



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Sumter Correctional Institution

In

Bushnell, Florida

on

January 9-11, 2018

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DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION | | | |
|---------------------------|------|---------------|---------------|
| Population | Type | Custody Level | Medical Level |
| 1574 | Male | Close | 3 |

Institutional Potential/Actual Workload

| | | | |
|-----------------------------------|------|------------------------------------|------|
| Main Unit Capacity | 1639 | Current Main Unit Census | 1574 |
| Satellite Unit(s) Capacity | 741 | Current Satellite(s) Census | 977 |
| Total Capacity | 2380 | Census | 2551 |

Inmates Assigned to Medical/Mental Health Grades

| <i>Medical Grade</i> | 1 | 2 | 3 | 4 | 5 | <i>Impaired</i> |
|--------------------------------------|--|-----|-----|----------------------------|-----|-----------------|
| | | 979 | 514 | 80 | 0 | 3 |
| <i>Mental Health Grade (S-Grade)</i> | <u><i>Mental Health Outpatient</i></u> | | | <u><i>MH Inpatient</i></u> | | <i>Impaired</i> |
| | 1 | 2 | 3 | 4 | 5 | |
| | 1517 | 38 | 1 | N/A | N/A | |

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> |
|--------------------------------------|-----------|-----------|-----------|------------|------------|------------|
| | | 97 | 73 | 28 | N/A | N/A |

DEMOGRAPHICS

Medical Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|--------------------|---------------------|---------------------|
| Physician | 1 | 0 |
| Clinical Associate | 0 | 0 |
| RN | 3.9 | 0.3 |
| LPN | 7.6 | 0 |
| CMT-C | 1 | 0 |
| Dentist | 1 | 0 |
| Dental Assistant | 2 | 0 |
| Dental Hygienists | 0.5 | 0 |

Mental Health Staffing: Main Unit

| | Number of Positions | Number of Vacancies |
|------------------------------------|---------------------|---------------------|
| Psychiatrist | 0 | 0 |
| Psychiatrist ARNP/PA | 0 | 0 |
| Psychological Services Director | 0 | 0 |
| Psychologist | 0.2 | 0 |
| Behavioral Specialist | 0 | 0 |
| Mental Health Professional | 1.4 | 0 |
| Human Services Counselor | 0 | 0 |
| Activity Technician | 0 | 0 |
| Mental Health RN | 0 | 0 |
| Mental Health LPN | 0 | 0 |

OVERVIEW

Sumter Correctional Institution (SUMCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. SUMCI consists of the Main Unit, Work Camp, Basic Training Unit for youthful offenders, and a Reception Center for youthful offenders.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at SUMCI on January 9-11, 2018. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS

Sumter Correctional Institution (SUMCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at SUMCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

There were findings requiring corrective action in the review of emergency care, sick call services, and the infirmary. The items to be addressed are indicated in the tables below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

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.

Chronic Illness Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-1: In 6 records, baseline information was incomplete or missing (see discussion).</p> <p>PH-2: In 7 records, there was no evidence that inmates were seen 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 of those enrolled in a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-1:** In five records, the baseline information was not located by CMA surveyors or institutional staff. In one record, the narrative portion of the baseline information was incomplete. Per Department policy, all forms must be completed in their entirety.*

Cardiovascular Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>PH-3: In 2 of 7 applicable records (18 reviewed), there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-3:** In one record, the abnormal lab indicated a small amount of blood in the urine but there was no change made in the Coumadin dosage nor a repeat urinalysis requested. In the other record, labs were drawn on 10/20/17 which indicated abnormal triglyceride levels. There was no documentation in the medical record that this had been addressed.*

Endocrine Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-4: In 5 of 13 applicable records (16 reviewed), there was no evidence of an annual fundoscopic examination.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Gastrointestinal Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-5: In 4 records, there was no documentation as to the status of the patient (see discussion).</p> <p>PH-6: In 1 of 1 applicable record, there was no evidence of annual hepatocellular cancer screening for an inmate with cirrhosis.</p> <p>PH-7: In 4 of 14 applicable records, there was no evidence of hepatitis A and/or B 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: The "Clinic Flowsheet" (DC4-770) was not completed for these four records. The control of the disease was documented on the "Chronic Illness Clinic" (DC4-701F) but the patient status was not addressed.

