
TOMOKA CORRECTIONAL INSTITUTION

September 13-15, 2022



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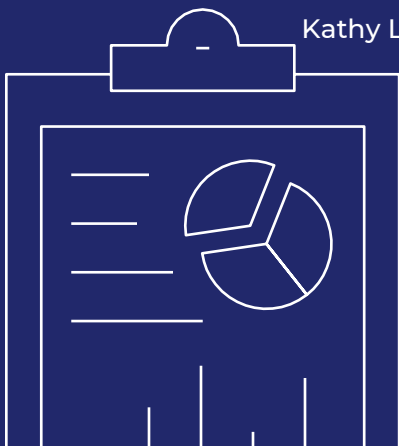
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BACKGROUND AND SCOPE

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; 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.

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

Tomoka Correctional Institutional (TOMCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. TOMCI consists of a Main Unit, a Work Camp, and two Work Release centers. ¹

Institutional Potential and Actual Workload

Main Unit Capacity	1263	Current Main Unit Census	1111
Satellite Unit(s) Capacity	489	Current Satellite(s) Census	203
Total Capacity	1752	Total Current Census	1314

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	474	542	91	0	3	37
Mental Health Grade (S-Grade)	Mental Health Outpatient			Mental Health Inpatient		
	1	2	3	4	5	Impaired
	859	130	187	0	0	125

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	5	14	0	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1.0	1.0
Clinical Associate	2.0	0
Registered Nurse	5.2	2.7
Licensed Practical Nurse	10.2	1.8
DON/Nurse Manager	1.0	0
Dentist	1.0	.5
Dental Assistant	2.0	2.0
Dental Hygienist	1.0	.5

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	1.0	0
Psychological Services Director	0	0
Psychologist	1.0	1.0
Mental Health Professional	6.0	3.0
Aftercare Coordinator	1.0	1.0
Activity Technician	0	0
Mental Health RN	1.0	1.0
Mental Health LPN	0	0

TOMOKA CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at TOMCI on September 13-15, 2022. 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 TOMCI. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen.

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	5	5	0	13	100%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	8	6	2	10	75%
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	1	1	0	17	100%

Endocrine Chronic Illness Clinic

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the endocrine clinic	16	16	0	0	100%
2	There is evidence of an appropriate physical examination	16	15	1	0	94%
3	At each visit there is an evaluation of the control of the disease and the status of the patient	16	14	2	0	88%
4	Annual laboratory work is completed as required	15	10	5	1	67%
5	Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6	A dilated fundoscopic examination is completed yearly for diabetic inmates	12	4	8	4	33%
7	Inmates with HgbA1c over 8% are seen at least every 90 days	5	2	3	11	40%
8	Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	14	10	4	2	71%
9	Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	14	14	0	2	100%
10	Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
11	Patients are receiving insulin as prescribed	9	9	0	7	100%
12	Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	15	100%

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	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	15	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	0	0	0	15	N/A
6	Medications appropriate for the diagnosis are prescribed	8	8	0	7	100%
7	There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	11	6	5	4	55%
8	Abdominal ultrasounds are completed at the required intervals	14	14	0	1	100%
9	Inmates with chronic hepatitis will have liver function tests at the required intervals	13	13	0	2	100%
10	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A
11	Inmates are evaluated and staged appropriately to determine treatment needs	2	2	0	13	100%
12	Hepatitis C treatment was started within the appropriate time frame	2	2	0	13	100%
13	Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	15	N/A
14	Inmates undergoing hepatitis C treatment receive medications as prescribed	1	1	0	14	100%
15	Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	2	2	0	13	100%

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	13	3	0	81%
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	6	10	0	38%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	16	16	0	0	100%

General Chronic Illness Clinic Discussion:

Screen 3: In these records, M-3 inmates were scheduled every six months rather than at 90 days as required.

