

South Florida Reception Center-Main Unit

October 21-23, 2025



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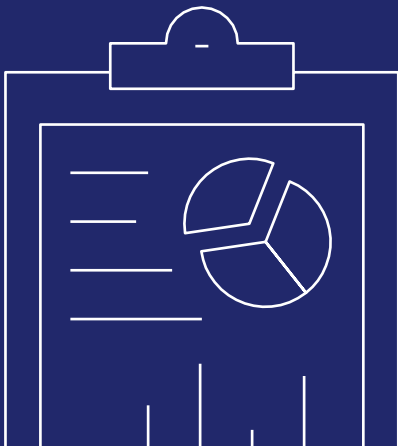
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

South Florida Reception Center Main (SFRC-Main) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. SFRC consists of a Main Unit and South Unit as well as three work release centers.¹

Institutional Potential and Actual Workload

Main Capacity	1100	Main Census	1060
Satellite Unit(s) Capacity	477	Current Satellite(s) Census	284
Total Capacity	1577	Total Current Census	1344

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	696	398	69	6	34	104	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	848	88	272	N/A	N/A	N/A	5

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
Confinement/ Close Management	33	56	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	3	0
Clinical Associate	4	0
Registered Nurse	14.6	0.9
Licensed Practical Nurse	29.6	8.1
DON/Nurse Manager	3	0
Dentist	3	0
Dental Assistant	5	0
Dental Hygienist	N/A	N/A

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	8	0
Aftercare Coordinator	1	0
Activity Technician	1	0
Mental Health Nurse	1	0

SOUTH FLORIDA RECEPTION CENTER - MAIN

The CMA conducted a thorough review of the medical, mental health, and dental systems at SFRC-Main 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-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	19	Mental Health Survey Findings	23

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	7	6	1	11	86%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	6	6	0	12	100%
5	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	3	3	0	15	100%
Overall Compliance Score 97%						

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	17	17	0	0	100%
2	Annual laboratory work for diabetic inmates is completed as required	15	15	0	2	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	5	5	0	12	100%
4	Abnormal labs are reviewed and addressed in a timely manner	17	17	0	0	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	13	10	3	4	77%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	5	5	0	12	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	10	10	0	7	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	12	12	0	5	100%
9	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
10	Inmates receive insulin as prescribed	6	6	0	11	100%
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 98%						

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	13	13	0	0	100%
2	Annual laboratory work is completed as required	13	13	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	3	3	0	10	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	10	1	2	91%
6	Abdominal ultrasounds are completed at the required intervals	12	12	0	1	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	11	11	0	2	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	13	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	13	N/A
10	Hepatitis C treatment is started within the appropriate time frame	0	0	0	13	N/A
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	13	N/A
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	13	N/A
Overall Compliance Score 99%						

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	12	2	0	86%
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	13	13	0	1	100%
7	There is evidence of influenza vaccination or refusal	13	11	2	1	85%
Overall Compliance Score 96%						

Immunity Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	17	17	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	17	17	0	0	100%
3	There is evidence of an appropriate physical examination	17	17	0	0	100%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	17	17	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	2	2	0	15	100%
6	The inmate is receiving HIV medication(s) as prescribed	16	16	0	1	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	17	15	2	0	88%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	17	N/A
Overall Compliance Score 98%						

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	13	13	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	9	9	0	4	100%
4	Referrals to specialists for more in-depth treatment are made as indicated	10	10	0	3	100%
Overall Compliance Score 100%						

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	12	12	0	0	100%
2	Annual laboratory work is completed as required	12	12	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	N/A
4	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	12	N/A
Overall Compliance Score 100%						

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	7	7	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	7	7	0	0	100%
3	Annual laboratory work is completed as required	7	7	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	3	100%
5	Medications appropriate for the diagnosis are prescribed	4	4	0	3	100%
6	Oncological treatments are received as prescribed	5	5	0	2	100%
7	Referrals to a specialist for more in-depth treatment are made as indicated	2	2	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	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Pulmonary function testing is completed as indicated	16	16	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	16	15	1	0	94%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	9	9	0	7	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	1	1	0	15	100%
Overall Compliance Score 99%						

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	7	7	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	7	7	0	0	100%
3	There is evidence of initial and ongoing education	6	6	0	1	100%
4	There is evidence of monthly nursing follow-ups	7	7	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	7	7	0	0	100%
6	AST and ALT tests are repeated as ordered by the clinician	7	7	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	7	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	1	1	0	6	100%
9	The appropriate medication regimen is prescribed	7	7	0	0	100%
10	Inmates receive medications as prescribed	5	5	0	2	100%
11	Inmates are seen by the clinician at the completion of therapy	1	1	0	6	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	7	N/A
Overall Compliance Score 100%						