Miscellaneous Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>PH-8: In 4 of 9 records reviewed, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-8:** In two records, there was no musculoskeletal examination for inmates diagnosed with gout. In one record, there was no documentation of a skin examination for an inmate with a history of skin cancer. In the last record, the diagnosis was listed as “clinoril patient” on the DC4-770 but dyslipidemia was the only issue addressed at the clinic visit. In addition, “clinoril patient” is not an accurate medical diagnosis.*

Neurology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 8 records revealed the following deficiencies:</p> <p>PH-9: In 4 of 5 applicable records, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p> <p>PH-10: In 2 of 4 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion PH-10:** In both records, Dilantin levels were low and medication was not adjusted. One of the inmates continued to have seizures and was seen in emergency care.*

Oncology Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>PH-11: In 2 records, there was no documentation as to the status of the patient (see discussion).</p> <p>PH-12: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-11: In one record, the DC4-770 was not in the chart. In the other record, the DC4-770 had not been completed for the 6/27/17 and 10/31/17 clinic visits.

Discussion PH-12: In this record, the prostate specific antigen (PSA) lab results for this inmate have continued to rise since 2014. Even though prior numbers were in the normal range, CMA surveyors expressed concern that levels have trended up in an inmate with a history of prostate cancer and a consultation may be indicated.

Tuberculosis Clinic Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>A comprehensive review of 5 records revealed the following deficiencies:</p> <p>PH-13: In 1 record, the diagnosis was not recorded on the problem list.</p> <p>PH-14: In 1 of 1 applicable record, there was no evidence of a clinic visit at the completion of therapy (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis 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-14: In this record, the inmate was scheduled to have his final clinic visit on 12/13/17. The clinic form DC4-701F was in the chart and was dated but otherwise blank. There was no refusal or other documentation as to why the appointment did not occur.

Emergency Care Services Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-15: In 2 of 8 applicable records, there was no evidence that a referral was made to a higher level of care when indicated (see discussion).</p> <p>PH-16: In 1 of 1 applicable record, there was no evidence of staff follow-up upon return of an inmate who had been transferred to the local hospital.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-15: *In both records, the inmates were evaluated for wheezing but were not referred to the clinician as required per protocol.*

Sick Call Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-17: In 4 of 9 applicable records (18 reviewed), there was no evidence that the follow-up visit was completed timely (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 sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-17: *In one record, the inmate was seen on 11/16/17 for poor eyesight. The progress notes indicated a referral would be made for the inmate to be evaluated by the clinician. As of the date of the survey, the inmate had not been seen. In another record, the inmate was seen in sick call on 11/30/17 for headaches. Although the clinician notification and plan section of the protocol were blank, a progress note dated 12/27/17 indicated the inmate was to be scheduled for follow-up with the clinician. As of the time of the survey, the inmate had not been seen. In the third record, the inmate was seen on 9/6/17 for bone spurs and was referred per protocol for clinician follow-up but had not been seen as of the date of the survey. In the last record, the inmate was seen in August for ear pain but clinician follow-up did not occur until December.*

Infirmiry Record Review

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 17 records revealed the following deficiencies:</p> <p>PH-18: In 8 records, there was no evidence that all orders were received and implemented accordingly.</p> <p>PH-19: In 9 of 15 applicable records, the nursing discharge note was missing or incomplete.</p> <p>PH-20: In 3 of 7 applicable records, there was no evidence of a patient evaluation by nursing staff at least every 8 hours.</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 infirmiry 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(s) |
|--|--|
| <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-21: In 9 records, 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> |

**Intra-system Transfers Record
Review**

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| PH-22: In 9 of 17 records reviewed, there was no evidence the clinician reviewed the health record within 7 days of arrival. | <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 transferring into the institution 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(s) |
|--|---|
| PH-23: In 6 of 18 records reviewed, there was no evidence of an incidental note regarding the inmate request. | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Dental Systems Review

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>PH-24: There was no evidence that all necessary equipment was in working order (see discussion).</p> <p>PH-25: There was no evidence dental assistants were working within the guidelines established by the Florida Board of Dentistry (see discussion).</p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-24: *One dental chair was broken and needed to be repaired or replaced.*

Discussion PH-25: *Due to staff vacancies, turnover, and leave, dental assistants were triaging emergencies and taking radiographs without a clinician's order. CMA surveyors expressed concern that they may be working beyond the scope of their certification.*

Dental Care Record Review

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-26: In 1 of 3 applicable records, there was no evidence that consultation or specialty services were performed in a timely manner (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-26: *The inmate had been on a wait list for care since 5/23/17.*

