



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Reception and Medical Center**

in

**Lake Butler, Florida**

on

**October 13-15, 2015**

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## DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

| INSTITUTIONAL INFORMATION |      |               |               |
|---------------------------|------|---------------|---------------|
| Population                | Type | Custody Level | Medical Level |
| 2468                      | Male | Maximum       | 5             |

### Institutional Potential/Actual Workload

|                                   |      |                                    |      |
|-----------------------------------|------|------------------------------------|------|
| <b>Main Unit Capacity</b>         | 1503 | <b>Current Main Unit Census</b>    | 1195 |
| <b>Annex Capacity</b>             | 1148 | <b>Current Annex Census</b>        | 852  |
| <b>Satellite Unit(s) Capacity</b> | 432  | <b>Current Satellite(s) Census</b> | 421  |
| <b>Total Capacity</b>             | 3083 | <b>Total Current Census</b>        | 2468 |

### Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i>                 | 1                                      | 2    | 3   | 4                          | 5 | <i>Impaired</i> |
|--------------------------------------|--|------|-----|----------------------------|---|-----------------|
|                                      |  | 1186 | 448 | 414                        | 8 | 16              |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> |      |     | <u><i>MH Inpatient</i></u> |   |                 |
|                                      | 1                                      | 2    | 3   | 4                          | 5 | <i>Impaired</i> |
|                                      | 1738                                   | 67   | 287 | 23                         | 8 | 0               |

### Inmates Assigned to Special Housing Status

| <i>Confinement/ Close Management</i> | <i>DC</i> | <i>AC</i> | <i>PM</i> | <i>CM3</i> | <i>CM2</i> | <i>CM1</i> |
|--------------------------------------|-----------|-----------|-----------|------------|------------|------------|
|                                      |           | 62        | 106       | 14         | 16         | 22         |

## DEMOGRAPHICS

### Medical Staffing: Main Unit

|                          | Number of Positions | Number of Vacancies |
|--------------------------|---------------------|---------------------|
| <b>Physician</b>         | 7                   | 0                   |
| <b>ARNP</b>              | 1                   | 0                   |
| <b>RN</b>                | 13.1                | 1.2                 |
| <b>LPN</b>               | 15.1                | 1.9                 |
| <b>CMT-C</b>             | 9.1                 | 0                   |
| <b>Staff Dentists</b>    | 5                   | 2                   |
| <b>Dental Hygienists</b> | .5                  | 0                   |
| <b>Dental Assistants</b> | 8                   | 5                   |

### Mental Health Staffing: Main Unit

|  | Number of Positions | Number of Vacancies |
|--|---------------------|---------------------|
| <b>Psychiatrist</b>                    | 1                   | 0                   |
| <b>Psychological Services Director</b> | 1                   | 0                   |
| <b>Senior Mental Health Clinician</b>  | 1                   | 0                   |
| <b>Behavioral Specialist</b>           | 8                   | 0                   |
| <b>Human Services Counselor</b>        | 2                   | 0                   |
| <b>Mental Health RN</b>                | 4.2                 | .5                  |
| <b>Mental Health LPN</b>               | 1.0                 | 1.0                 |

## DEMOGRAPHICS

### Medical Staffing: West Unit

|                    | Number of Positions | Number of Vacancies |
|--------------------|---------------------|---------------------|
| Physician          | .4                  | 0                   |
| Clinical Associate | N/A                 | N/A                 |
| RN                 | 5.2                 | .3                  |
| LPN                | 10                  | 0                   |
| Staff Dentist      | N/A                 | N/A                 |
| Dental Hygienists  | 1-prn               | 0                   |
| Dental Assistants  | 2                   | 0                   |

### Mental Health Staffing: West Unit

|                       | Number of Positions | Number of Vacancies |
|-----------------------|---------------------|---------------------|
| Psychiatrist          | .5                  | .5                  |
| Behavioral Specialist | 1.0                 | 0                   |

## OVERVIEW

Reception and Medical Center (RMC) 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, 3, 4 and 5. RMC has multiple healthcare missions. RMC consists of the Main Unit, Work Camp, and the West Unit. The primary mission of the Main Unit is the reception and orientation of inmates newly sanctioned to the state correctional system. The West Unit houses a sizable in-transit inmate population and a small permanently housed population. In addition, RMC has a 120 bed licensed hospital for inmates who require acute care as well as long term care. There are over 70 Specialized Care Clinics where consultation services are provided and a modular surgical unit where minor surgical procedures are provided. Inmates from institutions throughout the state, including females, come to RMC for these specialized medical services.

