

SANTA ROSA ANNEX CORRECTIONAL INSTITUTION



March 7-9, 2023

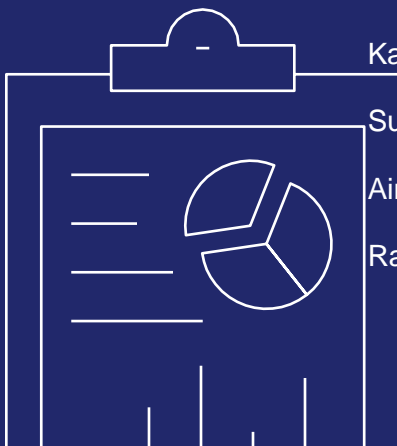
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BACKGROUND AND SCOPE

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.
- 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

Santa Rosa Annex Correctional Institutional (SARAN) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, 3, 4, and 5. SARAN consists of a Main Unit and Work Camp; however, the Work Camp is closed at this time.¹

Institutional Potential and Actual Workload

Annex Unit Capacity	1478	Current Annex Unit Census	1065
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1478	Total Current Census	1065

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	518	480	50	0	0	57
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	672	43	146	162	25	7

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	2	86	1	3	0	0

Medical Unit Staffing

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

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	4	0
Registered Nurse	12	3
Licensed Practical Nurse	29	19
DON/Nurse Manager	2	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatric APRN/PA	2	1
Psychological Services Director	1	0
Psychologists	5	4
Mental Health Professional	15	4
Aftercare Coordinator	1	0
Activity Technician	9	3
Mental Health RN	13	5
Mental Health LPN	10	5

SANTA ROSA ANNEX CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at SARCI ANNEX on March 7-9, 2023. 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 Santa Rosa Annex. 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	18

Physical Health Survey Findings

Chronic Illness Clinics

Cardiovascular Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2	There is evidence of an appropriate physical examination	18	18	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4	Annual laboratory work is completed as required	18	18	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	10	10	0	8	100%
6	There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	0	0	0	18	N/A
7	Medications appropriate for the diagnosis are prescribed	14	14	0	4	100%
8	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	18	N/A

Endocrine Clinic Chronic Illness Clinic

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The diagnosis is appropriate for inclusion in the endocrine clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	16	16	0	1	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	1	94%
4	Annual laboratory work is completed as required	16	16	0	1	100%
5	Abnormal labs are reviewed and addressed in a timely manner	14	14	0	3	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	12	12	0	5	100%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	5	5	0	12	100%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	10	10	0	7	100%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	9	7	2	8	78%
10	Medications appropriate for the diagnosis are prescribed	17	17	0	0	100%
11	Patients are receiving insulin as prescribed	4	4	0	13	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	16	100%

Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	15	1	0	94%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	15	1	0	94%
4	Annual laboratory work is completed as required	16	16	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	13	13	0	3	100%
6	Medications appropriate for the diagnosis are prescribed	1	1	0	15	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	15	15	0	1	100%
8	Abdominal ultrasounds are completed at the required intervals	16	16	0	0	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	16	16	0	0	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	16	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	16	N/A
12	Hepatitis C treatment is started within the appropriate time frame	0	0	0	16	N/A
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	16	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	16	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	16	N/A

General Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	18	18	0	0	100%
2	Appropriate patient education is provided	18	18	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	18	18	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	17	17	0	1	100%

Immunity Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	3	3	0	0	100%
2	There is evidence of an appropriate physical examination.	3	3	0	0	100%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	3	3	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	0	0	0	3	N/A
5	A CBC is collected annually	3	3	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	3	3	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	3	3	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	3	3	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	3	3	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	2	1	1	1	50%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	3	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	3	N/A

Miscellaneous Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the miscellaneous clinic	12	12	0	0	100%
2	There is evidence of an appropriate physical examination	12	11	1	0	92%
3	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	12	12	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	5	5	0	7	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	8	8	0	4	100%

Neurology Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the neurology clinic	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	13	0	0	100%
3	Annual laboratory work is completed as required	13	13	0	0	100%
4	Abnormal labs are reviewed and addressed in a timely manner	11	11	0	2	100%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	0	100%
6	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A

