

---

# SOUTH FLORIDA RECEPTION CENTER – SOUTH UNIT

---



October 21-23, 2025

Report Distributed: December 8, 2025  
Corrective Action Plan Due: January 7, 2026

## CMA STAFF

J. Wanda Castro, RN

Christine Swift, LCSW

## CLINICAL SURVEYORS

Duane Herring, MD

Dennis Connaughton, DMD

Michael Jochananov, PhD

Betty Meier, APRN

Joanne Pintacuda, APRN

Sue Porterfield, APRN

Heather Warren, APRN

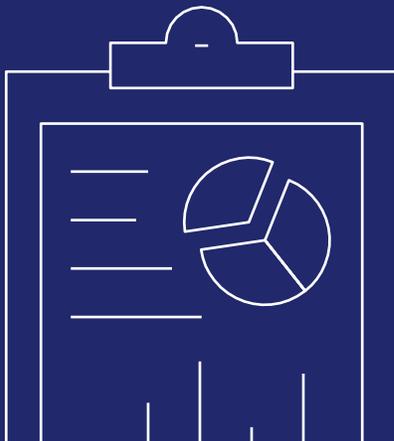
Suzanne Brown, RN

Aimee Castro, RN

Dynitia Brimm, LCSW

Jane Wynn, LCSW

Mandy Petroski-Moore, LCSW



## BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

## METHODOLOGY

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

This process consists of:

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

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

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

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

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

South Florida Reception Center – South Unit (SFRC-South) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. SFRC consists of a Main Unit and South Unit.<sup>1</sup>

### Institutional Potential and Actual Workload

<b>South Unit Capacity</b>	740	<b>South Unit Census</b>	545
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	740	<b>Total Current Census</b>	545

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	255	250	45	N/A	N/A	22	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	437	48	65	N/A	N/A	N/A	0

### Inmates Assigned to Special Housing Status

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

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

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0	N/A
Clinical Associate	1	0
Registered Nurse	4.2	0.2
Licensed Practical Nurse	4.2	0.2
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	0	N/A

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	N/A
Psychiatric APRN/PA	Main Unit	N/A
Psychological Services Director	Main Unit	N/A
Psychologist	Main Unit	N/A
Mental Health Professional	1	0
Aftercare Coordinator	0	N/A
Activity Technician	0	N/A
Mental Health Nurse	1	0

## SOUTH FLORIDA RECEPTION CENTER - SOUTH

The CMA conducted a thorough review of the medical, mental health, and dental systems at SFRC-South on October 21-23, 2025. 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 SFRC-South. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

<b>Survey Findings Summary</b>			
<b>Physical Health Survey Findings</b>	<b>3</b>	<b>Mental Health Survey Findings</b>	<b>8</b>

# 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 There is evidence of appropriate physical examinations	18	17	1	0	94%
2 Annual laboratory work is completed as required	18	18	0	0	100%
3 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	15	100%
4 Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	13	13	0	5	100%
5 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6 Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	18	N/A
<b>Overall Compliance Score 99%</b>					

### Endocrine Clinic Chronic Illness Clinic

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

### Gastrointestinal Chronic Illness Clinic

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

**General Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
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	14	14	0	0	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	14	14	0	0	100%
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	14	14	0	0	100%
7	There is evidence of influenza vaccination or refusal	13	13	0	1	100%
<b>Overall Compliance Score 100%</b>						

**Immunity Chronic Illness Clinic**

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	14	14	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	14	14	0	0	100%
3	There is evidence of an appropriate physical examination	14	7	7	0	50%
4	Laboratory and imaging studies are completed as recommended by the DOH 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	0	0	0	14	N/A
6	The inmate is receiving HIV medication(s) as prescribed	14	14	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	13	13	0	1	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	14	N/A
<b>Overall Compliance Score 92%</b>						

**Miscellaneous Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 There is evidence of appropriate physical examinations	13	13	0	0	100%
2 Medications appropriate for the diagnosis are prescribed	12	12	0	1	100%
3 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	11	100%
4 Referrals to specialists for more in-depth treatment are made as indicated	6	6	0	7	100%
<b>Overall Compliance Score 100%</b>					

