



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**South Florida Reception Center**

in

**Doral, Florida**

on

**October 16 – 17, 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
2,037	Male	Close	5

### Institutional Potential/Actual Workload

Main Unit Capacity	1,100	Current Main Unit Census	783
Annex Capacity	889	Current Annex Census	537
Satellite Unit(s) Capacity	776	Current Satellite(s) Census	717
<b>Total Capacity</b>	<b>2,765</b>	<b>Total Current Census</b>	<b>2,037</b>

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		643	434	153	10	6
<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>
	1,387	80	78	0	43	3

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		38	35	1	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	3	1
ARNP	4	0
RN	10	0
LPN	14.2	0
CMT-C	3	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychological Services Director	1	0
Senior Mental Health Clinician	1	0
Behavioral Specialist	8	0
Human Services Counselor	1	0
Mental Health RN	4	0
Mental Health LPN	5	0
Mental Health ARNP	1	0

## DEMOGRAPHICS

### Medical Staffing: South Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4	0.2
LPN	5	0

### Mental Health Staffing: South Unit

	Number of Positions	Number of Vacancies
Behavioral Specialist	0.2	0

## 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 and 5. SFRC consists of the Main Unit and the South Unit. The primary mission of the Main Unit is the reception and orientation of inmates newly sanctioned to the state correctional system. The South Unit houses a majority of inmates designated as permanent party.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SFRC on October 16-17, 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**

South Florida Reception Center-Main Unit provides outpatient and inpatient 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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW - Main Unit**

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

There were findings requiring corrective action in eight 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 or sick call services. There were findings requiring corrective action in infirmary care.

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

There were no findings requiring corrective action in the review of medication administration. There were findings requiring corrective action in the review of consultations, intra-system transfers and preventive care; 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 infection control, pharmacy services or the administration of the pill line.

#### **RECEPTION PROCESS**

There were no findings requiring corrective action in the reception process or records review.

#### **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><b>PH-1: A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>(a) In 10 records, the baseline physical examination was incomplete or missing (see discussion).</b></p> <p><b>(b) In 6 records, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(c) In 3 of 7 applicable records, there was no evidence of pneumococcal vaccine 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 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-1(a):** Baseline history and physical examination data was frequently missing from the current Chronic Illness Clinic Flowsheets (DC4-770). Per policy (Health Services Bulletins 15.12.03 and 15.03.05), the DC4-770 series must be completed in its entirety. The policy also states that the initial visit for all indicated clinics shall be accomplished during the intake process at the reception center or when a new case develops at the institutional level. If necessary, the practitioner can request inactive medical records for inmates previously incarcerated to ascertain past medical history. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from many of the other clinics as indicated in the tables below.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 5 applicable records, there was no evidence that an inmate with vascular disease was prescribed aspirin.</b></p> <p><b>(b) In 3 of 5 applicable records, there was no evidence of influenza vaccine 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 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>

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 3 of 4 applicable records (5 reviewed), hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection (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 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-3: 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><b>PH-4: A comprehensive review of 6 records revealed the following deficiencies:</b></p> <p><b>(a) In 4 of 5 applicable records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(b) In 2 records, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(c) In 2 records, inmates were not seen at appropriate clinic intervals and there was no justification of frequency documented (see discussion).</b></p> <p><b>(d) In 3 records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>(e) In 2 of 3 applicable records, the serological testing for hepatitis B 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 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>



### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>(f) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>(g) In 3 of 3 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	

***Discussion PH-4(c):** Patients in the immunity clinic are to be seen as often as the clinician determines necessary at intervals not to exceed 120 days. In one record, the inmate was seen at a 175 day interval. In the other record, the inmate was seen at a 155 day interval.*

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 1 record, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 1 of 3 applicable records, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(d) In 2 of 3 applicable records, seizures were not classified (see discussion).</b></p> <p><b>(e) In 1 record, there was no evidence of appropriate examination to include vital signs and/or weight.</b></p> <p><b>(f) In 2 of 2 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>(g) In 1 of 2 applicable records, there was no evidence of influenza vaccine 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 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-5(d):** 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.