Oncology Chronic Illness Clinic

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

Respiratory Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	15	15	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	1	1	0	14	100%
3	Medications appropriate for the diagnosis are prescribed	13	13	0	2	100%
4	A peak flow reading is recorded at each visit	13	13	0	2	100%
5	There is evidence of an appropriate physical examination	13	13	0	2	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	13	13	0	2	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

Tuberculosis Chronic Illness Clinic

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

Episodic Care

Emergency Services

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Potentially life-threatening conditions are responded to immediately	6	6	0	12	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3	Vital signs including weight are documented	18	17	1	0	94%
4	There is evidence of appropriate and applicable patient education	17	17	0	1	100%
5	Findings requiring clinician notification are made in accordance with protocols	3	3	0	15	100%
6	Follow-up visits are completed timely	2	2	0	16	100%
7	Clinician's orders from the follow-up visit are completed as required	1	1	0	17	100%
8	Appropriate documentation is completed for patient's requiring transport to a local emergency room	1	1	0	17	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	1	1	0	17	100%

Sick Call Services

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

Other Medical Records Review

Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Special Housing Health Appraisal is complete and accurate	16	16	0	0	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	12	12	0	4	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	3	3	0	13	100%
4	All emergencies are responded to within the required time frame	1	1	0	15	100%
5	The response to the emergency is appropriate	1	1	0	15	100%
6	All sick call appointments are triaged and responded to within the required time frame	1	1	0	15	100%
7	New or pending consultations progress as clinically required	1	1	0	15	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	4	4	0	12	100%

Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	16	16	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	16	15	1	0	94%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	14	9	5	2	64%
4 The consultation report is reviewed by the clinician in a timely manner	14	14	0	2	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	12	12	0	4	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	11	0	5	100%
7 The diagnosis is recorded on the problem list	16	16	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	15	100%
9 There is evidence that the ATP is implemented	1	0	1	15	0%

Consultations Discussion:

Screen 3: In four records, urgent consultations were not completed within the required time frame. In one record, an emergent consultation was not completed in the required time frame.

Screen 9: In the deficient record, the alternative treatment was implemented but not within the required time frame.

Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	17	1	0	94%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	6	6	0	12	100%

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	12	0	0	100%
2 The Medication Administration Record (MAR) contains accurate allergy information	12	12	0	0	100%
3 Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications	12	12	0	0	100%
4 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	0	0	0	12	N/A
5 There is evidence of pneumococcal vaccination or refusal	10	10	0	2	100%
6 There is evidence of influenza vaccination or refusal	4	4	0	8	100%
7 There is evidence of COVID-19 vaccination or refusal	5	5	0	7	100%

Intra-System Transfers

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	17	17	0	0	100%
2	The DC4-760A or a progress note indicates that the inmate's vital signs are taken	17	16	1	0	94%
3	The inmate's medications reflect continuity of care	6	6	0	11	100%
4	The medical record reflects continuity of care for inmate's pending consultations	0	0	0	17	N/A
5	For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	7	7	0	10	100%
6	Special passes/therapeutic diets are reviewed and continued	1	1	0	16	100%
7	A clinician reviews the health record and DC4-760A within seven (7) days of arrival	17	16	1	0	94%

Periodic Screenings

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	18	18	0	0	100%
2	All components of the screening are completed and documented as required	18	0	18	0	0%
3	All diagnostic tests are completed prior to the periodic screening encounter	18	14	4	0	78%
4	Referral to a clinician occurs if indicated	0	0	0	18	N/A
5	All applicable health education is provided	18	15	3	0	83%

Periodic Screenings Discussion:

Screen 2: In 18 records, vital signs and/or weights were not compared to prior medical encounters.

Screen 3: In one record, the complete blood count (CBC) was not completed as required. In three records, the required laboratory work was completed but not within the required time frame.

PREA

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The Alleged Sexual Battery Protocol is completed in its entirety	9	7	2	0	78%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	9	N/A
3	There is documentation that the alleged victim was provided education on STIs	3	1	2	6	33%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	1	0	1	8	0%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	9	N/A
6	Repeat STI testing is completed as required	3	1	2	6	33%
7	A mental health referral is submitted following the completion of the medical screening	9	4	5	0	44%
8	The inmate is evaluated by mental health by the next working day	9	0	9	0	0%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	9	N/A

PREA Discussion:

Screen 1: In two records, there was no evidence that the clinician referral took place as required.

