0	0	9	N/A
11 Prescribed medication administration times are appropriate	9	9	0	0	100%
12 Informed consent forms are signed for each medication prescribed	9	9	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
13 A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	9	9	0	0	100%
14 Follow-up sessions are conducted at the appropriate intervals	9	9	0	0	100%
15 Documentation of psychiatric encounters is complete and accurate	9	8	1	0	89%
16 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	3	3	0	6	100%
17 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	0	0	0	9	N/A
18 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	0	0	0	9	N/A
19 For each administration of the medication, an additional ETO is written	0	0	0	9	N/A
20 The ETO is administered in the least restrictive manner	0	0	0	9	N/A
21 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	9	N/A
Overall Compliance Score 98%					

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	16	13	3	0	81%
2	The inmate is interviewed by mental health staff within 14 days of arrival	16	14	2	0	88%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	16	16	0	0	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	16	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	16	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	16	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	16	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	16	N/A
9	The Bio-psychosocial (BPSA) is present in the record	16	14	2	0	88%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	3	3	0	13	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	4	2	2	12	50%
12	The ISP is individualized and addresses all required components	16	14	2	0	88%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	14	14	0	2	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	14	14	0	2	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	14	14	0	2	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
16	The ISP is signed by the inmate and all members of the treatment team	13	11	2	3	85%
17	The ISP is reviewed and revised at least every 180 days	4	2	2	12	50%
18	Identified problems are recorded on the problem list	16	16	0	0	100%
19	The diagnosis is clinically appropriate	16	16	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	11	10	1	5	91%
21	Counseling is offered at least once every 60 days	4	4	0	12	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	4	4	0	12	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	4	4	0	12	100%
24	Progress notes are of sufficient detail to follow the course of treatment	15	15	0	1	100%
25	The frequency of clinical contacts is sufficient	15	15	0	1	100%
Overall Compliance Score 91%						

Outpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	3	3	0	15	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	1	1	0	17	100%
3	Appropriate initial laboratory tests are ordered.	7	7	0	11	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	2	2	0	16	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	10	10	0	8	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	16	16	0	2	100%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8	The inmate receives medication(s) as prescribed	16	10	6	2	63%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	1	1	0	17	100%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	1	1	0	17	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	15	15	0	3	100%
12 Informed consents are signed for each medication prescribed	15	15	0	3	100%
13 Follow-up sessions are conducted at appropriate intervals	18	17	1	0	94%
14 Documentation of psychiatric encounters is complete and accurate	16	15	1	2	94%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	6	6	0	12	100%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	1	0	1	17	0%
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	1	1	0	17	100%
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	1	0	1	17	0%
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	1	1	0	17	100%
Overall Compliance Score 86%					

Outpatient Psychotropic Medication Practices Discussion:

Screen 8: In the first record, the psychiatric provider saw the patient on 7/1/24 and documented that the inmate was stable on Zoloft. The follow-up psychiatric encounter was completed on 9/20/24 and documentation indicated that the inmate was not prescribed psychotropic medications. Case management and counseling appointments were completed with the mental health professional on 10/14/24. Documentation from that encounter reported compliance with Zoloft. Due to the conflicting information and there being no evidence of refusal on file for this medication, it was impossible to determine if the inmate was receiving the antidepressant as intended. In the second record, the prescription for the antipsychotic medication lapsed in mid-June of 2024. There was no documentation in the MAR to support that the inmate received his medication for the second half of June or any of July 2024. In the remaining four records, the inmate was prescribed KOP psychotropic medication(s). CMA surveyors were unable to find documentation within the MAR that these meds were dispensed or refilled. Institutional staff provided pharmacy slips that contained the signature of the inmate picking up KOP medications. However, since the receipts did not contain the names of the medication, they were unable to verify compliance.

Screens 16 & 19: The two findings were the result of one emergency treatment order (ETO) that took place in May 2024. Documentation indicated the inmate was attempting to declare a medical emergency due to the belief that security was poisoning his food. At the time, he was housed in an isolation management room on SHOS status. Nursing documentation indicated the inmate “beat on the door and yelled for 1+ hour. Security requesting ETO.” Alternately, security documentation on the observation checklist, noted that during the same timeframe, the inmate was talking to staff and standing still. There was no mention of yelling/screaming or beating on the door/wall within the security staff observations. None of the documentation suggested that the

inmate was an imminent danger to himself or others. Additionally, there was no indication that less invasive interventions failed or would have failed, such as the same medications offered by mouth, which would have allowed the inmate to give consent. Reportedly the inmate was cooperative with receiving the injection and did not require a use of force by staff. Giving a psychotropic medication without consent of the patient should be reserved for emergency situations when other methods of de-escalation have been exhausted. Lastly, this one-time dose was not documented on the medication administration record as required.

