



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**South Florida Reception Center**

In

**Doral, Florida**

on

**April 11-13, 2017**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1771	Male	Close	5

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1201	<b>Current Main Unit Census</b>	755
<b>South Unit Capacity</b>	889	<b>South Unit Census</b>	634
<b>Satellite Unit(s) Capacity</b>	438	<b>Current Satellite(s) Census</b>	382
<b>Total Capacity</b>	2528	<b>Census</b>	1771

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	683	489	177	3	20	75
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1137	56	116	6	21	0

## Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	22	48	0	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	4	0
Clinical Associate	4	0
RN	15.4	1
LPN	27.8	4
Dentist	1.5	0
Dental Assistant	2	0
Dental Hygienists	0	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	1
Psychiatrist ARNP/PA	1	0
Psychological Services Director	1	0
Psychologist	1	0
Behavioral Specialist	9	1
Mental Health Professional	0	0
Human Services Counselor	0	0
Activity Technician	2	0
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

**Medical Staffing: South Unit**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Physician</b>	<b>1</b>	<b>1</b>
<b>Clinical Associate</b>	<b>0</b>	<b>0</b>
<b>RN</b>	<b>2.8</b>	<b>0</b>
<b>LPN</b>	<b>6</b>	<b>1</b>
<b>CMT-C</b>	<b>2</b>	<b>1</b>
<b>Dentist</b>	<b>0.4</b>	<b>0</b>
<b>Dental Assistant</b>	<b>1</b>	<b>1</b>
<b>Dental Hygienists</b>	<b>1</b>	<b>1</b>

**Mental Health Staffing: South Unit**

	<b>Number of Positions</b>	<b>Number of Vacancies</b>
<b>Psychiatrist</b>	<b>0</b>	<b>0</b>
<b>Psychiatrist ARNP/PA</b>	<b>0</b>	<b>0</b>
<b>Psychological Services Director</b>	<b>0</b>	<b>0</b>
<b>Psychologist</b>	<b>0</b>	<b>0</b>
<b>Behavioral Specialist</b>	<b>0.2</b>	<b>0</b>
<b>Mental Health Professional</b>	<b>0</b>	<b>0</b>
<b>Human Services Counselor</b>	<b>0</b>	<b>0</b>
<b>Activity Technician</b>	<b>0</b>	<b>0</b>
<b>Mental Health RN</b>	<b>0</b>	<b>0</b>
<b>Mental Health LPN</b>	<b>0</b>	<b>0</b>

## OVERVIEW

South Florida Reception Center (SFRC) 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. SFRC consists of a Main Unit, the South Unit, and three satellite units.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SFRC on April 11-13, 2017. 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.

In addition, as a result of findings considered by the survey team to be very serious and requiring immediate attention by the Department, an emergency notification, in accordance with s. 945.6031 (3), F.S., was transmitted to the Secretary of Corrections on April 18, 2017.

“Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within three calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies.”

The emergency notification informed the Secretary that serious deficiencies were identified. These deficiencies were related to psychiatric medication services, the use of psychiatric restraints when less restrictive alternatives were available, and the assessment and treatment of inmates at imminent risk of self-harm. Of additional concern was the apparent lack of psychotropic medications prescribed and administered to the majority of inmates receiving inpatient mental health services. At the time of the survey, only one of 37 inmates was prescribed psychiatric medications. Although not all inmates may meet the criteria to be placed on medications, the clinical justification for discontinuation was not always present in the medical record and often occurred without consideration of withdrawal symptoms. Furthermore, there was no evidence in the majority of records reviewed that medications were considered when the inmate’s mental status continued to decline.

Interviews with inmates and with institutional staff indicated that these issues have been ongoing and systemic. Due to the severity of the identified clinical deficiencies, in combination with the inherent risks of potential harm to the inpatient inmate population at SFRC, the CMA does not believe these issues could be properly addressed with the standard corrective action plan (CAP) process as outlined in s. 945.6031 (3), (4) F.S.

On April 21, 2017, the CMA was provided a copy of the Department’s CAP addressing the emergency findings. Once the Department is in receipt of this full survey report, the CMA looks forward to receiving an even more specific and detailed CAP. Many of the findings contained in this report are “stand alone” findings and are not necessarily major contributing factors to the emergency notification. Other findings, however, are directly related and will be identified as an emergency finding (EF).