**Neurology Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	7	7	0	0	100%
2	Annual laboratory work is completed as required	7	7	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	7	N/A
4	Medications appropriate for the diagnosis are prescribed	7	7	0	0	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	7	N/A
<b>Overall Compliance Score 100%</b>						

**Oncology Chronic Illness Clinic**

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

**Respiratory Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	10	10	0	0	100%
2	Pulmonary function testing is completed as indicated	10	10	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	9	9	0	1	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	5	5	0	5	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	10	N/A
<b>Overall Compliance Score 100%</b>						

**Tuberculosis Chronic Illness Clinic**

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

## Episodic Care

### Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	4	4	0	14	100%
2 Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	16	2	0	89%
4 There is evidence of appropriate and applicable patient education	15	15	0	3	100%
5 Findings requiring clinician notification are made in accordance with protocols	14	14	0	4	100%
6 Verbal orders received from the clinician are noted and carried out timely	13	13	0	5	100%
7 Follow-up visits are completed in a timely manner	14	13	1	4	93%
8 Provider's orders from the follow-up visit are completed as required	13	13	0	5	100%
9 Appropriate documentation is completed for inmates requiring transport to a local emergency room	3	3	0	15	100%
10 The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	3	3	0	15	100%
<b>Overall Compliance Score 98%</b>					

**Sick Call Services**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Sick call requests are appropriately triaged based on the complaint or condition	18	17	1	0	94%
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	17	1	0	94%
5 There is evidence of applicable patient education	18	18	0	0	100%
6 Findings requiring clinician notification are made in accordance with protocols	7	7	0	11	100%
7 Verbal orders received from the clinician are noted and carried out timely	0	0	0	18	N/A
8 Follow-up visits are completed in a timely manner	9	9	0	9	100%
9 Clinician orders from the follow-up visit are completed as required	7	6	1	11	86%
<b>Overall Compliance Score 97%</b>					

## Other Medical Records Review

### Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	15	15	0	0	100%
2 Referrals are processed in a timely manner	15	15	0	0	100%
3 Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	15	4	11	0	27%
4 The provider monitors inmates weekly to determine deterioration or status change	13	9	4	2	69%
5 Consultation reports are reviewed by the clinician in a timely manner	14	14	0	1	100%
6 The consultant's treatment recommendations are incorporated into the treatment plan	14	14	0	1	100%
7 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	13	13	0	2	100%
8 Alternative treatment plans (ATP) are documented in the medical record	0	0	0	15	N/A
9 There is evidence that the ATPs are implemented	0	0	0	15	N/A
<b>Overall Compliance Score 85%</b>					

### Consultation Services Discussion:

Screen 3: The following routine requests for services were not completed within 45 days as required:

- In the first record, a request was submitted 5/29/25 to the gastroenterologist for GERD possibly related to a prior H. Pylori infection. The patient was not seen until 9/29/25.
- In the second record, a request was submitted 4/17/25 to nephrology for a patient with chronic kidney disease and edema. The patient was not seen until 9/15/25.
- In the third record, a request was submitted 6/10/25 for a chest CT and pulmonology follow up. The CT was completed 8/29/25 but the pulmonary appointment did not occur until 9/10/25.
- In the fourth record, a request was submitted 5/15/25 for a loop recorder check at the pacemaker clinic. The appointment was scheduled for 11/18/25.
- In the fifth record, a request was submitted 4/3/25 for a prostate MRI due to urinary retention and back pain. It was not completed until 7/31/25.

- In the sixth record, a request was submitted 5/9/25 to urology for elevated prostate specific antigen levels. The appointment was completed 9/19/25 and a biopsy recommended.
- In the seventh record, a request was submitted 5/20/25 to ophthalmology due to glaucoma, eye pain, and decreased vision. The appointment was completed 9/24/25.
- In the eighth record, a request was submitted 4/17/25 to neurology due to a meningioma. It was completed 9/16/25 via telehealth.
- In the ninth record, a request was submitted 5/2/25 to urology due to urinary retention. The patient was not seen until 9/19/25.
- In the tenth record, a request was submitted 4/1/25 to urology for a follow up after cystoscopy and urethral dilation. It was not done until 6/19/25.
- In the eleventh record, a request was submitted 7/2/25 for hernia surgery. The patient was not scheduled until 12/16/25.