<b>Oncology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-6: A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, there was no evidence that labs were reviewed prior to the visit or addressed in a timely manner (see discussion).</b></p> <p><b>(b) In 1 of 3 applicable records, there was no evidence of influenza vaccine 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 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-6(a):** In one record, the inmate had an elevated alkaline phosphatase lab result that was not addressed. The surveyor expressed that this was important as these levels could be an indication of bone metastases in patients with prostate cancer.

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 4 applicable records, there was no evidence that a patient with moderate to severe reactive airway disease was started on anti-inflammatory medication or that it was contraindicated.</b></p> <p><b>(b) In 2 records, inmates were not seen at appropriate clinic intervals and there was no justification of frequency documented (see discussion).</b></p> <p><b>(c) In 4 of 6 applicable records, there was no evidence of pneumococcal vaccine 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 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-7(b):*** In two records, the inmates are classified as M4s indicating they are to be seen in the clinic every three months and require ongoing visits to the physician more often than every three months. In one record, the inmate had poor asthma control but was not scheduled to be re-evaluated until 1/14/14. He was last seen on 7/23/13. In the other record, the inmate was last seen on 7/24/13 and not scheduled to be re-evaluated until 11/25/13.

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>(a) In 8 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 8 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 3 records, there was no evidence of initial or ongoing education regarding smoking cessation.</b></p> <p><b>(d) In 5 of 5 applicable records, there was no evidence of pneumococcal vaccine 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 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>

### Infirmiry Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: A comprehensive review of 17 records revealed that all inmates were not being admitted to the infirmiry as required by Department policy resulting in the following deficiencies (see discussion):</b></p> <p><b>(a) In 11 of 14 applicable records, there was no evidence of daily rounds for acute patients or weekly rounds for chronic patients. This includes the 7 "housed" inmates.</b></p> <p><b>(b) In 4 of 15 applicable records, there was no evidence that nursing problems identified were addressed.</b></p> <p><b>(c) In 4 records, rounds every 2 hours were not documented.</b></p> <p><b>(d) In 7 records, there were no separate and complete inpatient files.</b></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>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>

## Infirmiry Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>(e) In 7 records, admission documentation by the physician or clinical associate was not completed and did not provide a medical plan of care.</b></p> <p><b>(f) In 8 records, a discharge summary was not completed by the physician or clinical associate.</b></p>	

**Discussion PH-9:** Although this HSB (Health Services Bulletin 15.03.26, effective date 2/8/2013) is being reviewed for changes, at the time of this survey policy stated each placement of an inmate in the infirmiry shall be considered an infirmiry admission. The nursing manual also states that no inmate may be placed in the infirmiry without being admitted. Infirmiry patients are admitted either for an acute illness or for chronic, long-term care. Per current policy, there is not a provision for "23-Hour Observation" status or "Temporary Boarder" status. Our review indicated that 7 inmates were being "housed" in the infirmiry with no admission orders or separate inpatient files.

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>(a) In 6 records, the consult reports were not signed, stamped and/or dated.</b></p> <p><b>(b) In 3 of 9 applicable records, there was not an incidental note to address recommendations made by the specialist.</b></p> <p><b>(c) In 5 of 9 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>(d) In 3 records, consultant's treatment recommendations were not incorporated into the treatment plan (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 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-10(d):** In one case, the inmate was diagnosed with cancer of the mandible and the consultant recommended a CT scan as well as an additional consult with an ENT. The CT scan was completed but the ENT consultation requested on 9/17/13 had not been done as of

*the date of this survey. In another case, the consultation was requested on 8/23/13 and done on 9/6/13. It was recommended that a port-a-cath be ordered for the inmate but as of the date of this survey there was no evidence that it had been done. In the third case, the consultation was done on 5/10/13 but there was no note in the record from the physician stating whether the consultant's treatment recommendations were incorporated into the treatment plan.*