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	7	8	0	47%
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	0	0	0	15	N/A
5	A CBC is collected annually	15	15	0	0	100%
6	Abnormal labs are reviewed and addressed in a timely manner	6	6	0	9	100%
7	Medications appropriate for the diagnosis are prescribed	15	15	0	0	100%
8	The inmate receives HIV medication(s) as prescribed	15	14	1	0	93%
9	At each visit there is an evaluation of the control of the disease and the status of the patient	0	0	0	15	N/A
10	There is evidence of hepatitis B vaccination for inmates with no evidence of past infection	11	8	3	4	73%
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

Immunity Chronic Illness Clinic Discussion:

Screen 2: In these records, the assessment conducted by the Department of Health (DOH) provider was completed via telehealth and therefore several components of the physical examination were missing. This included evaluations of the head, eyes, ears, nose, throat, lungs, heart, abdomen, and ano-genital areas, as well as the neurological and lymphatic systems.

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	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	12	2	0	86%
3 Medications appropriate for the diagnosis are prescribed	14	12	2	0	86%
4 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	7	7	0	7	100%
6 Patients are referred to a specialist for more in-depth treatment as indicated	6	5	1	8	83%

Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis was appropriate for inclusion in the neurology clinic	11	11	0	0	100%
2 There is evidence of an appropriate physical examination	11	11	0	0	100%
3 Annual laboratory work is completed as required	11	11	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	1	1	0	10	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	10	10	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	11	N/A

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	10	10	0	0	100%
2 There is evidence of an appropriate physical examination	10	10	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	10	10	0	0	100%
4 Annual laboratory work is completed as required	10	10	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	4	3	1	6	75%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	10	8	2	0	80%
7 Medications appropriate for the diagnosis are prescribed	7	6	1	3	86%
8 Oncological treatments are received as prescribed	10	9	1	0	89%
9 Patients are referred to a specialist for more in-depth treatment as indicated	4	3	1	6	75%

Oncology Chronic Illness Clinic Discussion:

Screen 9: In this record, the inmate's prostate-specific antigen (PSA) increased from 4.1 in February to 126.0 in August. Provider notes dated 3/11/22 indicated that a urology consult was denied with an alternate treatment plan to recheck PSA on-site in three months. The PSA was not done until August and there was no record of the original or a new consult request in the electronic medical record (EMR).

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	6	6	0	9	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	15	0	0	100%
7	Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

Episodic Care

Emergency Services

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
1	Potentially life-threatening conditions are responded to immediately	6	6	0	9	100%
2	The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	14	13	1	1	93%
3	Vital signs including weight are documented	14	7	7	1	50%
4	There is evidence of appropriate and applicable patient education	11	10	1	4	91%
5	Findings requiring clinician notification are made in accordance with protocols	10	10	0	5	100%
6	Follow-up visits are completed timely	7	7	0	8	100%
7	Clinician's orders from the follow-up visit are completed as required	5	5	0	10	100%
8	Appropriate documentation was completed for patient's requiring transport to a local emergency room	4	4	0	11	100%
9	Inmates returning from an outside hospital are evaluated by the clinician within one business day	3	2	1	12	67%

Outpatient Infirmary Care

		COMPLIANCE SCORE				
SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage	
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	14	13	1	0	93%
2	All orders are received and implemented	14	11	3	0	79%
3	The inmate is evaluated within one hour of being placed in observation status	14	14	0	0	100%
4	Patient evaluations are documented at least once every eight hours	14	12	2	0	86%
5	Weekend and holiday clinician phone rounds are completed and documented as required	3	3	0	11	100%
6	The inmate is discharged within 23 hours or admitted to the infirmary for continued care	13	13	0	1	100%
7	A discharge note containing all of the required information is completed as required	9	4	5	5	44%

Outpatient Infirmiry Care Discussion:

Screen 2: In all three records, vital signs were not recorded at the intervals ordered by the clinician.

Screen 7: In the affected records, there was no evidence of patient education.

