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# SUWANNEE CORRECTIONAL INSTITUTION

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## CMA STAFF

Jane Holmes-Cain, LCSW

Lynne Babchuck, LCSW

J. Wanda Castro, RN

Christine Swift, LCSW

April Johnson, MPH

Kai Barfield

## CLINICAL SURVEYORS

Harold, Landa, MD

Erik Gooch, DO

Ron Gironda, PhD

James Melzer, DMD

Sue Porterfield, APRN

Deanna Epley, APRN

Mary Jane Valbracht, APRN

Karen Lipford, APRN

Kathy Louvaris, APRN

Blair Jett, RN

Aimee Castro, RN

Rachelle Cliché, LCSW

Mandy Petroski-Moore, LCSW



## BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.
- 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 whether:

- Inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Inmates receive adequate and appropriate mental health screening, evaluation, and classification.
- Inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- Inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- Inmates have access to timely and appropriate referral and consultation services.
- Psychotropic medication practices are safe and effective.
- Inmates are free from the inappropriate use of restrictive control procedures.
- Sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- There are enough qualified staff to provide adequate treatment.

## METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire).
- On-site review of clinical records and administrative documentation.
- Institutional tour.
- Inmate and staff interviews.

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Suwannee Correctional Institutional (SUWCI) houses male inmates of minimum, medium, close custody, and youthful offender levels. The facility grades are medical (M) grades 1, 2,3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, and 5. SUWCI consists of a Main Unit, Annex, and Work Camp although the Work Camp is closed at this time. <sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1109	<b>Current Main Unit Census</b>	862
<b>Satellite Unit(s) Capacity</b>	432	<b>Current Satellite(s) Census</b>	0
<b>Total Capacity</b>	1541	<b>Total Current Census</b>	862

### Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	541	265	54	2	8	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	471	101	220	75	4	0

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	7	5	0	184	237	116

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
Registered Nurse	14	4
Licensed Practical Nurse	21.9	11.8
DON/Nurse Manager	2	0
Dentist	1	.25
Dental Assistant	1	1
Dental Hygienist	2	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	2	0
Psychological Services Director	1	0
Psychologists	4	3
Mental Health Professional	17	11
Aftercare Coordinator	1	0
Activity Technician	6	2
Mental Health RN	9	0
Mental Health LPN	8.4	6.6

## SUWANNEE CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at SUWCI on January 10-12, 2023. 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.

Detailed below are results from the institutional survey of Suwannee Correctional Institution. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

Survey Findings Summary			
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# Physical Health Survey Findings

## Chronic Illness Clinics

### Cardiovascular Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	18	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	18	18	0	0	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	8	8	0	10	100%
7 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	15	100%

**Endocrine Clinic Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	15	15	0	0	100%
2 There is evidence of an appropriate physical examination	15	15	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
4 Annual laboratory work is completed as required	15	14	1	0	93%
5 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	9	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	7	3	4	8	43%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	4	4	0	11	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	5	5	0	10	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	4	4	0	11	100%
10 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
11 Patients are receiving insulin as prescribed	5	5	0	10	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A



### Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the gastrointestinal clinic	17	17	0	0	100%
2	There is evidence of an appropriate physical examination	17	17	0	0	100%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	1	100%
4	Annual laboratory work is completed as required	17	17	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	10	10	0	7	100%
6	Medications appropriate for the diagnosis are prescribed	3	3	0	14	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	13	6	7	4	46%
8	Abdominal ultrasounds are completed at the required intervals	13	13	0	4	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	4	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	17	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	1	1	0	16	100%
12	Hepatitis C treatment is started within the appropriate time frame	1	1	0	16	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	17	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	17	N/A
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	17	N/A

**General Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	16	16	0	0	100%
2	Appropriate patient education is provided	16	16	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	16	16	0	0	100%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