Institutional Tour

| Finding(s) | Suggested Corrective Action(s) |
|---|--|
| <p>A tour of the facility revealed the following deficiencies:</p> <p>PH-27: There was no evidence that adequate measures were taken to ensure inmate privacy and confidentiality during exams and/or treatment (see discussion).</p> <p>PH-28: The medical isolation room was not in working order (see discussion).</p> <p>PH-29: Over-the-counter medications were not logged correctly in all dorms (see discussion).</p> | <p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion PH-27: *There were two beds available in the emergency treatment area but no curtains or dividers to ensure privacy.*

Discussion PH-28: *The negative air pressure system was not functional.*

Discussion PH-29: *The over-the-counter medications in G-dorm were last counted on 12/2/17. The number recorded on the log was 313 antacids but the actual count revealed 14 in stock.*

CONCLUSION – PHYSICAL HEALTH

The physical health staff at SUMCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to accessing sick call and emergency services and inmates expressed satisfaction with the health care services provided. The staff at SUMCI was helpful throughout the survey process.

A comprehensive review of medical records revealed several significant trends. A number of records were missing baseline data including those clinics initiated at SUMCI. Records were frequently missing fundoscopic examinations, hepatitis vaccinations, and referrals to specialists when indicated. Follow-up in sick call was not completed timely and in some cases not at all. Orders were not consistently implemented as received in the infirmary. Additionally, abnormal laboratory findings were not addressed within appropriate time frames. CMA surveyors also noted that the physical examinations in some clinics were incomplete or did not address all the inmate's diagnoses.

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

MENTAL HEALTH FINDINGS

Sumter Correctional Institution (SUMCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at SUMCI:

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 4 records revealed the following deficiencies:</p> <p>MH-1: In 3 records, an emergency evaluation was not completed by mental health or nursing staff prior to an SHOS admission (see discussion).</p> <p>MH-2: In 1 record, SHOS orders were not cosigned by the next working day or were incomplete (see discussion).</p> <p>MH-3: In 3 records, the “Infirmatory/Hospital Admission Nursing Evaluation” (DC4-732) was not completed within 2 hours of an SHOS admission (see discussion).</p> <p>MH-4: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-5: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-6: In 4 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-7: In 1 record, there was no evidence of daily rounds by the clinician.</p> <p>MH-8: In 2 records, there was no evidence of daily counseling by mental health staff.</p> <p>MH-9: In 1 record, there was no evidence the decision to discharge the inmate was clinically appropriate (see discussion).</p> <p>MH-10: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-1: In three records, the evaluation was present but incomplete.

Discussion MH-2: In one record, the order was stamped and signed by two different clinicians and was not noted by nursing.

Discussion MH-3: In three records, the form was present but incomplete.

Discussion MH-4: According to the Department’s Health Services Bulletin (HSB), during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In one record, the length of stay on SHOS was six days and there was no indication this was considered.

Discussion MH-5: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In two records, there were one or more blanks on the checklist indicating the inmate was not observed as required. In the remaining record, staff members did not initial and sign the form.

Discussion MH-9: In one record, the inmate was seen by the medical doctor on the date of discharge but the evaluation did not address the inmate’s mental health concerns. Therefore, it was impossible to determine if the decision to discontinue SHOS was clinically appropriate.

Discussion MH-10: In one record, the inmate was seen for follow-up three weeks after discharge. In the next record, the inmate was seen four weeks after discharge, and in the last record, the inmate was seen six weeks after discharge.

| Use of Force | |
|---|---|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A comprehensive review of 1 record revealed the following deficiencies:</p> <p>MH-11: In 1 record, a written referral to mental health by physical health staff was not present (see discussion).</p> <p>MH-12: In 1 record, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-11: According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who was exposed to chemical agents and classified as S2 or S3. In the record reviewed, there was no indication that a referral was made.

Inmate Requests

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 6 inmate requests revealed the following deficiencies:</p> <p>MH-13: In 2 of 4 applicable records, the referral or interview did not occur as intended (see discussion).</p> <p>MH-14: In 1 of 2 applicable records, a consent for treatment (DC4-663) was not signed prior to the interview.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-13:** In both records, the response given to the inmate was that an appointment would be scheduled and the inmate should watch for call-out. One request was returned to the inmate 10/23/17 and the other on 11/13/17. There was no indication that either inmate was seen by mental health by the date of the survey.*

Psychological Emergencies

| Finding(s) | Suggested Corrective Action(s) |
|--|---|
| <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>MH-15: In 2 records, the disposition was not clinically appropriate (see discussion).</p> <p>MH-16: In 1 of 2 applicable records, follow-up after a psychological emergency did not occur as indicated (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-15** In one record, an inmate who was denying thoughts of harm to self or others was admitted to SHOS and given an emergency injection. The need for admission was not documented in the assessment or in subsequent documentation. In the other record, the inmate endorsed homicidal threats with a plan and a history of violence. The clinician was not consulted and the inmate was released to security.*

