



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Santa Rosa Correctional Institution

In

Milton, Florida

on

November 8-10, 2016

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2871	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1349	Current Main Unit Census	1196
Annex Capacity	1478	Current Annex Census	1273
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	402
Total Capacity	3259	Total Current Census	2871

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	1962	834	183	0	0	107
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	2277	134	458	44	15	34

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>
	81	132	0	361	308	253

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	7	1
LPN	12	0
Dentist	1	0
Dental Assistant	1	1
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	1
Psychiatrist ARNP/PA	1	0
Psychological Services Director	0	1
Psychologist	0	1
Mental Health Professional	7	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	4	0
LPN	6	1
Dentist	0	1
Dental Assistant	1	0
Dental Hygienists	1	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	0	1
Psychological Services Director	0	1
Psychologist	1	0
Behavioral Specialist	1	0
Mental Health Professional	6	0
Human Services Counselor	0	0
Activity Technician	1	0
Mental Health RN	4	0
Mental Health LPN	6	0

OVERVIEW

Santa Rosa Correctional Institution (SARCI) 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. SARCI consists of a Main Unit, an Annex, and work camp.

The overall scope of services provided at SARCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, infirmary services, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SARCI on November 8-10, 2016. 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 biweekly 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 biweekly 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

Santa Rosa Correctional Institution-Main (SARCI-Main) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SARCI-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 no findings requiring corrective action in the review of the chronic illness clinics or in the general chronic illness clinic review.

EPISODIC CARE REVIEW

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

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control, pharmacy, or in the administration of the pill line.

INSTITUTIONAL TOUR

There were no findings as a result of the institutional tour.

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 records revealed the following deficiencies:</p> <p>PH-1: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-2: In 3 records, there was no evidence that consultant treatment recommendations were incorporated into the treatment plan.</p> <p>PH-3: In 3 records, the Consultation Appointment Log was incomplete.</p> <p>PH-4: In 1 of 2 applicable records, there was no evidence that the alternative treatment plan (ATP) was implemented. (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 biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** Record review indicated that a consultation request was submitted for a MRI on 5/3/16, but was denied. Shoulder exercise and monitoring was recommended as an alternative treatment. The inmate continued to have shoulder pain, and another consultation request was submitted on 8/5/16 for a MRI. The consultation request was denied and physical therapy was recommended as an alternative treatment. The request for physical therapy was made on 10/7/16, and at the time of the survey the request had not been approved.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: Dental licenses were not appropriately displayed.</p> <p>PH-6: There was no evidence that all necessary equipment was working and available (see discussion).</p> <p>PH-7: American Heart Association prophylactic regimens were not posted.</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>

PH-6: Two of four dental chairs were not in working order.

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 3 of 18 records reviewed, there was no evidence of an accurate diagnosis and appropriate treatment plan (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 biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-8: *In all three records, periodontal disease and/or removal of subgingival calculus was not correctly addressed in treatment plans. "Gross debridement" was included as a part of dental treatment plans. The CMA surveyor indicated this was not acceptable as a standard practice because "gross debridement" should be used to help improve the clinician's ability to complete a comprehensive oral evaluation and diagnosis.*

PHYSICAL HEALTH FINDINGS - ANNEX

Santa Rosa Correctional Institution-Annex (SARCI-Annex) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SARCI-Annex:

- 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 - ANNEX

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in five of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic review.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call. There was a finding requiring corrective action in the review of emergency care; the item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of pharmacy services, infection control or in the administration of the pill line.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 3 of 12 applicable records (15 reviewed), there was no evidence of an annual fundoscopic examination.</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>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 2 of 6 applicable records (10 reviewed), there was no evidence that appropriate medications were reviewed, ordered and/or received (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 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>

Discussion PH-2: *In one record, an anti-inflammatory medication was not ordered for an inmate with cervical neck pain. In the other record, an inmate was seen in clinic on 7/21/16 and Methotrexate was ordered for 6 months. The inmate was sent out to court on 7/29/16 and returned on 9/22/16. Upon return, the medication was not resumed.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 13 records reviewed, there was no evidence that an appropriate neurological examination was completed (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 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>

***Discussion PH-3:** In all three records, “neuro NL” was documented rather than a basic neurological assessment of mental status, cranial nerves, gait, motor and sensory information.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 12 applicable records (15 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, or severe.</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>PH-5: In 2 of 10 records reviewed, there was no evidence of HIV status or that HIV testing was offered and refused.</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>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 5 of 10 applicable records (17 reviewed), there was no documentation of a follow-up visit with the clinician when required (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 biweekly monitoring of no less than ten records of those receiving emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6: *In the review of emergency care records, it was discovered that the clinician was not documenting follow-up assessments. Medications, X-rays, and passes were ordered as needed, but without a clinician's note, actions appeared to be a result of the nursing assessment. CMA surveyors expressed concern that without clinician documentation, it may appear that nursing staff are working beyond their scope of practice, license, certification or training.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 6 of 11 records reviewed, the diagnosis was not recorded on the problem list.</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 receiving 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>PH-8: There was no evidence that all necessary equipment was in working order (see discussion).</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-8: The light in the darkroom was not working.

