

SOUTH BAY CORRECTIONAL FACILITY



April 2024

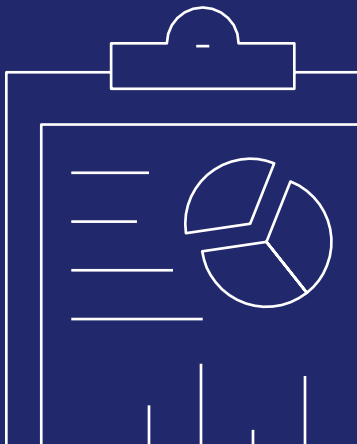
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BACKGROUND AND SCOPE

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

The goals of institutional surveys are:

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

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

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

METHODOLOGY

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

This process consists of:

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

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

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

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

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

South Bay Correctional Facility (SOBCF) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. South Bay consists of a Main Unit only.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1948	Current Main Unit Census	1936
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1948	Total Current Census	1936

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	1045	710	196	1	N/A	392	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1187	123	642	N/A	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	23	39	57	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
Medical Provider	2	0
Registered Nurse	15	7
Licensed Practical Nurse	8	2
DON/Nurse Manager	1	0
Dentist	1	1
Dental Assistant	1	1
Dental Hygienist	.5	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatric Provider	1	0
Mental Health Clinical Director	N/A	N/A
Psychologists	1	1
Behavioral Health Specialist	7	1
Aftercare Coordinator	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	1	0
Mental Health LPN	N/A	N/A
Mental Health CNA	N/A	N/A

SOUTH BAY CORRECTIONAL FACILITY

The CMA conducted a thorough review of the medical, mental health, and dental systems at South Bay CF (SBCF) in April 2024. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Detailed below are results from the institutional survey of South Bay. 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	42	Mental Health Survey Findings	33

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	18	N/A
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	15	15	0	3	100%
7	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	3	2	1	15	67%

Cardiovascular Chronic Illness Clinic Discussion:

Screen 8: In the deficient record, an inmate with a history of chronic infective endocarditis and aortic valve replacement approximately two years prior, was seen by a cardiologist on 12/20/23. The cardiologist requested that an echocardiogram be completed. However, there was no evidence that this was completed.

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	14	1	0	93%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	15	14	1	0	93%
4 Annual laboratory work is completed as required	14	14	0	1	100%
5 Abnormal labs are reviewed and addressed in a timely manner	10	8	2	5	80%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	10	2	8	5	20%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	7	1	6	8	14%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	10	10	0	5	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	10	10	0	5	100%
10 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
11 Patients are receiving insulin as prescribed	5	0	5	10	0%
12 Patients are referred to a specialist for more in-depth treatment as indicated	3	2	1	12	67%

Endocrine Chronic Illness Clinic Discussion:

Screen 11: In all five applicable records reviewed, there were multiple blanks on the Medication Administration Record (MAR), as well as documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

Screen 12: In one of three applicable records reviewed, a routine optometry referral was ordered on 2/15/24 but had yet to be completed.

Gastrointestinal Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	11	11	0	0	100%
2	There is evidence of an appropriate physical examination	11	11	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
4	Annual laboratory work is completed as required	11	10	1	0	91%
5	Abnormal labs are reviewed and addressed in a timely manner	10	10	0	1	100%
6	Medications appropriate for the diagnosis are prescribed	7	7	0	4	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	10	3	7	1	30%
8	Abdominal ultrasounds are completed at the required intervals	9	8	1	2	89%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	11	10	1	0	91%
10	Patients are referred to a specialist for more in-depth treatment as indicated	4	3	1	7	75%
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	11	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	11	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	11	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	11	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	11	N/A

Gastrointestinal Chronic Illness Clinic Discussion:

Screen 10: In the deficient record, an inmate with a history of gallstones and hepatic fibrosis, had a laparoscopic cholecystectomy and intraoperative cholangiogram performed on 2/24/23. The specialist recommended additional follow-up with the gastroenterologist. However, this follow-up care was not provided.