## **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 UNIT**

South Florida Reception Center - Main (SFRC - 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 SFRC - 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 requires care at intervals of every six to twelve 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 general chronic illness clinic review. There were findings requiring corrective action in six of the chronic illness clinics. The items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care. There were findings requiring corrective action in the review of sick call and infirmary care. The items to be addressed are indicated in the tables below.

### **OTHER MEDICAL RECORD REVIEW**

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

### **DENTAL REVIEW**

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

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **RECEPTION PROCESS**

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

### **INSTITUTIONAL TOUR**

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

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 3 of 11 records reviewed, required annual labs were not completed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** In two records, there was no evidence that a lipid panel had been completed. In another record, the lipid panel and the basic metabolic panel (BMP) were missing.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 3 records, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-3: In 4 records, required annual labs were not completed (see discussion).</b></p> <p><b>PH-4: In 3 of 10 applicable records, there was no evidence of the annual fundoscopic examination.</b></p> <p><b>PH-5: In 2 of 6 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</b></p> <p><b>PH-6: In 2 of 10 applicable records, there was no evidence of influenza vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** In all three records, the inmate's weight was not documented.*

***Discussion PH-3:** In two records, there was no evidence that the urine dipstick was done, and in two records, there was no evidence of the microalbumin.*



## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 6 records revealed the following deficiencies:</b></p> <p><b>PH-7: In 2 records, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-8: In 3 records, there was no evidence of a pneumococcal vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion PH-7: In both records, there was no documentation regarding the perirectal area.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 3 of 5 applicable records (7 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 4 of 7 records reviewed, the physical examination was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** In three records, the inmate's weight was not documented. In one record, the objective section of the examination was incomplete, providing information about the abdomen only.*

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-11: In 2 of 2 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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>

## Sick Call Services Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-12: In 1 of 5 applicable records (15 reviewed), there was no evidence that the follow-up assessment was completed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call 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-12:** The inmate was seen in sick call on 2/1/17 for ankle pain and x-ray results. The progress note indicated that the inmate was referred to the clinician for further evaluation. There was no evidence that follow-up by the clinician occurred as of the date of the survey.*

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 4 of 7 applicable records, there was no evidence of a discharge note from the nurse.</b></p> <p><b>PH-14: In 2 of 10 applicable records, there was no evidence that the nursing assessment was completed within two hours of admission (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary 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-14:** In one record, the assessment was dated but not timed so it could not be determined if it was within the two-hour window. In the other record, the assessment was not in the chart and could not be located by institutional staff.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-15: In 3 of 15 records reviewed, the consultation log was not complete.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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>

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-16: In 2 of 8 records reviewed, required diagnostic tests were not completed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-16:** *In both records, there was no evidence that stool hemocult cards had been given to inmates over 50 years of age as required per Department policy.*

## Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-17: In 4 of 7 records reviewed, the inmate request was not contained in the medical record.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Reception Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-18: In 11 records, vital signs were not taken at the initial reception screening.</b></p> <p><b>PH-19: In 12 records, required laboratory testing was not completed (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten reception records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-19:** *In three records, the random blood glucose and rapid plasma reagin (RPR) laboratory tests were missing. In eight records, the random blood glucose test was missing. In one record, the HIV, tuberculin skin test, and chest x-ray were not found. Per Department procedure 401.014, these tests are to be completed within seven days of arrival.*

## **PHYSICAL HEALTH FINDINGS – SOUTH UNIT**

South Florida Reception Center - South (SFRC - South) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SFRC - South:

- 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 requires care at intervals every six to 12 months.
- M3 - Inmate is being followed in a CIC every three months.

### **CLINICAL RECORDS REVIEW**

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

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

#### **EPISODIC CARE REVIEW**

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

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

There were no findings requiring corrective action in the medication administration record review. There were findings requiring corrective action in the review of consultations, medical inmate requests, and periodic screenings. The items to be addressed are indicated in the tables below.