Episodic Care

Emergency Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Potentially life-threatening conditions are responded to immediately	7	7	0	11	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	13	13	0	5	100%
5	Findings requiring clinician notification are made in accordance with protocols	18	18	0	0	100%
6	Verbal orders received from the clinician are noted and carried out timely	17	17	0	1	100%
7	Follow-up visits are completed in a timely manner	17	17	0	1	100%
8	Provider's orders from the follow-up visit are completed as required	17	17	0	1	100%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	6	6	0	12	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	5	5	0	13	100%
Overall Compliance Score 99%						

Outpatient Infirmary Care

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

Inpatient Infirmary Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	13	13	0	0	100%
2	All orders are received and implemented	13	11	2	0	85%
3	Thorough nursing assessments are completed within two hours of admission	13	13	0	0	100%
4	Morse Fall Scales are completed at the required intervals	13	13	0	0	100%
5	Nursing assessments are completed at the required intervals	13	12	1	0	92%
6	All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	7	6	1	6	86%
7	Clinician rounds are completed and documented as required	13	8	5	0	62%
8	Weekend and holiday clinician phone rounds are completed and documented as required	13	8	5	0	62%
9	Nursing discharge notes containing all of the required information are completed as required	5	4	1	8	80%
10	Discharge summaries are completed by the clinician within 72 hours of discharge	6	6	0	7	100%
Overall Compliance Score 87%						

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	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	15	3	0	83%
3	Nursing assessments are completed in their entirety	18	16	2	0	89%
4	Complete vital signs including weight are documented	17	15	2	1	88%
5	There is evidence of applicable patient education	16	16	0	2	100%
6	Findings requiring clinician notification are made in accordance with protocols	10	9	1	8	90%
7	Verbal orders received from the clinician are noted and carried out timely	1	1	0	17	100%
8	Follow-up visits are completed in a timely manner	9	8	1	9	89%
9	Clinician orders from the follow-up visit are completed as required	10	10	0	8	100%
Overall Compliance Score 93%						

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Pre-confinement examinations are completed prior to placement in special housing	14	12	2	0	86%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	14	13	1	0	93%
3	All active medications continue as ordered while inmates are held in special housing	9	6	3	5	67%
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	5	5	0	9	100%
5	All medical emergencies are responded to timely and appropriately	1	1	0	13	100%
6	Medical inmate requests are responded to timely and appropriately.	0	0	0	14	N/A
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	1	1	0	13	100%
Overall Compliance Score 91%						

Confinement Medical Review Discussion:

Screen 3: In the first record, keep-on-person (KOP) medications were not reconciled upon admission to special housing. Additionally, the Medication Administration Record (MAR) indicated that medications were not consistently offered during the month of October. In the second record, prazosin was administered at the wrong dosage and oxcarbazepine was discontinued without titration. In the third record, the inmate indicated that he did not have his KOP medications with him while he was placed in confinement. There was no documentation in the medical record that these medications were provided to him at a later date. Additionally, there was no evidence that oxcarbazepine was offered for multiple days in October 2025.

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	16	16	0	0	100%
2	Referrals are processed in a timely manner	16	15	1	0	94%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	14	8	6	2	57%
4	The provider monitors inmates weekly to determine deterioration or status change	12	9	3	4	75%
5	Consultation reports are reviewed by the clinician in a timely manner	11	9	2	5	82%
6	The consultant's treatment recommendations are incorporated into the treatment plan	11	10	1	5	91%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	6	3	7	67%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	16	N/A
9	There is evidence that the ATPs are implemented	0	0	0	16	N/A
Overall Compliance Score 81%						

Consultation Services Discussion:

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

- In the first record, a routine request was submitted 6/3/25 for a fine needle biopsy which was not done until 9/24/25. The biopsy resulted in a limited specimen that only contained blood but no significant follicular epithelial cells. Therefore, a repeat biopsy was needed. The new request was submitted on 10/15/25.
- In the second record, a routine request was submitted to ophthalmology 7/22/25 for bilateral dermatochalasis with lid ptosis and decreased visual acuity. The patient was scheduled for 10/6/25 and was transferred to the appointment but the procedure was not completed. The consultant's report indicated that the prison cancelled the evaluation. However, medical staff at the institution contradicted this account. They reported a new consultation would be initiated.