Discussion MH-16: In this record the inmate endorsed homicidal threats with a plan and a history of violence. There was no indication he was seen between this emergency on 8/04/17 and the time of the survey.

| Special Housing | |
|---|--|
| Finding(s) | Suggested Corrective Action(s) |
| <p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-17: In 3 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing.</p> <p>MH-18: In 1 of 1 applicable record, the mental status exam (MSE) was not sufficient to identify problems with adjustment (see discussion).</p> <p>MH-19: In 1 of 1 applicable record, outpatient mental health treatment did not continue while the inmate was held in special housing (see discussion).</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-18: In one record, the section addressing the inmate’s mental health history stated only “chart unavailable”. However, this is a face-to-face evaluation and the information could have been obtained from the inmate at the time of the interview. The inmate had a history of more than 15 disciplinary reports, indicating that he was having difficulty with institutional adjustment.

Discussion MH-19: There was no evidence the inmate continued to receive individual therapy and case management as indicated on his Individualized Treatment Plan (ISP) while he was held in confinement. Additionally, the inmate requested to meet with a psychiatrist regarding restarting psychotropic medications, however there was no documentation in the medical record to indicate a referral was made.

Outpatient Mental Health Services

| Finding(s) | Suggested Corrective Action(s) |
|---|---|
| <p>A comprehensive review of 9 outpatient mental health records revealed the following deficiencies:</p> <p>MH-20: In 3 records, the S-grade in OBIS does not match the S-grade in the record.</p> <p>MH-21: In 3 records, the inmate was not seen by mental health within 14 days of arrival.</p> <p>MH-22: In 3 records, problem descriptions on the Individualized Service Plan (ISP) did not include baseline data on frequency, intensity, and functional limitation.</p> <p>MH-23: In 3 records, treatment goals were not objective and measurable.</p> <p>MH-24: In 5 records, the ISP was not signed by all relevant parties (see discussion).</p> <p>MH-25: In 5 of 6 applicable records, the ISP was not reviewed and revised within 180 days.</p> <p>MH-26: In 4 records, the inmate did not receive services as listed on the ISP (see discussion).</p> <p>MH-27: In 3 records, the frequency of clinical contacts was not sufficient.</p> | <p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

Discussion MH-24: *In five records, the ISP was not signed by the inmate. Without the signature of all members of the treatment team and the inmate, it is impossible to determine if all are in agreement with the plan of care.*

Discussion MH-26: *In one record, the inmate did not receive case management and therapy every 30 days as indicated on his ISP. In the remaining three records, the inmate did not receive these services at least once every 90 days.*

Additional Administrative Issues

| Finding(s) | Suggested Corrective Action(s) |
|--|--|
| <p>MH-28: There was no documentation that the MDST meets on a regularly scheduled basis.</p> <p>MH-29: There was no documentation that one hour of accrued clinical supervision is provided to each psychological specialist weekly.</p> <p>MH-30: There was no restraint or self-harm prevention equipment for the inmate population (see discussion).</p> | <p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p> |

***Discussion MH-30:** Although there have been no episodes of restraints at SUMCI, soft ambulatory wrist and leg restraints, as well as helmets in various sizes should be available at all times.*

CONCLUSION

The staff at SUMCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

There were several areas noted in which the provision of clinical services were found to be deficient. There were concerns with the frequency of clinical contacts for inmates on the mental health caseload. Inmates were not consistently evaluated by mental health staff within the required time frame, and there were multiple examples of inmates not receiving the services outlined on their treatment plans.

There were also findings related to missing, incomplete, and inaccurate assessments. For example, nursing assessments in SHOS and special housing were often incomplete, late, or missing. Individualized Service Plans were frequently incomplete or not completed timely. Inmates were not consistently seen by mental health staff for follow-up after a use of force episode, a psychological emergency, an inmate request, or an acute care admission to the infirmary. These assessments are crucial in determining the proper course of treatment for inmates in need of mental health services.

In addition to the clinical findings there were some administrative issues noted. There was no documentation that the MDST met as required or mental health professionals were receiving supervision.

The Mental Health Professional (MHP) position was recently filled, however it had been vacant for several months prior to the date of the survey. Staff indicated they were aware of many of the findings discovered during the review and were taking steps to ensure these issues were corrected. Staff interviewed were knowledgeable and presented a genuine concern for the inmates on the mental health caseload. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that SUMCI will benefit from the CMA corrective action process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.