

UNION CORRECTIONAL INSTITUTION



March 24-26, 2026

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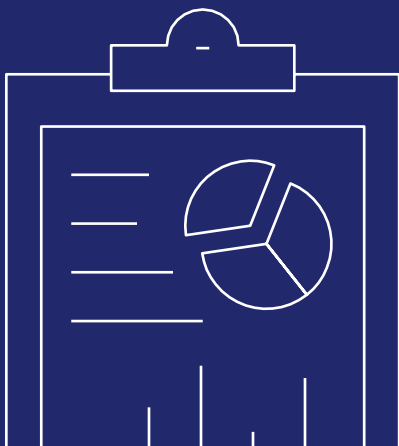
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BACKGROUND AND SCOPE

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

Union Correctional Institution (UCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. UCI consists of a Main Unit and a work camp.¹

Institutional Potential and Actual Workload

Main Capacity	1893	Main Census	1792
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	377
Total Capacity	2325	Total Current Census	2169

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired	
	791	1158	226	0	14	208	
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient			
	1	2	3	4	5	6	Impaired
	1861	106	222	N/A	N/A	N/A	3

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	51	34	0	0	174	137

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	2	1
Registered Nurse	8.4	2.0
Licensed Practical Nurse	18	4.9
DON/Nurse Manager	1	0
Dentist	2	0
Dental Assistant	3	1
Dental Hygienist	1	0

Mental Health Unit Staffing

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

UNION CORRECTIONAL INSTITUTION

The CMA conducted a thorough review of the medical, mental health, and dental systems at UCI on March 24-26, 2026. 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 UCI. 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	12	Mental Health Survey Findings	8

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	18	18	0	0	100%
2	Annual laboratory work is completed as required	18	18	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	18	18	0	0	100%
4	Inmates with cardiovascular disease are prescribed low-dose aspirin if indicated	0	0	0	18	N/A
5	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
6	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	18	N/A
Overall Compliance Score 100%						

Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	18	17	1	0	94%
2	Annual laboratory work for diabetic inmates is completed as required	14	14	0	4	100%
3	Annual laboratory work for inmates with thyroid disorders is completed as required	9	9	0	9	100%
4	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	2	100%
5	A dilated fundoscopic examination is completed yearly for diabetic inmates	14	14	0	4	100%
6	Inmates with HgbA1c over 8% are seen at least every 90 days	7	7	0	11	100%
7	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin when indicated	1	1	0	17	100%
8	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE or ARB therapy unless contraindicated	11	11	0	7	100%
9	Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
10	Inmates receive insulin as prescribed	6	6	0	12	100%
11	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	18	N/A
Overall Compliance Score 99%						

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				
		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Annual laboratory work is completed as required	16	16	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
4	Medications appropriate for the diagnosis are prescribed	12	12	0	4	100%
5	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	14	14	0	2	100%
6	Abdominal ultrasounds are completed at the required intervals	15	15	0	1	100%
7	Inmates with chronic hepatitis receive liver function tests at the required intervals	15	15	0	1	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
9	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	16	N/A
10	Hepatitis C treatment is started within the appropriate time frame	0	0	0	16	N/A
11	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	16	N/A
12	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A
Overall Compliance Score 100%						

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	Inmates are enrolled in all clinics appropriate to their diagnoses	14	14	0	0	100%
2	At each clinic visit there will be an evaluation as to the control of the disease and patient status	14	14	0	0	100%
3	Appropriate patient education is provided	14	14	0	0	100%
4	Inmates are seen at intervals required for their M-grade or at intervals specified by the clinician	14	7	7	0	50%
5	There is evidence labs are available to the clinician prior to the visit and are reviewed	14	14	0	0	100%
6	There is evidence of pneumococcal vaccination or refusal	14	14	0	0	100%
7	There is evidence of influenza vaccination or refusal	14	13	1	0	93%
Overall Compliance Score 92%						

General Chronic Illness Clinic Discussion:

Screen 4: In the deficient records, inmates with a medical grade of 3 (M-3) were not seen every 90 days as required.