**Immunity Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	There is a diagnosis of Human Immunodeficiency Virus (HIV)	15	15	0	0	100%
2	There is evidence of an appropriate physical examination.	15	15	0	0	100%
3	Laboratory work (CD4, HIV viral load, and CMP) is completed at the required intervals	15	15	0	0	100%
4	Virologic failure is addressed with resistance testing, review of medication adherence and the appropriate change in medication regimens	15	15	0	0	100%
5	A CBC is collected annually	15	15	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	15	15	0	0	100%
7	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	15	15	0	0	100%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	15	15	0	0	100%
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	15	14	1	0	93%
11	Pregnant patients are provided counseling and education regarding benefits and risks of anti-retroviral therapy. Care is coordinated between the clinician and the treating obstetrician	0	0	0	15	N/A
12	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

**Miscellaneous Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the miscellaneous clinic	12	12	0	0	100%
2	There is evidence of an appropriate physical examination	12	12	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	12	12	0	0	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	12	11	1	0	92%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	12	N/A
6	Patients are referred to a specialist for more in-depth treatment as indicated	3	3	0	9	100%

**Neurology Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the neurology clinic	13	13	0	0	100%
2	There is evidence of an appropriate physical examination	13	13	0	0	100%
3	Annual laboratory work is completed as required	13	12	1	0	92%
4	Abnormal labs are reviewed and addressed in a timely manner	8	6	2	5	75%
5	At each visit there is an evaluation of the control of the disease and the status of the patient	13	12	1	0	92%
6	Medications appropriate for the diagnosis are prescribed	13	13	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	13	N/A

**Neurology Chronic Illness Clinic Discussion:**

Screen 4: In the first record, an elevated Dilantin level was not addressed. In the second record, an abnormal sodium level was not addressed.

**Oncology Chronic Illness Clinic**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	6	6	0	0	100%
2 There is evidence of an appropriate physical examination	6	6	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	5	5	0	1	100%
4 Annual laboratory work is completed as required	6	6	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	3	3	0	3	100%
8 Oncological treatments are received as prescribed	3	3	0	3	100%
9 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	4	100%

**Respiratory Chronic Illness Clinic**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the respiratory clinic	15	15	0	0	100%
2	Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	7	7	0	8	100%
3	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
4	A peak flow reading is recorded at each visit	15	13	2	0	87%
5	There is evidence of an appropriate physical examination	15	15	0	0	100%
6	At each visit there is an evaluation of the control of the disease and the status of the patient	15	12	3	0	80%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

**Tuberculosis Chronic Illness Clinic**

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	3	3	0	0	100%
2	Baseline information is complete	3	3	0	0	100%
3	There is evidence of initial and ongoing education	3	3	0	0	100%
4	There is evidence of monthly nursing follow-up	3	3	0	0	100%
5	Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	3	3	0	0	100%
6	AST and ALT testing are repeated as ordered by the clinician	3	3	0	0	100%
7	CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	3	N/A
8	Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	3	N/A
9	The appropriate medication regimen is prescribed	3	3	0	0	100%
10	The inmate receives TB medications as prescribed	3	3	0	0	100%
11	The Inmate is seen by the clinician at the completion of therapy	1	1	0	2	100%
12	Documentation of the CIC visit includes an appropriate physical examination	3	3	0	0	100%
13	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	3	N/A

## Episodic Care

### Emergency Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	4	4	0	14	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	18	0	0	100%
3 Vital signs including weight are documented	18	14	4	0	78%
4 There is evidence of appropriate and applicable patient education	18	17	1	0	94%
5 Findings requiring clinician notification are made in accordance with protocols	14	14	0	4	100%
6 Follow-up visits are completed timely	8	8	0	10	100%
7 Clinician's orders from the follow-up visit are completed as required	5	5	0	13	100%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	2	1	1	16	50%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	2	1	1	16	50%

#### Emergency Services Care Discussion:

Screen 3: In four records, weight was not recorded.

Screen 8: In the deficient record, the date and time of EMS arrival was not documented.



### Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed on observation status. Admission status is appropriate for the presenting complaint/condition	5	5	0	0	100%
2 All orders are received and implemented	5	5	0	0	100%
3 The inmate is evaluated within one hour of being placed on observation status	5	5	0	0	100%
4 Patient evaluations are documented at least once every eight hours	5	5	0	0	100%
5 Weekend and holiday clinician phone rounds are completed and documented as required	1	1	0	4	100%
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	5	4	1	0	80%
7 A discharge note containing all of the required information is completed as required	4	2	2	1	50%

#### Outpatient Infirmary Care Discussion:

Screen 7: In two records, the inmate's condition at discharge was not documented.

***Inpatient Infirmary Care***

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	11	11	0	0	100%
2 All orders are received and implemented	11	2	9	0	18%
3 A thorough nursing assessment is completed within two hours of admission	11	11	0	0	100%
4 A Morse Fall Scale is completed at the required intervals	11	6	5	0	55%
5 Nursing assessments are completed at the required intervals	11	8	3	0	73%
6 Clinician rounds are completed and documented as required	11	1	10	0	9%
7 Weekend and holiday clinician phone rounds are completed and documented as required	11	1	10	0	9%
8 A discharge note containing all of the required information is completed as required	5	2	3	6	40%
9 A discharge summary is completed by the clinician within 72 hours of discharge	3	2	1	8	67%

***Inpatient Infirmary Care Discussion:***

Screen 2: In eight records, vital signs were not obtained and documented at the required intervals. In the ninth record, input and output was not documented.

Screen 8: In all three records, discharge instructions and patient education were not documented.

**Sick Call Services**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	17	17	0	1	100%
4	Complete vital signs including weight are documented	18	15	3	0	83%
5	There is evidence of applicable patient education	17	17	0	1	100%
6	Referrals to a higher level of care are made in accordance with protocols	5	5	0	13	100%
7	Follow-up visits are completed in a timely manner	5	4	1	13	80%
8	Clinician orders from the follow-up visit are completed as required	5	5	0	13	100%

## Other Medical Records Review

### Confinement Medical Review

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Special Housing Health Appraisal is complete and accurate	18	18	0	0	100%
2	All medications are continued as prescribed while in the inmate is held in special housing	12	12	0	6	100%
3	The inmate is seen in chronic illness clinic as regularly scheduled	6	6	0	12	100%
4	All emergencies are responded to within the required time frame	2	2	0	16	100%
5	The response to the emergency is appropriate	2	2	0	16	100%
6	All sick call appointments are triaged and responded to within the required time frame	10	10	0	8	100%
7	New or pending consultations progress as clinically required	3	3	0	15	100%
8	All mental health and/or physical health inmate requests are responded to within the required time frame	16	16	0	2	100%

## Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	18	18	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	18	18	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	17	12	5	1	71%
4 The consultation report is reviewed by the clinician in a timely manner	17	16	1	1	94%
5 The consultant's treatment recommendations are incorporated into the treatment plan	11	8	3	7	73%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	11	9	2	7	82%
7 The diagnosis is recorded on the problem list	18	18	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	17	100%
9 There is evidence that the ATP is implemented	1	1	0	17	100%

### Consultations Discussion:

Screen 3: In the first record, an urgent CT scan to assess a suspicious liver mass was completed in 46 days. In the second record, an urgent echocardiogram was completed in 32 days. In the third record, an urgent request for implantable cardioverter defibrillator placement was not completed for 28 days. In the fourth record, there was no evidence that the electroencephalogram (EEG) was completed. In the fifth record, a routine CT scan to assess a pancreatic mass was ordered 3/12/22 but not completed until 8/31/22.

Screen 5: In the first record, the recommended laboratory work was not completed. In the second record, there was no evidence that additional imaging studies were completed. In the third record, the consultant recommended urgent orthopedic surgery which was not completed for almost seven months.

### Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	18	18	0	0	100%
2 The request is responded to within the appropriate time frame	18	18	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	18	18	0	0	100%
4 The follow-up to the request occurs as intended	14	13	1	4	93%

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate receives medications as prescribed	12	3	9	0	25%
2 The Medication Administration Record (MAR) contains accurate allergy information	12	12	0	0	100%
3 Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications	9	9	0	3	100%
4 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	3	3	0	9	100%
5 There is evidence of pneumococcal vaccination or refusal	4	1	3	8	25%
6 There is evidence of influenza vaccination or refusal	11	7	4	1	64%
7 There is evidence of COVID-19 vaccination or refusal	1	1	0	11	100%

### Medication And Vaccination Administration Discussion:

Screen 1: In nine records, there were blanks on the Medication Administration Record (MAR) indicating that inmates may not have been offered their medications on those dates.

**Intra-System Transfers**

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	17	16	1	0	94%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	15	13	2	2	87%
3 The inmate's medications reflect continuity of care	9	9	0	8	100%
4 The medical record reflects continuity of care for inmate's pending consultations	2	2	0	15	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	17	17	0	0	100%
6 Special passes/therapeutic diets are reviewed and continued	1	1	0	16	100%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	16	10	6	1	63%

**Periodic Screenings**

		COMPLIANCE SCORE				
SCREEN QUESTION		Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The periodic screening encounter is completed within one month of the due date	18	15	3	0	83%
2	All components of the screening are completed and documented as required	17	0	17	1	0%
3	All diagnostic tests are completed prior to the periodic screening encounter	18	9	9	0	50%
4	Referral to a clinician occurs if indicated	3	3	0	15	100%
5	All applicable health education is provided	18	16	2	0	89%

**Periodic Screenings Discussion:**

Screen 2: In all records, vital signs were not compared. Additionally, in five records, weights were not compared and in six records, there was no evidence that labs and diagnostic testing were reviewed.



**PREA**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	5	5	0	0	100%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	5	N/A
3	There is documentation that the alleged victim was provided education on STIs	1	1	0	4	100%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	1	1	0	4	100%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	5	N/A
6	Repeat STI testing is completed as required	1	1	0	4	100%
7	A mental health referral is submitted following the completion of the medical screening	5	5	0	0	100%
8	The inmate is evaluated by mental health by the next working day	4	2	2	1	50%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	0	0	0	5	N/A

**PREA Discussion:**

Screen 8: In the deficient records, the evaluation was not completed within the required time frame.

## Dental Review

### Dental Care

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	18	15	3	0	83%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	18	17	1	0	94%
3	There is evidence of a regional head and neck examination completed at required intervals	18	18	0	0	100%
4	Dental appointments are completed in a timely manner	16	16	0	2	100%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	16	15	1	2	94%
6	There is evidence of accurate diagnosis based on a complete dental examination	16	15	1	2	94%
7	The treatment plan is appropriate for the diagnosis	15	15	0	3	100%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	16	16	0	2	100%
9	Dental findings are accurately documented	17	17	0	1	100%
10	Sick call appointments are completed timely	9	8	1	9	89%
11	Follow-up appointments for sick call or other routine care are completed timely	2	2	0	16	100%
12	Consultations or specialty services are completed timely	2	2	0	16	100%
13	Consultant's treatment recommendations are incorporated into the treatment plan	2	2	0	16	100%
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	17	17	0	1	100%
15	The use of dental materials including anesthetic agent are accurately documented	15	15	0	3	100%
16	Applicable patient education for dental services is provided	18	18	0	0	100%

**Dental Systems**

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	0	1	0	0%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	1	0	0	100%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

**Dental Systems Discussion:**

Screen 2: There was no evidence that face masks were routinely worn at the time of the visit.

## Mental Health Survey Findings

### Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	12	10	2	0	83%
2 The nursing evaluation is completed within 2 hours of admission	11	7	4	1	64%
3 Guidelines for SHOS management are observed	6	2	4	6	33%
4 The inmate is observed at the frequency ordered by the clinician	12	5	7	0	42%
5 Nursing evaluations are completed once per shift	12	0	12	0	0%
6 There is evidence of daily rounds by the attending clinician	12	11	1	0	92%
7 There is evidence of daily counseling provided by mental health staff	12	8	4	0	67%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	12	12	0	0	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	7	3	4	5	43%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	7	0	7	5	0%

#### ***Self-Injury and Suicide Prevention Discussion:***

Screen 2: In two records, the form was not located in the electronic health record. In the remaining two records, the incorrect form was utilized; therefore, required information was not obtained.