Screen 7: In four records, the referrals were incorrectly identified as “routine” and erroneously indicated that mental health staff had seven days to interview the inmate. In one record, the referral was not located.

Screen 8: In one record, there was no evidence that the inmate was seen by mental health staff following an allegation of a PREA incident. In the eight records, the mental health evaluation was not completed in the required time frame.

Dental Review

Dental Care

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

Dental Systems

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

Mental Health Survey Findings

Self-Injury and Suicide Prevention

Self-Injury and Suicide Prevention

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	9	4	5	0	44%
2	The nursing evaluation is completed within 2 hours of admission	0	0	0	9	N/A
3	Guidelines for SHOS management are observed	0	0	0	9	N/A
4	The inmate is observed at the frequency ordered by the clinician	9	3	6	0	33%
5	Nursing evaluations are completed once per shift	9	2	7	0	22%
6	There is evidence of daily rounds by the attending clinician	9	4	5	0	44%
7	There is evidence of daily counseling provided by mental health staff	9	6	3	0	67%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	9	5	4	0	56%
9	There is evidence of adequate post-discharge follow-up by mental health staff	0	0	0	9	N/A
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	6	4	2	3	67%

Self-Injury and Suicide Prevention Discussion:

Screen 1: In the deficient records, there was no evidence of a complete mental status examination and an assessment of suicide risk.

Screens 2 & 3: The sample for the nine SHOS admissions consisted entirely of inmates from the inpatient mental health unit. Thus, screens two and three were not applicable.

Screen 4: In three records, at least one day of safety observations were unable to be located by institutional staff. In the remaining records, there were blanks on the safety observation checklists indicating that inmates may not have been observed at the frequency ordered by the clinician.

Screen 5: In the deficient records, subjective information was not documented according to Departmental policy.

Access To Mental Health Services

Psychological Emergency

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	9	9	0	0	100%
2	The emergency is responded to within one hour	9	9	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	9	9	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	9	9	0	0	100%
5	A thorough mental status examination is completed	9	9	0	0	100%
6	Appropriate interventions are made	9	9	0	0	100%
7	The disposition is clinically appropriate	9	9	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	7	6	1	2	86%

Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	14	12	2	0	86%
2	The request is responded to within the appropriate time frame	12	12	0	2	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	12	12	0	2	100%
4	The follow-up to the request occurs as intended	3	3	0	11	100%
5	Consent for treatment is obtained prior to conducting an interview	3	3	0	11	100%

Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	12	10	2	0	83%
2	Psychotropic medications continue as ordered while inmates are held in special housing	8	8	0	4	100%
3	A mental status examination (MSE) is completed in the required time frame	12	12	0	0	100%
4	Follow-up MSEs are completed in the required time frame	2	2	0	10	100%
5	MSEs are sufficient to identify problems in adjustment	11	11	0	1	100%
6	Mental health staff responds to identified problems in adjustment	1	1	0	11	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	12	12	0	0	100%

Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	12	12	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	12	11	1	0	92%
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 the inmate by the next working day to assess whether a higher level of mental health care is needed	12	11	1	0	92%
5	Recent changes in the inmate's condition are addressed	5	5	0	7	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	6	6	0	6	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	12	N/A

Inpatient Mental Health Services

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	Court Order or Informed Consent are present in the record	18	17	1	0	94%
2	Admissions documentation is provided within four hours of admission	10	8	2	8	80%
3	Vital signs are obtained within one hour of admission	10	10	0	8	100%
4	Nursing assessment is completed within four hours of admission	10	9	1	8	90%
5	For new admissions, vital signs are taken daily for 2 days	10	6	4	8	60%
6	Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	10	10	0	8	100%
7	The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	18	13	5	0	72%
8	The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	13	11	2	5	85%
9	Follow-up risk assessments occur at least every 90 days	11	11	0	7	100%
10	There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	18	16	2	0	89%
11	An individualized service plan (ISP) is initiated within the appropriate time frame	10	10	0	8	100%
12	The ISP is reviewed at the required intervals	17	17	0	1	100%
13	Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	18	16	2	0	89%
14	The ISP is signed by the patient	18	18	0	0	100%
15	Patient progress is noted and updated on the ISP	17	11	6	1	65%

