

SUMTER CORRECTIONAL INSTITUTION



March 11-13, 2025

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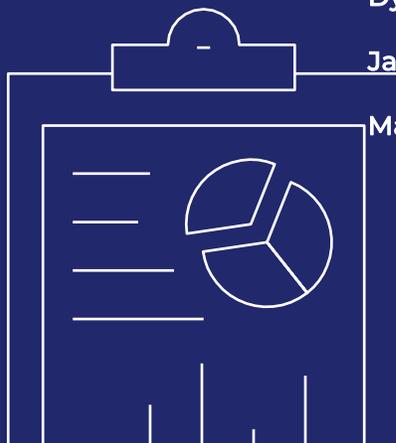
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BACKGROUND AND SCOPE

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.
- 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

Sumter Correctional Institution (SUMCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. SUMCI consists of a Main Unit and Work Camp.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1502	Current Main Unit Census	1390
Satellite Unit(s) Capacity	290	Current Satellite(s) Census	253
Total Capacity	1792	Total Current Census	1680

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	746	856	60	0	2	1018	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			Impaired
	1	2	3	4	5	6	Impaired
	1620	44	0	N/A	N/A	N/A	1018

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	16	37	0	N/A	N/A	N/A

¹ Demographic and staffing information were obtained from the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	1
Registered Nurse	4	1
Licensed Practical Nurse	7	0
DON/Nurse Manager	1	0
Dentist	2	0
Dental Assistant	3	0
Dental Hygienist	1	0

Mental Health Unit Staffing

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

SUMTER CORRECTIONAL INSTITUTION SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at SUMCI on March 11-13, 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 SUMCI. 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	4	Mental Health Survey Findings	1

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	1	1	0	17	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	3	3	0	15	100%
7	Medications appropriate for the diagnosis are prescribed	17	17	0	1	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A
Overall Compliance Score 100%						

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4 Annual laboratory work is completed as required	16	16	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	13	13	0	3	100%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	6	6	0	10	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	9	9	0	7	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	10	10	0	6	100%
10 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
11 Patients are receiving insulin as prescribed	6	6	0	10	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
Overall Compliance Score 100%					

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	10	10	0	0	100%
2	There is evidence of an appropriate physical examination	10	9	1	0	90%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
4	Annual laboratory work is completed as required	10	10	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	8	8	0	2	100%
6	Medications appropriate for the diagnosis are prescribed	9	8	1	1	89%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	10	10	0	0	100%
8	Abdominal ultrasounds are completed at the required intervals	10	10	0	0	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	4	4	0	6	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	10	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	10	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	10	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	10	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	10	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	10	N/A
Overall Compliance Score 98%						

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	15	15	0	0	100%
2	Appropriate patient education is provided	15	15	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	15	14	1	0	93%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	15	15	0	0	100%
Overall Compliance Score 98%						

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	10	10	0	0	100%
2 There is evidence of an appropriate physical examination	10	10	0	0	100%
3 Medications appropriate for the diagnosis are prescribed	10	10	0	0	100%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	10	10	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	5	5	0	5	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	5	5	0	5	100%
Overall Compliance Score 100%					

Neurology Chronic Illness Clinic

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

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	7	7	0	0	100%
2 There is evidence of an appropriate physical examination	7	7	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	5	5	0	2	100%
4 Annual laboratory work is completed as required	7	7	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	2	2	0	5	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	7	7	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	2	2	0	5	100%
8 Oncological treatments are received as prescribed	6	6	0	1	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	4	4	0	3	100%
Overall Compliance Score 100%					

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	13	13	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	2	2	0	11	100%
3	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
4	A peak flow reading is recorded at each visit	13	13	0	0	100%
5	There is evidence of an appropriate physical examination	13	13	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A
Overall Compliance Score 100%						

Tuberculosis Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	9	9	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	9	9	0	0	100%
3	There is evidence of initial and ongoing education	9	9	0	0	100%
4	There is evidence of monthly nursing follow-up	9	9	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	9	9	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	9	9	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	9	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	2	2	0	7	100%
9	The appropriate medication regimen is prescribed	9	9	0	0	100%
10	The inmate receives TB medications as prescribed	9	9	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	3	3	0	6	100%
12	Documentation of the CIC visit includes an appropriate physical examination	7	7	0	2	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	9	N/A
Overall Compliance Score 100%						

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	2	2	0	16	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	18	0	0	100%
4	There is evidence of appropriate and applicable patient education	16	16	0	2	100%
5	Findings requiring clinician notification are made in accordance with protocols	12	12	0	6	100%
6	Follow-up visits are completed timely	13	13	0	5	100%
7	Clinician's orders from the follow-up visit are completed as required	10	10	0	8	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	2	0	16	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	2	2	0	16	100%
Overall Compliance Score 100%						

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	14	14	0	0	100%
2	All orders are received and implemented	14	14	0	0	100%
3	The inmate is evaluated within one hour of being placed on observation status	14	14	0	0	100%
4	Patient evaluations are documented at least once every eight hours	13	13	0	1	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	5	5	0	9	100%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	14	14	0	0	100%
7	A discharge note containing all of the required information is completed as required	9	9	0	5	100%
Overall Compliance Score 100%						