The overall scope of services provided at RMC includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: reception and orientation, health education, preventive care, chronic illness clinics, emergency care, outpatient and inpatient mental health and observation/infirmity care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at RMC on October 13-15, 2015. 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.

### **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## **PHYSICAL HEALTH FINDINGS - MAIN**

The Reception and Medical Center Main Unit (RMC-Main) provides outpatient and inpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at RMC-Main:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in seven of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

#### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary services.

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of medication administration, intra-system transfers, medical inmate requests, or periodic screenings. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table below.

#### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care. There were findings requiring corrective action in the review of dental systems; the items to be addressed are indicated in the table below.

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control. There were findings requiring corrective action in the review of the administration of the pill line; the items to be addressed are indicated in the table below.

#### **RECEPTION PROCESS**

There were no findings requiring corrective action in the review of the reception process. There were findings requiring corrective action in the review of reception records; the items to be addressed are indicated in the table below.

#### **INSTITUTIONAL TOUR**

There were findings requiring corrective action as a result of the institutional tour; the items to be addressed are indicated in the table below.

### Chronic Illness Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-1: In 4 of 15 records reviewed, baseline information was incomplete or missing (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-1:** Per Department standards, the “Chronic Illness Clinic Flowsheet” (DC4-770) must be completed in its entirety. When the baseline information is incomplete or missing, it may be difficult to obtain an adequate understanding of the inmate’s complete medical history.*

### Cardiovascular Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-2: In 5 of 13 applicable records (20 reviewed), there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Endocrine Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-3: In 3 of 15 applicable records (16 reviewed), there was no evidence that abnormal labs were addressed timely (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-3:** In one record, an inmate with Type 1 Diabetes had abnormal HgbA1c levels of 8.2 on 7/2/15 and 9.8 on 9/25/15. The inmate was seen again on 10/8/15 but there was no indication that the insulin was adjusted. In two records, inmates had abnormally high thyroid-stimulating hormone (TSH) lab results. In the first record the TSH ranged from a low of 166.4 to a high of 241.9 (normal is .178 - 4.53). Medication was adjusted from 200 mcg to 250 mcg on 1/29/15. The inmate was seen again on 6/3/15 and 9/28/15. There were no further medication changes even though the high TSH levels continued (183.5 on 9/21/15). This record was brought to the attention of medical staff at the time of the survey as CMA surveyors were concerned that further action may be warranted. In the other record, the inmate's TSH level was 8.25 on 5/1/15 and his medication was adjusted. At the clinic visit on 6/16/15 the TSH level had decreased to 3.790. However, when the inmate returned to the clinic on 9/17/15, the TSH had increased to 9.4 and no medication adjustments were documented.*

## Gastrointestinal Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-4: In 6 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A and/or B vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |



### Immunity Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-5: In 3 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Miscellaneous Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-6: In 3 of 8 applicable records (11 reviewed), there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Neurology Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-7: In 3 of 4 applicable records (7 reviewed), there was no evidence that seizures were classified.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Oncology Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-8: In 4 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Consultations Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-9: In 9 of 18 records reviewed, the diagnosis was not reflected on the problem list.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Dental Systems Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-10: There was no evidence that appropriate personal protective items were used (see discussion).</b></p> <p><b>PH-11: There was no evidence that all necessary equipment was working and available (see discussion).</b></p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-10:** Dental staff did not wear gowns during treatment. Per Health Services Bulletin (HSB) 15.04.13 universal precautions, engineering controls, and personal protective equipment are to be used during dental treatment.

**Discussion PH-11:** Two x-ray machines and an instrument washer were not working properly and are in need of repair and/or replacement.

### Administration of the Pill Line

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-12: There was no evidence that medical personnel consistently checked the inmate's identification.</b></p> <p><b>PH-13: There was no evidence that medical personnel consistently verified that the medication label matched the medication administration record (MAR).</b></p> <p><b>PH-14: There was no evidence that an oral cavity check for each inmate was conducted to ensure medication(s) were swallowed.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column and evidence in the closure file that the issue described has been corrected. This may be in the form of documentation of observation, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Reception Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-15: In 9 records, there was no evidence that all diagnostic tests were completed as required (see discussion).</b></p> <p><b>PH-16: In 13 records, there was no evidence that required immunizations were provided.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten reception records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-15:** Per HSB 15.03.18, unless an inmate has a documented positive tuberculin skin test (TST) result in millimeters, documentation of a severe reaction to the TST, or history of TB disease, all inmates must receive baseline testing using the 2-step process or a single Interferon Gamma Release Assay blood test at Reception Center. All nine records were missing the two-step TST. In three of those records, the second TST had been placed but not read. In addition to the TST not being completed, in two records a urinalysis had not been completed and in one record a random blood glucose had not been done.