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-9: In 4 of 13 applicable records, there was no evidence of complete and accurate charting of dental findings (see discussion).</p> <p>PH-10: In 7 of 16 applicable records, there was no evidence of an accurate</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 receiving dental services to evaluate the effectiveness of corrections.</p>

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
diagnosis and treatment plan (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-9: In one record, fillings on tooth #8 were mischarted and numbers 10, 12, and 13 were not charted. In another record, lesions on distal tooth #7 were not charted. In the third record, a large filling on tooth #10 was not charted. In the fourth record, a cavity on distal tooth #3 was not charted.

Discussion PH-10: In all seven charts, there was no procedure documented in the treatment plan to address and remove subgingival calculus or to treat periodontal disease. The dental hygienist recognized the oversight and was scheduling and performing the necessary procedures even though they were not listed on the treatment plan. CMA surveyors expressed concern that staff may be working beyond their scope of practice. Additionally, three of these records did not contain a dentist's signature.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-11: Over-the-counter medications were not available in the dorms (see discussion).</p> <p>PH-12: Emergency equipment and supplies were not readily available (see discussion).</p> <p>PH-13: Showers were broken in J dorm and P dorm (see discussion).</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-11: Per Department Procedure 406.001, specific over-the-counter medications are to be made available in all general population and special housing areas to include antacids, acetaminophen and ibuprofen. Antacids were not available.

Discussion PH-12: Oxygen tanks in the emergency/trauma room read as empty.

Discussion PH-13: In J dorm, a broken wall board in the shower area exposed sharp metal. CMA surveyors expressed concern that this may pose a danger to inmates or staff. In P dorm, the bench in the handicapped shower was broken.

CONCLUSION – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at SARCI-Main serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. 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, CMA surveyors noted that medical records were well organized and documents appeared to be filed in a timely manner. There were relatively few deficiencies that required corrective actions. No issues were noted in the review of chronic illness clinics.

The staff at SARCI-Main was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Medical staff were receptive to the feedback provided by the CMA and indicated that they would use the corrective action process to improve the deficiencies identified in this report.

ANNEX

The physical health staff at SARCI-Annex serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an outpatient basis. Those in need of infirmary care are sent 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. Interviews held with medical staff, correctional officers, and inmates indicated that all were knowledgeable about how to access both routine and emergency medical services. Inmates indicated that they were generally satisfied with the care received.

CMA surveyors noted a few areas in which the provision of clinical services were found to be deficient. These included the lack of annual fundoscopic examinations for diabetic patients, incomplete neurological examinations, missing HIV status for those in the tuberculosis clinic, and classification of reactive airway diseases. There was also concern regarding the lack of follow-up documentation by the clinicians after an inmate received emergency care. It may be that a chart is referred to the clinician for follow-up rather than a scheduled appointment for the inmate. In these cases, an incidental note should be documented regarding the review and action taken. In addition, there were deficiencies in the dental clinic which are described in the tables above.

Based on these findings, it is clear that the corrective action process (CAP) will be beneficial to SARCI-Annex as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Santa Rosa Correctional Institution-Main (SARCI-Main) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SARCI-Main:

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 8 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 4 of 11 applicable records, there was no evidence of daily counseling by mental health staff.</p> <p>MH-4: In 6 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</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: According to the Department's HSB, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In the applicable record, there was no evidence that transfer to a higher level of care was considered.