#### **DENTAL REVIEW**

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

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

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

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 6 of 16 records reviewed, initial and ongoing education was not documented.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 8 records, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-3: In 2 of 5 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required. (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-2:** *In all of the records, there was no description of the skin, nails, and feet as required by Health Services Bulletin (HSB) 15.03.05 Appendix #2.*

**Discussion PH-3:** *In both records, the inmates were rescheduled at a 180-day interval instead of the required 90-day interval.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 4 of 14 records reviewed, there was no evidence that liver function tests were completed annually as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: In 11 of 15 records reviewed, the physical examination was incomplete (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-5:*** *In all records, the inmates were being followed for a diagnosis of benign prostatic hyperplasia. There was no evidence that they were offered periodic digital rectal examinations.*



## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>PH-6: In 2 of 4 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</b></p> <p><b>PH-7: In 1 of 1 applicable record, there was no evidence that abnormal labs were addressed timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-7:** *In this record, an inmate was found to have abnormal hemoglobin and hematocrit levels. A repeat lab was ordered but not completed.*

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 8 of 11 records reviewed, there was no evidence that marker studies were completed at appropriate intervals (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology 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-8:** *In one record, an inmate with a history of prostate cancer had not been offered a prostate-specific antigen (PSA) test since 2013. In four records, inmates with a history of prostate cancer had not received a PSA test since 2014, and in three records inmates with a history of prostate cancer had not been offered a PSA since 2015.*

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 1 of 3 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 3 of 10 applicable records (15 reviewed), follow-up appointments were not completed timely (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those 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-10:** *In the first record, the consultant requested the inmate return for his follow-up on 4/1/17, however, the appointment had not been scheduled at the time of the survey. In the second record, an inmate with a recent prostatectomy was supposed to return to the urologist in February 2017 but the inmate had not been seen by the time of survey. In the last record, the consultant requested an inmate return in two weeks (March 2017) for biopsy results. The on-site clinician reviewed the consultant's treatment recommendations, however a new consultation request had never been generated and the subsequent follow-up appointment was not approved or scheduled.*

## Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>PH-11: In 13 records, the inmate request was not contained in the medical record.</b></p> <p><b>PH-12: In 10 records, there was no incidental note documenting the response in the progress notes.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-13: In 6 records, the diagnostic and laboratory testing was incomplete (see discussion).</b></p> <p><b>PH-14: In 5 records, there was no evidence that inmates were provided with lab results at the time of the screening.</b></p> <p><b>PH-15: In 4 records, there was no evidence that health education was provided.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-13:** *In one record, only HIV testing was available. In the remaining records, there was no evidence that stool hemoccult cards were provided to the inmates.*

## Medication Administration Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-16: In 3 records, there was no corresponding note in the medical record by the provider.</b></p> <p><b>PH-17: In 3 records, the Medication Administration Record (MAR) did not match the clinician's order (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-17:** *In the first record, the order could not be located. In the second record, the order was written for a 90-day supply, however, the MAR indicated the prescription was for 365 days. In the last record, the clinician prescribed amitriptyline on 1/23/17. However, the start date on the MAR was listed as 2/23/17. The January and February MARs indicated that the inmate did not start receiving the medication until 2/23/17.*

## CONCLUSION – PHYSICAL HEALTH

### MAIN UNIT

The physical health staff at SFRC - 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.

Upon arrival at the institution, many of the records needed for the physical health portion of the survey were unavailable. While some were missing due to inmate transfers, others were never located despite the prompt attention and diligence of medical records staff. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security officers, demonstrated familiarity with policies related to the accessing of emergency services. However, there was some confusion regarding sick call procedures. CMA staff stated that it may be beneficial for inmates to receive additional education on the sick call process. All inmates interviewed expressed satisfaction with the care they have received.

Several areas were identified in which the provision of physical health services were found to be deficient. For example, physical examinations were often missing necessary components such as inmate weights and fundoscopic examinations, when applicable. Those with elevated hemoglobin levels were not seen every three months as required. Laboratory studies were not up to date in the cardiology and endocrine clinics and were not completed within seven days of arrival for those received at reception. Immunizations were not current for those in several chronic care clinics.

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

### SOUTH UNIT

The physical health staff at SFRC - South serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an 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.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care as adequate. Overall, medical records were well organized and documentation appeared to be filed in a timely manner.