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

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	18	17	1	0	94%
3	The nursing assessment is completed in its entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Referrals to a higher level of care are made in accordance with protocols	7	7	0	11	100%
7	Follow-up visits are completed in a timely manner	9	8	1	9	89%
8	Clinician orders from the follow-up visit are completed as required	8	8	0	10	100%
Overall Compliance Score 97%						

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Pre-Special Housing Health Evaluation is complete and accurate	11	11	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	7	7	0	4	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	3	3	0	8	100%
4 All emergencies are responded to within the required time frame	0	0	0	11	N/A
5 The response to the emergency is appropriate	0	0	0	11	N/A
6 All sick call appointments are triaged and responded to within the required time frame	2	2	0	9	100%
7 New or pending consultations progress as clinically required	1	1	0	10	100%
8 All mental health and/or physical health inmate requests are responded to within the required time frame	2	2	0	9	100%
Overall Compliance Score 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	15	15	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	15	12	3	0	80%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	15	4	11	0	27%
4 The consultation report is reviewed by the clinician in a timely manner	15	11	4	0	73%
5 The consultant's treatment recommendations are incorporated into the treatment plan	14	14	0	1	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	12	9	3	3	75%
7 The diagnosis is recorded on the problem list	13	13	0	2	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	0	0	0	15	N/A
9 There is evidence that the ATP is implemented	0	0	0	15	N/A
Overall Compliance Score 79%					

Consultations Discussion:

Screen 3: Per policy urgent consultations should be completed within 14 business days.

- In the first record, an urgent gastrointestinal consult was not completed for three months.
- In the second record, an urgent echocardiogram was not completed for five weeks.
- In the third record, an urgent Lexiscan was not completed for five weeks.
- In the fourth record, an urgent Lexiscan was not completed for almost seven weeks.

Per policy, routine consultations should be completed within 45 days.

- In the first record, a routine gastrointestinal consult was not completed for two months.
- In the second record, a routine neurology consult was not completed for three months.
- In the third record, a routine colonoscopy was not completed for seven months.
- In the fourth record, a routine colonoscopy and endoscopy were not completed for six months.
- In the fifth record, a routine urology consult was not completed for three months.
- In the sixth record, a routine consult to the vascular surgeon was not completed for five months.
- In the seventh record, a urology consult was not completed for three months.

Screen 4: In the first record, the consultation was completed on 1/29/25 but not reviewed by the provider until 2/16/25. In the second record, the Lexiscan was completed on 1/13/25 but was not reviewed until 2/10/25. In the third record, the consultation was completed on 11/7/24 and reviewed on 12/2/24. In the fourth record, a Lexiscan was completed 1/21/25 and reviewed 2/16/25.

Screen 6: In three records, the gastroenterologist recommended colonoscopies. However, none of these procedures was completed in the appropriate time frame.

Medical Inmate Requests

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2	The request is responded to within the appropriate time frame	18	18	0	0	100%
3	The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4	The follow-up to the request occurs as intended	10	10	0	8	100%
Overall Compliance Score 100%						

Medication And Vaccination Administration

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The inmate receives medications as prescribed	12	12	0	0	100%
2	Allergies are listed on the MAR or the medication page in the EMR	12	12	0	0	100%
3	If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	1	1	0	11	100%
4	There is evidence of pneumococcal vaccination or refusal	11	11	0	1	100%
5	There is evidence of influenza vaccination or refusal	11	11	0	1	100%
Overall Compliance Score 100%						

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	18	18	0	0	100%
3	The inmate's medications reflect continuity of care	6	6	0	12	100%
4	The medical record reflects continuity of care for inmate's pending consultations	2	2	0	16	100%
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	5	5	0	13	100%
6	Special passes/therapeutic diets are reviewed and continued	3	3	0	15	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%
Overall Compliance Score 100%						

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	18	0	0	100%
2	All components of the screening are completed and documented as required	18	18	0	0	100%
3	All diagnostic tests are completed prior to the periodic screening encounter	18	10	8	0	56%
4	Referral to a clinician occurs if indicated	7	7	0	11	100%
5	All applicable health education is provided	18	18	0	0	100%
Overall Compliance Score 91%						

Periodic Screenings Discussion:

Screen 3: In three records, a low dose CT was indicated but not completed. In three records, hemocult testing was not completed. In the remaining records, there was no evidence of fasting plasma glucose levels.