Aftercare Planning

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	5	4	1	2	80%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	5	5	0	2	100%
3 Appropriate patient care summaries are completed within 30 days of EOS	5	3	2	2	60%
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	6	100%
Overall Compliance Score 85%					

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%
Overall Compliance Score 100%					

Infirmary

SCREEN QUESTION	COMPLIANCE SCORE			
	YES	NO	N/A	Compliance Percentage
1 The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2 Handwashing facilities are available	1	0	0	100%
3 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%
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	0	1	0	0%
3 Hot and cold water are available for showering and handwashing	1	0	0	100%
4 Over-the-counter medications are available and logged	1	0	0	100%
5 Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6 First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 83%				

Inmate Housing Areas Discussion:

There were several sinks in K dorm and I dorms that did not have hot water. The toilet in I-9 cell was leaking and there was no water in K-2107.

Pharmacy

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	0	1	0	0%
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 86%					

Pharmacy Discussion:

An expired medication (Morphine IR 15mg) was found in the Urgent Care nurse’s station. The medication had expired in September 2024.

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%
Overall Compliance Score 100%					

Self-Injury/Suicide Prevention

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

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%
Overall Compliance Score 100%					

Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Adequate space is available for the mental health department	1	0	0	100%
2	The inpatient unit environment is safe and conducive to providing mental health care	1	0	0	100%
3	Outpatient group therapy is offered	0	1	0	0%
Overall Compliance Score 67%					

Additional Mental Health Administrative Issues

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The system for processing inmate requests was inadequate	0	1	0	0%
Overall Compliance Score 0%				

Additional Mental Health Administrative Issues Discussion:

Screen 1: The system for receiving and responding to mental health inmate requests was inadequate. Mental health sick-call slips, and inmate requests deposited to the locked box were not received by nursing and triaged daily and/or were not forwarded to mental health staff the next working day. Multiple personnel including clerks, MHPs, nursing and administrative staff provided conflicting information regarding this process and there did not appear to be a clear system to return the responses to the inmate. Lag time was noted between when the inmate wrote the request and when it was stamped received. Additionally, the dates of responses were often missing or were after the need had been addressed.

Interview Summaries

INMATE INTERVIEWS

Seventeen inmates agreed to participate in interviews. Overall, inmates reported that medical services were adequate. However, several acknowledged that they would like to receive more information about their diagnosis, test results, and treatment plan. Inmates seemed knowledgeable regarding how to access services and reported an immediate response to emergencies. All inmates interviewed reported the ability to get their medications, both prescribed and over-the-counter in a timely manner. Applicable interviewees were complimentary of the dental team and were satisfied with dental care.

Inmates on the mental health caseload endorsed helpfulness of their treatment team. They felt that psychotropic medications prescribed were useful for their mental health and that the majority of staff were professional in their interaction with them.

MEDICAL STAFF INTERVIEWS

Seven members of the medical team participated in interviews with CMA staff. All interviewees appeared knowledgeable about procedures related to accessing health services. Several of the interview participants identified staff shortages as a challenge. When asked about the treatment provided, staff were positive and stated they worked together to provide good care. They indicated they felt cross-training would be beneficial. They also stated that updated or better equipment would be helpful in providing care to their patients.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health team agreed to participate in interviews, including inpatient and outpatient staff. They were easily able to describe access to care processes, as well as suicide and self-harm prevention techniques and aftercare planning. Staff described a good working relationship with security. Staff reported adequate training and resources. However, they suggested additional training would be beneficial regarding the criteria for admission to inpatient status and/or SHOS as there is frustration having inmates in the inpatient unit that do not meet criteria.

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. Officers correctly verbalized procedures that pertain to inmates being placed in confinement. They described a good working relationship with medical and mental health staff, both outpatient and within the inpatient mental health facility.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	2
Total Findings	
Total	15

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	0
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	2
Special Housing	1
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	2
Inpatient Psychotropic Medications	0
Outpatient Mental Health Services	2
Outpatient Psychotropic Medications	3
Aftercare Planning	1

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	2
Total Findings	
Total	12

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 RMC-Main the CMA makes the following recommendations:

- Ensure consultation appointments are being scheduled within the timeframes as required.
- Ensure laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Establish timeliness in receipt, response, and resulting interview for inmate mental health/sick call requests.
- Provide therapeutic groups for inmates on the outpatient mental health caseload.
- Develop a system to ensure that inmates continue to receive ongoing mental health services including medication while held in special housing.