The following urgent requests were not completed within 14 business days as required:

- In the third record, an urgent request was submitted 8/29/25 to interventional radiology for a guided biopsy of a colon mass discovered during a previous colonoscopy on 8/27/25. Per provider's note on 9/19/25 the original biopsy was benign; however, the patient's oncologist indicated high suspicion of

underlying malignancy due to the patient having pulmonary nodules, hepatic lesions, and sclerotic bone lesions. The biopsy had not yet been completed as the patient was sent to the outside hospital with rectal bleeding on 9/1/25. Staff noted they were waiting on hospital records to determine if a biopsy was still clinically indicated.

- In the fourth record, an urgent request was submitted 5/23/25 to the vascular surgeon for a revision of arteriovenous fistula. The appointment was completed on 6/3/25.
- In the fifth record, an urgent request was submitted 8/22/25 to gastroenterology for an upper GI bleed. It was completed on 9/23/25.
- In the sixth record, an urgent request was submitted 9/24/25 to gastroenterology for a patient with weight loss, gastrointestinal bleeding, and multiple positive stool cards. The appointment was scheduled for 10/31/25.

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.

Screen 7: In the first record, a surgical consult was done on 8/21/25. It was recommended that a referral to urology was needed for an evaluation of a penile lesion and suprapubic catheter leak. The appointment was scheduled for 1/15/26. In the second record, it was recommended that a patient have an MRI and then return to the ophthalmologist for follow-up. The MRI was completed on 8/15/25; however, the appointment was not scheduled until 11/13/25. In the third record, the gastroenterologist recommended an endoscopy. The request was submitted 10/16/25 but the appointment was not scheduled until 12/12/25.

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	11	11	0	0	100%
2	The identified requests are responded to within 15 calendar days from the date of receipt	11	11	0	0	100%
3	Documentation is completed in a SOAP note format	11	11	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	11	11	0	0	100%
Overall Compliance Score 100%						

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	15	15	0	0	100%
2	Requests are responded to within the appropriate time frame	15	15	0	0	100%
3	Responses are direct, address the stated need and are clinically appropriate	15	15	0	0	100%
4	Follow-up to the requests occur as intended	15	15	0	0	100%
Overall Compliance Score 100%						

Medication Administration

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Inmates receive medications as prescribed	12	8	4	0	67%
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	1	1	10	50%
Overall Compliance Score 72%						

Medication Administration Discussion:

Screen 1: Three records contained contradictory information regarding the availability of prescribed medications. Specifically, there were multiple “awaiting pharmacy” entries for morning doses, while evening doses were documented as “refused”. In some cases, this pattern continued for several days over the course of the month. In the remaining record, one prescription was ordered as direct observation therapy (DOT) but KOP was written on the MAR for several days.

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	17	1	0	94%
2	Vital signs are documented on the DC4-760A or progress notes	18	17	1	0	94%
3	Medications reflect continuity of care.	9	9	0	9	100%
4	The medical record reflects continuity of care for pending consultations	2	2	0	16	100%
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	5	5	0	13	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	4	4	0	14	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	9	4	5	9	44%
Overall Compliance Score 90%						

Intra-System Transfers Discussion:

Screen 7: In all deficient records, there was no evidence that the clinician completed the record review.

Periodic Screenings

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Periodic screening encounters are completed within one month of the due date	18	13	5	0	72%
2	Screenings include documentation of vital signs and appropriate follow-up	18	17	1	0	94%
3	Screenings are completed in their entirety	18	16	2	0	89%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	18	11	7	0	61%
5	Referrals to a clinician occur if indicated	0	0	0	18	N/A
6	All applicable health education is provided	18	18	0	0	100%
Overall Compliance Score 83%						

Periodic Screenings Discussion:

Screen 4: In one record, the required laboratory testing was completed but not within the required time frame. In the remaining records, the laboratory testing was incomplete.