<b>Intra-System Transfers Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-11: A comprehensive review of 7 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 of 2 applicable records, those with pending consultations were not added to the consultation log.</b></p> <p><b>(b) In 2 of 3 applicable records, chronic illness clinic appointments did not take place as scheduled or as necessary.</b></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>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)
<p><b>PH-12: A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>(a) In 4 records, the periodic screening encounter was not conducted within one month of the due date.</b></p> <p><b>(b) In 6 records, the periodic screening was incomplete.</b></p> <p><b>(c) In 8 records, the required diagnostic tests were incomplete or not performed in a timely manner (see discussion).</b></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>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-12(c):** Per Health Services Bulletin 15.03.04, the following diagnostic tests should be performed 7-14 days prior to the periodic screening encounter: CBC, dipstick UA, PSA if indicated, baseline lipid profile at age 40, random blood glucose by finger stick if indicated, EKG if clinically indicated and stool hemocult for those age 50 and over. In 7 records reviewed, the lipid profile was missing and in two of those records, the stool hemocult was also missing. In one record, only the CBC was done.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-13: A tour of the facility revealed the following deficiencies:</b></p> <p><b>(a) There were no gloves in the emergency/trauma room.</b></p> <p><b>(b) There was no sink for hand washing or hand hygiene products available in the infirmary other than a sink in the closed med room.</b></p> <p><b>(c) The pill line room had rust and mold around the metal frame of the fluorescent light, drywall hanging from the ceiling and a leaking roof.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **PHYSICAL HEALTH FINDINGS - SOUTH UNIT**

South Florida Reception Center - South Unit 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 does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

### **CLINICAL RECORDS REVIEW - South Unit**

#### **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 sick call services. There are no emergency services or infirmary care provided at the South Unit.

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

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

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **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><b>PH-1: A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>(b) In 5 records, chronic illness clinic documentation was not legible (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 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-1(b):** Illegibility of chronic illness clinic records was a consistent finding throughout the survey. CMA clinical surveyors had significant difficulty in reading narrative text and frequently needed clarification from institutional staff to assist with the interpretation of progress notes. At times staff had difficulty interpreting the notes as well. This finding was noted in multiple clinics.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>(a) In 5 records, the baseline history was incomplete or missing (see discussion).</b></p> <p><b>(b) In 8 records, hepatitis A &amp; B vaccine was not given to inmates with hepatitis C infection and no prior history of A &amp; B infection (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 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-2(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.*

Although addressed here, this baseline information was missing from many of the other clinics as indicated in the tables below.

**Discussion PH-2(b):** 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.

<b>Immunity Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-3: In 1 of 1 record reviewed, there was no evidence of pneumococcal vaccine 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 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>

<b>Neurology Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-4: A comprehensive review of 6 records revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the diagnosis was not recorded on the problem list (see discussion).</b></p> <p><b>(b) In 4 records, the baseline history was incomplete or missing (see discussion).</b></p> <p><b>(c) In all records reviewed, the baseline physical examination was incomplete or missing (see discussion).</b></p> <p><b>(d) In 3 of 5 applicable records, seizures were not classified (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 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-4(a):** In the first record, the problem list was entirely blank. In the last record, the diagnosis noted on the problem list was not one of the diagnoses documented in the record.

**Discussion PH-4(b&c):** Although, this baseline information was missing from many of the other clinics, CMA clinical surveyors stated that in this clinic it was most difficult to obtain an adequate clinical assessment of the inmate's current and past functioning. In particular, it was often difficult to evaluate the number and severity of seizures, as well as any changes in the inmate's seizure status over time. In one case, a neurology chronic illness clinic flow sheet had not been used since 2010.

**Discussion PH-4(d):** 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.

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: A comprehensive review of 10 records revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 6 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 1 of 5 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>(d) In 1 of 3 applicable records, the inmate was not referred to a specialist for more in-depth treatment (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 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-5(d):** A urological consult was requested for this inmate on 3/21/13. The authorization section was left blank; there was no indication in the medical record as to why the consult was not completed.