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	14	2	0	88%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

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)	9	9	0	0	100%
2 There is evidence of an appropriate physical examination.	9	9	0	0	100%
3 Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	9	9	0	0	100%
4 Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	9	N/A
5 A CBC is collected annually	9	9	0	0	100%
6 Abnormal labs are reviewed and addressed in a timely manner	9	9	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	9	9	0	0	100%
8 The inmate receives HIV medication(s) as prescribed	9	7	2	0	78%
9 At each visit there is an evaluation of the control of the disease and the status of the patient	9	8	1	0	89%
10 There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	9	5	4	0	56%
11 Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	9	N/A
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	9	N/A

Immunity Chronic Illness Clinic Discussion:

Screen 7: In two records, there were multiple blanks on the MAR, as well as documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the miscellaneous clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	9	2	0	82%
3 Medications appropriate for the diagnosis are prescribed	9	9	0	2	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	0	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	8	3	5	3	38%

Miscellaneous Chronic Illness Clinic Discussion:

Screen 5: In five records, there was no evidence of completed referrals.

- In the first record, an ophthalmology consult requested on 12/21/23 was not completed.
- In the second record, an optometry appointment requested on 10/21/22 was not completed.
- In the third record, an optometry appointment was completed on 12/22/22. The optometrist requested that the inmate return for further evaluation in three months. However, this follow-up appointment did not occur.
- In the fourth and fifth records, there were no dermatological evaluations for inmates with psoriasis.

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 Annual laboratory work is completed as required	11	10	1	0	91%
4 Abnormal labs are reviewed and addressed in a timely manner	1	1	0	10	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	11	11	0	0	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	3	3	0	0	100%
2 There is evidence of an appropriate physical examination	3	2	1	0	67%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	3	3	0	0	100%
4 Annual laboratory work is completed as required	3	3	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	3	3	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	3	2	1	0	67%
7 Medications appropriate for the diagnosis are prescribed	1	1	0	2	100%
8 Oncological treatments are received as prescribed	3	2	1	0	67%
9 Patients are referred to a specialist for more in-depth treatment as indicated	2	1	1	1	50%

Oncology Chronic Illness Clinic Discussion:

Screen 2: In the deficient record, only the lymphatic exam was documented on an inmate with a history of prostate cancer.

Screen 8: In the deficient record, the inmate refused medications for three consecutive days. There was no evidence that the Department’s escalation policy was followed.

Screen 9: In the deficient record, an inmate with a history of throat cancer had no evidence of recent evaluation by an oncologist.

Respiratory Chronic Illness Clinic

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

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	10	10	0	8	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	12	6	0	67%
4 There is evidence of appropriate and applicable patient education	17	17	0	1	100%
5 Findings requiring clinician notification are made in accordance with protocols	12	9	3	6	75%
6 Follow-up visits are completed timely	10	10	0	8	100%
7 Clinician's orders from the follow-up visit are completed as required	12	10	2	6	83%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	3	3	0	15	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	3	0	15	100%

Emergency Services Discussion:

Screen 3: In all deficient records, the inmate's current weight was not documented.

Screen 5: In three records, there was no evidence follow-up care was appropriately provided.

- In the first record, the inmate presented to the medical unit complaining of chest pain. He was found to have diminished breath sounds and the chest pain was relieved with nitroglycerin. The inmate was never referred to the clinician.
- In the second record, an inmate with an extensive history of urinary tract infections presented with dysuria and hematuria. He was not referred to the clinician and was only provided with ibuprofen.
- In the third record, the inmate was seen on 1/22/24 with chest and left elbow pain secondary to a stabbing two weeks earlier. Antibiotics were ordered but there was no evidence that the inmate received them.

Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	6	5	1	0	83%
2 All orders are received and implemented	6	1	5	0	17%
3 A thorough nursing assessment is completed within two hours of admission	6	2	4	0	33%
4 A Morse Fall Scale is completed at the required intervals	6	0	6	0	0%
5 Nursing assessments are completed at the required intervals	6	0	6	0	0%
6 Clinician rounds are completed and documented as required	6	1	5	0	17%
7 Weekend and holiday clinician phone rounds are completed and documented as required	4	0	4	2	0%
8 A discharge note containing all of the required information is completed as required	6	3	3	0	50%
9 A discharge summary is completed by the clinician within 72 hours of discharge	6	2	4	0	33%

Inpatient Infirmary Care Discussion:

Screen 2: In five records, complete vital signs were not documented as ordered by the provider.

Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	15	14	1	0	93%
2 All orders are received and implemented	14	8	6	1	57%
3 The inmate is evaluated within one hour of being placed on observation status	15	15	0	0	100%
4 Patient evaluations are documented at least once every eight hours	15	5	10	0	33%
5 Weekend and holiday clinician phone rounds are completed and documented as required	2	1	1	13	50%
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	15	15	0	0	100%
7 A discharge note containing all of the required information is completed as required	14	14	0	1	100%

Outpatient Infirmary Care Discussion:

Screen 2: In six records, complete vital signs were not documented as ordered by the provider.

Sick Call Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The sick call request is appropriately triaged based on the complaint or condition	18	17	1	0	94%
2 The inmate is assessed in the appropriate time frame	17	16	1	1	94%
3 The nursing assessment is completed in its entirety	18	18	0	0	100%
4 Complete vital signs including weight are documented	18	16	2	0	89%
5 There is evidence of applicable patient education	18	17	1	0	94%
6 Referrals to a higher level of care are made in accordance with protocols	7	6	1	11	86%
7 Follow-up visits are completed in a timely manner	5	5	0	13	100%
8 Clinician orders from the follow-up visit are completed as required	4	2	2	14	50%

Sick Call Discussion:

Screen 8: In the first record, the provider recommended an urgent urology consult for an inmate with a history of testicular cancer. However, the consult was not processed for scheduling for over one month. In the second record, the clinician ordered an ultrasound for an inmate experiencing new onset testicular pain. However, there was no evidence that the ultrasound was completed.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Pre-Special Housing Health Evaluation is complete and accurate	15	15	0	0	100%
2	All medications are continued as prescribed while the inmate is held in special housing	2	2	0	13	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	2	2	0	13	100%
4	All emergencies are responded to within the required time frame	4	4	0	11	100%
5	The response to the emergency is appropriate	2	2	0	13	100%
6	All sick call appointments are triaged and responded to within the required time frame	8	8	0	7	100%
7	New or pending consultations progress as clinically required	1	1	0	14	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	10	10	0	5	100%

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	17	17	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	17	7	10	0	41%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	16	4	12	1	25%
4 The consultation report is reviewed by the clinician in a timely manner	12	11	1	5	92%
5 The consultant's treatment recommendations are incorporated into the treatment plan	8	8	0	9	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	9	3	6	8	33%
7 The diagnosis is recorded on the problem list	16	16	0	1	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	17	N/A
9 There is evidence that the ATP is implemented	0	0	0	17	N/A

Consultations Discussion:

Screen 2: In 10 records, the referral and utilization processes were not completed timely.

- In the first record, an urgent cardiology consult requested in response to an abnormal echocardiogram was submitted on 8/16/22, but never processed.
- In the second record, an urgent surgical consult was not processed for almost two weeks.
- In the third record, an inmate underwent a radical orchiectomy on 8/14/23. He transferred to SBCF on 8/31/23. The provider reviewed the medical record on 9/7/23 and noted, "status post left radical orchiectomy, needs post-op follow-up with urologist, patient needs to return to camp for continuity of care." There was no documentation in the medical record of efforts undertaken to obtain the necessary care. This led to delays in the treatment of the malignancy.
- In the fourth record, an urgent orthopedic consultation was placed on 9/18/23; however, it was not processed until 1/9/24.
- In the fifth, six and seventh records, urgent consultations were not processed for 10 days.
- In the eighth record, an urgent orthopedic consult was submitted on 9/18/23 but never processed. The consult was resubmitted on 1/9/24.
- In the remaining two records, urgent consults were not processed for almost six weeks.