PREA

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	12	10	2	0	83%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	3	2	1	9	67%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	2	1	1	10	50%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	12	N/A
5	Repeat STI testing is completed as required	3	3	0	9	100%
6	Mental health referrals are submitted following the completion of the medical screening	12	12	0	0	100%
7	Inmates are evaluated by mental health by the next working day	9	9	0	3	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	12	N/A
Overall Compliance Score 83%						

Reception Services

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 evaluation and/ or treatment.	18	17	1	0	94%
2	There is evidence of a brief but comprehensive nursing assessment	18	18	0	0	100%
3	If the assessment revealed an immediate mental health, dental, or medical service, they were referred to the respective department/s for evaluation and treatment.	0	0	0	18	N/A
4	An orientation to health services class (approximately 1 hour) is provided within 7 days of arrival by nursing staff.	18	18	0	0	100%
5	Testing for HIV infection is offered. There is evidence of education on HIV infection.	18	18	0	0	100%
6	Newly committed inmates receive a dental intake exam	18	18	0	0	100%
7	Newly committed inmates receive several laboratory tests	18	13	5	0	72%
8	All needed immunizations were offered	9	2	7	9	22%
9	Within 8 hours of arrival, a socio/ medical history is documented	18	18	0	0	100%
10	If an impairment or disability is identified at the initial screening, the inmate was scheduled within the first 48 hours of arrival for a focused screening related to their impairment or disability prior to clinician	4	4	0	14	100%
11	A complete health appraisal was completed by the medical provider	18	18	0	0	100%
12	Lab results were reviewed and signed by the provider in a clinically appropriate timeframe and any abnormal results were addressed appropriately	16	16	0	2	100%
13	If there is a chronic condition identified, the inmate is enrolled in the appropriate chronic illness clinic	9	9	0	9	100%
14	After a chronic condition was identified, the medical provider wrote additional care orders as clinically indicated	8	8	0	10	100%
15	During reception and intake, the inmate was provided with written info and education concerning inmates' rights relating to advanced directives.	18	0	18	0	0%
16	For females, additional screening requirements are met	0	0	0	18	N/A
Overall Compliance Score 85%						

Reception Services Discussion:

Screen 7: In three records, an EKG was ordered but not done. In two records, there was no evidence required labs were completed or refused.

Dental Review

Dental Care

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

Dental Systems

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

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	12	12	0	0	100%
2	Nursing evaluations are completed within two hours of admission	12	12	0	0	100%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	12	2	10	0	17%
4	Guidelines for SHOS management are observed	6	6	0	6	100%
5	SHOS infirmery orders contain required components, and are received and implemented accordingly	12	10	2	0	83%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	12	11	1	0	92%
7	Nursing evaluations are completed once per shift	12	10	2	0	83%
8	There is evidence of daily rounds by the attending clinician	12	11	1	0	92%
9	There is evidence of daily counseling provided by mental health staff	12	12	0	0	100%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	8	8	0	4	100%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	9	9	0	3	100%
12	There is evidence of adequate post-discharge follow-up by mental health staff	9	8	1	3	89%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	8	3	5	4	38%
14	Potential changes needed in inmates' care are addressed as clinically indicated	8	8	0	4	100%
Overall Compliance Score 85%						

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	12	12	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	12	N/A
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	12	12	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	12	12	0	0	100%
5	Thorough mental status examinations are completed	12	12	0	0	100%
6	Appropriate interventions are made as indicated by presentation	12	12	0	0	100%
7	Dispositions are clinically appropriate	12	12	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	9	9	0	3	100%
Overall Compliance Score 100%						

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	6	0	0	100%
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	6	0	0	100%
4	Follow-up to the requests occur as intended	4	4	0	2	100%
5	Consents for treatment are obtained prior to conducting an interview	5	4	1	1	80%
Overall Compliance Score 96%						

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	4	4	0	10	100%
2	Mental status exams (MSE) are completed in the required time frame	11	10	1	3	91%
3	Follow-up mental status exams are completed in the required time frame	7	7	0	7	100%
4	MSEs are sufficient to identify any problems in adjustment	9	9	0	5	100%
5	Mental health staff responds to identified problems in adjustment	2	2	0	12	100%
6	Mental health inmate requests are responded to timely and appropriately	0	0	0	14	N/A
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	7	7	0	7	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	0	0	0	14	N/A
9	BRAs are accurate and signed by all members of the treatment team	0	0	0	14	N/A
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	0	0	0	14	N/A
11	Inmates in CM receive one hour of group or individual counseling each week	0	0	0	14	N/A
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	14	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	0	0	0	14	N/A
Overall Compliance Score 98%						

Use of Force

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Post use-of-force physical examinations are present in the record	15	15	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	14	12	2	1	86%
3	There is evidence physical health staff completed a referral to mental health staff	13	5	8	2	38%
4	Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed	12	11	1	3	92%
5	Recent changes in the inmate's condition are addressed	10	10	0	5	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	7	6	1	8	86%
Overall Compliance Score 84%						