Discussion MH-2: Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In the first record, observations did not start until 75 minutes after the admission. In the second record, the observations did not start until 30 minutes after the admission. In the third record, the observations did not start until 45 minutes after the admission. In the fourth record, the observations did not start until 45 minutes after the admission and there were several blanks on the record sheet indicating the inmate was not observed during that time. In the fifth record, observations started late and ended prior to the discharge from SHOS. In the sixth record, there were multiple blanks on the observation form. In the seventh record, one day of observations was unable to be located. In the last record, the observation checklists for the entire admission were unable to be located.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 use of force episodes revealed the following deficiencies:</p> <p>MH-5: In 3 records, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-6: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</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>

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 3 of 9 applicable records (13 reviewed), the follow-up indicated as a result of the psychological emergency did not occur (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 biweekly monitoring of no less than ten psychological emergencies 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: *In the first record, a referral to mental health was initiated by physical health staff but there was no documentation in the medical record that the follow-up was completed. In the second record, the psychological emergency documentation indicated that mental health would provide follow-up but there was no evidence that this occurred. In the last record, the emergency nursing evaluation indicated that the on-call clinician ordered hourly nursing observations at the inmate's housing unit. There was no documentation that this was completed. The inmate was placed in SHOS that afternoon after being found in his cell with a noose around his neck.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records of inmates in special housing revealed the following deficiencies:</p> <p>MH-8: In 2 of 8 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion).</p> <p>MH-9: In 5 records, follow-up mental status examinations (MSE) were not completed within the required time frame (see discussion).</p> <p>MH-10: In 3 records, outpatient treatment did not continue as indicated on the Individualized Service Plan (ISP) while the inmate was in special housing.</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-8: HSB 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 the first record, two doses of antipsychotic medication were not administered. In the second record, the MAR for one month could not be located and CMA clinical surveyors were unable to confirm that the inmate received his medication as prescribed.

Discussion MH-9: The Department's policy (403.003) states that each inmate who is classified as S3 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within five days of assignment and every 30 days thereafter. Each inmate who is classified as S1 or S2 and who is assigned to administrative or disciplinary confinement, protective management, or close management status shall receive a MSE within 30 days and every 90 days thereafter. In two records, at least one 30 day evaluation could not be located. In two records, there were two MSEs that were unable to be located. In the last record, MSEs for February, March, April, and May 2016 were unable to be located.

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-11: In 6 of 17 records reviewed, a copy of the inmate request was not present in the medical record.</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</p>

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
	<p>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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-12: In 2 of 9 applicable records, there was no evidence of a thorough psychiatric evaluation (see discussion)</p> <p>MH-13: In 2 of 10 applicable records, follow-up lab tests were not ordered and/or conducted as required.</p> <p>MH-14: In 4 of 16 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>MH-15: In 5 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</p> <p>MH-16: In 2 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frames.</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-12: *In the first record, family and substance abuse histories were not documented. In the second record, there was no documentation of the criteria met for a diagnosis of Major Depressive Disorder.*

Discussion MH-14: *In one record, there were blanks on the Medication Administration Record (MAR) indicating that the inmate did not receive his risperidone for eight days. In two records, the MARs were unable to be located by institutional staff and CMA surveyors were unable to*

confirm that the inmate received the medications as prescribed. In the last record, the clinician discontinued an inmate's risperidone and placed him on another antipsychotic medication. However, the inmate's MAR indicated that he erroneously received both medications for two weeks until the clinician wrote another order discontinuing the risperidone.

Discussion MH-15: In two records, inmates were seen at 120 day intervals and not at the 90 day intervals required by policy. In two records, the clinician requested that the inmates be seen in 14 days, however they were not seen for almost six weeks. In one record, the clinician indicated that the inmate was to be seen in 30 days but the inmate was not seen for three months.

Outpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-17: In 1 of 5 applicable records, current psychotropic medications were not continued until the inmate saw the psychiatrist upon transfer into the institution.</p> <p>MH-18: In 4 of 13 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-19: In 1 of 2 applicable records, the BPSA was not approved by the MDST within 30 days of initiation of mental health services.</p> <p>MH-20: In 6 records, the ISP did not list the frequency of the interventions.</p> <p>MH-21: In 8 records, mental health problems were not listed on the problem list.</p> <p>MH-22: In 8 records, there was no documentation that the inmate received the services listed in the ISP (see discussion).</p> <p>MH-23: In 4 of 17 applicable records, counseling for inmates without evidence of a psychotic disorder was not provided or refused at least every 90 days.</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>MH-24: In 5 of 12 applicable records, individual or group counseling for inmates in close management status was not offered weekly and there was no evidence of refusal.</p>	

***Discussion MH-22:** In three records, psychiatry services were offered less frequently than indicated on the ISP. In four records, group counseling was offered less frequently than indicated on the ISP. In one record, the ISP indicated that the inmate was receiving psychiatric medication services although he had a psychological grade of 2 and no prior history of psychotropic medications since incarceration.*