## Institutional Tour

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-17: There was no evidence that screens or other adequate measures were available to ensure inmate privacy during exams/treatment in the infirmary area or in the intake area at reception (see discussion).</b></p> <p><b>PH-18: There was no evidence that over-the-counter medications were consistently available in all dorms (see discussion).</b></p> <p><b>PH-19: There was no evidence that the procedures to access sick call and pill line schedules were posted in all necessary areas.</b></p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-17:** *There were no screens available for use between beds in the infirmary or partitions between desks in the reception intake area. CMA surveyors expressed concern that inmate privacy and HIPAA violations may occur with the current process. Per Department Procedure 403.006, reasonable steps will be taken to ensure that all health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate's privacy.*

**Discussion PH-18:** *Per policy (Procedure 406.001), specific over-the-counter medications will be made available in all general population and special housing areas. The medications that are generally accepted are Acetaminophen, Almag (Maalox), and Ibuprofen. Staff in two dorms reported they had been out of Ibuprofen and/or Acetaminophen for the last four days.*

## **PHYSICAL HEALTH FINDINGS - WEST**

The Reception and Medical Center - West Unit (RMC-West) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at RMC-West:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

### **CLINICAL RECORDS REVIEW**

#### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in six of the chronic illness clinics and in the general chronic illness clinic record review; the items to be addressed are indicated in the tables below.

#### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of sick call or emergency services. Inmates requiring infirmary services are transferred to the Main Unit.

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of medication administration and intra-system transfers. There were findings requiring corrective action in the review of medical inmate requests and periodic screenings; the items to be addressed are indicated in the tables below.

#### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental systems or care.

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control. There were findings requiring corrective action in the pill line administration and pharmacy services; the items to be addressed are indicated in the tables below.

#### **INSTITUTIONAL TOUR**

There were findings requiring corrective action as a result of the institutional tour; the items to be addressed are indicated in the table below.

## Chronic Illness Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 6 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-2: In 5 records, inmates were not seen at the intervals required by their assigned medical grade status (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-2:** There were multiple examples where inmates were evaluated and treated in the CIC less frequently than was required by their assigned medical grade. Per Health Services Bulletin (HSB) 15.03.13, inmates who are assigned a health grade of M2 should be followed in the clinic every six months and those assigned as M3 every three months. Additionally, inmates may be scheduled more frequently at the discretion of their individual clinician. In four records, inmates classified as M3 were seen at intervals ranging from 120 to 180 days. In the last record, an inmate was classified as M1 but was enrolled in multiple chronic illness clinics.*

## Endocrine Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 4 of 6 applicable records, abnormal laboratory results were not addressed timely (see discussion).</b></p> <p><b>PH-4: In 1 of 4 applicable records, there was no evidence of the annual fundoscopic examination (see discussion).</b></p> <p><b>PH-5: In 1 of 2 applicable records, inmates with HgbA1c levels over 8.0 were not seen at the required intervals (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Endocrine Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s) |
|--|--------------------------------|
| <p><b>PH-6: In 2 of 5 applicable records, there was no evidence that aspirin therapy was initiated for diabetic inmates with cardiovascular disease.</b></p> |                                |

***Discussion PH-3:** In the first record, an inmate was seen 5/26/15 and was found to have HgbA1c levels of 11.8. A retest in June indicated his levels were 9.1. In September, his HgbA1c levels were found to be 10.0. The inmate has not been seen in in clinic since the initial visit in May. In the second record, a lab result available 8/18/15 was not reviewed until 9/3/15. In the third record, the lab result was available on 7/30/15 but not reviewed until 8/31/15. In the last record, a culture and sensitivity report was ordered for a diabetic inmate with a left foot ulcer on 8/29/15. The lab report was not reviewed until 9/10/15. On 9/17/15, Augmentin was prescribed, although the culture report indicated resistance. Rocephin was eventually ordered on 9/22/15.*

***Discussion PH-4:** The fundoscopic examination was last completed on 8/12/14 and had not been ordered at the time of the survey. This record was brought to the attention of institutional staff, who indicated that that the testing would be ordered.*

***Discussion PH-5:** In this record, an inmate presented with HgbA1c levels greater than 11 was rescheduled at a 180 day interval.*

### Gastrointestinal Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>PH-7: In 1 of 5 applicable records (9 reviewed), there was no evidence of influenza vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |



### Miscellaneous Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>A comprehensive review of 2 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 1 record, there was no documentation of the control of the disease and patient status.</b></p> <p><b>PH-9: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Immunity Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A comprehensive review of 1 record revealed the following deficiencies:</b></p> <p><b>PH-10: In 1 record, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-11: In 1 record, the laboratory work was not completed at the required intervals (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-10:** *In this record, there was no perirectal examination noted.*

**Discussion PH-11:** *In this record, laboratory work was completed at 180 day intervals, rather than the 120 day intervals required by the HSB.*

### Respiratory Clinic Record Review

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>PH-12: In 2 of 2 records reviewed, reactive airway diseases were not classified as mild, moderate, or severe.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Tuberculosis Clinic Record Review

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 1 record, the baseline information was incomplete (see discussion).</b></p> <p><b>PH-14: In 1 record, there was no evidence of pneumococcal vaccination or refusal.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-13:** *In this record, the immunization form did not indicate the results in millimeters of the positive Tuberculin Skin Test.*

## Medical Inmate Requests

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>PH-15: In 7 of 15 records reviewed, there was no incidental note contained in the medical record (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those utilizing medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-15:** Health Services Bulletin 15.02.01 indicates the response will be logged on the Chronological Record of Outpatient Health Care (DC4-701) and include the date the request was received and the date that the request was answered.

## Periodic Screenings

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>PH-16: In 1 of 5 applicable records (11 reviewed), there was no referral to the clinician or the necessary follow-up was not completed (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion PH-16:** In this record, there was no documentation of follow-up after a positive stool hemocult test.

### Pill Line

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>A review of pill line administration revealed the following deficiencies:</b></p> <p><b>PH-17: Pre-poured medications were administered by another individual</b></p> <p><b>PH-18: The individual administering the pill line was unfamiliar with the protocol for addressing inmate medication questions.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column and evidence in the closure file that the issue described has been corrected. This may be in the form of documentation of observation, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Pharmacy

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A tour of the pharmacy area revealed the following deficiencies:</b></p> <p><b>PH-19: There was no evidence that a narcotics count was conducted at every change of shift</b></p> <p><b>PH-20: Out of date controlled substances were segregated but not labeled as “expired”</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column and evidence in the closure file that the issue described has been corrected. This may be in the form of documentation of observation, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

### Institutional Tour

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-21: Personal protective equipment (PPE) was not readily available in the sick call room</b></p> <p><b>PH-22: Sharps/needles were not contained in secured storage.</b></p> | <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## CONCLUSION – PHYSICAL HEALTH

### MAIN UNIT

The physical health staff at RMC-Main serves a difficult and fluid population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, infection control and reception activities. Reportable findings requiring corrective action are outlined in the tables above.

Interviews with medical and security staff, indicated familiarity with policies and procedures related to sick call and emergency services. Interviews with inmates revealed that they were familiar with how to access care but were generally dissatisfied with the routine health care services they received. Inmates enrolled in dialysis services, however, expressed satisfaction with that care. Although this did not rise to the level of a finding, an issue was discovered during inmate interviews and confirmed by staff that warrants further discussion. An inmate stated that he was issued a special diet pass before his transfer to RMC, but upon arrival at RMC the pass was not honored. The inmate was received at RMC on 9/24/15 and a new diet pass indicating a pureed diet was given to him on 9/30/15. Per the record review, the inmate reported on 9/28 and on 10/9 that he was still not receiving his diet. As a result, he lost over 10 pounds. Staff indicated that all passes had to be rewritten upon arrival at RMC. HSB 15.02.16 states, however, that a valid medical pass held by an inmate in transit is to be honored during transit and at the receiving institution until the expiration date. Staff also stated that diet passes not being honored was a reoccurring problem whether they were issued on site or were issued prior to transfer. This issue was brought to the attention of the Office of Administration and subsequently addressed with the Food Services Director.

Several concerns were identified in the review of medical records regarding the provision of medical services. Specifically, immunizations were not provided in accordance with Department guidelines and the review of abnormal labs in the endocrine clinic did not occur timely. There were also some systems issues noted in the administration of the pill line, the dental clinic, and the institutional tour. CMA surveyors cited several deficiencies regarding medical record keeping although this did not rise to the level of a finding. Documents were generally placed in the medical charts in a timely manner, but they were often loose. Many charts contained sections of clipped together documentation that was not attached to the record jacket. The left side of the chart was often unattached as well. Surveyors expressed concern that this could lead to misplaced or lost documentation making it difficult to follow a plan of care.