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)	13	13	0	0	100%
2	The on-site medical provider reviews the Department of Health (DOH) documentation	13	13	0	0	100%
3	There is evidence of an appropriate physical examination	13	10	3	0	77%
4	Laboratory and imaging studies are completed as recommended by the DOH provider	13	13	0	0	100%
5	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	2	2	0	11	100%
6	The inmate is receiving HIV medication(s) as prescribed	13	13	0	0	100%
7	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	10	10	0	3	100%
8	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	13	N/A
Overall Compliance Score 97%						

Immunity Chronic Illness Clinic Discussion:

Screen 3: In the deficient records, there was no evidence of an annual physical examination by the on-site provider. These inmates were seen in other clinics; however, the examination did not include an evaluation of the skin, mouth, lungs, heart, abdomen or lymphatic system.

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	17	16	1	0	94%
2	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	17	N/A
4	Referrals to specialists for more in-depth treatment are made as indicated	14	14	0	3	100%
Overall Compliance Score 98%						

Neurology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	13	13	0	0	100%
2	Annual laboratory work is completed as required	13	13	0	0	100%
3	Abnormal labs are reviewed and addressed in a timely manner	11	11	0	2	100%
4	Medications appropriate for the diagnosis are prescribed	10	10	0	3	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	2	2	0	11	100%
Overall Compliance Score 100%						

Oncology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	16	16	0	0	100%
3	Annual laboratory work is completed as required	16	16	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
5	Medications appropriate for the diagnosis are prescribed	10	10	0	6	100%
6	Oncological treatments are received as prescribed	10	10	0	6	100%
7	Referrals to a specialist for more in-depth treatment are made as indicated	11	11	0	5	100%
Overall Compliance Score 100%						

Respiratory Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is evidence of appropriate physical examinations	16	16	0	0	100%
2	A pulse oximetry is recorded at each visit.	16	16	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
4	Inmates with moderate to severe reactive airway disease are on anti-inflammatory medication unless contraindicated	8	8	0	8	100%
5	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	16	N/A
Overall Compliance Score 100%						

Tuberculosis Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Documentation of the Chronic Illness Clinic (CIC) visits include an appropriate physical examination	3	3	0	0	100%
2	There is evidence a chest X-ray (CXR) was completed	3	3	0	0	100%
3	There is evidence of initial and ongoing education	3	3	0	0	100%
4	There is evidence of monthly nursing follow-ups	3	3	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	0	0	0	3	N/A
6	AST and ALT tests are repeated as ordered by the clinician	1	1	0	2	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	3	N/A
8	Inmates with adverse reactions to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	3	N/A
9	The appropriate medication regimen is prescribed	2	2	0	1	100%
10	Inmates receive medications as prescribed	2	2	0	1	100%
11	Inmates are seen by the clinician at the completion of therapy	2	2	0	1	100%
12	Referrals to specialists for more in-depth treatment are made as indicated	0	0	0	3	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	4	4	0	14	100%
2	Assessments appropriate to the complaint/condition are performed on the appropriate nursing protocol and completed in its entirety	18	16	2	0	89%
3	Vital signs including weight are documented	18	18	0	0	100%
4	There is evidence of appropriate and applicable patient education	16	15	1	2	94%
5	Findings requiring clinician notification are made in accordance with protocols	17	17	0	1	100%
6	Verbal orders received from the clinician are noted and carried out timely	14	14	0	4	100%
7	Follow-up visits are completed in a timely manner	10	10	0	8	100%
8	Provider's orders from the follow-up visit are completed as required	9	8	1	9	89%
9	Appropriate documentation is completed for inmates requiring transport to a local emergency room	6	6	0	12	100%
10	The disposition of inmates upon return to the institution is clinically appropriate given the seriousness of the emergency	9	9	0	9	100%
Overall Compliance Score 97%						

Outpatient Infirmary Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Clinician's orders specify whether inmates are admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	5	5	0	0	100%
2	All orders are received and implemented	5	5	0	0	100%
3	Inmates are evaluated within one hour of being placed on observation status	5	5	0	0	100%
4	Evaluations are documented at least once every eight hours	5	5	0	0	100%
5	Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	4	100%
6	Inmates are discharged within 23 hours or admitted to the infirmary for continued care	5	5	0	0	100%
7	Discharge notes containing all of the required information are completed as required	4	4	0	1	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 inmates are admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	13	13	0	0	100%
2	All orders are received and implemented	12	7	5	1	58%
3	Thorough nursing assessments are completed within two hours of admission	13	12	1	0	92%
4	Morse Fall Scales are completed at the required intervals	13	11	2	0	85%
5	Nursing assessments are completed at the required intervals	12	12	0	1	100%
6	All long-term care admissions are weighed weekly and fluctuations in weight are reported to the provider	7	7	0	6	100%
7	Clinician rounds are completed and documented as required	12	12	0	1	100%
8	Weekend and holiday clinician phone rounds are completed and documented as required	11	8	3	2	73%
9	Nursing discharge notes containing all of the required information are completed as required	8	8	0	5	100%
10	Discharge summaries are completed by the clinician within 72 hours of discharge	8	8	0	5	100%
Overall Compliance Score 91%						