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>MH-25: In 2 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-26: In 1 of 1 applicable records, assistance with Social Security benefits was not provided.</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>

MENTAL HEALTH SYSTEMS REVIEW

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
MH-27: The required restraint equipment was not available (see discussion).	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment
MH-28: Isolation Management Rooms (IMR) were not properly maintained (see discussion).	Provide evidence in the closure file that the issue described has been corrected. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment

Discussion MH-27: *Only one size protective helmet was available.*

Discussion MH-28: *There were several areas of chipped/broken paint in the IMRs.*

MENTAL HEALTH FINDINGS - ANNEX

Santa Rosa Correctional Institution-Annex (SARCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SARCI-Annex:

- 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 care).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests or special housing.

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

There were no findings requiring corrective action in the review of aftercare planning.

MENTAL HEALTH SYSTEMS REVIEW

There was a finding in the review of mental health systems; the item to be addressed is indicated in the table below.

Self-harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 records, the admitting clinician's orders did not specify frequency of observation while on SHOS.</p> <p>MH-2: In 5 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (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 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-2:** Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In four records, there were one or more blanks on the checklist indicating the inmate was not observed as required. In two records, staff members did not initial and sign the form to indicate who performed the observations. The form must be completed in its entirety to be compliant with DOC policy.*

Use of Force	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-3: In 2 records, a written referral to mental health by physical health staff was not present.</p> <p>MH-4: In 2 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-5: In 1 of 3 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-6: In 1 of 4 applicable records, follow-up lab tests were not completed as required (see discussion).</p> <p>MH-7: In 4 of 16 applicable records, the inmate did not receive medications as prescribed and documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-8: In 16 records, follow-up psychiatric contacts were not conducted at appropriate intervals (see discussion).</p> <p>MH-9: In 2 of 5 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame (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 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-5: *There was no evidence of referral or timely follow-up for an inmate with a subtherapeutic level of Tegretol in May of 2016.*

Discussion MH-6: *The most recent lab results for an inmate taking Zyprexa were completed in January 2015.*

Discussion MH-7: *In three records, the Medication Administration Records (MAR) for August 2016 were not present and were unable to be located by institutional staff. In the remaining record, the MAR for October 2016 was missing and could not be located.*

Discussion MH-8: *Health Services Bulletin (HSB) 15.05.18 states that inmates on psychotropic medications must be seen for psychiatric services at least every 90 days. In these records there was evidence of a greater than 90 day lapse between these services. Some of these episodes resulted in inmates not receiving medications, while in some records another physician continued the medications pending psychiatric appointment.*

Discussion MH-9: *In one record, AIMS had not been completed since November 2015. In the remaining record, there was no evidence that AIMS was completed for an inmate on antipsychotic medication.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-10: In 11 of 17 records reviewed, the Individualized Service Plan (ISP) was not signed by a member of the multidisciplinary services team (MDST) and/or inmate or a refusal was not documented (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 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-10: In 10 records, the inmate's signature was missing and there was no documentation of refusal. Two of these records were also missing the nurse's signature. In the remaining record, the ISP was not signed by the psychiatrist/ARNP.

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 inpatient records revealed the following deficiencies:</p> <p>MH-11: In 2 of 9 applicable records, the physician's admission note was not completed within 24 hours of admission.</p> <p>MH-12: In 1 of 5 applicable records, initial lab tests were not completed as required.</p> <p>MH-13: In 2 of 2 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-14: In 2 of 9 applicable records, follow-up lab tests were not ordered and/or completed as required.</p> <p>MH-15: In 7 records, physician's orders were not timed and/or dated.</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>MH-16: In 7 of 14 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>MH-17: In 8 of 13 applicable records, AIMS were not administered within the appropriate time frame (see discussion).</p> <p>MH-18: In 2 of 2 applicable records, the emergency treatment order (ETO) was not complete (see discussion).</p>	

Discussion MH-13: In one record, elevated liver function tests were not addressed. In the second record, an elevated Tegretol level was not repeated.

Discussion MH-16: Gaps in the administration of psychotropic medications were evident by blanks on the MARs without indication of refusal.

Discussion MH-17: In five of the records an AIMS was not present. In the remaining records the AIMS was not completed within the required time frame.

Discussion MH-18: In both records, the order was not timed. In one record, the order was not dated. In the remaining record, the order was not specified as an ETO.