Inpatient Infirmiry 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 infirmiry or placed in observation status. Admission status is appropriate for the presenting complaint/condition	12	12	0	0	100%
2 All orders are received and implemented	12	4	8	0	33%
3 A thorough nursing assessment is completed within two hours of admission	12	8	4	0	67%
4 A Morse Fall Scale is completed at the required intervals	12	8	4	0	67%
5 Nursing assessments are completed at the required intervals	12	12	0	0	100%
6 Clinician rounds are completed and documented as required	12	9	3	0	75%
7 Weekend and holiday clinician phone rounds are completed and documented as required	9	2	7	3	22%
8 A discharge note containing all of the required information is completed as required	9	8	1	3	89%
9 A discharge summary is completed by the clinician within 72 hours of discharge	9	7	2	3	78%

Inpatient Infirmiry Care Discussion:

Screen 2: In five records, vital signs were not completed at the intervals ordered. In one record, intake & output was not done as ordered. In one record, an urgent ultrasound to rule out a deep vein thrombosis was not done for seven days. In the last record, orders were not received until the day after the patient was admitted.

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	17	16	1	0	94%
2 The inmate is assessed in the appropriate time frame	17	17	0	0	100%
3 The nursing assessment is completed in its entirety	17	17	0	0	100%
4 Complete vital signs including weight are documented	17	16	1	0	94%
5 There is evidence of applicable patient education	17	10	7	0	59%
6 Referrals to a higher level of care are made in accordance with protocols	3	3	0	14	100%
7 Follow-up visits are completed in a timely manner	3	3	0	14	100%
8 Clinician orders from the follow-up visit are completed as required	2	2	0	15	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	11	11	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	5	5	0	6	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	2	0	2	9	0%
4 All emergencies are responded to within the required time frame	8	8	0	3	100%
5 The response to the emergency is appropriate	9	9	0	2	100%
6 All sick call appointments are triaged and responded to within the required time frame	10	10	0	1	100%
7 New or pending consultations progressed as clinically required	7	7	0	4	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	10	10	0	1	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	13	13	0	0	100%
2 The referral was sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	13	13	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	13	10	3	0	77%
4 The consultation report is reviewed by the clinician in a timely manner	11	11	0	2	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	10	10	0	3	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	10	9	1	3	90%
7 The diagnosis is recorded on the problem list	13	13	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	2	2	0	11	100%
9 There is evidence that the APT is implemented	2	2	0	11	100%

Consultations Discussion:

Screen 3: In the first record, an urgent consult submitted 6/1/22 had not been completed by the survey date. In the second record, an urgent request submitted 5/12/22 was returned on 7/15/22 with instructions from utilization management to specify the need for a retinal specialist rather than the ophthalmologist. It was not resubmitted until 9/14/22. In the third record, the urgent request of 5/22/22 was not completed until 7/21/22.

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	15	3	0	83%
4 The follow-up to the request occurred as intended	12	5	7	6	42%

Medical Inmate Requests Discussion:

Screen 4: In two records, the required clinician follow-up was not documented. In one record, there was no indication the inmate's CPAP supplies were addressed. In two records, medications and passes were not renewed as required. In two records, consultations were not completed within the required time frames.

Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate received medications as prescribed	12	11	1	0	92%
2 The Medication Administration Record (MAR)contains accurate allergy information	12	12	0	0	100%
3 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	11	11	0	1	100%
4 There is evidence of pneumococcal vaccination or refusal	12	9	3	0	75%
5 There is evidence of influenza vaccination or refusal	11	7	4	1	64%
6 There is evidence of COVID-19 vaccination or refusal	7	6	1	5	86%

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)	16	15	1	0	94%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	15	15	0	1	100%
3 The inmate's medications reflect continuity of care	14	14	0	2	100%
4 The medical record reflects continuity of care for inmate's pending consultations	2	2	0	14	100%
5 For patients with a chronic illness, appointments to the specific clinic(s) took place as scheduled	15	12	3	1	80%
6 Special passes/therapeutic diets are reviewed and continued	7	7	0	9	100%
7 A clinician reviewed the health record and DC4-760A within seven (7) days of arrival	15	11	4	1	73%