Inpatient Infirmary Care Discussion:

Screen 2: In four records, vital signs were not documented at the frequency ordered by the clinician. In one record, the provider ordered laboratory testing; however, there was no evidence this was completed.

Sick Call Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Sick call requests are appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	Inmates are assessed in the appropriate time frame	18	17	1	0	94%
3	Nursing assessments are completed in their entirety	18	17	1	0	94%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	17	1	0	94%
6	Findings requiring clinician notification are made in accordance with protocols	11	11	0	7	100%
7	Verbal orders received from the clinician are noted and carried out timely	2	1	1	16	50%
8	Follow-up visits are completed in a timely manner	12	12	0	6	100%
9	Clinician orders from the follow-up visit are completed as required	11	11	0	7	100%
Overall Compliance Score 93%						

Sick Call Services

Screen 7: In one record, the provider ordered Lactated Ringer's solution to be administered intravenously. However, normal saline was administered.

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Pre-confinement examinations are completed prior to placement in special housing	16	16	0	0	100%
2	Risk Assessments for the Use of Chemical Restraint Agents and Electronic Immobilization Devices are completed at the time of admission and the outcome is clinically appropriate	16	16	0	0	100%
3	All active medications continue as ordered while inmates are held in special housing	7	7	0	9	100%
4	Inmates are seen timely in the medical department for chronic illness clinic visits and dental appointments as ordered	10	9	1	6	90%
5	All medical emergencies are responded to timely and appropriately	0	0	0	16	N/A
6	Medical inmate requests are responded to timely and appropriately.	4	4	0	12	100%
7	All requests for sick-call (verbal or written) are triaged daily and responded to appropriately based on the complaint	5	5	0	11	100%
Overall Compliance Score 98%						

Consultations

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Consultations are requested in an appropriate time frame and the clinical information is sufficient to obtain the needed consultation	16	15	1	0	94%
2	Referrals are processed in a timely manner	16	14	2	0	88%
3	Consultations are completed in a timely manner as dictated by the clinical needs of the inmate	15	12	3	1	80%
4	The provider monitors inmates weekly to determine deterioration or status change	4	3	1	12	75%
5	Consultation reports are reviewed by the clinician in a timely manner	13	13	0	3	100%
6	The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	4	100%
7	All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	5	100%
8	Alternative treatment plans (ATP) are documented in the medical record	0	0	0	16	N/A
9	There is evidence that the ATPs are implemented	0	0	0	16	N/A
Overall Compliance Score 91%						

Medical Inmate Grievance

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the grievance forms regarding medical or dental health care are present in the electronic health record	18	18	0	0	100%
2	The identified requests are responded to within 15 calendar days from the date of receipt	18	18	0	0	100%
3	Documentation is completed in a SOAP note format	18	18	0	0	100%
4	The responses, resolutions, or clinical dispositions are appropriate	18	18	0	0	100%
Overall Compliance Score 100%						

Medical Inmate Request

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Copies of the inmate request form are present in the electronic health record	18	16	2	0	89%
2	Requests are responded to within the appropriate time frame	18	17	1	0	94%
3	Responses are direct, address the stated need and are clinically appropriate	18	17	1	0	94%
4	Follow-up to the requests occur as intended	4	3	1	14	75%
Overall Compliance Score 88%						

Medical Inmate Request Discussion:

Screen 4: In the deficient record, the inmate was referred to the provider for medical evaluation in January 2026. However, there was no evidence in the electronic health record of this appointment.