There were several deficiencies related to clinical care including incomplete physical examinations, delayed or missed laboratory testing, and the untimely follow-up of abnormal lab results. The aforementioned clinical deficiencies were noted in multiple care areas. Delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes.

Staff were helpful throughout the survey process and indicated they would use the results of this survey to improve inmate health care in the areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS – MAIN UNIT**

South Florida Reception Center - Main (SFRC - Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at SFRC - 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 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 findings requiring corrective action in the review of Self-harm Observation Status (SHOS) and psychiatric restraint episodes. 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 mental health services and psychiatric medication practices. The items to be addressed are indicated in the tables below.

#### **OUTPATIENT SERVICES REVIEW**

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

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

There were no available use of force episodes to review.

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

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

#### **RECEPTION SERVICES REVIEW**

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

#### **AFTERCARE PLANNING REVIEW**

There was a finding requiring corrective action in the review of aftercare planning. The item to be addressed is indicated in the table below.

## **MENTAL HEALTH SYSTEMS REVIEW**

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

<b>Psychiatric Restraints</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 7 psychiatric restraint episodes revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 records, less restrictive means of behavioral control were not attempted prior to restraint application (see discussion) [EF].</b></p> <p><b>MH-2: In 5 records, restraints were not removed after 30 minutes of calm behavior (see discussion) [EF].</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable psychiatric restraint episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1:** *In one record, the inmate threatened to hang himself and was observed tying a sheet to the sink. He was placed in restraints without evidence of consideration of the least restrictive option of SHOS. Placement on SHOS would have removed the means by which the inmate could self-harm. The inmate remained in four-point restraints for seven hours and 20 minutes. On another date, this same inmate was placed on SHOS. During this placement, he stated, "If you give me a sheet, I will hang myself" and was subsequently placed in restraints. There was no indication why he was placed in restraints as he should not have access to a sheet while on SHOS. In another record, the inmate was found with a weapon in his cell threatening to cut himself. There was no documentation regarding why SHOS was not considered since the inmate should not have access to the weapon or any other item he could use to self-harm once placed on SHOS. In the remaining record, documentation on 3/27/17 at 2100 indicated the inmate was bleeding from a previously self-inflicted laceration and had been smearing feces on the cell door. The inmate remained in his cell and there was no evidence that an emergency evaluation was completed. An incidental note on 3/28/17 at 1500 indicated the inmate "has been agitated since this morning, banging, yelling and reopening old laceration to left AC (antecubital) and left wrist three times. Inmate's wounds were cleansed and dressed every time he cuts." Documentation lacks evaluation of the inmate's mental status, history of self-injurious behavior, or current level of suicidality the three times he reopened the lacerations. There was no evidence that an emergency treatment order (ETO) to administer psychotropic medications was considered as his behavior continued to escalate. He was eventually placed in restraints at 1630.*

**Discussion MH-2:** *In two records, there was no documentation contained in either the nursing notes or the "Restraint Observation Checklist" (DC4-650A) to indicate the inmates were agitated at any time during restraint episodes. In the next record, documentation indicated the inmate demonstrated calm behavior at 1745, but was not released from restraints until 1915. In another record, agitation was noted on the DC4-650A from 1515 to 1615, however subsequent entries did not indicate the inmate displayed agitated behavior. Documentation on incidental notes at 1830 indicated the inmate promised to stop the behavior and remain calm. He was released from restraints at 1930, two hours and 15 minutes after the last documentation of agitated behavior. In*

the remaining record, documentation on an incidental note at 1730 indicated the inmate had been calm for the past hour. He was not released from restraints until 1800.

### Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: In 3 of 11 applicable records (17 reviewed), the response to the emergency assessment was not clinically appropriate (see discussion) [EF].</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-3:** In one record, the inmate had a tourniquet on his arm and was pumping blood onto the cell floor. In another record, the inmate reopened a self-inflicted laceration. He indicated he was mad because he was not getting his psychotropic medication and would continue to cut until he received it. In both cases the inmates were engaging in self-injurious behaviors and were placed on SHOS. Placement on SHOS could not adequately ensure their safety as they continued to have the means to self-harm. One of the inmates did eventually reopen his wound while on SHOS and was subsequently placed in restraints. There was no evidence that an ETO or restraints were considered prior to placement on SHOS for either inmate. In the remaining record, the assessment was not in the chart and could not be located by staff.

### Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-4: In 4 records, the initial psychiatric evaluation did not address all required components (see discussion) [EF].</b></p> <p><b>MH-5: In 2 of 3 applicable records, the inmate did not receive medications as prescribed (see discussion) [EF].</b></p> <p><b>MH-6: In 6 records, psychiatric follow-up visits did not address all required elements (see discussion) [EF].</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than five 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-4:** *In these records, inmates were prescribed psychotropic medications at another institution, prior to the admission to the inpatient unit. These medications were discontinued upon evaluation. There was no documentation in the evaluation that addressed common components of a psychiatric evaluation including the inmate's psychiatric history. For example, the evaluation did not indicate why the inmate was initially prescribed the medications, how long he had been taking them, signs of decompensation, or history of compliance. Additionally, no consideration was given to titration or possible withdrawal symptoms from stopping these medications abruptly.*

**Discussion MH-5:** *In both records, inmates were admitted to the inpatient unit on psychotropic medication prescribed at another institution. In the first record, the inmate was admitted on 3/23/17. An order to continue Buspar was written on 3/23/17, however 3/27/17 was written over it. The order was noted by the nurse on 3/23/17. An order to discontinue Buspar was written on 3/27/17. There was no medication administration record (MAR) to indicate he received the medication from 3/23/17 to 3/27/17. In the second record, the inmate was admitted on 3/24/17. According to the psychiatric evaluation performed that day at 0900, Zoloft and Risperdal would be discontinued, however, there was no corresponding order to discontinue the medication. There was an order written on what appears to be 3/27/17 at 0730 to continue the medication. The date and time the order was written, as well as the date and time the order was noted by the nurse are marked through, making it difficult to determine when the order was actually written. There was an order dated 3/27/17 at 0855 to discontinue the medication. Staff were unable to locate a MAR, therefore, surveyors were unable to verify the inmate received medication from the day of admission to the day of the order for discontinuation.*

**Discussion MH-6:** *In two records, notes indicated the inmate was refusing medication, however, there was no documentation of what medications were offered and no refusals were found. In another record, the inmate complained that he had not been receiving the medication he was prescribed at a previous institution. Surveyors reviewed the outpatient record and determined the inmate had been prescribed Tegretol and Buspar, but the prescription expired before he was admitted to the inpatient unit. There was no evidence that the clinician reviewed the outpatient record to verify the inmate's claim. It is important to note this inmate cut himself stating he was upset that he was not receiving medication. In another record, the inmate arrived on Haldol, Depakote, and Cogentin. He was seen for his initial evaluation and these medications were continued. He was seen again the following day and Cogentin was discontinued. There was no documentation of consideration of how long the inmate had been taking these medications or if there was a history of extrapyramidal symptoms (EPS). Cogentin taken with Haldol is intended to prevent EPS which can be severe and often irreversible. In the remaining two records, the inmate's medications were discontinued upon arrival. There was no documentation to address possible symptoms and reactions to the discontinuation of the medication.*

## Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inpatient records revealed the following deficiencies:</b></p> <p><b>MH-7: In 11 records, the risk assessment was not completed as required (see discussion).</b></p> <p><b>MH-8: In 3 records, the required hours of therapeutic services were not provided.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-7:** In the records reviewed, documentation regarding the Risk Assessment Team (RAT) meetings was inadequate. The Department's Health Services Bulletin (HSB) 15.05.05 specifies that the RAT be led by a Major or Lieutenant assigned to the inpatient mental health unit. Additionally, risk assessments should be documented on the correct form (DC6-2087) to ensure appropriate decisions on the use of correctional restraints are made and to make recommendations pertaining to movement, housing, and activities, including any restrictions deemed necessary to ensure a safe and secure therapeutic environment on the inpatient unit. According to staff, RAT meetings are held in conjunction with Multidisciplinary Services Team (MDST) meetings and documentation is provided on the same form. While documentation that the RAT meeting occurred was noted on the form used by the MDST, it did not address the required components of the risk assessment.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 4 of 9 applicable records, the "Health Information Arrival/Transfer Summary" (DC4-760A) was not completed within 24 hours of arrival to the facility (see discussion).</b></p> <p><b>MH-10: In 2 of 7 applicable records, the inmate was not provided with instructions on how to access health care services (see discussion).</b></p> <p><b>MH-11: In 3 records, the S-grade in the medical record did not match the S-grade in OBIS.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<b>MH-12: In 5 records, the Individualized Service Plan (ISP) was not signed by members of the MDST (see discussion).</b>	

**Discussion MH-9:** In one record, the form was unable to be located by staff. In the remaining three records, the document was incomplete.

