



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Santa Rosa Correctional Institution

in

Milton, Florida

on

September 25 – 26, 2013

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2,777	Male	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	1,614	Current Main Unit Census	1,396
Annex Capacity	1,478	Current Annex Census	1,381
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	3,092	Total Current Census	2,777

Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	5	Impaired
		1,842	803	130	2	0
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	2,221	138	306	98	14	2

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	55	84	0	433	428	257

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
ARNP	1	0
RN	7	0
LPN	8	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0.75	1
Senior Mental Health Clinician	1	1
Behavioral Specialist	6	5

DEMOGRAPHICS

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	0	0
ARNP	1	0
RN	6	0
LPN	6	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	0.75	1
Psychological Services Director	1	0
Behavioral Specialist	5	0
Mental Health RN	5	0
Mental Health LPN	6	0

OVERVIEW

Santa Rosa Correctional Institution (SARCI) houses male inmates of minimum, medium, maximum and close custody levels. The facility grades are medical (M) grades 1, 2, 3 and 4 and psychology (S) grades 1, 2, 3, 4 and 5. SARCI consists of a main unit and an annex.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SARCI on September 25 – 26, 2013. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS - MAIN UNIT

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

- 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.

CLINICAL RECORDS REVIEW - MAIN

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in two of the chronic illness clinics; the items to be addressed are indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency and infirmary care. There was a finding requiring corrective action in the review of sick call services; 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 intra-system transfers, consultations or preventive care. There was a finding requiring corrective action in the review of medication administration records; the item to be addressed is indicated in the table below.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of infection control practices or the administration of the pill line. There was a finding requiring corrective action in the review of pharmacy services; the item to be addressed is indicated in the table below.

INSTITUTIONAL TOUR

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

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 5 of 13 records reviewed, the baseline history was incomplete or missing (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** In all five records, the baseline physical examination data was not included on the current Chronic Illness Clinic Flow Sheet (DC4-770). Department policy requires that all areas of the DC4-770 be completed in its entirety.*

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 2 of 5 records reviewed, the baseline history was incomplete or missing.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Sick Call

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 15 sick call records reviewed, there was no evidence that education applicable to the presenting problem was provided (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-3:** Sick call encounters may be documented on the Nursing Protocol Series (DC4-683) or alternatively, may be documented in SOAP format (DC4-701) if no nursing protocol exists. CMA surveyors noted that sick call providers did not document evidence of patient education when utilizing the SOAP format.*

Medication Administration- Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 3 of 12 records reviewed, the route of administration was not indicated in the medication order (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** In all three records, the medication orders did not specify the route of administration, although the MAR indicated that all should be administered orally. CMA clinical surveyors expressed concern that incomplete or inaccurate medication orders could lead to errors in patient care.*

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: An examination of pharmacy services revealed that there was no evidence that the consulting pharmacist provided annual in-service training for the medical staff.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, training logs, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: A tour of the facility revealed the following deficiencies:</p> <p>(a) Eyewash stations were not available in the medical unit.</p> <p>(b) Unclean living conditions were noted in dormitory areas (see discussion).</p> <p>(c) Hot water was unavailable in one of the dormitory areas (see discussion).</p> <p>(d) Procedures to access medical and dental sick call services were not posted in all dormitory areas.</p> <p>(e) Pill line schedules were not posted in all dormitory areas.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6(b): *Unclean living conditions in the dormitory areas were cited by both CMA surveyors and multiple institutional staff. For example, in F Dorm, there were reports of medical refuse (e.g. latex gloves, specimen cups) and garbage (e.g. napkins, plastic utensils) on the floor. There were multiple liquid spills that had not been cleaned up. Two cells were inspected and each had significant areas of black mildew on the walls. The metal gate walkway had thick strands of dust hanging from the apparatus. Institutional personnel reported concerns that the mildewed areas could be associated with an increase in both upper respiratory and fungal infections amongst inmates.*

Discussion PH-6(c): *An inspection of A Dorm revealed that there was no working hot water on one side of the bathroom. An inmate reported that a work order had previously been submitted but no repairs had been done at the time of the survey.*

PHYSICAL HEALTH FINDINGS - ANNEX

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

- 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.