Medication Administration

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Inmates receive medications as prescribed	12	12	0	0	100%
2	Allergies are listed on the medication record (MAR) or the medication page in the EMR	12	12	0	0	100%
3	Counseling for medication non-compliance is provided for inmates who miss medication doses (3 consecutive or 5 doses within one month)	4	4	0	8	100%
Overall Compliance Score 100%						

Intra-System Transfers

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2	Vital signs are documented on the DC4-760A or progress notes	18	18	0	0	100%
3	Medications reflect continuity of care.	13	13	0	5	100%
4	The medical record reflects continuity of care for pending consultations	6	5	1	12	83%
5	The medical record reflects continuity of care for pending chronic illness clinic appointments	8	7	1	10	88%
6	Referrals, interventions or dispositions are appropriate for inmates who report a current medical, dental or mental health complaint	0	0	0	18	N/A
7	Special passes/therapeutic diets are reviewed and continued	4	4	0	14	100%
8	A clinician reviews the health record and DC4-760A within seven days of arrival	18	13	5	0	72%
Overall Compliance Score 92%						

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Periodic screening encounters are completed up to 30 days after the due date	18	16	2	0	89%
2	Screenings include documentation of vital signs and appropriate follow-up	18	16	2	0	89%
3	Screenings are completed in their entirety	18	18	0	0	100%
4	All diagnostic tests are completed within 28 days prior to the periodic screening encounter	18	13	5	0	72%
5	Referrals to a clinician occur if indicated	5	4	1	13	80%
6	All applicable health education is provided	18	18	0	0	100%
Overall Compliance Score 88%						

Periodic Screenings Discussion:

Screen 4: In three records, there was no evidence that inmates were offered hemocult testing. In the fourth record, the required laboratory testing was incomplete. In the fifth record, a low-dose CT scan was not completed for an inmate with an applicable smoking history.

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	17	16	1	0	94%
2	There is documentation that the alleged victim was provided education on sexually transmitted infections (STI)	2	1	1	15	50%
3	Prophylactic treatment and follow-up care for STIs are given as indicated	2	1	1	15	50%
4	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	17	N/A
5	Repeat STI testing is completed as required	2	1	1	15	50%
6	Mental health referrals are submitted following the completion of the medical screening	17	17	0	0	100%
7	Inmates are evaluated by mental health by the next working day	17	17	0	0	100%
8	Inmates receive additional mental health care if they ask for continued services or the services are clinically indicated	0	0	0	17	N/A
Overall Compliance Score 74%						

PREA Discussion:

Screen 3: In one record, there was no evidence the inmate was offered HIV prophylaxis to reduce the risk of infection.

Dental Review

Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Allergies are documented in the EMR	18	18	0	0	100%
2	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
3	Dental appointments are completed in a timely manner	12	12	0	6	100%
4	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	12	12	0	6	100%
5	There is evidence of an accurate diagnosis and treatment plan based on a complete dental examination	12	12	0	6	100%
6	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	12	12	0	6	100%
7	Sick call appointments are completed in a timely manner	4	4	0	14	100%
8	Follow-up appointments for sick call or other routine care are completed in a timely manner	2	2	0	16	100%
9	Consultations or specialty services are completed in a timely manner	3	3	0	15	100%
10	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
11	There is evidence of informed consent or refusal for extractions and/or endodontic care	2	2	0	16	100%
12	The use of dental materials including anesthetic agent are accurately documented	10	10	0	8	100%
13	Applicable patient education for dental services is provided	18	18	0	0	100%
Overall Compliance Score 100%						

Dental Systems

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

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Thorough clinical assessments are completed prior to placement on Self Harm Observation Status (SHOS)	13	12	1	0	92%
2	Nursing evaluations are completed within two hours of admission	13	11	2	0	85%
3	A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission	13	7	6	0	54%
4	Guidelines for SHOS management are observed	4	3	1	9	75%
5	SHOS infirmery orders contain required components, and are received and implemented accordingly	13	9	4	0	69%
6	Inmates on SHOS are observed at the frequency ordered by the clinician	13	12	1	0	92%
7	Nursing evaluations are completed once per shift	11	8	3	2	73%
8	There is evidence of daily rounds by the attending clinician	12	11	1	1	92%
9	There is evidence of daily counseling provided by mental health staff	13	11	2	0	85%
10	There is evidence of face-to-face evaluations by the clinician prior to discharge	13	12	1	0	92%
11	Within 72 hours of discharge, DC4-657 Discharge Summary for Inpatient Mental Health Care is completed	12	11	1	1	92%
12	There is evidence of adequate post-discharge follow-up by mental health staff	12	10	2	1	83%
13	Individualized Services Plans (ISP) are revised within 14 days of discharge	9	9	0	4	100%
14	Potential changes needed in inmates' care are addressed as clinically indicated	8	8	0	5	100%
Overall Compliance Score 85%						

Self-Injury and Suicide Prevention Discussion:

Screen 4: In one record, the consultation with regional mental health staff was not completed within the required time frame.