**Discussion MH-10:** The "Health Information Arrival/Transfer Summary" (DC4-760A) has a space for the inmate to initial, signifying he has been oriented to this process. In both records, this line was blank, indicating the inmate did not receive the materials.

**Discussion MH-12:** In two records, the signature for the provider of psychiatric services was missing. In the remaining three records, the inmate's signature was missing. Without the signature of the inmate, it is difficult to determine if he agrees with the treatment plan and understands his long and short term goals.

## Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<b>MH-13: In 2 of 4 records reviewed, the emergency evaluation was not completed (see discussion).</b>	<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-13:** According to the Department's HSB 15.05.18, an inmate-declared emergency will be responded to by health services staff within one hour of notification. In both records, there was no indication that an evaluation occurred.

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-14: In 4 of 8 records reviewed, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 inmate requests revealed the following deficiencies:</b></p> <p><b>MH-15: In 1 record, a copy of the inmate request form was not present (see discussion).</b></p> <p><b>MH-16: In 1 of 4 applicable records, the identified request was not responded to within the appropriate time frame (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-15:** *If the request is not in the record, it cannot be determined if the request was answered appropriately.*

**Discussion MH-16:** *Department policy requires that inmate-initiated requests be responded to within ten working days. In one record, the date that the inmate initiated the request was 3/20/17, in which he indicated ongoing self-harm behaviors. A response was given to the inmate on 4/06/17.*

## Reception/Intake Process

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>MH-17: In 2 of 4 applicable records, psychotropic medications were not continued when the inmate was received from the county jail (see discussion).</b></p> <p><b>MH-18: In 1 record, a complete psychiatric evaluation did not occur within 10 days of arrival.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-17:** The Department's HSB 15.05.17 states that if an inmate was taking psychotropic medication immediately prior to transfer from the county jail, the screening medical staff person shall arrange for continuity of such care, until the time the inmate can see the psychiatrist. In one record, Wellbutrin was stopped abruptly and the inmate was not seen by a psychiatric services provider until eight days later. At that time, the medication was discontinued. In the other record, an inmate arrived taking Remeron. There was no evidence this was continued between 3/13/17 and 3/21/17 until the inmate was seen by the provider.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-19: In 3 of 4 applicable records (6 reviewed), the "Summary of Mental Health Care" (DC4-661) was not completed for inmates within 30 days expiration of sentence (EOS).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Mental Health Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-20: One isolation management room (IMR) had safety concerns that needed repair (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-20:** *One IMR needed repair around the ceiling vent. The epoxy was chipped and the metal was rusted, creating a possible location where cloth or other material could be tied. The integrity of the safety mechanism was compromised. These cells are used for inmates placed on Self-harm Observation Status.*

## **MENTAL HEALTH FINDINGS – SOUTH UNIT**

South Florida Reception Center - South (SFRC - South) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SFRC - South:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

### **CLINICAL RECORDS REVIEW**

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

There were no episodes of Self-harm Observation Status or psychiatric restraints at SFRC-South.

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

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

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

There were no findings requiring corrective action in the review of inmate requests. There were no psychological emergencies for review at SFRC-South.

#### **OUTPATIENT SERVICES REVIEW**

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

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

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

## CONCLUSION – MENTAL HEALTH

### MAIN UNIT

The staff at SFRC-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health inpatient services are provided in a 47 bed Transitional Care Unit (TCU) and a 32 bed Crisis Stabilization Unit (CSU). Mental health outpatient services, including case management and individual counseling, are provided to over 100 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 on Self-harm Observation Status (SHOS). Reception services are also provided at SFRC for inmates entering the Florida Department of Corrections. Reportable findings requiring corrective action are outlined in the tables above.