Outpatient Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Valid consent forms are completed prior to the initiation of mental health treatment	18	16	2	0	89%
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	17	12	5	1	71%
3	Inmates are interviewed by mental health staff within 14 days of arrival	17	15	2	1	88%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	16	10	6	2	63%
5	If mental health services are initiated at this institution, the initial Bio-psychosocial (BPSA) and ISP are completed within 30 days	3	1	2	15	33%
6	BPSAs are present in the records	15	7	8	3	47%
7	ISPs are individualized and addresses all required components	7	2	5	11	29%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	2	2	0	16	100%
9	ISP goals specify target behaviors and measurement criteria	2	2	0	16	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	2	2	0	16	100%
11	ISPs are signed by the inmate and all members of the treatment team	0	0	0	18	N/A
12	ISPs are reviewed and revised at least every 180 days	1	0	1	17	0%
13	Qualifying events are addressed on the ISP	2	0	2	16	0%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	15	100%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	12	12	0	6	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	15	15	0	3	100%
17	Frequency of clinical contacts is sufficient	15	15	0	3	100%
Overall Compliance Score 70%						

Outpatient Mental Health Services Discussion:

Screen 7: In the deficient records, there was no completed Individualized Services Plan (ISP).

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	18	11	7	0	61%
2	If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	4	4	0	14	100%
3	Appropriate initial laboratory tests are ordered	14	13	1	4	93%
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	14	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	2	2	0	16	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	10	8	2	8	80%
7	Drug Except Requests (DER) are clinically appropriate	1	1	0	17	100%
8	Inmates receive medication(s) as prescribed	17	14	3	1	82%
9	The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refer to the clinician if needed	5	5	0	13	100%
10	Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	7	5	2	11	71%

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	12	11	1	6	92%
13	Follow-up sessions are conducted at appropriate intervals	18	17	1	0	94%
14	Documentation of psychiatric encounters is complete and accurate	17	11	6	1	65%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	4	4	0	14	100%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	1	0	1	17	0%
Overall Compliance Score 84%						

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	0	5	3	0%
2	The appropriate consent form is signed by inmates within the required time frame	5	5	0	3	100%
3	Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	8	N/A
4	Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	1	0	1	7	0%
5	Appropriate patient care summaries are completed within the required time frame	3	0	3	5	0%
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	2	0	2	6	0%
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	1	0	1	7	0%
Overall Compliance Score 17%						

Reception Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A Consent To Mental Health Evaluation or Treatment (DC4-663) is signed prior to initiating screening	18	17	1	0	94%
2	There is documentation that the inmate receives orientation to health services within 24 hours of arrival at the reception center	18	18	0	0	100%
3	The Beck Hopelessness Scale is administered within 14 days of arrival	18	15	3	0	83%
4	Intelligence testing is completed as required	15	15	0	3	100%
5	A psychologist or mental health professional performs a clinical interview after receiving the results of the psychological testing within 14 days of arrival	18	18	0	0	100%
6	If the clinical interview reveals information about past self-injury, suicide attempts, or if the results of the Beck Hopelessness Scale are 9 or higher, form DC4-646 Initial Suicide Profile is completed	7	6	1	11	86%
7	The S-grade assigned at the completion of the interview is based on clinically sound judgment	18	17	1	0	94%
8	If the inmate was taking prescribed psychotropic medication when received from the county jail, this medication is continued at the reception center without interruption until the psychiatric evaluation takes place	15	10	5	3	67%
9	If the inmate received psychotropic medication in the past 30 days or inpatient treatment in the past six months, they are referred for a psychiatric evaluation	14	14	0	4	100%
10	A thorough psychiatric evaluation took place within 10 days of arrival. If any meds were changed or discontinued at that time, a justification is documented and is clinically appropriate	15	12	3	3	80%

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	If the inmate presents with acute psychiatric symptoms, the evaluation occurs within 24 hours	1	1	0	17	100%
12	A clinically appropriate S-grade was assigned at the completion of the evaluation	18	18	0	0	100%
13	Inmates who received psychotropic medication other than antipsychotic medication during the 30 days preceding arrival are classified as S2 for a minimum of 120 days	7	7	0	11	100%
14	Inmates awaiting transfer to a permanent institution who remain at the reception center more than 30 days received case management services	8	7	1	10	88%
15	If the inmate has a history of mental health treatment in the community, past treatment records were requested	7	0	7	11	0%
Overall Compliance Score 86%						