Screen 3: In 12 records, there was no evidence that the consultation was completed in a timely manner.

- In the first record, an urgent cardiac consultation was submitted on 8/16/22 but not completed until 12/21/23.
- In the second record, an urgent urology consult was not completed for two months.
- In the third record, an urgent cardiology consult took six weeks to complete.

- In the fourth record, an urgent orthopedic consultation was not completed for over two months.
- In the fifth record, an urgent orthopedic consultation was requested on 9/18/23; however, the request was never appropriately processed. The consultation was resubmitted on 1/9/24 but remained pending at the time of the survey.
- In the sixth record, an inmate was discharged from an outside hospital with a foley catheter. An urgent urology consult was requested on 2/22/24 but not completed for two months.
- In the seventh record, an urgent cardiology consultation for an inmate “at high risk for MI” was requested on 11/6/23 but not completed for one month.
- In the eighth record, an urgent thyroid scan to assess suspicious nodules, was submitted on 12/5/23 but not completed until 1/22/24.
- In the ninth record, an urgent request for cardiac clearance for surgery submitted on 1/25/24 had not been completed by the time of the survey.
- In the tenth record, an urgent orthopedic consultation following a right scapula fracture submitted on 2/12/24 had not been completed by the date of the survey.
- In the eleventh record, an urgent cardiac consultation requested on 3/6/24 and scheduled for 4/4/24, was not completed due to “no transport van available.” The consultation remained pending as of the survey date.
- In the twelfth record, the urgent consultation was not completed for over eight weeks, leading to a delay in the diagnosis of a malignancy.

Screen 6: In eight records, follow-up treatment was not provided in a timely manner.

- In the first record, the cardiologist recommended an echocardiogram on 12/21/23. The inmate was never transported. The consult was not resubmitted until 1/31/24 and was not completed until 2/26/24.
- In the second record, the urologist recommended cystoscopy and biopsy within two weeks. This was not completed for two months.
- In the third record, the urologist documented on 1/5/24, “needs oncology ASAP.” This urgent consult was not completed until 2/29/24, leading to a delay in this inmate’s cancer treatment.
- In the fourth record, the cardiologist recommended an echocardiogram and stress test in December 2023. The consultant requested that the inmate be returned to the clinic upon completion of these tests. This diagnostic testing was not completed prior to inmate’s transfer to another institution and was not noted on any transfer documentation to assist with continuity of care.
- In the fifth record, neurological follow-up after a stroke was supposed to be completed by February 2024. The inmate was not returned to the clinic until Mid-March 2024. Additionally, the consultant indicated that pertinent records did not accompany the inmate.
- In the sixth record, the inmate was not returned to the urologist within the requested time frame. He did eventually complete the appointment, but without the ordered diagnostic testing.
- In the seventh record, the inmate was returned to the cardiologist’s clinic without the requested diagnostic testing.
- In the eighth record, the consultant recommended that the inmate undergo a colonoscopy. However, the on-site provider did not request this procedure for several weeks.