Screen 5: In one record, admission orders were not located. In two records, orders were not signed by the provider. In the remaining record, medications were not administered as ordered.

Screen 7: In two records, nursing assessments were not completed by a registered nurse (RN) as is required by policy. In one record, the evening shift assessment was not located.

Psychiatric Restraints

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Appropriate precipitating behavioral signs indicating the need for psychiatric restraints are documented	4	4	0	0	100%
2	Less restrictive means of behavioral control are attempted prior to the application of restraints	4	4	0	0	100%
3	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	4	4	0	0	100%
4	The use of an ETO is accompanied by a physician's order specifying the medication as an emergency treatment	4	1	3	0	25%
5	The physician's use of an ETO has an accompanying order for admission to an isolation management room (IMR) and placement on Self-harm Observation Status (SHOS)	1	1	0	3	100%
6	The medication administration record (MAR) includes identical information to the written or verbal order for psychotropic medication and is administered as indicated	4	1	3	0	25%
7	Physician's orders indicate the date, time, maximum duration of order, clinical rationale, and behavioral criteria for release	0	0	0	4	N/A
8	Behavior is observed every 15 minutes and documented	0	0	0	4	N/A
9	Food is offered at regular meal times and fluids and bedpan/urinal use are offered every two hours	0	0	0	4	N/A
10	Respiration and circulation checks are completed and documented	0	0	0	4	N/A
11	If four-point restraints are used, limbs are exercised every two hours	0	0	0	4	N/A
12	Vital signs are measured and recorded when the inmate is released from restraints	0	0	0	4	N/A
13	Psychiatric restraints are removed after 30 minutes of calm behavior	0	0	0	4	N/A
14	New orders are obtained every four hours	0	0	0	4	N/A
15	The physician personally assesses any inmate who remains in restraints for 24 hours	0	0	0	4	N/A
16	Inmates are referred to the multi-disciplinary services team (MDST)	0	0	0	4	N/A
Overall Compliance Score 70%						

Psychiatric Restraints Discussion:

Screen 6: In these records, the emergency treatment order (ETO) did not match the medication administration record (MAR).

Access To Mental Health Services

Psychological Emergency

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Mental health emergencies are declared by the inmate, a staff member, or another inmate and an immediate response is documented	17	16	1	0	94%
2	If the emergency involved physical harm to the inmate, the appropriate nursing protocols are completed in their entirety	3	3	0	14	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	15	15	0	2	100%
4	Documentation indicates the clinician fully assessed suicide risk	15	15	0	2	100%
5	Thorough mental status examinations are completed	15	15	0	2	100%
6	Appropriate interventions are made as indicated by presentation	15	15	0	2	100%
7	Dispositions are clinically appropriate	16	16	0	1	100%
8	There is appropriate follow-up as indicated in response to the emergency	11	10	1	6	91%
Overall Compliance Score 98%						

Mental Health Grievances

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Grievances are documented in the medical record	4	4	0	0	100%
2	Identified requests are responded to within fifteen (15) calendar days from the date of receipt.	4	4	0	0	100%
3	Documentation is completed in SOAP note format.	4	3	1	0	75%
4	The responses, resolutions, or clinical dispositions are appropriate	4	3	1	0	75%
Overall Compliance Score 88%						

Mental Health Grievances Discussion:

Screen 4: In the deficient record, the inmate reported difficulty in receiving his medications from the pill line. The response was “you have been receiving your medication since the date this was received.” Although this information was accurate, CMA surveyors noted a missed opportunity for education, especially since the original complaint was not a function of mental health staff. The inmate continued to experience disruptions in medication administration.