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-6: In 3 of 13 records reviewed, the baseline history was incomplete or missing.</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 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>

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-7: In 1 of 5 records reviewed, the diagnosis was not recorded on the problem list.</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 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>

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, there was no signature from the referring clinician upon receiving the consultant’s report.</b></p> <p><b>(b) In 5 of 6 applicable records, the new diagnosis was not reflected on the problem list.</b></p> <p><b>(c) In 3 of 3 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department (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 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-8(c):** In one record, an inmate with a history of abnormal EKG was sent to an outside cardiologist. The consultation report recommended a repeat EKG and pharmacological stress test on 8/16/13. Staff requested the recommended diagnostic tests but the consult was not approved by Utilization Management. There was no change in the treatment plan. In the second record, a neurological consult was requested for an inmate with a history of chronic back pain. The outside neurologist recommended that further diagnostic testing (i.e. x-ray and MRI) be completed. The diagnostic testing was denied by Utilization Management. At the time of the survey the inmate was still complaining of symptoms and had been seen at sick call. There was no change in the treatment plan. In the third record, there were two requests made for an ophthalmologic consult for an inmate with cataracts. Neither consultation was approved by Utilization Management; however, the inmate was seen by an optometrist. The clinical surveyor felt strongly that the inmate needed to be seen by the ophthalmologist and that referral to an optometrist was not an adequate alternative plan of care.*

## Preventive Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 5 of 13 records reviewed, the periodic screening was incomplete (see discussion).</b></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>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-9:** Two records were missing evidence of EKG testing and results. Two additional records were missing evidence of sick call services education. In the last record, there was no documentation of a tuberculosis symptom screening.*

## Dental Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 4 of 18 inmate records reviewed, there was no evidence of an accurate diagnosis and treatment plan (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 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-10:** In one record, the root canal treatment (RCT #21) was not added to the treatment plan. In another record, there was decay under crown #19 which was not charted or incorporated into the treatment plan. In another record, #20 was not checked off as completed on the treatment plan. In the last record, decay on #4 was not diagnosed, added to the treatment plan, or considered, although a partial denture was in the process of being made.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-11: A tour of the facility revealed the following deficiencies:</b></p> <p><b>(a) Over the counter medications were not current (see discussion).</b></p> <p><b>(b) There was no documentation that first aid kits were inspected monthly (see discussion).</b></p> <p><b>(c) Pill line schedules were not posted in common areas.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-11(a):** The Almag located in E Dorm had expired in July 2013.*

***Discussion PH-11(b):** All three dormitory areas inspected revealed missing or inadequate inspection tags. In A Dorm, there was no inspection tag. In E Dorm, the tag had not been updated since March 2013. In F Dorm, the inspection tag had not been updated since June 2013.*

## **CONCLUSIONS – PHYSICAL HEALTH**

### **MAIN UNIT**

The physical health staff at SFRC-Main serves a difficult and fluid population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, infection control and reception activities. The physical health team reviewed 165 records and found deficiencies in 83 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 and correctional officers were familiar with the process for accessing routine medical and emergency services. A review of the reception process and the reception record review found no deficiencies rising to the level of a finding. A review of the inmate housing areas revealed no negative findings.

There were several issues regarding medical records and logs. Upon arrival at the institution, the majority of records needed for the physical health portion of the survey were unavailable. Once the charts were received, many that had been requested were still missing and surveyors had difficulty obtaining records throughout the survey. While some were missing due to inmate transfers, others were never located despite medical records staff's prompt attention and diligence. This delayed the survey process and resulted in fewer records being reviewed.