Screen 4: Per Health Services Bulletin 15.09.04, if the consultation is not completed within established time frames, the provider will monitor the patient’s condition at least weekly until the patient is seen, to assess whether the acuity status of the consultation should be upgraded. In all of the deficient records, there was no documentation that confirmed the medical provider was monitoring the patient’s condition and that there were no substantial changes that would warrant more immediate action.

**Medical Inmate Grievances**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	7	7	0	0	100%
2 The identified requests are responded to within 15 calendar days from the date of receipt	7	7	0	0	100%
3 Documentation is completed in a SOAP note format	7	7	0	0	100%
4 The responses, resolutions, or clinical dispositions are appropriate	7	7	0	0	100%
<b>Overall Compliance Score 100%</b>					

### Medical Inmate Requests

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Copies of the inmate request form are present in the electronic health record	18	18	0	0	100%
2	Requests are responded to within the appropriate time frame	18	18	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	18	18	0	0	100%
4	Follow-up to the requests occur as intended	5	5	0	13	100%
<b>Overall Compliance Score 100%</b>						

### Medication Administration

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Inmates receive medications as prescribed	12	12	0	0	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)	2	2	0	10	100%
<b>Overall Compliance Score 100%</b>						

### Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2 Vital signs are documented on the DC4-760A or progress notes	18	17	1	0	94%
3 Medications reflect continuity of care.	10	10	0	8	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	11	11	0	7	100%
6 Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
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	16	2	0	89%
<b>Overall Compliance Score 97%</b>					

**Periodic Screenings**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Periodic screening encounters are completed within one month of the due date	15	14	1	0	93%
2	Screenings include documentation of vital signs and appropriate follow-up	15	13	2	0	87%
3	Screenings are completed in their entirety	15	15	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	15	12	3	0	80%
5	Referrals to a clinician occur if indicated	1	1	0	14	100%
6	All applicable health education is provided	15	15	0	0	100%
<b>Overall Compliance Score 93%</b>						

# 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	0	0	0	18	N/A
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	11	11	0	7	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	8	8	0	10	100%
9	Consultations or specialty services are completed in a timely manner	2	2	0	16	100%
10	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
11	There is evidence of informed consent or refusal for extractions and/or endodontic care	10	10	0	8	100%
12	The use of dental materials including anesthetic agent are accurately documented	10	10	0	8	100%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
<b>Overall Compliance Score 100%</b>						

**Dental Systems**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2 Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3 The autoclave is tested appropriately, and 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				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	8	8	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	8	N/A
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	8	8	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	8	8	0	0	100%
5	Thorough mental status examinations are completed	8	8	0	0	100%
6	Appropriate interventions are made as indicated by presentation	8	8	0	0	100%
7	Dispositions are clinically appropriate	8	8	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	8	8	0	0	100%
<b>Overall Compliance Score 100%</b>						

**Mental Health Inmate Requests**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Copies of the inmate request form are present in the electronic health record	6	3	3	0	50%
2	Identified requests are responded to within the appropriate time frame	6	6	0	0	100%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	6	5	1	0	83%
4	Follow-up to the requests occur as intended	6	6	0	0	100%
5	Consents for treatment are obtained prior to conducting an interview	6	5	1	0	83%
<b>Overall Compliance Score 83%</b>						

## Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	16	16	0	0	100%
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	11	10	1	5	91%
3	Inmates are interviewed by mental health staff within 14 days of arrival	11	11	0	5	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	11	11	0	5	100%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	0	0	0	16	N/A
6	BPSAs are present in the records	16	7	9	0	44%
7	ISPs are individualized and addresses all required components	16	7	9	0	44%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	6	6	0	10	100%
9	ISP goals specify target behaviors and measurement criteria	6	6	0	10	100%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	6	6	0	10	100%
11	ISPs are signed by the inmate and all members of the treatment team	4	4	0	12	100%
12	ISPs are reviewed and revised at least every 180 days	6	1	5	10	17%
13	Qualifying events are addressed on the ISP	0	0	0	16	N/A
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	13	100%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	13	13	0	3	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	16	16	0	0	100%
17	Frequency of clinical contacts is sufficient	16	16	0	0	100%
<b>Overall Compliance Score 86%</b>						