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 inpatient records revealed the following deficiencies:</p> <p>MH-19: In 3 records, the biopsychosocial assessment (BPSA) was not present in the medical record.</p> <p>MH-20: In 13 records, a risk assessment for violence was not completed as required.</p> <p>MH-21: In 8 records, the ISP was not completed as required.</p> <p>MH-22: In 15 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-23: In 7 records, behavioral level assessments were missing or not reviewed within the required time frame (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 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>

***Discussion MH-23:** 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 the deficient records, the MDST meeting is noted in the physician's progress notes, however there is no indication the levels were discussed, making it difficult to determine if the inmate was given the opportunity to advance through the level system.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-24: There is an inadequate tracking mechanism to reflect mental health related admissions and discharges from the infirmary (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 biweekly monitoring of the Psychological Emergency and SHOS log for accuracy and legibility.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-24: According to Department policy (404.001) staff will record the emergency referral on the “Mental Health Emergency, Self-harm, SHOS/MHOS Placement Log” (DC4-781A). Many areas on this log including the date and time of placement, reason for placement and disposition were incomplete.

CONCLUSION – MENTAL HEALTH

MAIN UNIT

The staff at SARCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. 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 on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

Although medical records were well organized, there were several areas in which delays in the completion and filing of documentation lead to the deficiencies outlined above. Notably, the Medication Administration Records (MARs) had not been filed since August. Additionally, discussions with multiple mental health staff members indicated delays of up to eight weeks in the writing of mental health encounter notes. Throughout the survey, there was a high number of requests made by CMA surveyors for missing documentation. In many cases, institutional staff was unable to locate the documents even though there was notation in the Offender Based Information System (OBIS) that a mental health encounter occurred. CMA clinical surveyors expressed concern that missing or incomplete documentation could lead to errors in inmate mental health care, especially if an inmate was to transfer to another institution with an incomplete health record.

The majority of the findings noted in this report are due to missing or late initial and follow-up clinical assessments. Inmates on SHOS were not consistently seen for daily mental health counseling and for post-discharge follow-up. Mental status exams were not completed as required for inmates in confinement. Inmates on the mental health caseload were not receiving services as indicated on the ISP, including case management, group counseling, and psychiatric services.

Staff interviewed were knowledgeable and presented a genuine concern for the inmates on their caseload. Staff acknowledged that assessments were late or missing, however reported that in many cases, the inmates had been seen. Overall, staff were responsive to using the corrective action plan process to improve inmate mental health services.

ANNEX

The staff at SARCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Inpatient mental health services are provided in a 92 bed Transitional Care Unit (TCU) and a 16 bed Crisis Stabilization Unit (CSU). Outpatient mental health services, including case management and individual counseling, are provided. 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. Reportable findings requiring corrective action are outlined in the tables above.

Many of the clinical findings for outpatient services are related to psychiatric medication practices. In the majority of records reviewed, inmates were not seen as required by a psychiatric provider. In some instances medications were continued by the Chief Health Officer until the inmate could be seen by psychiatry. In other cases, the prescription expired resulting in missed doses of medication. Lapses in psychotropic medication can cause physical consequences or decompensation of mental stability, especially those medications requiring titration. Furthermore, AIMS assessments and labs were not completed as required. Institutional staff reported a vacancy in provider positions which likely led to many of the findings noted above. However it appears that inmates are being seen by mental health staff at regular intervals and counseling is relevant to problems listed on the ISP. ISPs were timely and goals were measurable, objective and achievable. No findings were noted during the review of access to mental health services including psychological emergencies, inmate requests and special housing.

There were several findings noted in the review of inpatient services. Labs were not completed as required and inmates did not consistently receive medications as prescribed. Documentation of physician's orders and AIMS were incomplete. Additionally there were some issues with the documentation of assessments. Although staff indicated the MDST met daily, there was no evidence in many of the records that behavioral levels were reviewed. Documentation of risk assessments were missing in the majority of records reviewed. Staff reported that the team meets regularly, however the forms could not be located. Staff indicated a plan has been initiated to ensure proper documentation is contained in the medical record. In all records reviewed the required number of planned structured therapeutic services were not provided. Staff indicated an activity technician has been hired to ensure an adequate number of services are offered. In over half of the records, ISPs were not completed timely, however those that were present were individualized and relevant. Notes by the psychiatrist, mental health professionals and nurses were timely and thorough and in some cases high risk inmates were seen more frequently than required.

Staff in the mental health department appear knowledgeable regarding inmates on their case load and all staff were helpful during the survey process. They were receptive to using the corrective action plan process to improve the quality and delivery of mental health services at SARCI-Annex.

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.