In reviewing health records, it was often difficult to locate appropriate documentation. Documents were misfiled or not in chronological order and some lacked completion. This was especially noticeable in the preventive care/periodic screening records where only one page of the two-sided form had been copied for use so all information that should have been on the back of the form was missing. Institutional staff was later able to locate this information for two of the three inmate records reviewed. Staff stated the second page of the form had been separated from page one and misfiled. In intra-system transfers, one transfer form lacked demographic information (e.g. inmate name, DC#, date of birth, institution, etc.) that is usually located on the bottom of the forms. There were also records with several volumes that were marked incorrectly making it difficult to locate the current information. For example, one inmate had two, volume one records. One contained information from 11/08-7/13 and the other contained information from 5/12-2/13 while volume two was dated 8/13-present.

Regarding the logs, both the infirmary log and the consultation log were incomplete. The infirmary log was consistently missing dates and times of admission. The dates on the consultation log did not correspond with dates on the consultation form in the chart. Most of the entries on the consultation log had the same date entered for date appointment set, date of appointment and date consultation returned. SFRC has a collegial review process to address all phases of the offsite encounter; however, this information is not in the medical records making it difficult to determine the progress of the consultation. Surveyors felt this impeded the ability to assess the inmate's continuum of care.

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, SFRC-Main appears to be providing adequate care that falls within Department standards.

## **SOUTH UNIT**

The physical health staff at SFRC-South Unit serves a complex and difficult population, including inmates with multiple medical comorbidities and advanced age. Physical health care is provided on an outpatient basis. Inmates requiring infirmary care and/or emergency services are transferred to the Main Unit. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 164 records and found deficiencies in 91 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.

The survey revealed concerns regarding documentation. Although, the charts were generally organized in accordance with Department policy (*Health Services Bulletins 15.12.03*), baseline assessment and physical information was frequently missing from chronic illness clinic records. Narrative records were often illegible and institutional staff was frequently called upon to assist with the reading of the documentation. There were concerns that inadequate and illegible documentation could lead to errors in patient care.

CMA clinical surveyors also expressed concerns regarding consultation services. Although, it appears that consultations were requested in a timely manner, there were several instances in which surveyors concluded that inmates may have benefitted from the additional follow-up recommended by both institutional staff and the outside consultant. In all of the records examined in which there was a utilization management denial for consultant services, there was no corresponding or adequate change in the patient's plan of care.

There were several strengths highlighted in the review of services provided by SFRC-South Unit. Interviews with staff and inmates were consistently positive and inmates in particular, expressed satisfaction with the care that they received. Institutional staff appeared to be committed to providing care to inmates and to work with each other in a collegial manner. CMA surveyors felt that the quantity of contacts between inmates and the physician should be commended.

Overall, SFRC-South Unit appears to be providing adequate care to its inmate population. Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. The clinic staff, including medical and administrative, should be acknowledged for their hard work in light of the complex inmate population.

## **MENTAL HEALTH FINDINGS – Main Unit**

South Florida Reception Center 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 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).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

### **CLINICAL RECORDS REVIEW - Main Unit**

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

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

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

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

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

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

#### **INPATIENT SERVICES REVIEW**

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

#### **OUTPATIENT SERVICES REVIEW**

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

#### **AFTERCARE PLANNING REVIEW**

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

#### **RECEPTION PROCESS**

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

**AFTERCARE PLANNING REVIEW**

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

**MENTAL HEALTH SYSTEM REVIEW**

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

Mental Health Restraints	
Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, the appropriate precipitating behavioral signs indicating the need for psychiatric restraints were not documented in the medical record (see discussion).</b></p> <p><b>(b) In 1 record, less restrictive means of behavioral control were not documented (see discussion).</b></p> <p><b>(c) In 1 record, the physician’s order did not contain the maximum duration of the restraint (see discussion).</b></p> <p><b>(d) In 1 record, there was no documentation that the inmate was offered the bedpan/urinal every two hours.</b></p> <p><b>(e) In 1 record, psychiatric restraints were not removed after 30 minutes of calm behavior (see discussion)</b></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>

***Discussion MH-1(a):*** In this case, there was no note indicating why the inmate was placed in restraints. There was one note present at 23:30 indicating that the inmate was banging on the door but no distress was noted. The note indicated that staff would monitor for safety. The next note observed during the survey was written at 08:30 the next morning indicating 4 point restraints would be applied and an ETO given.