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	17	1	0	94%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	18	17	1	0	94%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	0	12	0	0%
2 Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	12	0	12	0	0%
4 There is evidence of pneumococcal vaccination or refusal	12	8	4	0	67%
5 There is evidence of influenza vaccination or refusal	12	8	4	0	67%

Medication and Vaccination Discussion:

Screen 1: In the deficient records, the MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

Intra-System Transfers

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	16	2	0	89%
3	The inmate's medications reflect continuity of care	15	11	4	3	73%
4	The medical record reflects continuity of care for inmate's pending consultations	6	5	1	12	83%
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	12	12	0	6	100%
6	Special passes/therapeutic diets are reviewed and continued	10	9	1	8	90%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	8	10	0	44%

Intra-system Transfers Discussion:

Screen 3: In the deficient records, the MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	18	4	14	0	22%
2 All components of the screening are completed and documented as required	18	12	6	0	67%
3 All diagnostic tests are completed prior to the periodic screening encounter	18	0	18	0	0%
4 Referral to a clinician occurs if indicated	10	6	4	8	60%
5 All applicable health education is provided	18	8	10	0	44%

Periodic Screenings Discussion:

Screen 2: In four records, inmates were not provided with the results of their laboratory testing. In two records, changes in vision and hearing were not addressed.

Screen 3: In these records, the required diagnostic and laboratory tests were not completed according to the latest FDC guidelines. Staff had been using an outdated policy and were unaware of recent requirement changes.

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	6	5	1	0	83%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	1	1	0	5	100%
3	There is documentation that the alleged victim was provided education on STIs	2	2	0	4	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	6	N/A
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	6	N/A
6	Repeat STI testing is completed as required	0	0	0	6	N/A
7	A mental health referral is submitted following the completion of the medical screening	6	6	0	0	100%
8	The inmate is evaluated by mental health by the next working day	6	5	1	0	83%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	6	N/A

Dental Review

Dental Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	Allergies are documented in the EMR	17	17	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	15	15	0	2	100%
3	Dental appointments are completed in a timely manner	1	1	0	16	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	3	3	0	14	100%
5	There is evidence of accurate diagnosis based on a complete dental examination	3	3	0	14	100%
6	The treatment plan is appropriate for the diagnosis	3	3	0	14	100%
7	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	3	3	0	14	100%
8	Dental findings are accurately documented	3	3	0	14	100%
9	Sick call appointments are completed timely	7	7	0	10	100%
10	Follow-up appointments for sick call or other routine care are completed timely	1	1	0	16	100%
11	Consultations or specialty services are completed timely	2	2	0	15	100%
12	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	15	100%
13	There is evidence of informed consent or refusal for extractions and/or endodontic care	8	8	0	9	100%
14	The use of dental materials including anesthetic agent are accurately documented	8	8	0	9	100%
15	Applicable patient education for dental services is provided	15	15	0	2	100%

Dental Systems

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

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	8	6	2	1	75%
2	The nursing evaluation is completed within 2 hours of admission	8	7	1	1	88%
3	Guidelines for SHOS management are observed	5	4	1	4	80%
4	The inmate is observed at the frequency ordered by the clinician	8	2	6	1	25%
5	Nursing evaluations are completed once per shift	8	3	5	1	38%
6	There is evidence of daily rounds by the attending clinician	8	5	3	1	63%
7	There is evidence of daily counseling provided by mental health staff	8	8	0	1	100%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	8	8	0	1	100%
9	There is evidence of adequate post-discharge follow-up by mental health staff	6	4	2	3	67%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	5	1	4	4	20%

Self-Injury and Suicide Prevention Discussion:

Screen 1: In the first record, the patient was sent to an outside hospital following a self-inflicted wound which required medical intervention. The nursing note documenting his return indicated that the mental health provider was notified and determined that placement on Self-harm Observation Status (SHOS) was not needed. Instead, an order was given to place the inmate on 23-hour medical observation. Department policy requires that inmates be placed on SHOS following an episode of serious self-injury. In the second record, the emergency evaluation was incomplete and did not adequately address the inmate's history of self-harm and suicide attempts.

Screen 4: In six records, there were multiple blanks on the observation checklist indicating that the required safety checks may not have been completed at the intervals ordered by the clinician. Additionally, several of the checklists contained inaccurate admission information.

Screen 5: All five records were missing multiple evaluations.

Screen 9: In the first record, the required follow-up was not completed at the correct intervals. In the second record, there was no evidence of follow-up.