Reception Services Discussion:

Screen 8: In the three records, the inmate transferred to SFRC with orders for two medications. However, only one medication was ordered, without a clinical rationale provided for the discontinuation of the other active medication. In another record, the medication was ordered as both KOP and DOT yet documentation by the psychiatric provider indicated the inmate was not prescribed medication. Surveyors were unable to confirm that the inmate received his medications. In the remaining record, the inmate arrived on an anti-epileptic medication for bipolar disorder and conversion disorder with seizures/convulsions. Several days later the inmate signed a refusal which was forwarded to the medical provider. The provider did not discontinue the medication but instead indicated that this would be discussed with the patient at his intake physical exam. However, there was no indication that this occurred.

Screen 15: These records did not contain documentation that the inmate was asked to consent to obtaining his mental health history from community providers. A signed release of information and a letter to the outside provider should be included for any inmate who was treated prior to incarceration, per HSB 15.05.17 "Intake Mental Health Screening at Reception Centers". There was no indication that the inmate refused.

Institutional Systems Tour

Medical Area

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%
Compliance Percentage 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	Privacy shields or curtains are available for infirmary beds	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%
Compliance Percentage 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	0	1	0	0%
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%
Overall Compliance Score 71%					

Inmate Housing Areas Discussion:

Screen 17: Several sinks were not operational and there was no evidence that work orders had been submitted.

Screen 3: Hot water was not available in confinement.

Pharmacy

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

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Adequate space is available for the mental health department	1	0	0	100%
2	Outpatient group therapy is offered	0	1	0	0%
2	Annual training for psychiatric restraint use provided to staff	0	1	0	0%
Compliance Percentage 33%					

Mental Health Services Discussion:

Screen 2: Outpatient therapeutic groups were not being held to meet the needs of the inmate population.

Screen 3: Per the Pre-Survey Questionnaire completed by SFRC staff, mandatory psychiatric restraint training was not completed annually for medical, dental, mental health employees and security officers.

Interview Summaries

INMATE INTERVIEWS

Ten inmates agreed to participate in CMA interviews. The majority knew how to access sick call and emergency services. Nearly half stated they submitted a sick call request and did not receive a response.

Approximately half of the interviewees were enrolled in chronic illness clinics and endorsed receiving results from their lab work timely. Additionally, all inmates that had been housed in confinement reported they were regularly seen by medical and mental health staff and denied problems with obtaining prescribed medications.

Overall, the inmates that were receiving psychological services felt that their counselor was helpful for them and were satisfied with the services provided. Most of the inmates who received dental services felt their issues were addressed. About half of total interviewees described the medical care at SFRC-Main Unit as satisfactory.

MEDICAL STAFF INTERVIEWS

Five members of the medical team participated in interviews including nurses, clinical and administrative staff. All were knowledgeable about policies and procedures related to sick calls, emergencies, and medication administration. The majority reported that additional nursing staff would be helpful. Staff reported they are supportive of each other and work well with security and mental health to provide excellent care.

MENTAL HEALTH STAFF INTERVIEWS

Six members of the mental health team agreed to participate in interviews. All were aware of policies and procedures related to the accessing of routine and emergency mental health services and were knowledgeable about the inmates on their caseload. Several interviewees suggested that improved communication with security about inmates' needs would help them provide better care. Staff indicated that the biggest challenges are staffing and adequate space as several are sharing offices. Several staff mentioned that computer access in confinement would be beneficial.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. They described a good working relationship with medical and mental health staff and felt that they provide good care to the inmates.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

PREA Medical Review	2
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	2
Total Findings	
Total	19

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	2
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	1
Psychological Emergencies	0
Mental Health Inmate Grievances	N/A
Mental Health Inmate Request	0
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	7
Outpatient Psychotropic Medications	4

Aftercare Planning	5
Reception Services	2
Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	2
Total Findings	
Total	23

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-Main the CMA makes the following recommendations:

- Conduct a thorough review of inmates needing periodic screenings and ensure they are scheduled appropriately.
- Ensure laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Provide additional education to nursing staff on medication administration and completion of the MAR.
- Ensure consultation appointments are completed within the required timeframes.
- Additional education and training for psychiatric providers and mental health clinicians regarding thorough evaluation before changing medication/s or diagnoses the inmate received prior to arrival at the reception center.
- Ensure required suicide prevention training for all staff in addition to adequate space and group therapy options to meet the needs of the patient population.