Additionally, inmates were not always provided the opportunity to refuse a specific service during the reception process. The "Refusal of Health Care Services" form (DC4-711A) was pre-populated to refuse both the digital rectal exam and HIV testing. Upon signature, it was unclear whether the inmate was refusing one or both services. This was brought to the attention of staff who indicated that blank forms would again be utilized so that inmates could indicate which service they wanted to refuse.

Based on the findings of this survey, it is clear that the corrective action process will be beneficial to RMC-Main as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

## WEST UNIT

The physical health staff at RMC-West serves a difficult and fluid population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis as inmates requiring infirmary services are transferred to the Main Unit. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Overall, records were well organized and documentation filed in a timely manner. Interviews with inmates revealed that they were generally satisfied with the routine health care services provided by the medical staff at the West Unit. Inmates, as well as security staff demonstrated familiarity with policies related to the accessing of sick call and emergency services.

There were several findings related to the provision of clinical services including inmates being scheduled at intervals that did not correspond to their health status, delays in the review of abnormal laboratory findings, as well as missed vaccinations. CMA surveyors were concerned that delays in care or missed opportunities for follow-up may place inmates at risk for health complications.

After a review of physical health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

## **MENTAL HEALTH FINDINGS – MAIN**

Reception and Medical Center - Main Unit (RMC-Main) provides inpatient and outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at RMC:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).
- S4 - Inmates are assigned to a Transitional Care Unit (TCU).
- S5 - Inmates are assigned to a Crisis Stabilization Unit (CSU).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the tables below. There were no episodes of psychiatric restraints for review.

#### **USE OF FORCE REVIEW**

There was a finding requiring corrective action in the review of use of force episodes; the item to be addressed is indicated in the table below.

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were findings requiring corrective action in the review of inmate requests, psychological emergencies, and special housing; the items to be addressed are indicated in the tables below.

#### **INPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of inpatient psychotropic medication practices and inpatient mental health services; the items to be addressed are indicated in the tables below.

#### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of outpatient psychotropic medication practices and outpatient mental health services; the items to be addressed are indicated in the tables below.

#### **RECEPTION PROCESS**

There were findings requiring corrective action in the review of the reception process; the items to be addressed are indicated in the table below.

#### **AFTERCARE PLANNING REVIEW**

There were findings requiring corrective action in the aftercare planning review; the items to be addressed are indicated in the table below.

#### **MENTAL HEALTH SYSTEMS REVIEW**

There were no findings requiring corrective action in the review of mental health systems.

### Self-harm Observation Status (SHOS)

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-2: In 3 of 7 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</b></p> <p><b>MH-3: In 2 records, not all entries were dated, timed, signed and/or stamped.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-1:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In one record, there were blanks on the checklist indicating the inmate was not observed as required. In another record, no observations were documented for the entire 12 hour SHOS admission.*

### Use of Force

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>MH-4: In 1 of 4 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |



## Inmate Requests

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>MH-5: In in 2 of 6 records reviewed, a copy of the inmate request was not present in the medical record.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Psychological Emergency

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>MH-6: In 2 of 9 records reviewed, there was no appropriate follow-up in response to the psychological emergency (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergency episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-6:** *In one record, a medical referral was indicated in the assessment but was not completed. In another record, the mental health professional indicated the presence of acute symptoms which could not be safely managed on an outpatient basis. However, the inmate was returned to his cell with no explanation as to why a higher level of care was not needed.*

## Special Housing

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A comprehensive review of 12 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>MH-7: In 1 of 3 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion).</b></p> <p><b>MH-8: In 3 of 8 applicable records, the mental status exam (MSE) was not completed within the required time frame.</b></p> <p><b>MH-9: In 2 of 10 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-7:** Health Services Bulletin 15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, there was no documentation that the inmate was offered his psychotropic medication while he was in confinement.*

## Inpatient Psychotropic Medication Practices

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>A comprehensive review of 10 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-10: In 2 of 7 applicable records, appropriate initial lab tests were not ordered and/or completed as required.</b></p> <p><b>MH-11: In 3 of 8 applicable records, appropriate follow-up initial lab tests were not ordered and/or completed as required.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Inpatient Psychotropic Medication Practices

| Finding(s)  | Suggested Corrective Action(s) |
|---|--------------------------------|
| <p><b>MH-12:</b> In 4 records, informed consents were not present or appropriate for the medication prescribed (see discussion).</p> <p><b>MH-13:</b> In 2 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-14:</b> In 6 records, follow-up psychiatric contacts did not reflect necessary information (see discussion).</p> <p><b>MH-15:</b> In 3 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p> |                                |

**Discussion MH-12:** In one record, the generic consent form was used but did not contain the required side effects. In three additional records, there was no informed consent present for a prescribed medication.