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

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	5	4	1	13	80%
4 Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	6	5	1	12	83%
5 There is evidence of accurate diagnosis based on a complete dental examination	7	7	0	11	100%
6 The treatment plan is appropriate for the diagnosis	7	7	0	11	100%
7 There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	8	8	0	10	100%
8 Dental findings are accurately documented	8	8	0	10	100%
9 Sick call appointments are completed timely	6	6	0	12	100%
10 Follow-up appointments for sick call or other routine care are completed timely	15	15	0	3	100%
11 Consultations or specialty services are completed timely	0	0	0	18	N/A
12 Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	18	N/A
13 There is evidence of informed consent or refusal for extractions and/or endodontic care	8	8	0	10	100%
14 The use of dental materials including anesthetic agent are accurately documented	15	15	0	3	100%
15 Applicable patient education for dental services is provided	18	18	0	0	100%

Overall Compliance Score 97%

Dental Systems

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

Overall Compliance Score 100%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

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

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	10	10	0	0	100%
2	The emergency is responded to within one hour	10	10	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	10	9	1	0	90%
4	Documentation indicates the clinician fully assessed suicide risk	10	10	0	0	100%
5	A thorough mental status examination is completed	10	10	0	0	100%
6	Appropriate interventions are made	10	10	0	0	100%
7	The disposition is clinically appropriate	10	10	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	0	0	0	10	N/A
Overall Compliance Score 99%						

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	14	14	0	0	100%
2 The request is responded to within the appropriate time frame	14	14	0	0	100%
3 The response to the request is direct, addresses the stated need, and is clinically appropriate	14	14	0	0	100%
4 The follow-up to the request occurs as intended	10	9	1	4	90%
5 Consent for treatment is obtained prior to conducting an interview	10	7	3	4	70%
Overall Compliance Score 92%					

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

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	14	14	0	0	100%
2	The inmate is interviewed by mental health staff within 14 days of arrival	4	4	0	10	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	4	4	0	10	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	14	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	14	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	14	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	14	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	14	N/A
9	The Bio-psychosocial (BPSA) is present in the record	14	13	1	0	93%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	14	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	1	1	14	N/A
12	The ISP is individualized and addresses all required components	14	14	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	14	13	1	0	93%
14	ISP goals are time limited and written in objective, measurable behavioral terms	14	14	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	14	14	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	14	14	0	0	100%
17 The ISP is reviewed and revised at least every 180 days	14	14	0	0	100%
18 Identified problems are recorded on the problem list	14	14	0	0	100%
19 The diagnosis is clinically appropriate	14	14	0	0	100%
20 There is evidence the inmate received the mental health services described in the ISP	14	14	0	0	100%
21 Counseling is offered at least once every 60 days	14	14	0	0	100%
22 Case management is provided every 30 days to S3 inmates with psychotic disorders	0	0	0	14	N/A
23 Case management is provided at least every 60 days for inmates without psychotic disorders	14	14	0	0	100%
24 Progress notes are of sufficient detail to follow the course of treatment	14	14	0	0	100%
25 The frequency of clinical contacts is sufficient	14	14	0	0	100%
Overall Compliance Score 99%					

Institutional Systems Tour

Medical Area

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

Infirmary

	SCREEN QUESTION	COMPLIANCE SCORE			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	Infirmery beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%
Overall Compliance Score 100%					

Inmate Housing Areas

	SCREEN QUESTION	COMPLIANCE SCORE			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%
Overall Compliance Score 100%					

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

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Twelve inmates agreed to participate in interviews. Overall, inmates were complementary of medical services and indicated that sick call and emergency services are administered timely. Several inmates reported they have difficulties getting passes renewed and indicated they avoid medical because they are afraid their passes will be taken away. One inmate stated his lower bunk pass was taken away without explanation and another indicated he had a pass for respiratory conditions which was not renewed.

Inmates reported satisfaction with dental services. They indicated wait times for dental services were appropriate. Overall, inmates expressed satisfaction with mental health services and were particularly complementary of the mental health professional (MHP). They indicated counseling and case management services were helpful in dealing with psychological symptoms and prison adjustment.

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews including nursing, clinical, and administrative staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported security personnel are cooperative and helpful when assistance is required. Staff noted they have a large population of elderly inmates requiring more care. They reported they are adequately staffed; however, more nursing staff would be beneficial to provide better care to the elderly inmates.

MENTAL HEALTH STAFF INTERVIEWS

One mental health professional (MHP) provides services to inmates on the mental health caseload. The MHP appeared knowledgeable about the inmates on the caseload, demonstrated good clinical knowledge and was familiar with policies and procedures related to the accessing of mental health care.

SECURITY STAFF INTERVIEWS

Three security officers participated in interviews. Security staff appeared knowledgeable about policies pertaining to the sick call process, and the accessing of emergency care. They correctly verbalized procedures that pertained to inmates being placed in confinement.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

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

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	4

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	1

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 SUMCI the CMA makes the following recommendations:

- Monitor the recently implemented system for tracking keep-on-person (KOP) medication to ensure inmates are receiving medications as intended.
- Ensure that laboratory and diagnostic testing is completed as required for periodic screening encounters.
- Conduct a thorough review of institutional procedures surrounding the consultation process to ensure that the systems in place are adequate for ensuring the timely completion of specialty services.
- Conduct a review of recently completed consultations to ensure that all aspects of the clinical treatment plan were completed.