***Discussion MH-1(b):*** The Department’s Health Service Bulletin (HSB 15.05.10) states that when psychiatric restraints are ordered, documentation that less restrictive alternatives were considered and the clinical rationale for the use of restraints must be recorded in the inpatient record. This record did not contain documentation that less restrictive alternatives were considered.

**Discussion MH-1(c):** The Department's Health Service Bulletin (HSB 15.05.10) states that an order for psychiatric restraints must include the duration of the restraint and shall be ordered for not longer than four hours. In one record, there is no time duration on the order.

**Discussion MH-1(e):** In this case the order was written for the inmate to be removed from restraints at 18:30. Several subsequent notes indicated that security had been notified of the order; however the restraints were not removed until 20:00. Security staff is responsible for physically removing the inmate from restraints and returning him to his cell

**Inpatient Psychotropic Medication Practices**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 2 of 4 applicable records, there was no evidence that initial lab tests were conducted.</b></p> <p><b>(b) In 1 of 3 applicable records, the medication prescribed was not appropriate for the symptoms and diagnosis (see discussion).</b></p> <p><b>(c) In 1 of 4 applicable records, informed consents were not appropriate for the medication prescribed (see discussion).</b></p> <p><b>(d) In 1 of 2 applicable records, follow-up lab tests were not completed as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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 MH-2(b):** In one record, the inmate had a mental health diagnosis of bereavement but was on psychotropic medication. There were no documented symptoms that justified the prescription of this medication.

**Discussion MH-2(c):** In one record, the consent form for one medication was used for another (i.e. the name of medication scratched out and the new name written in) instead of a required generic form.

**Inpatient Mental Health Services**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: A comprehensive review of 14 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 10 records, vital signs were not documented daily for the first 5 days for a new admission.</b></p> <p><b>(b) In all records reviewed, the required hours of therapeutic services were not documented.</b></p> <p><b>(c) In 11 records, vital signs were not documented at required intervals.</b></p> <p><b>(d) In 8 records, weekly weight was not documented.</b></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>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>

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: A comprehensive review of 12 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 2 of 3 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>(b) 1 of 3 applicable records, an Approved Drug Exception Request (DC4-648) was not present when an approved drug was prescribed for non-approved use (see discussion).</b></p> <p><b>(c) In 3 of 10 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</b></p> <p><b>(d) In 5 of 10 applicable records, informed consents were not present or did not reflect information relevant to the medication prescribed (see discussion).</b></p> <p><b>(e) In 1 of 1 applicable record, follow-up lab tests were not completed as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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 MH-4(b):** In one record, the inmate was prescribed a psychotropic medication (Risperdal) with a mental health diagnosis of Antisocial Personality Disorder and Borderline Intellectual Functioning. This is not an approved use for Risperdal and the Department's HSBs require a Drug Exception Request when an approved medication is used for an unapproved use.

**Discussion MH-4(c):** In one record, the medication administration record (MAR) did not indicate dosing during the month of September. In another record, the MAR did not indicate dosing for most of September. Lastly, in another record, there was one day in which the administration of medication was not documented. In all three cases, there were no refusal forms present for these gaps in administration of medication.

**Discussion MH-4(d):** In four records, the consent form for one medication was used for another (i.e. the name of medication scratched out and the new name written in) instead of a required generic form. In the other record, there was no consent form present for a specific medication.