Access To Mental Health Services

Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	17	17	0	0	100%
2 The request is responded to within the appropriate time frame	17	17	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	17	17	0	0	100%
4 The follow-up to the request occurs as intended	17	16	1	0	94%
5 Consent for treatment is obtained prior to conducting an interview	15	11	4	2	73%

Psychological Emergencies

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	13	13	0	0	100%
2	The emergency is responded to within one hour	13	13	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	13	13	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	13	13	0	0	100%
5	A thorough mental status examination is completed	13	13	0	0	100%
6	Appropriate interventions are made	13	12	1	0	92%
7	The disposition is clinically appropriate	13	11	2	0	85%
8	There is appropriate follow-up as indicated in response to the emergency	2	1	1	11	50%

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	16	13	3	0	81%
2	Psychotropic medications continue as ordered while inmates are held in special housing	5	3	2	11	60%
3	A mental status examination (MSE) is completed in the required time frame	15	15	0	1	100%
4	Follow-up MSEs are completed in the required time frame	9	9	0	7	100%
5	MSEs are sufficient to identify problems in adjustment	12	11	1	4	92%
6	Mental health staff responds to identified problems in adjustment	5	4	1	11	80%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	10	10	0	6	100%

Special Housing Discussion:

Screen 2: In two records, there were multiple blanks on the Medication Administration Record (MAR). CMA surveyors were unable to determine if inmates were offered medication on the corresponding days, since there was neither evidence of inmate refusal, nor an incidental note providing additional information.

Use of Force

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A post use-of-force physical examination is present in the record	6	4	2	0	67%
2 The post use-of-force physical examination is completed in its entirety	4	2	2	2	50%
3 There is evidence physical health staff completed a referral to mental health staff	6	0	6	0	0%
4 Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	6	1	5	0	17%
5 Recent changes in the inmate's condition are addressed	1	1	0	5	100%
6 There is evidence of appropriate follow-up care for identified mental health problems	1	1	0	5	100%
7 A physician's order is documented if force is used to provide medical treatment	0	0	0	6	N/A

Use of Force Discussion:

Screen 1: In two records, there was no documentation that the inmate received a medical evaluation following a chemical use of force.

Screen 2: In two records, the post use-of-force exam was incomplete and did not include a diagram of the human body.

Screen 3: In six records, there was no evidence that the appropriate referral was completed.

Screen 4: In five records, the required evaluation was not completed.

Outpatient Mental Health Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	A consent for treatment is signed prior to treatment and/or renewed annually	18	17	1	0	94%
2	The inmate is interviewed by mental health staff within 14 days of arrival	8	8	0	10	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	5	5	0	13	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	17	100%
5	Consent is obtained prior to initiating sex offender treatment	1	1	0	17	100%
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	1	1	0	17	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	1	1	0	17	100%
12	The ISP is individualized and addresses all required components	18	14	4	0	78%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	12	6	0	67%
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	17	1	0	94%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	0	0	100%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
16	The ISP is signed by the inmate and all members of the treatment team	18	13	5	0	72%
17	The ISP is reviewed and revised at least every 180 days	17	9	8	1	53%
18	Identified problems are recorded on the problem list	18	17	1	0	94%
19	The diagnosis is clinically appropriate	18	17	1	0	94%
20	There is evidence the inmate received the mental health services described in the ISP	18	14	4	0	78%
21	Counseling is offered at least once every 60 days	18	14	4	0	78%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	15	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	18	14	4	0	78%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	18	16	2	0	89%
30	The frequency of clinical contacts is sufficient	18	14	4	0	78%

Outpatient Mental Health Services Discussion:

Screen 12: The individualized service plan (ISP) was found in all of the deficient records; however, each was incomplete and contained inaccurate clinical information.

Screen 16: In the deficient records, the inmate’s signature was not noted on the ISP. CMA surveyors were unable to determine if the inmates agreed with their individualized treatment plan.

