



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY SOUTH FLORIDA RECEPTION CENTER

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

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, and 3. SFRC consists of a Main Unit and a South Unit.^{1 2}

Institutional Potential and Actual Workload

Main Unit Capacity	1455	Current Main Unit Census	969
South Unit Capacity	889	South Unit Census	371
Satellite Unit(s) Capacity	442	Current Satellite(s) Census	331
Total Capacity	2786	Total Current Census	1671

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	624	351	85	1	44	138
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1031	136	164	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	26	35	15	N/A	N/A	N/A

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

Medical Unit Staffing: Main Unit

Position	Number of Positions	Number of Vacancies
Physician	4	0
Clinical Associate	N/A	N/A
Registered Nurse	17.2	4
Licensed Practical Nurse	29.0	7.2
CMT-C	15.2	12.45
Dentist	2	0
Dental Assistant	3	0
Dental Hygienist	0	0

Medical Unit Staffing: South Unit

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	N/A	N/A
Registered Nurse	4.2	0
Licensed Practical Nurse	4.2	0
CMT-C	1	1
Dentist	1	0
Dental Assistant	1	0
Dental Hygienist	N/A	N/A

Mental Health Unit Staffing: Main Unit

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0.4
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	1	0
Behavioral Specialist	N/A	N/A
Mental Health Professional	6	0
Human Services Counselor	N/A	N/A
Activity Technician	2	0
Mental Health RN	1	0
Mental Health LPN	N/A	N/A

Mental Health Unit Staffing: South Unit

Position	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatric APRN/PA	.5	0
Psychological Services Director	N/A	N/A
Psychologist	N/A	N/A
Behavioral Specialist	N/A	N/A
Mental Health Professional	1.5	1.5
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

SOUTH FLORIDA RECEPTION CENTER SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at South Florida Reception Center and South Unit on November 2-4, 2021. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

A summary of physical and mental health survey findings is outlined in the tables below.

Physical Health Clinical Records Review – Main Unit

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	13	0
Cardiovascular Clinic	14	1
Endocrine Clinic	14	2
Gastrointestinal Clinic	15	4
Immunity Clinic	9	1
Miscellaneous Clinic	10	0
Neurology Clinic	11	1
Oncology Clinic	5	1
Respiratory Clinic	13	2
Tuberculosis Clinic	2	2

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	5	0
Infirmiry Care	12	1
Sick Call	14	1

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	15	5
Inmate Request	14	3
Intra-System Transfers	14	1
Medication Administration	12	0
Periodic Screenings	11	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	N/A	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

RECEPTION SERVICES

Assessment Area	Number of Records Reviewed	Total Number of Findings
Reception Process	11	0

PHYSICAL HEALTH SURVEY FINDINGS – Main Unit

Detailed in the tables below are reportable findings requiring corrective action.

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 3 of 11 applicable records (14 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-2: In 1 of 4 applicable records, there was no evidence an inmate with HgbA1c over 8% was seen every three months as required.</p> <p>PH-3: In 5 of 12 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-4: In 7 of 13 applicable records, there was no evidence abdominal ultrasounds were completed as required.</p> <p>PH-5: In 5 records, there was no evidence annual labs were completed as required (see discussion).</p> <p>PH-6: In 10 of 13 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p> <p>PH-7: In 6 of 14 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Discussion PH-5: In four records, prothrombin time with INR (PT/INR) and urinalysis were not done. In the fifth record, the urinalysis was completed but not the PT/INR.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-8: In 2 of 6 applicable records (9 reviewed), there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct 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>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action
PH-9: In 3 of 7 applicable records (11 reviewed), there was no evidence of pneumococcal vaccination or refusal.	<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
PH-10: In 1 of 5 records reviewed, there was no evidence of pneumococcal vaccination or refusal.	<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>