As previously noted, an emergency notification was issued related to psychiatric medication services in the inpatient unit. Frequently, inmates were prescribed psychotropic medications at a previous institution, however, these medications were discontinued upon initial psychiatric evaluation at SFRC without a thorough review of the inmate's mental health history or justification other than reference to secondary gain and/or history of substance abuse. There was no documentation of consideration of possible withdrawal symptoms if medications were stopped abruptly. Additionally, evidence was lacking that psychiatric medications were considered when the inmate's mental status continued to decline. Three of four inmates interviewed complained that their medications were discontinued after they were admitted. At the time of the survey, one of 37 inmates on the inpatient unit was prescribed psychiatric medications.

The emergency notification also addressed the use of psychiatric restraints when less restrictive alternatives were available and the assessment and treatment of inmates at imminent risk of self-harm. In some cases, inmates who were threatening to harm themselves or making self-harm gestures with items that would not be available while on SHOS were placed in restraints. Alternatively, inmates who reopened self-inflicted lacerations were placed on SHOS where they would continue to have the means to self-harm. Additionally, emergency treatment orders (ETO) were not considered for inmates whose behavior continued to escalate. According to staff, ETOs were only used for inmates who were deemed "truly psychotic." There were nine episodes of psychiatric restraints in March and four as of April 11, 2017.

Health Services Bulletin 15.05.10 addresses psychiatric restraints and the principle of the least restrictive alternative. Interventions are to be used in a specific order, if possible, to help the inmate regain self-control and to provide for the safety of the inmate and others. Verbal counseling, voluntary time out, movement to a single housing cell, placement on SHOS, personal restraint, ambulatory restraint, and lastly, four point restraint. If the situation dictates that less restrictive alternatives would be insufficient, documentation must include the consideration of each intervention and clinical rationale for the use of restraints. Psychotropic medications can be utilized in conjunction with any of the above noted interventions. In the records reviewed, not all of these least restrictive alternatives were documented.

According to personnel, there have been persistent staffing vacancies in the inpatient unit. At the time of the survey, there were three Mental Health Professional positions. Two were vacant and one was filled two weeks before the survey. Although the majority of services were provided timely, documentation was often sparse, making it difficult to follow the course of treatment. Staff indicated coverage is provided by personnel from outpatient or testing and screening. Interviews with staff revealed they are working diligently to ensure inmates are seen as



required. There were two full-time psychiatric provider positions to provide coverage for the institution. One position was filled by a Psychiatric Nurse Practitioner and the Psychiatrist position was vacant with coverage provided by the Regional Psychiatrist.

Out of the approximately eighty inmates on the outpatient caseload with a mental health grade of S3, staff were able to identify three that were prescribed psychotropic medications. Three of five inmates interviewed indicated they were taken off their medications upon arrival at SFRC. One inmate reported he was told, "We don't do meds here." Another inmate indicated, "Everybody knows they take you off your meds here." Additionally, inmates arriving from the county jail on psychotropic medications did not consistently receive their medications until evaluated by the psychiatric provider.

Overall Individualized Service Plans (ISP) were timely and relevant and the mental health professionals seemed invested in the care of the inmates on their caseload. Inmates were seen in accordance with their ISP and those in the reception process received timely evaluations. Staff was helpful throughout the survey process and receptive to feedback offered by surveyors and CMA staff.

CMA staff and surveyors expressed concern that the emergency findings could not be properly addressed with the standard corrective action plan. Therefore, an emergency notification was utilized. After the immediate intervention by the Department and institutional staff to implement system and organizational changes, it is clear that the institution will benefit from the corrective action plan process.

## **SOUTH UNIT**

The staff at SFRC-South serves a population that includes inmates with advanced age and psychiatric comorbidities. Services are provided to 12 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests and respond to psychological emergencies. Staff also perform sex offender screenings when needed. Inmates requiring SHOS are transferred to the Main Unit. There were no findings requiring corrective action as a result of this survey.

Interviews with inmates indicated that they were complementary of the Mental Health Professional assigned to the South Unit and felt that the mental health services they received were helpful. Individualized Service Plans (ISPs) were goal directed and inmates were able to describe their specific treatment goals. All of the inmate requests reviewed were answered timely and the resulting interviews were adequately documented. Staff were helpful throughout the survey process.

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are 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.