CLINICAL RECORDS REVIEW - ANNEX

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in seven of the chronic illness clinics; the items to be addressed are indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call. There are no infirmary services provided at the Annex.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of intra-system transfers. There were findings requiring corrective action in the review of consultations, medication administration records and preventive care; the items to be addressed are indicated in the table below.

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

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

**Cardiovascular Clinic Record
Review**

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: A comprehensive review of 18 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the baseline history was incomplete or missing (see discussion).</p> <p>(b) In 2 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(c) In 1 of 5 applicable records, there was no evidence of influenza vaccine or refusal.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1(a): *Baseline history and physical examination data was frequently missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per Departmental policy (Health Services Bulletins 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets thinned from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. This baseline information was also missing in many of the clinics indicated below.*

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 8 records, the baseline history was incomplete or missing.</p> <p>(b) In 10 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 9 records, there was no evidence of appropriate examination to include the cardiovascular system, sensory and vascular status of the extremities and/or examination of the feet (see discussion).</p> <p>(d) In 1 of 1 applicable record, an inmate with HgbA1c over 8.0 was not seen at the required intervals and there was no documentation of the clinical justification with respect to frequency of clinic visits (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2(c): *In six of the records reviewed, the sensory status of the extremities was not addressed. In two records, the examination was not complete with regard to the patient's diagnosis and disease. In the other record, the examination of the feet was incomplete.*

Discussion PH-2(d): *Health Services Bulletin 15.03.05 (Appendix #2) requires that inmates who demonstrate evidence of uncontrolled blood sugars or have HgbA1c levels greater than 8.0 be seen every four months.*

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 4 records, the baseline history was incomplete or missing.</p> <p>(b) In 8 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 10 of 13 applicable records, hepatitis A & B vaccine was not given to inmates with hepatitis C infection and no prior history of A & B infection (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-3(c):** Health Services Bulletin 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection.*

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>(a) In all records, the baseline history was incomplete or missing.</p> <p>(b) In all records, the baseline physical examination was incomplete or missing.</p> <p>(c) In all records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In all records, there was no evidence of appropriate examination to include general condition, mouth, lungs, fundi and/or vital signs.</p> <p>(e) In 5 of 7 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(f) In 1 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(g) In 2 records, chronic illness clinic forms and progress notes were not legible, signed, dated and/or timed.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p>(a) In 2 of 10 applicable records, the baseline laboratory work was incomplete or missing.</p> <p>(b) In 3 of 11 applicable records, seizures were not classified (see discussion).</p> <p>(c) In 2 of 3 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(d) In 2 of 5 applicable records, there was no evidence of influenza vaccine or refusal.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-5(b): Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 9 records, the baseline history was incomplete or missing.</p> <p>(b) In 4 records, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.</p> <p>(c) In 2 of 10 applicable records, there was no evidence of pneumococcal vaccine or refusal.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-7: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 2 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(b) In 1 of 1 applicable record, there was no evidence of influenza vaccine or refusal.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 5 of 18 records reviewed, the review of the dental health questionnaire was not complete (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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** The dental surveyor stated that medical history needs to be documented and discussed rather than just noted as reviewed. Although Health Services Bulletin 15.04.13 (Supplement D) states that a standard entry of HQR (Health Questionnaire Reviewed) is acceptable, it also states that any yes or no answers that are pertinent to the inmate's dental care should be highlighted, and where indicated, expounded upon. In one record, an inmate was positive for heart disease but it was not noted in the chart. In another record, the inmate had an extensive medical history that included a possible kidney transplant/prednisone therapy but there were no notes as to the current status. In another chart, there was no evidence that thyroid problems and diabetes were noted or reviewed. In another record, the inmate had an extensive medical history with high blood pressure, chest pain, shortness of breath, cancer, thyroid problems, jaundice and hepatitis but only jaundice and hepatitis were noted.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 3 of 6 applicable records (13 reviewed), the new diagnosis was not reflected 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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Medication Administration Record
Review**