Screen 3: In four records, there was no evidence that the inmate was evaluated by the fourth day of admission to assess whether a higher level of mental health care was necessary.

Screen 4: In three records, the observation checklists could not be located for the totality of the Self-Harm Observation Status (SHOS) admission. In four records, one or more days of observation checklists were unable to be located.

Screen 5: In 12 records, nursing evaluations were missing for multiple shifts. Additionally, subjective information was inconsistently documented.

Screen 7: In one record, one day of counseling was not located in the health record. In three records, multiple days of counseling were not provided.

Screen 9: In two records, the required mental health follow-up was not completed. In the two remaining records, the necessary follow-up was not completed within the required time frame.

## Access To Mental Health Services

### Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	10	10	0	0	100%
2	The emergency is responded to within one hour	10	10	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	10	10	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	10	10	0	0	100%
5	A thorough mental status examination is completed	10	10	0	0	100%
6	Appropriate interventions are made	10	10	0	0	100%
7	The disposition is clinically appropriate	10	10	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	0	0	0	10	N/A

### Mental Health Inmate Requests

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A copy of the inmate request form is present in the electronic health record	15	15	0	0	100%
2	The request is responded to within the appropriate time frame	15	15	0	0	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	15	15	0	0	100%
4	The follow-up to the request occurs as intended	10	8	2	5	80%
5	Consent for treatment is obtained prior to conducting an interview	10	8	2	5	80%

### Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	8	3	5	7	38%
2	Psychotropic medications continue as ordered while inmates are held in special housing	4	4	0	11	100%
3	A mental status examination (MSE) is completed in the required time frame	8	3	5	7	38%
4	Follow-up MSEs are completed in the required time frame	8	6	2	7	75%
5	MSEs are sufficient to identify problems in adjustment	8	8	0	7	100%
6	Mental health staff responds to identified problems in adjustment	2	2	0	13	100%
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	8	7	1	7	88%

### Special Housing Discussion:

Screen 3: In five records, there was no evidence that a mental status examination was completed.

Screen 4: In two records, there was no evidence that a follow-up mental status examination was completed.

**Use of Force**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	10	10	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	10	9	1	0	90%
3	There is evidence physical health staff completed a referral to mental health staff	9	4	5	1	44%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	10	10	0	0	100%
5	Recent changes in the inmate's condition are addressed	7	7	0	3	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	9	9	0	1	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	10	N/A

## Inpatient Mental Health Services

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Court Order or Informed Consent are present in the record	10	8	2	5	80%
2	Admissions documentation is provided within four hours of admission	10	7	3	5	70%
3	Vital signs are obtained within one hour of admission	10	9	1	5	90%
4	Nursing assessment is completed within four hours of admission	10	7	3	5	70%
5	For new admissions, vital signs are taken daily for 2 days	10	8	2	5	80%
6	Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	12	11	1	3	92%
7	The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	15	10	5	0	67%
8	The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	11	10	1	4	91%
9	Follow-up risk assessments occur at least every 90 days	10	10	0	5	100%
10	There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	14	3	11	1	21%
11	An individualized service plan (ISP) is initiated within the appropriate time frame	11	10	1	4	91%
12	The ISP is reviewed at the required intervals	13	12	1	2	92%
13	Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	14	14	0	1	100%
14	The ISP is signed by the patient	14	14	0	1	100%
15	Patient progress is noted and updated on the ISP	14	10	4	1	71%



SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
16 The patient is receiving the services listed on the ISP	15	8	7	0	53%
17 The MDST meets to address initial placement in the Inpatient Unit	12	11	1	3	92%
18 The MDST meets no later than 3 business days in response to a precipitating event	6	4	2	9	67%
19 The patient attends MDST meetings or there is evidence of refusal	15	15	0	0	100%
20 The MDST meets and reviews Behavioral Levels	14	12	2	1	86%
21 The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	15	3	12	0	20%
22 Inpatient mental health daily nursing evaluation is completed as required.	15	0	15	0	0%
23 Vital signs are recorded by nursing staff at required intervals	15	12	3	0	80%
24 Weight is recorded by nursing staff at required intervals	15	15	0	0	100%
25 For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	3	3	0	12	100%

***Inpatient Mental Health Services Discussion:***

Discussion Screens 2 & 4: In these records, the incorrect evaluation was completed and did not contain all of the required components.

Discussion Screen 10: In these records, there was no evidence that a validated risk assessment was completed.

Discussion Screen 15: In two records, the treatment compliance information was inaccurate. In the third record, the inmate’s psychotropic medication compliance was listed as “100%”, but the inmate was not prescribed medication. In the fourth record, multiple individualized service plan (ISP) revisions indicated that the inmate was “awaiting TCU placement”, although the inmate was already held in the TCU.

Discussion Screen 16: In these records, individual counseling and case management were not provided at the intervals listed on the ISP.

Discussion Screen 18: In the first record, a disciplinary report was not addressed. In the second record, multiple refusals were not addressed.

Discussion Screen 21: In these records, inmates did not consistently receive the required ten hours of structured therapeutic services during the review period. Additionally, therapeutic community was not provided

at the required intervals. CMA surveyors noted that in the majority of records reviewed, the number of services offered in deficient records typically ranged from 8.5 to 9.25 hours.

Discussion Screen 22: In all the records, the subjective information was not documented. Additionally, in four records the nursing assessments were not completed at the required intervals.

***Inpatient Psychotropic Medication Practices***

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The psychiatric evaluation is present in the record and conducted within 3 days of admission	8	8	0	10	100%
2	An admission note by the attending clinician is completed within 24 hours of admission	10	10	0	8	100%
3	Appropriate initial laboratory tests are ordered	5	5	0	13	100%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	1	1	0	17	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	9	8	1	9	89%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	17	1	0	94%
7	Drug Exception Requests (DER) are clinically appropriate	0	0	0	18	N/A
8	The inmate receives medication(s) as prescribed	18	12	6	0	67%
9	The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	1	0	1	17	0%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	1	0	1	17	0%
11	Prescribed medication administration times are appropriate	18	18	0	0	100%
12	Informed consent forms are signed for each medication prescribed	18	18	0	0	100%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
13	A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	7	4	3	11	57%
14	Follow-up sessions are conducted at the appropriate intervals	18	18	0	0	100%
15	Documentation of psychiatric encounters is complete and accurate	18	17	1	0	94%
16	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	16	16	0	2	100%
17	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	3	3	0	0	100%
18	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	3	3	0	0	100%
19	For each administration of the medication, an additional ETO is written	0	0	0	3	N/A
20	The ETO is administered in the least restrictive manner	3	3	0	0	100%
21	An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	3	N/A

***Inpatient Psychotropic Medication Practices Discussion:***

Screen 8: In the first record, the prescription for Ability expired on 10/5/22 and was not reordered until 10/10/22.

In the second record, the inmate was prescribed morning and evening doses of Buspar but did not receive the evening dose from 10/18/22 – 10/22/22.

In the third record, the inmate received the wrong dosage of Prozac. Additionally, there were several blanks noted on the medication administration record (MAR), indicating the inmate may not have been offered medications on those days.

In the fourth record, the prescription for Thorazine expired on 10/6/22 and was not reordered until 10/21/22. Additionally, the medication was out of stock from 11/25/22 – 11/29/22.

In the remaining two records, there were several blanks on the MAR; therefore, surveyors were unable to verify if the inmates were offered medications on those dates.

## Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	17	12	5	0	71%
2	The inmate is interviewed by mental health staff within 14 days of arrival	6	5	1	11	83%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	6	6	0	11	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	1	1	0	16	100%
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	17	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	17	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	17	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	17	N/A
9	The Bio-psychosocial (BPSA) is present in the record	17	11	6	0	65%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	17	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	0	0	17	N/A
12	The ISP is individualized and addresses all required components	15	13	2	0	87%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	15	15	0	2	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	15	15	0	2	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	15	15	0	2	100%

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
16	The ISP is signed by the inmate and all members of the treatment team	15	12	3	2	80%
17	The ISP is reviewed and revised at least every 180 days	11	7	4	6	64%
18	Identified problems are recorded on the problem list	17	17	0	0	100%
19	The diagnosis is clinically appropriate	17	17	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	16	13	3	1	81%
21	Counseling is offered at least once every 60 days	17	17	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	3	3	0	14	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	17	14	3	0	82%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	10	10	0	7	100%
25	The BRA is accurate and signed by all members of the treatment team	10	10	0	7	100%
26	The ISP is updated within 14 days of CM placement	3	3	0	14	100%
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	10	8	2	7	80%
28	Mental health staff complete the CM referral assessment within five working days	1	1	0	16	100%
29	Progress notes are of sufficient detail to follow the course of treatment	17	17	0	0	100%
30	The frequency of clinical contacts is sufficient	17	17	0	0	100%

### Outpatient Psychotropic Medication Practices

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	6	6	0	12	100%
2	If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	2	2	0	16	100%
3	Appropriate initial laboratory tests are ordered.	6	3	3	12	50%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	18	N/A
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	8	5	3	10	63%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	18	18	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	0	0	0	18	N/A
8	The inmate receives medication(s) as prescribed	18	0	18	0	0%
9	The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	0	0	0	18	N/A
10	The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	0	0	0	18	N/A

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
11	Informed consent forms are signed for each class of medication prescribed	18	15	3	0	83%
12	Follow-up sessions are conducted at the appropriate intervals	18	18	0	0	100%
13	Documentation of psychiatric encounters is complete and accurate	18	18	0	0	100%
14	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	18	18	0	0	100%
15	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	0	0	0	18	N/A
16	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	0	0	0	18	N/A
17	For each administration of the medication, an additional ETO is written.	0	0	0	18	N/A
18	The ETO is administered in the least restrictive manner	0	0	0	18	N/A
19	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A
20	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	18	N/A

***Outpatient Psychotropic Medication Practices Discussion:***

Screen 8: In these records, multiple blanks were noted on the MAR indicating the inmate may not have been offered his medications on those dates.

## Aftercare Planning

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	12	12	0	0	100%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	9	8	1	3	89%
3	Appropriate patient care summaries are completed within 30 days of EOS	1	1	0	11	100%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	0	0	0	12	N/A



## Institutional Systems Tour

### Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

***Infirmary***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmary beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

***Inmate Housing Areas***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

**Pharmacy**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2 Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3 The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4 The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5 Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6 A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7 There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

**Psychiatric Restraint**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 All equipment is available and in working order	1	0	0	100%
2 There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3 All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

**Self-Injury/Suicide Prevention**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2 A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

**Special Housing**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Confinement rounds are conducted weekly	1	0	0	100%
2 A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

**Mental Health Services**

SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
	YES	NO	N/A	
1 Adequate space is available for the mental health department	1	0	0	100%
2 The inpatient unit environment is safe and conducive to providing mental health care	1	0	0	100%
3 Outpatient group therapy is offered	1	0	0	100%

## Interview Summaries

### ***INMATE INTERVIEWS***

Fifteen inmates agreed to participate in interviews with CMA staff and clinical surveyors. The majority of inmates indicated that health care was adequate, although there were several consistent concerns identified amongst interviewees.

The majority of inmates interviewed reported they experienced delays in evaluation and treatment for sick call services, both for medical and dental concerns. Inmates receiving medications for a medical and/or mental health condition stated that there were often disruptions in continuity of care in the administration of medication. Multiple inmates reported difficulty in obtaining over-the-counter medications in the housing areas. Additionally, multiple inmates in chronic illness clinics indicated that they would benefit from additional education and information regarding their chronic conditions.