Screen 30: In these records, inmates were receiving clinical services less frequently than was required by Department policy and outlined by the inmate’s treatment plan.

Outpatient Psychotropic Medications

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	2	2	0	16	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	18	N/A
3	Appropriate initial laboratory tests are ordered.	3	3	0	15	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	3	2	1	15	67%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	17	13	4	1	76%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8	The inmate receives medication(s) as prescribed	16	2	14	2	13%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	16	3	13	2	19%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	16	2	14	2	13%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
11 Prescribed medication administration times are appropriate	18	18	0	0	100%
12 Informed consents are signed for each medication prescribed	18	10	8	0	56%
13 Follow-up sessions are conducted at appropriate intervals	18	14	4	0	78%
14 Documentation of psychiatric encounters is complete and accurate	18	13	5	0	72%
15 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	12	7	5	6	58%
16 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
17 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
18 For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
19 The ETO is administered in the least restrictive manner	0	0	0	18	N/A
20 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Outpatient Psychotropic Medications Discussion:

Screen 4: In the deficient record, elevated lipid levels were not addressed.

Screen 5: In the first record, repeat lipid testing was completed six months after it was due. In two records, the required thyroid testing was not completed. In the last record, labs had not been drawn since 8/24/22.

Screen 8: In the deficient records, the MAR contained multiple blanks, indicating that inmates may not have been offered medications on those days. Additionally, there were multiple documented “no shows” or “refusals”; however, there were no signed refusals corresponding to the dates shown on the MAR.

Screen 9: In these records, there was no evidence that nursing staff met with the inmate after two consecutive missed doses to provide education and encourage medication compliance.

Screen 10: If an inmate misses three consecutive or five total doses within a month, staff is required to meet with the patient. At that time, a refusal of all future doses can be signed, and the chart forwarded to the clinician for disposition. In these records, there was no evidence this process was followed.

Screen 12: In these records, informed consents were obtained; however, the consents did not list side effects of the medications. Department policy and community standards of practice require that patients are informed in writing of the risks and/or benefits of psychotropic medications.

Screen 13: In two records, inmates who were started on a new medication were not seen again after two weeks as required by Department policy. In the third record, the inmate was not seen for four months. During

this time his prescription expired, and he did not receive his psychotropic medications for two weeks. In the fourth record, the inmate was not seen by psychiatry for almost eight months.

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)	16	12	4	0	75%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	10	5	5	6	50%
3	Appropriate patient care summaries are completed within 30 days of EOS	0	0	0	16	N/A
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2	0	2	14	0%

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%

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	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmary beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

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	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%

Psychiatric Restraint

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

Special Housing

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

Mental Health Services

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

SHOS

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

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews with CMA staff. Overall, inmates reported that medical services were adequate. However, there were several complaints noted by multiple individuals. These included medical issues not being addressed timely and the belief that medical providers were too busy to listen to their complaints and answer questions regarding medical treatments. One inmate reported that he learned about the warning signs and side effects of his medication by “watching commercials.”

Most inmates that had submitted sick call requests reported that it takes about a week to be seen. Several inmates reported sick-call and inmate requests not being acknowledged and having to be submitted multiple times. Multiple inmates endorsed having a medical need that was unmet. The majority of these inmates were waiting for specialty services appointments with an outside provider. They indicated that wait times for these appointments were slow.

Additionally, one third of the inmates complained of difficulty in getting medication refills, as well as the inconsistent availability of over the counter (OTC) medications in the dorms. Several inmates purported that staff do not always provide OTC medications and that oftentimes inmates had to wait for a shift change to obtain medications.

Inmates who had been in confinement within the past year had several concerns. Several inmates reported being told they could not declare a medical or mental health emergency while in confinement. Several others reported delays in receiving medications during their initial days in special housing.

Overall, inmates expressed satisfaction with mental health services and were particularly complimentary of the mental health professionals (MHP). They indicated that counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment.