Finding(s)	Suggested Corrective Action(s)
PH-10: In 3 of 12 records reviewed, medication orders were not signed, dated and/or timed.	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Preventive Care Record Review

Finding(s)	Suggested Corrective Action(s)
PH-11: In 6 of 16 records reviewed, the periodic/preventive screening encounter was missing or was not documented (see discussion).	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: *Per Health Services Bulletin 15.03.04, inmates being followed in a chronic illness clinic will not have a routine periodic screening encounter completed by nursing staff but rather the clinician will perform the screening during the clinic visit at the required intervals. The periodic screening should be noted on the chronic illness form to document that it was*

completed. In five of the six records mentioned above, the periodic screening was not noted in the chart. In the other record, there was a note in the chart that the periodic screening needed to be rescheduled, but it had not been at the time of the survey.

Pharmacy	
Finding(s)	Suggested Corrective Action(s)
<p>PH-12: A tour of the pharmacy revealed the following deficiencies:</p> <p>(a) The annual controlled substances inventory was not available.</p> <p>(b) Copies of invoices for controlled substances for the past two years were not on file.</p> <p>(c) There was no evidence that the consulting pharmacist provided annual in-service training for the medical staff.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, training logs, invoices, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>PH-13: A tour of the facility revealed the following deficiencies:</p> <p>(a) The blood glucose monitor had not been tested the week of the survey.</p> <p>(b) Eye wash stations were not available in the medical unit.</p> <p>(c) There were no gowns in the emergency room area.</p> <p>(d) The specimen refrigerator in the lab room did not have a biohazard label (see discussion).</p> <p>(e) Procedures to access medical, dental or mental health services were not posted in P dorm or K dorm.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-13(d):** The Department's Bloodborne Pathogens Exposure Control Plan, Section XIII (D)(2) states that refrigerators and freezers containing blood and other potentially infectious materials (i.e. laboratory specimens) will be placarded with the international biohazard symbol.*

CONCLUSIONS – PHYSICAL HEALTH

MAIN UNIT

The physical health staff at SARCI-Main serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 186 records and found deficiencies in 25 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Overall, CMA surveyors concluded that patient medical records were well organized and institutional staff demonstrated adequate clinical management. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services.

A review of dental records and dental systems found no significant deficiencies in patient care. The dental health surveyor did note some concern regarding the continuity of care between SARCI and a nearby correctional facility. At this facility, an inmate's radiographs will be completed utilizing digital technologies. When an inmate transfers to SARCI, the x-rays are photocopied onto paper for inclusion in their medical records. The CMA dental surveyor and SARCI dental staff acknowledge that the resulting photocopies are not of the necessary quality to aid in the diagnosis and treatment of an inmate's dental disorder. Thus, SARCI dental staff have to retake x-rays on a number of inmates. This exposes them to additional and unnecessary radiation. Furthermore, it is an inefficient use of Department resources. The duplication of services would be avoided if photocopies were made onto photo quality paper at the transferring institution.

Survey findings indicated the overall medical care provided at SARCI falls within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

ANNEX

The physical health staff at SARCI-Annex serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care are transferred to the Main Unit. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 212 records and found deficiencies in 92 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to

health care services. Patient medical records were well organized. All areas on the Annex compound were clean and neat.

Baseline diagnostic and historical information was lacking in many patient charts. Of the 26 findings in the chronic illness clinics, ten were regarding missing or incomplete baseline documentation. As mentioned in the discussion above, departmental policy states (Health Services Bulletins 15.12.03 and 15.03.05) the DC4-770 series must be completed in its entirety. Department policy requires that a minimum of four remain in the current record.

Survey findings indicated that these deficiencies, coupled with the clinical services issues outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population. Notwithstanding these concerns, SARCI-Annex appears to be providing adequate care that falls within Department standards.

MENTAL HEALTH FINDINGS - MAIN

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

- 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).

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status; the items to be addressed are indicated in the table below. There were no episodes of mental health restraints.

USE OF FORCE REVIEW

There were no findings requiring corrective action in the review of use of force.

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 psychotropic medications and in the review of outpatient records; the items to be addressed are indicated in the table below.