Inmates receiving mental health services were mostly complementary of the mental health staff. They indicated that staff appeared dedicated to providing adequate services. Many of these inmates reported that they would benefit from being seen at more frequent intervals. Several inmates noted that they did not contribute to creating their mental health treatment plans and would have appreciated participating in that process.

### ***MEDICAL STAFF INTERVIEWS***

Five members of the medical staff participated in interviews with CMA staff and clinical surveyors. Interviewees denied unnecessary barriers that would prevent inmates from accessing health care services and were generally knowledgeable about the policies and procedures pertaining to inmate health care. Multiple medical team members indicated that additional staffing resources would be helpful in meeting the needs of the inmates in their care. Additionally, several mentioned more training in the use of the electronic health record would be beneficial.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Interviews were conducted with three members of the mental health staff. Staff interviewed appeared to be knowledgeable about the inmates on their caseload and dedicated to providing adequate clinical services. However, staff reported that due to the number of open vacancies they have larger caseloads, which makes it challenging to see inmates timely. Staff reported sometimes new inmates arriving at the institution did not always receive their psychotropic medication upon arrival. Staff were easily able to describe the suicide and self-harm prevention techniques that they use and reported that they have sufficient training for employees and therapeutic programs for the inmates in their care.

### ***SECURITY STAFF INTERVIEWS***

Three security officers agreed to participate in interviews. Officers were able to describe their role and responsibilities in their respective job capacity and were knowledgeable of the policies and procedures that enable inmates to access physical and mental health services. Additionally, security staff denied unnecessary barriers to the accessing of inmate health care.

## Corrective Action and Recommendations

### Physical Health Survey Findings Summary

Chronic Illness Clinics Review	
Assessment Area	Total Number Finding
Cardiovascular Clinic	0
Endocrine Clinic	1
Gastrointestinal Clinic	1
General Chronic Illness Clinics	0
Immunity Clinic	0
Miscellaneous Clinic	0
Neurology Clinic	1
Oncology Clinic	0
Respiratory Clinic	0
Tuberculosis Clinic	0
Episodic Care Review	
Assessment Area	Total Number Finding
Emergency Care	3
Outpatient Infirmary Care	1
Inpatient Infirmary Care	7
Sick Call	0
Other Medical Records Review	
Assessment Area	Total Number Finding
Confinement Medical Review	0
Consultations	2
Medical Inmate Request	0
Medication and Vaccine Administration	3
Intra-System Transfers	1
Periodic Screening	2
PREA Medical Review	1

<b>Dental Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Dental Care	0
Dental System	1
<b>Institutional Tour</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Institutional Tour	0
<b>Total Findings</b>	
<b>Total</b>	<b>24</b>

### Mental Health Findings Summary

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	7
Psychiatric Restraints	N/A
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	3
Use of Force	1
<b>Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	9
Inpatient Psychotropic Medications	4
Outpatient Mental Health Services	3
Outpatient Psychotropic Medications	3
Aftercare Planning	0
<b>Total Findings</b>	
<b>Total</b>	<b>30</b>

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed.

## Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at SUWCI the CMA makes the following recommendations:

- Continue to train and support staff on optimally utilizing the electronic health record.
- Ensure nursing staff and clinicians follow the guidelines for daily assessments in the infirmary including weekends/holidays and ensure orders are received and implemented accordingly.
- Ensure timely completion of consultation and specialty service referrals.
- Review policies and procedures related to inmates on Self-harm Observation Status (SHOS) to ensure compliance with policy
- Review the procedure for ensuring that inmates on SHOS receive the required safety checks and that safety checks are appropriately documented and maintained in the electronic health record.
- Ensure that medications are administered as prescribed for inmates receiving psychotropic medications on an inpatient and outpatient basis.
- Undertake a review of inpatient staffing and scheduling to ensure that inmates in the inpatient unit receive the required hours of core therapeutic services.