**Discussion MH-14:** The notes did not list a diagnosis or rationale for medication changes. Additionally, documentation of mental status exams was minimal and did not address all components.

## Inpatient Mental Health Services

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| <p><b>A comprehensive review of 12 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-16: In 9 records, a risk assessment for violence was not completed in the required time frame.</b></p> <p><b>MH-17: In 3 of 11 applicable records, Individualized Service Plans (ISP) were not initiated or reviewed within the appropriate time frame.</b></p> <p><b>MH-18: In 11 of 11 applicable records, the required hours of planned structured therapeutic services were not provided or were not clinically appropriate (see discussion).</b></p> <p><b>MH-19: In 10 of 11 applicable records, weekly documentation of the inmate's participation in the group activity was not present in the medical record.</b></p> <p><b>MH-20: In 10 of 11 applicable records, nursing evaluations were not documented or completed as required.</b></p> <p><b>MH-21: In 10 of 11 applicable records, there was no documentation that the Multi-disciplinary Service Team (MDST) met within the appropriate time frame (see discussion).</b></p> <p><b>MH-22: In 2 of 4 applicable records, an inpatient discharge summary was not completed prior to the inmate's discharge from the CSU.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-18:** *In all of the 11 records with deficiencies, the required 12 hours of planned structured therapeutic services were provided, however the majority were classified as "activity therapy" or "therapeutic community." Five to six hours per week of these activities may be clinically appropriate, however in the records noted, these activities made up the majority of the services offered and did not meet the criteria for core mental health services. Staff indicated that another Mental Health Professional has been assigned to conduct groups which will ensure inmates receive necessary core mental health services.*

**Discussion MH-21:** Behavioral levels are reviewed by the MDST to ensure the inmate has access to privileges and activities and is progressing through the level system. In ten records, the behavioral level was documented, but did not indicate when the meeting was held and who attended. Additionally, the meetings were documented biweekly instead of weekly as required.

| <b>Outpatient Psychotropic Medication Practices</b>   |   |
|---|---|
| <b>Finding(s)</b>   | <b>Suggested Corrective Action(s)</b>   |
| <p><b>A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-23:</b> In 2 of 4 applicable records, there was no evidence that initial lab tests were conducted.</p> <p><b>MH-24:</b> In 1 of 5 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p><b>MH-25:</b> In 4 of 11 applicable records, physician’s orders were not dated, timed, and/or stamped.</p> <p><b>MH-26:</b> In 10 of 11 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p> <p><b>MH-27:</b> In 3 of 4 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p><b>MH-28:</b> In 3 of 4 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p><b>MH-29:</b> In 8 records, informed consents were not present or appropriate for the medication prescribed (see discussion).</p> <p><b>MH-30:</b> In 7 records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Outpatient Psychotropic Medication Practices

| Finding(s)  | Suggested Corrective Action(s) |
|---|--------------------------------|
| <p><b>MH-31:</b> In 4 of 6 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</p> |                                |

***Discussion MH-26:** Gaps in the administration of psychotropic medications were evident in many of the inmate records examined. For example, in all but one applicable record there was at least one gap in the “Medication Administration Record” (DC4-701A) without explanation or a signed refusal by the inmate. Additionally, five of those records lacked at least one month of evidence of the administration of a prescribed psychotropic medication.*

***Discussion MH-29:** In one record, the consent form for one medication was used for another (i.e. the name of medication scratched out and new name written in) instead of a required generic form. In another record, the generic consent form was used with the word “antipsychotic” written at the top. This consent did not contain the name of the medication or all of the required side effects. In six additional records, there was no informed consent present for the prescribed medication.*

## Outpatient Mental Health Services

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 15 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-32:</b> In 5 of 8 applicable records, the inmate was not seen by a psychiatrist prior to the expiration of the current prescription from the sending institution.</p> <p><b>MH-33:</b> In 6 of 12 applicable records, the ISP was not updated within 14 days of arrival (see discussion).</p> <p><b>MH-34:</b> In 5 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p><b>MH-35:</b> In 2 of 2 applicable records, the BPSA was not approved by the MDST within 30 days.</p> <p><b>MH-36:</b> In 2 of 3 applicable records, the ISP was not completed within 30 days after assignment of S2 or S3 grade.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Outpatient Mental Health Services

| Finding(s)  | Suggested Corrective Action(s) |
|---|--------------------------------|
| <p><b>MH-37:</b> In 4 records, the ISP did not address all required information (see discussion).</p> <p><b>MH-38:</b> In 3 of 13 applicable records, there was no documentation that the inmate received the services listed in the ISP (see discussion).</p> <p><b>MH-39:</b> In 1 of 5 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p> |                                |