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-11: In 3 of 12 applicable records, there was no evidence of a peak flow reading at each clinic visit.</p> <p>PH-12: In 5 of 11 applicable records, there was no evidence of pneumococcal vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 2 records revealed the following deficiencies:</p> <p>PH-13: In 1 record, there was no evidence that the monthly nursing follow-up was completed.</p> <p>PH-14: In 2 records, there was no evidence that AST/ALT laboratory tests were completed as ordered.</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>

Infirmery Record Review

Finding(s)	Suggested Corrective Action
<p>PH-15: In 8 of 9 applicable records (12 reviewed), there was no evidence of a complete discharge note by the nurse (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving services in the infirmery to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-15: Per Health Services Bulletin (HSB) 15.03.26, the nursing discharge note should include the patient's condition on discharge, means of discharge, patient education, discharge instructions, and disposition of patient. In all eight records, one or more of the requirements was missing.

Sick Call Record Review

Finding(s)	Suggested Corrective Action
<p>PH-16: In 2 of 7 applicable records (14 reviewed), there was no evidence that the clinician follow-up was completed in a timely manner.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-17: In 9 of 13 applicable records, the consultation was not performed in a timely manner (see discussion).</p> <p>PH-18: In 2 of 10 applicable records, there was no evidence the clinician reviewed the consult report.</p> <p>PH-19: In 6 of 11 applicable records, there was no evidence of an incidental note which addressed the consultant's recommendations.</p> <p>PH-20: In 4 of 14 applicable records, the diagnosis was not recorded on the problem list.</p> <p>PH-21: In 4 of 10 applicable records, there was no evidence the consultant's treatment recommendations were incorporated into the treatment plan and performed in a timely manner.</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 consultations 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 eight of the nine records, consultation requests were marked urgent. Per HSB 15.09.04, urgent requests are those with conditions which must be treated within 14 business days or less, or the condition could deteriorate and possibly become an emergency condition. The time from request to completion ranged from 17 to 88 business days. The conditions ranged from imbalance and weakness, a swallow test following a stroke, progressive ataxia, lung cancer, history of rectal cancer, follow-up for a foot amputation, hematuria with flank pain, and a kidney mass. In the ninth record, the request was marked as urgent on 8/20/21 but changed to routine on 10/26/21. The ultrasound had not been completed as of the date of the survey.*

Intra-System Transfers Review

Finding(s)	Suggested Corrective Action
<p>PH-22: In 4 of 13 applicable records (14 reviewed), there was no evidence the clinician reviewed the record within 7 days of arrival.</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 received as transfers to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inmate Requests Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-23: In 9 records, the inmate requests were not filed in the charts.</p> <p>PH-24: In 5 of 13 applicable records, there was no evidence of an incidental note regarding the request.</p> <p>PH-25: In 1 of 2 applicable records, there was no evidence the appointment/test/etc. indicated in the response occurred.</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 inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

PHYSICAL HEALTH SURVEY CONCLUSION – MAIN UNIT

Physical health staff at SFRC-Main serves a difficult population that includes inmates with medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis and includes a palliative care unit. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education, infection control activities, and reception services.

Staff were helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. 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 were complementary of their experiences at the medical clinic and described the services as adequate. With the exception of medical inmate requests, documents were filed in the charts in a timely manner.

A comprehensive review of medical records revealed several significant trends. In chronic illness clinics, pneumococcal and hepatitis A and/or B vaccinations were often missing. Laboratory tests and ultrasounds were not completed as required in the gastrointestinal clinic. Inmate requests were not filed in the chart and documentation of incidental notes regarding the requests was lacking. Initial consultations and recommended follow-up were generally not completed in a timely manner. CMA surveyors expressed concern that delays in urgent requests could have deleterious impacts on inmate health.

Medical staff indicated they were appreciative of the CMA review and would use the report results and the corrective action plan (CAP) process to improve care in areas that were found to be deficient.

Mental Health Clinical Records Review – Main Unit

SELF-INJURY AND SUICIDE PREVENTION REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	2	4

USE OF FORCE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	0	N/A

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	1	0
Inmate Requests	0	N/A
Special Housing	9	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Reception/Intake Process	17	2
Outpatient Mental Health Services	14	5
Outpatient Psychotropic Medication Practices	12	2
Aftercare Planning	10	0

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

MENTAL HEALTH SURVEY FINDINGS – Main Unit

Detailed in the tables below are reportable findings requiring corrective action.