Periodic Screenings

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The periodic screening encounter is completed within one month of the due date	16	15	1	0	94%
2 All components of the screening are completed and documented as required	15	15	0	1	100%
3 All diagnostic tests are completed prior to the periodic screening encounter	14	9	5	2	64%
4 Referral to a clinician occurs if indicated	0	0	0	16	N/A
5 All applicable health education is provided	15	12	3	1	80%

Periodic Screenings Discussion:

Screen 3: In three records, the required testing was completed after the periodic screening. In two records, the diagnostic testing was incomplete.

PREA Medical Review

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	4	1	0	80%
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	0	0	0	5	N/A
4 Prophylactic treatment and follow-up care for STIs are given as indicated	0	0	0	5	N/A
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	0	0	0	5	N/A
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

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	17	15	2	0	88%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	17	15	2	0	88%
3	There is evidence of a regional head and neck examination completed at required intervals	17	16	1	0	94%
4	Dental appointments are completed in a timely manner	13	13	0	4	100%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	14	14	0	3	100%
6	There is evidence of accurate diagnosis based on a complete dental examination	15	15	0	2	100%
7	The treatment plan is appropriate for the diagnosis	15	15	0	2	100%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	13	13	0	4	100%
9	Dental findings are accurately documented	15	15	0	2	100%
10	Sick call appointments are completed timely	4	4	0	13	100%
11	Follow-up appointments for sick call or other routine care are completed timely	1	1	0	16	100%
12	Consultations or specialty services are completed timely	3	2	1	14	67%
13	Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	17	N/A
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	7	6	1	10	86%
15	The use of dental materials including anesthetic agent are accurately documented	10	10	0	7	100%
16	Applicable patient education for dental services is provided	13	13	0	4	100%

Dental Care Discussion:

Screen 12: In this record, an intraoral lesion suspicious for malignancy was discovered in a patient with a history of oral cancer. An evaluation by an oral surgeon was requested on 2/15/22. The inmate was seen by the oral surgeon on 3/8/22 who recommended referral and follow-up by an Ear, Nose, Throat (ENT) specialist.

An urgent referral to the ENT for surgical excision was not submitted until 7/4/22 and the inmate had not been seen as of the date of the survey.

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	1	0	0	100%
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%

Mental Health Survey Findings

Self-Injury and Suicide Prevention

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)	4	4	0	3	100%
2	The nursing evaluation is completed within 2 hours of admission	6	6	0	1	100%
3	Guidelines for SHOS management are observed	2	2	0	5	100%
4	The inmate is observed at the frequency ordered by the clinician	7	6	1	0	86%
5	Nursing evaluations are completed once per shift	7	6	1	0	86%
6	There is evidence of daily rounds by the attending clinician	7	6	1	0	100%
7	There is evidence of daily counseling provided by mental health staff	7	4	3	0	57%
8	There is evidence of a face-to-face evaluation by the clinician prior to discharge	6	5	1	1	84%
9	There is evidence of adequate post-discharge follow-up by mental health staff	2	2	0	5	100%
10	The Individualized Services Plan (ISP) is revised within 14 days of discharge	1	1	0	6	100%

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	4	2	2	0	50%
2	The post use-of -force physical examination is completed in its entirety	3	2	1	1	67%
3	There is evidence physical health staff completed a referral to mental health staff	4	2	2	0	50%
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	4	4	0	0	100%
5	Recent changes in the inmate's condition are addressed	4	2	2	0	50%
6	There is evidence of appropriate follow-up care for identified mental health problems	2	2	0	2	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	4	N/A

Use of Force Discussion:

Screen 5: In both records, the inmate refused the interview with mental health staff. However, some recent changes in the inmate's condition may be assessed by observation and a review of the medical record.