***Discussion MH-33:** In two records, the ISP could not be located by staff. In four records, the ISP was not updated to include change in status (close management or S-grade).*

***Discussion MH-37:** In two records, the ISP could not be located by staff. In another record, the inmate's S-grade was decreased to S2 indicating he no longer needed psychiatric services. The ISP was not updated to reflect this change and still listed psychiatric services that were no longer provided. In the last record, the ISP indicated the inmate's S-grade was S2 and that he did not need psychiatric services. However the S-grade had been upgraded to S3 and he was receiving psychiatric services not listed on the ISP.*

***Discussion MH-38:** In one record, there was no psychiatric contact since 2/9/15, although documentation on the ISP indicated services would be provided every 90 days. In the remaining two records monthly counseling was indicated on the ISP, however there was no documentation that this occurred.*

## Reception Process

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>MH-40:</b> In 2 records, there was no consent to mental health evaluation signed prior to initiating the reception screening.</p> <p><b>MH-41:</b> In 4 of 8 applicable records, there was an interruption of the inmate's psychotropic medication after arrival from the county jail (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten applicable reception records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Reception Process**

| Finding(s)   | Suggested Corrective Action(s) |
|--|--------------------------------|
| <p><b>MH-42:</b> In 2 of 8 applicable records, inmates awaiting transfer to a permanent institution who remained at the reception center longer than 30 days did not receive limited case management services.</p> <p><b>MH-43:</b> In 1 of 3 applicable records, there was no signed release or refusal for past treatment records and no documentation that those records were requested for inmates who had been at the reception center for 60 days.</p> |                                |

***Discussion MH-41:** In all of the records with deficiencies, there were no MARs present to indicate the inmate received his medication without interruption. These MARs could not be located by institutional staff. If there is no MAR, it is unknown if the inmate received his medication.*

**Aftercare Planning**

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 10 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-44:</b> In 2 records, aftercare plans were not addressed on the ISP.</p> <p><b>MH-45:</b> In 4 of 7 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</p> <p><b>MH-46:</b> In 1 of 1 applicable record, a social security benefit application was not forwarded between 45 and 30 days EOS for eligible inmates.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |



## Other Administrative Issues

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| <p><b>MH-47: The procedure for requesting mental health services was inadequate (see discussion).</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of the Inmate Request log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-47:** *Inmates indicated during interviews that they had difficulty obtaining inmate request forms. Staff interviews and a review of the inmate request log corroborated these concerns. There were relatively few inmate requests noted on the logs and there were no requests logged for the month of August. Surveyors were concerned that inmates may not have adequate access to mental health care through the inmate request process.*

## **MENTAL HEALTH FINDINGS - WEST**

Reception and Medical Center - West Unit (RMC-West) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at RMC:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There is no infirmary at RMC-West therefore inmates requiring placement in Self-harm Observation Status (SHOS) are transferred to the Main Unit

#### **USE OF FORCE REVIEW**

There were no episodes of use of force available for review.

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below. There were no psychological emergencies available for review. Inmates requiring placement in special housing are transferred to RMC-Main.

#### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient mental health services. There were findings requiring corrective action in the review of outpatient psychotropic medication practices; the items to be addressed are indicated in the table below.

#### **AFTERCARE PLANNING REVIEW**

There were findings requiring corrective action in the aftercare planning review; the items to be addressed are indicated in the table below.

#### **MENTAL HEALTH SYSTEM REVIEW**

There were no findings requiring corrective action in the review of mental health systems.

## Outpatient Psychotropic Medication Practices

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 of 11 applicable records, there was no evidence that initial laboratory tests were conducted.</b></p> <p><b>MH-2: In 2 of 4 applicable records, there was no evidence that abnormal laboratory results were addressed.</b></p> <p><b>MH-3: In 2 of 5 applicable records, follow-up laboratory tests were not completed as required.</b></p> <p><b>MH-4: In 7 records, informed consents were not present or appropriate for the medication prescribed (see discussion)</b></p> <p><b>MH-5: In 10 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</b></p> <p><b>MH-6: In 6 of 8 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame or was not present in the medical record.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