Self-harm Observation Status	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 2 SHOS records revealed the following deficiencies:</p> <p>MH-1: In 1 record, the patient was not observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-2: In 1 record, there was no evidence of daily rounds by the attending clinician.</p> <p>MH-3: In 1 record, there was no evidence that daily counseling was provided by the mental health professional (MHP).</p> <p>MH-4: In 1 record, the inmate did not receive required post-discharge follow-up (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with SHOS 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: Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). Safety checklists could not be located by staff for this seven-day SHOS admission.

Discussion MH-4: According to Procedure 404.001, an inmate should be evaluated by mental health staff between the first and third and between the seventh and tenth working days after discontinuation of SHOS and infirmary discharge. In this record, there was no indication that either of these evaluations were offered.

Reception/Intake Process

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>MH-5: In 8 of 16 applicable records, psychotropic medications were not continued as ordered from the county jail without interruption (see discussion).</p> <p>MH-6: In 5 of 15 applicable records, records were not requested from the community mental health provider for inmates with prior mental health treatment who are held at the reception center greater than 60 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of newly arriving inmates, to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** In two records, the medication was discontinued abruptly without clinical rationale. In the next two records, the medication administration record (MAR) was missing for the corresponding time frame and could not be located by staff. In the remaining four records, there was an interruption in psychotropic medications of approximately one week duration.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>MH-7: In 14 records, the bio-psychosocial assessment (BPSA) was not completed as required.</p> <p>MH-8: In 13 records, the Individualized Service Plan (ISP) was not completed as required.</p> <p>MH-9: In 1 of 1 applicable record, the ISP was not signed by all relevant parties.</p> <p>MH-10: In 14 records, identified problems were not recorded on the problem list.</p> <p>MH-11: In 6 of 12 applicable records, the frequency of clinical contacts was insufficient (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with outpatient mental health services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-11:** According to HSB 15.05.18, inmates on the mental health caseload should receive therapy every 60 days. Additionally, case management services should be provided every 60 days or every 30 days for inmates diagnosed with a psychotic disorder. These records did not contain the documentation necessary for planning and implementation of the ISP.*

Psychiatric Medication Practices

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>MH-12: In 2 of 10 applicable records, a psychiatric evaluation was not completed prior to initiating psychotropic medications (see discussion).</p> <p>MH-13: In 5 of 11 applicable records, the inmate did not receive medications as prescribed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving psychotropic medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-12: *In both records, the form was present but not completed in its entirety.*

Discussion MH-13: *In one record, an inmate was prescribed Zoloft 50 mg in August 2021. However, documentation on the September and October medication administration record (MAR) indicated the inmate received 100 mg daily instead. In the next record, the inmate arrived from another institution on 9/07/21 with an order for Effexor 150 mg nightly. There were two MARs for this medication for September. On several days, each MAR was completed, indicating the inmate may have received two doses of his medication. Additionally, the October MAR was initialed for 10/1/21 and indicated a new order was written, but this order could not be located. There was no MAR located for 10/2/21 to 10/22/21. A new order was written on 10/21/21 and corresponding documentation on the MAR indicated the inmate received his medication from that point forward. In another record, an inmate's Prozac was abruptly discontinued in September 2021 without a documented rationale. Medication was later restarted without explanation. In the next record, there were multiple blanks on the October MAR indicating the inmate may not have received his medications. In the remaining record, an inmate's Seroquel, Neurontin, and Cymbalta were abruptly discontinued without a clinical rationale.*

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p>MH-14: Safety concerns were noted in Isolation Management Room 2111.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of a work order other documentation.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

MENTAL HEALTH SURVEY CONCLUSION – MAIN UNIT

The majority of inmates at SFRC main unit are there for reception services including mental health evaluations. At the time of the survey, approximately 200 inmates were receiving outpatient mental health care. In addition to providing treatment to these inmates, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Additionally, they provide daily counseling to inmates on SHOS and complete sex-offender screening and aftercare services when indicated. The staff were helpful and responsive throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve.