Access To Mental Health Services

Psychological Emergency

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

Mental Health Inmate Request

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
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	14	1	0	93%
4	The follow-up to the request occurred as intended	9	8	1	6	89%
5	Consent for treatment is obtained prior to conducting an interview	9	9	0	6	100%

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	10	8	2	0	80%
2	Psychotropic medications continue as ordered while inmates are held in special housing	3	3	0	7	100%
3	A mental status examination (MSE) is completed in the required time frame	4	4	0	6	100%
4	Follow-up MSEs are completed in the required time frame	0	0	0	10	N/A
5	MSEs are sufficient to identify problems in adjustment	4	4	0	6	100%
6	Mental health staff responded to identified problems in adjustment	0	0	0	10	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	3	3	0	7	100%

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	18	17	1	0	94%
2	The inmate was interviewed by mental health staff within 14 days of arrival	12	11	1	6	92%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an Individualized Service Plan (ISP) update	12	11	1	6	92%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	18	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	18	N/A
6	A clinically appropriate conclusion was reached following the sex offender screening	0	0	0	18	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	18	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	18	N/A
9	The Bio-psychosocial (BPSA) is present in the record	18	18	0	0	100%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	0	0	0	18	N/A
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	0	0	0	18	N/A
12	The ISP is individualized and addresses all required components	18	17	1	0	94%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	18	17	1	0	94%

COMPLIANCE SCORE

	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
14	ISP goals are time limited and written in objective, measurable behavioral terms	18	17	1	0	94%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	18	18	0	0	100%
16	The ISP is signed by the inmate and all members of the treatment team	18	15	3	0	83%
17	The ISP is reviewed and revised at least every 180 days	14	14	0	4	100%
18	Identified problems are recorded on the problem list	18	17	1	0	94%
19	The diagnosis is clinically appropriate	18	17	1	0	94%
20	There is evidence the inmate received the mental health services described in the ISP	18	18	0	0	100%
21	Counseling is offered at least once every 60 days	18	18	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	6	6	0	12	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	12	12	0	6	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	18	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	18	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	18	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	18	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	18	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	18	18	0	0	100%
30	The frequency of clinical contacts is sufficient	18	18	0	0	100%

Outpatient Psychotropic Medications

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	4	4	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	0	0	0	16	N/A
3	Appropriate initial laboratory tests were ordered.	2	2	0	14	100%
4	Abnormal lab results required for mental health medications were followed up with appropriate treatment and/or referral in a timely manner	4	4	0	12	100%
5	Appropriate follow-up laboratory studies are ordered and conducted as required.	6	5	1	10	83%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	16	16	0	0	100%
7	Drug Except Requests (DER) are clinically appropriate	3	3	0	13	100%
8	The inmate receives medication(s) as prescribed	15	4	11	1	33%
9	The nurse met with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	9	2	7	7	23%
10	The inmate signed DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	9	3	6	7	33%
11	Prescribed medication administration times are appropriate	16	16	0	0	100%
12	Informed consent forms are signed for each of medication prescribed	16	16	0	0	100%
13	Follow-up sessions are conducted at the appropriate intervals	16	16	0	0	100%
14	Documentation of psychiatric encounters is complete and accurate	16	16	0	0	100%
15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	6	6	0	10	100%
16	The rationale for the Emergency Treatment Order (ETO) was documented and it was clinically appropriate.	3	3	0	13	100%
17	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	3	3	0	13	100%
18	For each administration of the medication, an additional ETO is written.	1	1	0	15	100%
19	The ETO is administered in the least restrictive manner	3	3	0	13	100%
20	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	16	N/A

Outpatient Psychotropic Medications Discussion

Screen 8: In all of the deficient records, there were multiple blanks on the medication administration record (MAR) indicating that inmates may not have been offered medications on those days. Additionally, in two records the medication order lapsed resulting in the inmate not receiving Vistaril for two and three days respectively. In one record, an ETO was ordered on 7/23/22 by the on-call physician. The MAR indicated that the medication was not administered “as advised by the HSA.”