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 14 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 6 of 11 applicable records, there was no indication that health care staff reviewed the chart within 24 hours of the inmate's arrival.</b></p> <p><b>(b) In 5 of 10 applicable records, there was no indication that instruction for accessing mental health care 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 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>

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: In 2 of 2 applicable records (4 reviewed), the Summary of Outpatient Mental Health Care (DC4-661) was not completed within 30 days of end 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 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>

## Reception Process

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-7: In 4 of 11 applicable records (21 reviewed), psychotropic medication was not continued from county jail without interruption (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 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 MH-7:** 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 as the inmate can see the psychiatrist. In four records, the inmate missed at least one dose of medication upon arrival at SFRC. In one of those records, no MAR could be located by staff to indicate he received medications as prescribed. A conversation with staff revealed that sometimes inmates come from the county jail with opened medication which cannot be administered. This medication is discarded and a new order written. The staff further explained that there is a delay (usually one full day) between the prescription being written, then filled by the pharmacy. This process likely explains this issue for the majority of the records in this discussion.*

## MENTAL HEALTH SYSTEMS REVIEW

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-8: A tour of the facility revealed the following deficiencies:</b></p> <p><b>(a) Paint was peeling from the walls of Isolation Management Rooms (IMR).</b></p> <p><b>(b) One 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-8:** One of the IMR cells had loose mesh covering a ceiling vent. The mesh was peeled back creating a possible location where cloth or other material could be tied. These cells are used for inmates placed on Self-harm Observation Status.*



## **MENTAL HEALTH FINDINGS - South Unit**

South Florida Reception Center-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).

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

There were no findings requiring corrective action in the review of psychological emergencies and inmate requests.

### **OUTPATIENT SERVICES REVIEW**

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

### **MENTAL HEALTH SYSTEMS REVIEW**

There were no findings in the mental health systems review.

## **CONCLUSIONS – MENTAL HEALTH**

### **MAIN UNIT**

SFRC-Main provides both inpatient and outpatient mental health services. Mental health staff at SFRC-Main serve a complex and transient population. Inpatient services are provided in a 47 bed Crisis Stabilization Unit (CSU). Outpatient services, including case management and individual and group counseling, are provided to over 127 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, conduct reception services and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed and provide aftercare planning for eligible inmates.

With the exception of one major area, it was evident from the survey that the inmates were being seen by mental health staff at least as required. The area consistently lacking minimum level of attention was planned structured therapeutic services for inmates in the CSU. These services are especially important in working towards targeted problems in an attempt to progress the inmate to a lower level of care. Not targeting the needs of the inmate through structured therapeutic services could result in longer CSU stays and/or the need for a higher level of care. Each record reviewed lacked the minimum number of required therapeutic services for inmates in the CSU.

One issue of concern to surveyors involved inmates remaining in the CSU after clinical justification indicated a lower level of care was appropriate. Some inmates in the CSU lacked a mental health diagnosis and presented appropriate behavior according to progress notes. These inmates remained in the CSU for weeks (and in at least one occasion months) after the notes indicated the need for a lower level of care. According to staff, when Transitional Care Unit (TCU) beds are full, inmates must remain at their current level of care until beds become available. To address this issue, the Department plans to convert some CSU beds to multi-service cells.

Overall, the staff at SFRC-Main was knowledgeable and helpful throughout the survey process. Immediate action was taken to remediate problems brought to their attention. Notwithstanding the findings identified above, mental health staff at SFRC-Main appear to be providing clinically appropriate care in a majority of cases reviewed.

### **SOUTH UNIT**

Currently SFRC South Unit has one Behavioral Health Specialist who is on-site two days per week. The Psychological Services Director from SFRC-Main provides weekly supervision. At the time of the survey, there were 31 inmates on the mental health caseload. In addition to providing services to these inmates, staff answer inmate requests and respond to psychological emergencies. Staff also performs sex offender screenings when needed and conducts sexual disorder and veterans groups. Inmates in need of placement in SHOS or confinement are sent to SFRC-Main. Individualized service plans and assessments were timely and documentation of mental health encounters was complete. Inmates on the mental health caseload expressed satisfaction with the mental health services provided to them. No corrective action plan is required by the CMA for mental health at SFRC-South.

## 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.