### Outpatient Psychotropic Medication Practices

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	12	12	0	3	100%
2	If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	9	9	0	6	100%
3	Appropriate initial laboratory tests are ordered	13	13	0	2	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	4	0	11	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	15	15	0	0	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	15	15	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	15	N/A
8	Inmates receive medication(s) as prescribed	15	15	0	0	100%
9	The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	0	0	0	15	N/A
10	Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	0	0	0	15	N/A

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	Prescribed medication administration times are appropriate	15	15	0	0	100%
12	Informed consents are signed for each medication prescribed	15	15	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	15	15	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	15	15	0	0	100%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	11	9	2	4	82%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	0	0	0	15	N/A
<b>Overall Compliance Score 98%</b>						

## 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)	12	4	8	0	33%
2 The appropriate consent form is signed by inmates within the required time frame	11	10	1	1	91%
3 Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	12	N/A
4 Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	1	1	0	11	100%
5 Appropriate patient care summaries are completed within the required time frame	6	4	2	6	67%
6 Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	7	4	2	5	57%
7 Any inmate qualifying for re-entry service planning is provided with a 30-day supply of their current psychiatric medications at the time of release	4	4	0	8	100%
<b>Overall Compliance Score 75%</b>					

## Institutional Systems Tour

### Medical Area

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2 Hand washing facilities are available	1	0	0	100%
3 Personal protective equipment for universal precautions is available	1	0	0	100%
4 Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5 Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6 Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7 Secured storage is utilized for all sharps/needles	1	0	0	100%
8 Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9 Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10 There is a current and complete log for all medical refrigerators	1	0	0	100%
<b>Compliance Percentage 100%</b>				

**Infirmary**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The infirmary is adequately sized, well lit, clean and organized	0	0	1	N/A
2 Privacy shields or curtains are available for infirmary beds	0	0	1	N/A
3 Infirmary beds are within sight or sound of staff	0	0	1	N/A
4 Restrooms are clean, operational and equipped for handicap use	0	0	1	N/A
5 Medical isolation room(s) have negative air pressure relative to other parts of the facility	0	0	1	N/A
<b>Compliance Percentage N/A</b>				

**Inmate Housing Areas**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2 Sinks and toilets are clean and operational	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	1	0	0	100%
7 First-aid kits are present in housing units	1	0	0	100%
<b>Overall Compliance Score 100%</b>				

**Pharmacy**

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

**Psychiatric Restraint**

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

**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	0	0	1	N/A
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	0	0	1	N/A
<b>Overall Compliance Score N/A</b>					

**Special Housing**

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

**Mental Health Services**

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	0	1	0	0%
2	Annual training for psychiatric restraint use provided to staff	0	0	1	N/A
<b>Compliance Percentage 50%</b>					

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates were familiar with how to access medical, dental, and mental health services. Inmates were complementary of medical services and indicated sick call and emergency services were administered timely. Inmates denied difficulty obtaining prescribed medications. Additionally, inmates who had received dental services reported satisfaction. Inmates that received mental health services indicated that counseling, case management and psychiatric medication services were helpful in dealing with psychological symptoms and prison adjustment.

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

Five members of the medical team including nurses, clinical, administrative, and clerical staff, participated in interviews. All interviewees appeared knowledgeable about procedures for accessing health services. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. They indicated that they work well as a team. Staff indicated that additional space to perform exams is needed.

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

One mental health staff member participated in an interview and appeared knowledgeable about the inmates on the caseload. Staff demonstrated good clinical knowledge and was familiar with policies and procedures related to the accessing of mental health care. They explained that mental health staff from SFRC Main rotate coverage for the South Unit due to staffing shortages.

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

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They described a good working relationship with medical and mental health staff.

# Corrective Action and Recommendations

## Physical Health Survey Findings Summary

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

Female Preventative Health Screening	N/A
--------------------------------------	-----

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

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

<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Mental Health Systems	1
<b>Total Findings</b>	
<b>Total</b>	<b>8</b>

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

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

## Recommendations

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

- Ensure consultation appointments are completed within the required timeframes.
- Ensure yearly immunity clinic appointments are completed in their entirety.
- Ensure that group therapy is offered.
- Ensure that inmates receive mental health discharge planning services as applicable.