**Discussion MH-4:** *In three records, generic consents for antipsychotics were used for antidepressants. In two records, consents were not present. In the remaining records, generic forms were used and no side effects were listed.*

**Discussion MH-5:** *In all but two of the records reviewed, inmates were not seen within two weeks upon initiation of psychotropic medication as required per policy. In the majority of these records, inmates were not seen for one month or longer. In the remaining two records, the inmates had not been seen since medications were initiated 8/24/15.*

## Inmate Requests

| Finding(s)  | Suggested Corrective Action(s)  |
|---|---|
| <p><b>MH-7: In 2 of 6 records reviewed, documentation indicated the inmate request was received but there was no response from mental health.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## Aftercare Planning

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| <p><b>A comprehensive review of 2 records of inmates within 180 days end of sentence (EOS) revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 records, the “Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information” (DC4-711B) was not signed by the inmate.</b></p> <p><b>MH-9: In 1 of 2 applicable records, the “Summary of Outpatient Mental Health Care” (DC4-661) was not completed within 30 days of EOS.</b></p> <p><b>MH-10: In 1 of 1 applicable record, assistance with social security benefits was not provided at 90 days EOS for the eligible inmate.</b></p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

## CONCLUSION – MENTAL HEALTH

### MAIN UNIT

The staff at RMC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 20 bed Transitional Care Unit (TCU) and a 13 bed Crisis Stabilization Unit (CSU). Mental health outpatient services, including case management and individual counseling, are provided to over 230 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reception services are also provided at RMC for inmates entering the FDC. Reportable findings requiring corrective action are outlined in the tables above.

There were many findings related to the provision of mental health services. Of specific concern were the findings related to both inpatient and outpatient psychiatry. There were delays and/or deficiencies in ordering and conducting initial and follow-up labs, initial and follow-up psychiatry contacts, and AIMS assessments. RMC-Main currently has one full-time psychiatrist to provide coverage for the Main and West Units, the TCU and CSU, and reception. Staff indicated that there is an ARNP position that has been vacant for over one year. It is likely that the psychiatry coverage contributed to many of the findings listed above. Additionally in many outpatient records reviewed, there were gaps on the MARs or the MARs could not be located by staff. Without a MAR, surveyors were unable to verify if medications were received as prescribed. Surveyors were concerned that inmates on mental health medications (especially those requiring titration) who do not receive those medications as prescribed may experience adverse physical or psychological effects.

Other findings were related to missing or late assessments. Risk assessments, behavioral level reviews, and daily/monthly nursing evaluations were not completed timely on the inpatient units. There were findings regarding ISPs for inpatient and outpatient services and BPSAs were missing or not completed timely for inmates receiving outpatient mental health services. Mental status exams for inmates in confinement were not completed within the required time frame. Additionally all requirements were not met for the reception process, in response to psychological emergencies and inmate requests, and for inmates eligible for aftercare planning services.

After a review of mental health records and interviews with staff and inmates it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## WEST UNIT

The mental health staff at RMC-West provide outpatient mental health services to approximately 100 inmates. The majority of these inmates are in-transit from other institutions or newly received inmates from county jails awaiting medical appointments or procedures at RMC-Main. These inmates typically do not stay at RMC-West for long periods of time. Outpatient services include case management, individual counseling and medication management. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and provide aftercare planning for eligible inmates.

Many of the findings noted are related to psychiatric services. Initial, abnormal, and follow-up lab studies, as well as AIMS assessments were not performed as required, and medication consents were not completed appropriately. Inmates were not seen as required after initial medications were prescribed. The psychiatrist from RMC-Main provides coverage at the West Unit four hours per week. Many of the inmates were initially gained from county jails to RMC-Main, then transferred to RMC-West. Once the initial prescription is written, typically at RMC-Main, the clinician is required to see the inmate at least once every two weeks for a period of four weeks. Although there are only approximately 100 inmates on the mental health caseload, many of these inmates must be seen more frequently than those who are stable on psychotropic medications and require psychiatric assessment every 90 days.

A review of outpatient mental health services revealed no findings requiring corrective action. Because of the frequency of new gains transferred to RMC-West, the mental health professional is often required to initiate mental health services, including the initiation of the ISP and the BPSA. Overall, treatment plans were goal directed and individualized and the course of treatment was easy to follow. Similarly, clinical documentation including case management and counseling notes were thorough and individualized. Staff was knowledgeable about the inmates on their caseload. Additionally, inmates interviewed were complimentary of their experiences with mental health staff.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

## SURVEY PROCESS

The goals of every survey performed by the CMA 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:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If 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.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology and dental practices
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g. logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.