Inmates reported no issues with dental emergencies. All applicable inmates on the dental case load expressed frustration with the amount of time it took to receive these services.

MEDICAL STAFF INTERVIEWS

Six staff including administrative, clinical, and nursing team members participated in interviews during the survey process. They were all knowledgeable about policies and procedures directing the provision of health care at this institution. However, staff voiced concerns in several areas. Staff reported frustrations with delays in specialty services appointments. They reported that even though there are many pending consultations, they are limited to only transporting three inmates per day.

Several staff indicated that if the patients turn in their refill slips too soon, they are rejected by the pharmacy which sometimes results in delays in receiving keep on person (KOP) medications. They also indicated additional training is needed on the use of the medication administration components of the electronic health record.

Medical and mental health staff spoke at length regarding security concerns related to their personal safety from inmate assaults. Staff voiced concern with the lack of security presence in the medical areas. They indicated that they were fearful for their safety and the safety of inmates in medical units. They also reported difficulty in having inmates brought to medical appointments.

MENTAL HEALTH STAFF INTERVIEWS

Three members of the mental health team agreed to participate in interviews. Staff appeared knowledgeable and dedicated to meeting the needs of the inmates on their caseloads. They were easily able to describe the suicide and self-harm prevention techniques used and reported sufficient training for employees and therapeutic programs for the inmates. Staff indicated that they have come together as a team, and they take pride in the services provided. Staff stated that a dedicated aftercare specialist would be beneficial. They described challenges with security communication between mental health staff and inmates being brought to medical for appointments. Staff turnover had been a large obstacle, but they are now nearly fully staffed. They also reported concerns with security in the mental health department. There is a panic button; however, security staff is not always nearby because there is only one officer in the medical/mental health area. A staff assault occurred in the mental health department at the time of the survey.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process, obtaining emergency care, and accessing routine medical care. They were familiar with the procedures that pertain to inmates being placed in special housing. They voiced concerns regarding security presence in the medical/mental health areas. They stated a need for two officers, one for mental health and one for medical. It was also noted that medical staff needs to be more “caring” of the inmate’s needs. Staff reported that the wait times for the inmates to be seen in medical are very long and need to be greatly shortened.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	1
Endocrine Clinic	4
Gastrointestinal Clinic	2
General Chronic Illness Clinics	0
Immunity Clinic	2
Miscellaneous Clinic	1
Neurology Clinic	0
Oncology Clinic	4
Respiratory Clinic	0
Tuberculosis Clinic	N/A
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	2
Outpatient Infirmary Care	3
Inpatient Infirmary Care	8
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	3
Medical Inmate Request	0
Medication and Vaccine Administration	4
Intra-System Transfers	2
Periodic Screening	5
PREA Medical Review	0

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	42

Mental Health Findings Summary

Self-Injury and Suicide Prevention Review	
Assessment Area	Total Number Finding
Self-Injury and Suicide Prevention	6
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	4
Psychological Emergencies	1
Mental Health Inmate Request	1
Special Housing	1
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	N/A
Inpatient Psychotropic Medications	N/A
Outpatient Mental Health Services	8
Outpatient Psychotropic Medications	9
Aftercare Planning	3

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	33

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 South Bay CF, the CMA makes the following recommendations:

- Conduct a thorough review of medication administration services to ensure that all aspects of medication services are in compliance with Department policy.
- Provide additional education to nursing staff on medication administration and medication refusals.
- Ensure ISPs are signed and completed at required intervals and services are provided as indicated on the ISP.
- Train and support staff on optimally utilizing the electronic health record, with particular focus on the eMAR.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Establish a system to ensure clinician referral for follow-ups are completed for sick call and emergencies when required.
- Provide clinician training on FDC Health Services Bulletins as well as policies and procedures.
- Assess the need for additional security staff in the medical units to ensure inmate and staff safety from assault.