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)	9	9	0	0	100%
2 The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	8	7	1	1	88%
3 Appropriate patient care summaries are completed within 30 days of EOS	0	0	0	9	N/A
4 Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	1	1	0	8	100%

Institutional 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	0	1	0	0%
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%

Screen 4: Ibuprofen was not available in one dorm. Additionally, two of the three officers interviewed did not know how to reorder over-the-counter medications.

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%

Interview Summaries

INMATE INTERVIEWS

Ten of twelve inmates agreed to participate in interviews with CMA staff. Inmates reported that physical health services were adequate, while noting several areas for improvement. Most inmates reported disruptions in continuity of care for medication services, including the availability of over-the-counter (OTC) medications in the dorms, and an inconsistent supply of keep-on-person (KOP) and single-dosed medications. Inmates reported periods of several days to more than a week, where they did not receive medications.

Although inmates reported they were seen timely for sick call and emergency services, they reported chronic clinic appointments were often delayed. Inmates stated that they found nursing and dental staff to be helpful and caring. However, they felt that they would benefit from more time with the clinicians to answer questions or to receive follow-up results and lab information. Approximately one third of inmates felt that they had a medical condition that was not currently being treated.

Most inmates interviewed felt that mental health services were above average and were helpful in reducing their symptoms. They indicated they were often able to be seen the same day as requested for mental health and dental services.

MEDICAL STAFF INTERVIEWS

Six members of the medical team participated in interviews with CMA staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. The majority reported that the sick call process has improved within recent months and that most inmates are seen within 48 hours. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. All interviewees indicated that staffing levels are sufficient and stated that the addition of a permanent chief health officer will promote timely clinic visits and improve continuity of care.

One theme that was consistent among all staff interviewed was the need for further training in the electronic medical record (EMR). Staff indicated that they were aware of occasional disruptions in medication administration and felt that many of these issues were related to deficiencies in the EMR.

MENTAL HEALTH STAFF INTERVIEWS

Interviews were conducted with six members of the mental health staff. Mental health staff appeared dedicated to the inmates in their care and reported having an “open door policy” for inmates as well as each other. Staff reported that this encouraged a collegial environment in which matters pertaining to clinical care were frequently discussed. Additionally, 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 correctional officers were interviewed during the survey of TOMCI. Officers were generally knowledgeable about how inmates access services and reported that the sick call process has improved within the last year. They described having a good working relationship with medical, mental health, and dental staff.

Corrective Action and Recommendations

Corrective Action

Assessment Area	Total Number Finding
Chronic Illness Clinics Review	
Cardiovascular Clinic	1
Endocrine Clinic	4
Gastrointestinal Clinic	1
General Chronic Illness Clinics	1
Immunity Clinic	2
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	2
Respiratory Clinic	0
Tuberculosis Clinic	N/A
Episodic Care Review	
Emergency Care	2
Outpatient Infirmary Care	2
Inpatient Infirmary Care	6
Sick Call	1
Other Medical Records Review	
Confinement Medical Review	1
Consultations	1
Medical Inmate Request	1
Medication and Vaccine Administration	2
Intra-System Transfers	1
Periodic Screening	1
PREA Medical Review	1
Dental Review	
Dental Care	1
Dental System	0
Institutional Tour	
Institutional Tour	1

Mental Health Findings

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

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 the 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 TOMCI, the CMA makes the following recommendations:

- Ensure deficiencies close to the 80% threshold but did not reach the level of a finding requiring corrective action are closely monitored to ensure that compliance is maintained.
- Continue to train and support staff on optimally utilizing the electronic health record.
- Conduct a thorough review of inmates enrolled in CIC to reassess M-grade status and ensure that inmates are scheduled at the appropriate intervals.
- Ensure that orders are received and implemented accordingly for infirmary admissions.
- Establish a system to ensure that DOH and on-site provider reviews of immunity patients are coordinated and completed to include all required elements of the examination.
- Ensure timely completion of consultation and specialty services referrals.
- Review documentation requirements and policies pertaining to use of force episodes.