AFTERCARE PLANNING REVIEW

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

Self Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 7 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>(a) In 1 of 1 applicable record, there was no evidence guidelines for SHOS management were observed (see discussion).</p> <p>(b) In 5 records, there was no evidence daily rounds were conducted by the attending clinician.</p> <p>(c) In 2 records, there was no evidence of daily counseling by mental health staff.</p> <p>(d) In 6 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1(a): *Certain guidelines have been established by the Office of Health Services for inmates who are placed in an Isolation Management Room (IMR) on SHOS. On the fourth day of infirmary admission, the attending clinician shall evaluate the inmate to determine if the inmate needs transfer to a Crisis Stabilization Unit (CSU). If transfer is not needed, the attending clinician will consult with the Regional Mental Health Consultant by the seventh day of admission to again determine if a higher level of mental health care is warranted. This inmate was on SHOS for 10 days and there was no documentation that a higher level of care was considered.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 15 outpatient records revealed the following deficiencies:</p> <p>(a) In 3 of 11 applicable records, initial lab tests were not completed as required.</p> <p>(b) In 2 of 8 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</p> <p>(c) In 2 of 7 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the appropriate time frame.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-3: A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>(a) In 3 of 13 applicable records, the individualized service plan (ISP) was not revised at the required 180 day interval.</p> <p>(b) In 10 records, there was no documentation that the inmate received all services listed on the ISP (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3(b): *One of the interventions indicated on the ISP was “weekly therapy”. Progress notes indicated inmates were not seen due to “time constraints and staff shortages”.*

MENTAL HEALTH FINDINGS - ANNEX

Santa Rosa Correctional Institution provides outpatient and inpatient 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).

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS) and mental health restraints; 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; 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 and inmate requests. There were findings requiring corrective action in the review of special housing; the items to be addressed are indicated in the table below.

INPATIENT SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

There were no findings requiring corrective action in the review of outpatient psychotropic medications. There was a finding in the area of outpatient mental health services; the item to be addressed is indicated in the table below.

AFTERCARE PLANNING REVIEW

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

Self Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 10 Self Harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>(a) In 2 records, an emergency evaluation or justification for SHOS was not completed prior to admission by mental health or nursing staff.</p> <p>(b) In 4 records, the clinician's order did not specify observations every 15 minutes.</p> <p>(c) In 4 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1(c): Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist". In all of the records with findings, checklists were missing and/or had gaps indicating observations were not documented.

Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 6 mental health restraint episodes revealed the following deficiencies:</p> <p>(a) In 3 records, less restrictive means of behavioral control were not documented (see discussion).</p> <p>(b) In 3 of 5 applicable records, there was no documentation that the inmate was offered fluids and/or bedpan/urinal every two hours.</p> <p>(c) In 3 records, there was no documentation that the inmate's respiration and/or circulation were checked every 15 minutes.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten restraint episodes (all if fewer than 10 episodes are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p>(d) In 4 records, there was no documentation that the inmate's vital signs were taken when he was released from restraints.</p> <p>(e) In 2 of 5 applicable records, there was no documentation that the inmate's limbs were exercised every two hours.</p>	

Discussion MH-2(a): *The Department's Health Service Bulletin (HSB) states that when psychiatric restraints are ordered, documentation that less restrictive alternatives were considered as well as the clinical rationale for the use of restraints must be recorded in the inpatient record. The records with findings had no documentation that less restrictive alternatives were considered.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 1 of 3 records reviewed, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed (see discussion).</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten use of force incidents (all if fewer than 10 incidents are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3(a): *According to Florida Administrative Code (Rule 33-602.210, F.A.C.), inmates with a mental illness shall be interviewed by mental health staff no later than the next business day to determine additional need, including level of mental health care. In one of the records, the documentation occurred one day later than was required.*

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 1 of 5 applicable records (8 reviewed), follow up mental status examinations (MSE) were not in the medical record or not completed 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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-4:** The Department's Health Service Bulletin 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. There was no evidence the follow-up MSE was not conducted in the record above.*

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>(a) In 1 of 4 applicable records, the physician's admission note was not completed within 24 hours of admission.</p> <p>(b) In 6 records, the physician's orders were not dated and timed.</p> <p>(c) In 2 of 10 applicable records, follow-up lab tests were not completed as 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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-5(c): In one of the records, the inmate was prescribed Valproic Acid which requires CBC and LFTs every 6 months but there was no order for the required labs in the record. In the other record, there were no CBC and LFTs since February 2013.