Several concerns identified during the survey related to psychotropic medications. In approximately half of the records reviewed, newly arriving inmates did not continue to receive medications that had been prescribed at the county jail. In some cases, initial psychiatric evaluations were incomplete and often inmates did not receive the medications as prescribed.

Inmates on SHOS represent those in an acute mental health crisis. Surveyors determined that these inmates were not consistently monitored for safety or seen by clinicians while in the infirmary. There was no documentation to indicate follow-up was provided to the inmate after discharge to revise the treatment plan to include the issues and reasons for placement in SHOS.

The review of outpatient services revealed that almost all of the inmates were interviewed shortly after arrival by staff. However, they did not meet again to complete the BPSA, initiate an ISP and provide mental health follow-up for those inmates that had been at the institution long enough to require it. Additionally, surveyors and staff agreed that the number of clinical contacts was insufficient for treatment planning and delivery. Lastly, one of the isolation management rooms had safety concerns which required repair.

There were many areas of the review without findings. These include psychological emergencies, special housing, aftercare services, and inmate requests. Inmates interviewed reported they are familiar with how to access mental health services. They stated there is an opportunity daily to sign up for services through the sick-call process and endorsed this was an effective method to see a therapist quickly. Surveyors felt the system worked well and may have reduced the time of response to inmate requests and the number of psychological emergencies.

After a review of records and interviews with staff and inmates, and based on the findings listed above, it is clear that SFRC-Main will benefit from the CMA corrective action plan process to improve mental health services.

Physical Health Clinical Records Review – South Unit

Chronic Illness Clinic Review

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	9	1
Cardiovascular Clinic	15	0
Endocrine Clinic	12	0
Gastrointestinal Clinic	12	4
Immunity Clinic	6	0
Miscellaneous Clinic	2	0
Neurology Clinic	4	0
Oncology Clinic	2	0
Respiratory Clinic	9	0
Tuberculosis Clinic	3	2

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	15	2
Infirmiry Care	N/A	N/A
Sick Call	18	1

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	9	1
Inmate Request	11	1
Intra-System Transfers	16	0
Medication Administration	12	0
Periodic Screenings	6	0

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	16	4
Dental Systems	18	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

PHYSICAL HEALTH SURVEY FINDINGS – South Unit

Detailed in the tables below are reportable findings requiring corrective action.

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 2 of 9 records reviewed, there was no evidence inmates were seen according to their M-grade status (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in chronic clinics 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, inmates with M-grades of 3 were scheduled at greater than 90-day intervals.

Gastrointestinal Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-2: In 6 records, there was no evidence the inmate was evaluated and staged for treatment of hepatitis C (see discussion).</p> <p>PH-3: In 5 records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p> <p>PH-4: In 6 records, there was no evidence of pneumococcal vaccination or refusal.</p> <p>PH-5: In 4 records, there was no evidence of a referral to a specialist when indicated.</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>

Discussion PH-2: Fibrosure tests were not completed in order to determine staging.

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-6: In 2 records, there was no evidence baseline information was completed.</p> <p>PH-7: In 1 record, there was no evidence that AST/ALT laboratory tests were completed as ordered.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Services Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-8: In 6 records, there was no evidence that vital signs were completed.</p> <p>PH-9: In 4 records, there was no evidence a follow-up assessment was completed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency services 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
<p>PH-10: In 4 of 18 records reviewed, there was no evidence that vital signs were completed.</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>

Consultation Record Review

Finding(s)	Suggested Corrective Action
<p>PH-11: In 2 of 9 records reviewed, there was no evidence the diagnosis was recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Medical Inmate Requests

Finding(s)	Suggested Corrective Action
<p>PH-12: In 5 of 11 records reviewed, there was no evidence of an incidental note regarding the request.</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>

PHYSICAL HEALTH SURVEY CONCLUSION – SOUTH UNIT

Physical health staff at SFRC-South serves male inmates with short sentences and includes inmates with multiple medical comorbidities. Current physical health care services provided are chronic illness, general wellness, sick call, and emergency care services. Dental and optometry services are provided onsite. 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.