Mental Health Inmate Requests

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Copies of the inmate request form are present in the electronic health record	16	16	0	0	100%
2	Identified requests are responded to within the appropriate time frame	16	14	2	0	88%
3	Responses to the identified requests are direct, addresses the stated need, and are clinically appropriate	16	16	0	0	100%
4	Follow-up to the requests occur as intended	12	10	2	4	83%
5	Consents for treatment are obtained prior to conducting an interview	12	12	0	4	100%
Overall Compliance Score 94%						

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychological emergencies are responded to timely and appropriately	3	3	0	15	100%
2	Mental status exams (MSE) are completed in the required time frame	14	14	0	4	100%
3	Follow-up mental status exams are completed in the required time frame	16	16	0	2	100%
4	MSEs are sufficient to identify any problems in adjustment	18	18	0	0	100%
5	Mental health staff responds to identified problems in adjustment	6	6	0	12	100%
6	Mental health inmate requests are responded to timely and appropriately	8	8	0	10	100%
7	Outpatient mental health treatment continues as indicated while inmates are held in special housing	12	12	0	6	100%
8	Behavioral Risk Assessments (BRA) are completed within the required time frame for inmates on close management (CM) status	9	8	1	9	89%
9	BRAs are accurate and signed by all members of the treatment team	9	9	0	9	100%
10	Individualized Services Plans (ISP) are updated within 14 days of CM placement	6	6	0	12	100%
11	Inmates in CM receive one hour of group or individual counseling each week	6	6	0	12	100%
12	Mental health staff complete the CM referral assessments within five working days	0	0	0	18	N/A
13	Inmates in CM have the opportunity to meet with their regular Behavioral Health Specialist, regardless of housing location	6	6	0	12	100%
Overall Compliance Score 99%						

Use of Force

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Post use-of-force physical examinations are present in the record	12	12	0	0	100%
2	Post use-of-force physical examinations are completed in their entirety	12	12	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	12	11	1	0	92%
4	Documentation indicates mental health staff interviewed inmates by the next working day to assess whether a higher level of mental health care is needed	12	12	0	0	100%
5	Recent changes in the inmate's condition are addressed	0	0	0	12	N/A
6	There is evidence of appropriate follow-up care for identified mental health problems	5	5	0	7	100%
Overall Compliance Score 98%						

Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Valid consent forms are completed prior to the initiation of mental health treatment	18	17	1	0	94%
2	Inmates are assigned to a Behavioral Health Specialist (BHS) within three business days of arrival, or upon assignment to an S-grade requiring mental health treatment	10	10	0	8	100%
3	Inmates are interviewed by mental health staff within 14 days of arrival	10	10	0	8	100%
4	Documentation includes assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	8	8	0	10	100%
5	If mental health services are initiated at this institution, the initial Bio- psychosocial (BPSA) and ISP are completed within 30 days	0	0	0	18	N/A
6	BPSAs are present in the records	18	18	0	0	100%
7	ISPs are individualized and addresses all required components	18	18	0	0	100%
8	ISPs are behaviorally written and specifically individualized to reflect each inmate's unique needs, strengths, and limitations	18	17	1	0	94%
9	ISP goals specify target behaviors and measurement criteria	18	17	1	0	94%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
10	ISPs specify the type and frequency of interventions and the staff responsible for providing the interventions	18	18	0	0	100%
11	ISPs are signed by the inmate and all members of the treatment team	18	18	0	0	100%
12	ISPs are reviewed and revised at least every 180 days	15	14	1	3	93%
13	Qualifying events are addressed on the ISP	17	17	0	1	100%
14	Case management is provided every 30 days to S3 inmates with psychotic disorders	4	4	0	14	100%
15	Case management is provided at least every 60 days for inmates without psychotic disorders	14	14	0	4	100%
16	Individual counseling is provided at the required intervals or as specified in the ISP	18	18	0	0	100%
17	Frequency of clinical contacts is sufficient	18	18	0	0	100%
Overall Compliance Score 99%						

Outpatient Psychotropic Medication Practices

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Psychiatric evaluations are completed prior to initially prescribing psychotropic medication	2	2	0	16	100%
2	If the medical history indicates the need for a current medical health appraisal, it is conducted within two weeks of prescribing psychotropic medication	2	2	0	16	100%
3	Appropriate initial laboratory tests are ordered	4	4	0	14	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4	4	0	14	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	13	12	1	5	92%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	8	8	0	10	100%
8	Inmates receive medication(s) as prescribed	18	16	2	0	89%
9	The nurse meets with any inmate who refuses psychotropic medication for two consecutive days and refers to the clinician if needed	2	2	0	16	100%
10	Inmates sign DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	2	2	0	16	100%

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	18	0	0	100%
13	Follow-up sessions are conducted at appropriate intervals	18	18	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	8	8	0	10	100%
16	Assignment or change of diagnosis is made by consensus of credentialed members of the MDST	0	0	0	18	N/A
Overall Compliance Score 99%						