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The patient is receiving the services listed on the ISP	18	17	1	0	94%
17	The MDST meets to address initial placement in the Inpatient Unit	10	10	0	8	100%
18	The MDST meets no later than 3 business days in response to a precipitating event	7	2	5	11	29%
19	The patient attends MDST meetings or there is evidence of refusal	18	18	0	0	100%
20	The MDST meets and reviews Behavioral Levels	18	17	1	0	94%
21	The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	18	15	3	0	83%
22	Inpatient mental health daily nursing evaluation is completed as required.	18	0	18	0	0%
23	Vital signs are recorded by nursing staff at required intervals	18	15	3	0	83%
24	Weight is recorded by nursing staff at required intervals	18	17	1	0	94%
25	For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	4	4	0	14	100%

Inpatient Mental Health Services Discussion:

Screen 5: In the deficient records, vital signs were recorded for the first day of admission only.

Screen 15: In one record, treatment compliance percentages and the inmate’s behavioral level were incorrectly reported. In four records, disciplinary reports were not addressed. In one record, a recent SHOS admission was not addressed.

Screen 18: In five records, there was no evidence that the MDST met to address disciplinary reports.

Screen 22: In all the deficient records, subjective information was not documented according to Departmental protocols.

Inpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The psychiatric evaluation is present in the record and conducted within 3 days of admission	10	8	2	8	80%
2	An admission note by the attending clinician is completed within 24 hours of admission	10	9	1	8	90%
3	Appropriate initial laboratory tests are ordered	1	1	0	17	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	17	17	0	1	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7	Drug Exception Requests (DER) are clinically appropriate	2	2	0	16	100%
8	The inmate receives medication(s) as prescribed	17	17	0	1	100%
9	The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	7	7	0	11	100%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	6	6	0	12	100%
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consent forms are signed for each medication prescribed	18	16	2	0	89%

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
13 A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	15	13	2	3	87%
14 Follow-up sessions are conducted at the appropriate intervals	18	18	0	0	100%
15 Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
16 Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	18	18	0	0	100%
17 The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	0	0	0	N/A	N/A
18 The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	0	0	0	N/A	N/A
19 For each administration of the medication, an additional ETO is written	0	0	0	N/A	N/A
20 The ETO is administered in the least restrictive manner	0	0	0	N/A	N/A
21 An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	N/A	N/A

Outpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A consent for treatment is signed prior to treatment and/or renewed annually	17	14	3	0	82%
2	The inmate is interviewed by mental health staff within 14 days of arrival	14	12	2	3	86%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	14	14	0	3	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	3	3	0	14	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	17	NA
6	A clinically appropriate conclusion is reached following the sex offender screening	3	3	0	14	100%
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	17	NA
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	17	NA
9	The Bio-psychosocial (BPSA) is present in the record	17	12	5	0	71%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	4	4	0	13	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	3	3	0	14	100%
12	The ISP is individualized and addresses all required components	15	15	0	2	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	15	15	0	2	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	15	15	0	2	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	15	15	0	2	100%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The ISP is signed by the inmate and all members of the treatment team	15	10	5	2	67%
17	The ISP is reviewed and revised at least every 180 days	11	5	6	6	45%
18	Identified problems are recorded on the problem list	17	15	2	0	88%
19	The diagnosis is clinically appropriate	17	17	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	17	14	3	0	82%
21	Counseling is offered at least once every 60 days	17	13	4	0	76%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	4	2	2	13	50%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	13	8	5	4	62%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	17	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	17	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	17	NA
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	17	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	17	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	17	15	2	0	88%
30	The frequency of clinical contacts is sufficient	17	15	2	0	88%

Outpatient Mental Health Discussion:

Screen 16: In all the deficient records, the ISP was not signed by the inmate indicating that he was in agreement with his treatment plan.

Outpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	3	3	0	15	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	18	N/A
3	Appropriate initial laboratory tests are ordered.	9	9	0	9	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	5	5	0	13	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	14	13	1	4	93%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	15	3	0	83%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8	The inmate receives medication(s) as prescribed	14	14	0	4	100%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	3	3	0	15	100%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	1	1	0	17	100%

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
11	Informed consent forms are signed for each class of medication prescribed	18	16	2	0	89%
12	Follow-up sessions are conducted at the appropriate intervals	18	18	0	0	100%
13	Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
14	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	6	6	0	12	100%
15	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
16	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
17	For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
18	The ETO is administered in the least restrictive manner	0	0	0	18	N/A
19	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A
20	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

Aftercare Planning

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	12	11	1	0	92%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	10	10	0	2	100%
3	Appropriate patient care summaries are completed within 30 days of EOS	0	0	0	12	N/A
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	12	N/A

Institutional Systems Tour

Medical Area

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

Infirmary

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

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

Pharmacy

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2 Out-of-date controlled substances are segregated and labeled	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%

Psychiatric Restraint

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

Self-Injury/Suicide Prevention

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

Special Housing

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

Mental Health Services

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

Interview Summaries

INMATE INTERVIEWS

Thirteen inmates agreed to participate in interviews with CMA surveyors. Overall, inmates reported that medical services were adequate. However, there were several complaints noted by multiple individuals. These included medical issues not being addressed timely and the belief that medical providers were too busy to listen to their complaints and answer questions regarding medical treatments. Additionally, one third of the inmates complained of difficulty in getting medication refills as well as the inconsistent availability of over-the-counter (OTC) medications in the dorms. Inmates reported no issues with dental emergencies but felt the wait time was long for initiation of the preventative dental plan.

Overall, inmates expressed satisfaction with mental health services. They indicated that mental health staff was helpful and wanted to assist. Additionally, the majority of inmates reported that mental health services assisted in helping them to adjust to incarceration.

MEDICAL STAFF INTERVIEWS

Five members of the medical team participated in interviews. All were knowledgeable about policies and procedures directing the provision of health care at this institution, although several conveyed the need for more staff training. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. However, it was reported that officers often try to constitute what is considered inmate-declared emergency. Medical staff also indicated that there were situations in which they were not notified of an emergency. All interviewees stated that increased staffing levels would help them meet the needs of the inmate population.

MENTAL HEALTH STAFF INTERVIEWS

Four members of the mental health team participated in interviews with CMA staff. All interviewees indicated they were familiar with policies and procedures for prevention of self-harm and expressed a strong desire to serve the inmates in their care. Staff reported they had sufficient resources to provide the care required. Interviewees stated that staffing has consistently been problematic but feel they have come together as a team and have a good relationship with security and nursing.

SECURITY STAFF INTERVIEWS

Two correctional officers were interviewed during the survey of SARAN. The officers were generally knowledgeable about how inmates access services. They described having a good working relationship with medical, mental health, and dental staff. Interviewees indicated that increased staffing levels would be useful in meeting the needs of the inmate population.

Corrective Action and Recommendations

Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	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	N/A
Inpatient Infirmary Care	N/A
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	2
Medical Inmate Request	0
Medication and Vaccine Administration	0
Intra-System Transfers	0
Periodic Screening	2
PREA Medical Review	6

Dental Review	
Assessment Area	Total Number Finding
Dental Care	0
Dental System	0
Institutional Tour	
Assessment Area	Total Number Finding
Institutional Tour	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	7
Psychiatric Restraints	N/A
Access to Mental Health Services Review	
Assessment Area	Total Number Finding
Use of Force	0
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	0
Mental Health Services Review	
Assessment Area	Total Number Finding
Inpatient Mental Health Services	5
Inpatient Psychotropic Medications	0
Outpatient Mental Health Services	6
Outpatient Psychotropic Medications	0
Aftercare Planning	0
Total Findings	
Total	18

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 SARAN, the CMA makes the following recommendations:

- Ensure deficiencies close to the 80% threshold but did not reach the level of a finding requiring corrective action are closely monitored to ensure that compliance is maintained.
- Continue to train and support staff on optimally utilizing the electronic health record.
- Train staff and review policies related to medical and mental health services following an alleged PREA incident.
- Review institutional responses to SHOS admissions and provide additional training to staff.
- Ensure that inmates on SHOS are seen daily by the appropriate clinical staff.