Staff at SFRC-South was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Patient records were well organized, and documentation appeared to be filed in a timely manner. Interviews indicated that inmates were familiar with how to obtain routine medical and emergency services. Overall, inmates expressed satisfaction with access to health care services and were complementary of their experiences at the clinic

There were several findings related to clinical care which included incomplete vital signs and missing vaccinations. Follow-up assessments and referrals were not consistently completed. In addition, the diagnosis was not always recorded on the problem list which could affect current treatment if this “at a glance” data was missing, incorrect, or out of date.

SFRC-South staff were helpful throughout the survey process and indicated they would use the CMA corrective action plan process to improve health care services in areas that were found to be deficient.

Mental Health Clinical Records Review – South Unit

ACCESS TO MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	0	0
Inmate Requests	1	0
Special Housing	0	0

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	13	5
Outpatient Psychotropic Medication Practices	7	2

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	10	2

MENTAL HEALTH SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	1

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>MH-1: In 4 records, the S-grade in OBIS did not match the S-grade in the record.</p> <p>MH-2: In 6 records, the Bio-psychosocial Assessment (BPSA) was not present in the chart.</p> <p>MH-3: In 12 records, the Individualized Service Plan (ISP) was not completed as required (see discussion).</p> <p>MH-4: In 8 records, identified problems were not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-3: In all 12 records, the ISP was not found.

Psychiatric Medication Practices

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>MH-5: In 2 records, follow-up sessions were not completed in a timely manner (see discussion).</p> <p>MH-6: In 1 of 1 applicable record, the Abnormal Involuntary Movement Scale (AIMS) was not completed at the required intervals.</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 with patients receiving psychotropic medication to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-5: In one record, the inmate arrived at SFRC-South on 5/25/21 with a prescription for Abilify which was renewed three days later. However, there was no documentation he was seen or scheduled to be seen for a follow-up appointment. In another record, the medication expired prior to a psychiatric follow-up. Subsequently, the inmate did not receive Prozac or Vistaril from 8/22/21 to 8/28/21.

Aftercare Planning

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>MH-7: In 7 records, aftercare plans were not addressed on the ISP for inmates within 180 days of end of sentence (EOS).</p> <p>MH-8: In 1 of 2 applicable records, a “Summary of Outpatient Mental Health Care” (DC4-657) was not completed for inmates within 30 days of EOS.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records with aftercare planning to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p>MH-9: Outpatient therapeutic groups were not provided to meet the needs of the inmate population (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of attendance records or other clinical documentation.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: According to Health Services Bulletin (HSB) 15.05.18, each permanent institution will offer group interventions, as clinically indicated, that are designed to meet the needs of the inmates who are eligible for ongoing outpatient services. At the time of the survey, therapeutic groups were not being offered at SFRC-South.

MENTAL HEALTH SURVEY CONCLUSION – SOUTH UNIT

Staff at SFRC-South serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including psychotropic medication management, case management, and individual counseling are provided to approximately 85 inmates. 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 and provide aftercare planning for eligible inmates.

Many of the findings described in this report are related to missing or late clinical documentation. At the time of the survey, SFRC-South had one mental health professional position that was vacant. Mental health staff from SFRC-Main had been covering as their time allowed. A psychiatrist and psychologist were assigned one day per week. According to staff, this psychologist also covers other sites due to vacancies at neighboring institutions.

During this review, mental health and medical records staff were helpful and responsive. Medical records were in good order, which assisted with the survey process. Inmates interviewed knew how to request routine and emergency mental health services.

A corrective action plan (CAP) developed by SFRC-South for each of the findings in the tables above will be helpful in improving mental health services for the inmates in their care.

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. A deficiency rate of 20% or higher requires in-service training, monitoring and corrective action by institutional staff.