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In all of the records (16 reviewed), the required hours of therapeutic services were not documented.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</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-7: In 1 of 2 applicable records (16 reviewed), there was no sex offender screening (DC4-647) present in the 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 monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: A comprehensive review of 15 records evaluating the effectiveness of aftercare planning revealed the following deficiencies:</p> <p>(a) In 8 records, the aftercare plan was not addressed in the individualized service plan (ISP).</p> <p>(b) In 5 records, the Consent and Authorization form (DC-711B) was not signed by the inmate.</p> <p>(c) In 3 of 4 applicable records, the Summary of Outpatient Mental Health Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</p> <p>(d) In 3 of 5 applicable records, assistance with Social Security benefits was not provided within 90 days of EOS.</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 to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSIONS – MENTAL HEALTH

MAIN UNIT

Outpatient services at SARCI - Main are provided primarily to inmates housed in close management. Services provided include case management and individual and group counseling. 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 Self-harm Observation Status (SHOS).

The findings in SHOS relate to the lack of documentation of clinical contacts. For example, in the majority of the records reviewed for SHOS, although orders were written, the attending clinician did not provide a daily note or a note prior to discharge indicating the inmate had been assessed. In fewer cases, inmates were not seen on a daily basis by mental health staff. Labs and AIMS testing were not consistently conducted as required for inmates taking psychotropic medication. Although ISPs were individualized and relevant, updates were not always performed at the required intervals. Oftentimes, interventions listed on the ISP were not consistently provided.

Generally treatment planning, counseling, and case management services are being provided in a timely manner and are descriptive and individualized. Assessments are thorough and comprehensive. Inmate requests and psychological emergencies were responded to quickly and inmates with serious or emergent mental health problems were referred for appropriate follow-up. Inmates are being seen as required in special housing and aftercare planning is conducted appropriately.

Mental health staff were attentive, helpful and seemed concerned for the inmates in their care. Interviews with inmates revealed that they were generally satisfied with the care provided. Mental health staff should be commended for providing an appropriate level of mental health care to a difficult and challenging inmate population.

ANNEX

SARCI- Annex provides both inpatient and outpatient mental health services. Inpatient services are provided in a 98 bed Transitional Care Unit (TCU) and a 14 bed Crisis Stabilization Unit (CSU). Outpatient services, including case management and individual and group counseling, are provided to over 50 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

Some of the findings listed above raised particular concern with the surveyors, especially psychiatric restraints. There were multiple records that lacked documentation of the required offering of fluids and bedpan/urinal use, vital signs, respiration and circulation checks, and exercising of limbs at the required times. Additionally it was clear from the documentation and subsequent interviews with staff that the required hours of planned structured therapeutic services were not being offered to the inmates in the TCU and CSU. All reviewed charts lacked documentation of the minimum required out-of-cell structured therapeutic activities. A review of

the ISPs revealed that some inmates did not have group activities identified on their plan indicating these activities would not be provided. Additionally, all four items reviewed for aftercare planning met the threshold for a finding indicating inmates are not consistently receiving the required services intended to assist them with meeting their mental health needs upon release.

Conversely, there were a few areas in which SARCI-Annex had no findings. Inmate requests and psychological emergencies are handled quickly and appropriately. Inmates prescribed psychotropic medications on the outpatient caseload are being managed effectively as evidenced by there being no survey findings in these areas of review.

Overall, the staff at SARCI-Annex was knowledgeable and helpful throughout the survey process. The staff members the surveyors interacted with were familiar with their caseload and the plan and execution of treatment. It was evident that the inmates were being seen by the mental health staff at least as often as was required. Overall, it appears that SARCI-Annex is providing mental health care that falls within the Department standards.

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.