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)	11	11	0	0	100%
2	The appropriate consent form is signed by inmates within the required time frame	11	10	1	0	91%
3	Inmates who are diagnosed with an intellectual disability receive aftercare services	0	0	0	11	N/A
4	Staff assists inmates in applying for Social Security benefits 45-90 days prior to EOS	3	3	0	8	100%
5	Appropriate patient care summaries are completed within the required time frame	9	8	1	2	89%
6	Within 30 days of release, the completed summary is sent to the identified community mental health center or clinic closest to the inmate's discharge destination	8	8	0	3	100%
7	Any inmate qualifying for re-entry service planning is provided with a 30-day supply of their current psychiatric medications at the time of release	5	4	1	6	80%
Overall Compliance Score 93%						

Institutional Systems Tour

Medical Area

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

Infirmary

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

Inmate Housing Areas

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
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	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
2	All equipment is available and in working order	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%
Overall Compliance Score 100%					

Self-Injury/Suicide Prevention

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

Special Housing

SCREEN QUESTION		COMPLIANCE SCORE			
		YES	NO	N/A	Compliance Percentage
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	A tool such as a restraint cutter, power scissors, or trauma shears are available in the officers station for emergencies related to strangulation/hanging	1	0	0	100%
5	Over-the-counter medications are available and logged	1	0	0	100%
6	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
7	First-aid kits are present in housing units	1	0	0	100%
Overall Compliance Score 100%					

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Nine inmates agreed to participate in interviews with CMA surveyors and staff. Overall, inmates were familiar with how to access medical, dental and mental health services. A significant percentage of inmates reported difficulty obtaining sick-call slips. Multiple others complained about the waiting times in sick call and having to submit more than one request before being seen. There were also complaints about not getting medical supplies timely such as diabetic shoes and quality colostomy bags. Several inmates reported difficulties getting either prescription or over-the-counter medications. A majority of inmates reported correctional officers determined the need to call for a medical emergency. However, with the new clinician on board, there was a shared consensus that medical care has significantly improved.

MEDICAL STAFF INTERVIEWS

Five members of the medical team, including clinical and administrative staff, participated in interviews. All interviewees appeared knowledgeable about procedures related to accessing health services. Multiple staff members indicated that cooperation between medical and security staff was conducive to providing satisfactory healthcare; however, they felt more staff are needed.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health staff team participated in interviews. All were aware of policies and procedures related to the accessing of routine and emergency mental health services. Behavioral health specialists were knowledgeable about the inmates on their caseload and seemed dedicated to the patients in their care.

Some concerns were expressed regarding the inmate's ability to declare a psychological emergency overnight due to lack of notification by security officers. Several indicated that due to the large number of close management and death row inmates, coordination with security is often a challenge.

Staff indicated that there are challenges with the electronic health record including frequent downtime. Staff suggested increased use of electronic communication such as mental health inmate requests submitted via the inmates' tablets.

SECURITY STAFF INTERVIEWS

Three correctional officers were interviewed. Security staff appeared knowledgeable about policies pertaining to the sick call process and the accessing of emergency and routine medical care. They correctly verbalized procedures that pertain to inmates being placed in special housing. Security officers indicated that they work well as a team with medical and mental health staff to provide excellent patient care.

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	1
Immunity Clinic	1
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	0
Outpatient Infirmary Care	0
Inpatient Infirmary Care	2
Sick Call	1
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	1
Medical Inmate Grievance	0
Medical Inmate Request	1
Medication and Vaccine Administration	0
Intra-System Transfers	1
Periodic Screening	1
PREA Medical Review	3

Female Preventative Health Screening	N/A
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Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental Systems	0
Institutional Tour	
Assessment Area	Total Number Finding
Physical Health Systems	0
Total Findings	
Total	12

Mental Health Findings Summary

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

Institutional Tour	
Assessment Area	Total Number Finding
Mental Health Systems	0
Total Findings	
Total	8

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 UCI the CMA makes the following recommendations:

- Provide additional education and training to nursing, medical providers, and mental health staff for acute mental health care infirmary and emergency treatment orders.
- Ensure orders are received and implemented accordingly for infirmary admissions.
- Ensure clinician telephone rounds for acute infirmary inpatients are documented by nursing staff.
- Ensure periodic screenings are completed within the required timeframe and all diagnostic tests are completed prior to the screening.