



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Taylor Correctional Institution

in

Perry, Florida

on

December 12-14, 2017

CMA Staff Members

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW
Monica Dodrill, RN
Kathryn McLaughlin, BS

Clinical Surveyors

James Langston, MD
Edward Zapert, DMD
Susan Porterfield, ARNP
Laura Williams, ARNP
Joanne Pintacuda, ARNP
Julie Holt, ARNP
Suzanne Brown, RN
Patricia Meeker, RN
Paige Parker, RN
Sue Sims, RN
Mandy Petroski-Moore, LCSW

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2184	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	1198	Current Main Unit Census	932
Annex Capacity	1027	Annex Census	847
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	405
Total Capacity	2657	Total Current Census	2184

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1435	588	259	2	1
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1700	79	1	N/A	N/A	N/A

Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
	190	82	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	2	0
RN	10	8.2
LPN	13.5	1.1
Dentist	1	1
Dental Assistant	3	0
Dental Hygienists	.50	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	.20	.20
Mental Health Professional	1	1
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
RN	3.8	3.8
LPN	5.7	0.5
Dentist	1	1
Dental Assistant	1	0
Dental Hygienists	0.5	0

Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	N/A	N/A
Psychiatrist ARNP/PA	N/A	N/A
Psychological Services Director	N/A	N/A
Psychologist	.20	.20
Mental Health Professional	1	1
Human Services Counselor	N/A	N/A
Activity Technician	N/A	N/A
Mental Health RN	N/A	N/A
Mental Health LPN	N/A	N/A

OVERVIEW

Taylor Correctional Institution (TAYCI) 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. TAYCI consists of the Main Unit and an Annex.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at TAYCI on December 12-14, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS – MAIN UNIT

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in six of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There were findings requiring corrective action in the review of the infirmary. The items to be addressed are indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There were finding requiring corrective action in the review of dental systems. The items to be addressed are indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pill line or infection control. There was a finding requiring corrective action in the review of pharmacy services. The item to be addressed is indicated in the table below.

INSTITUTIONAL TOUR

There were no findings requiring corrective action as a result of the institutional tour.

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-1: In 2 of 4 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-2: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis A or B vaccination or refusal.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 3 of 12 applicable records (15 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 2 of 9 records reviewed, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In one record, there was not a digital rectal examination or refusal for an inmate with a diagnosis of benign prostatic hyperplasia. In the other record, the assessment part of the "Chronic Illness Form" (DC4-701F) was blank.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 3 of 10 applicable records (14 reviewed), there was no evidence that reactive airway disease was classified.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 2 of 6 records reviewed, there was no evidence the monthly nursing assessment was completed as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmery Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-7: In 6 of 12 applicable records, there was no evidence that orders were received and implemented accordingly (see discussion).</p> <p>PH-8: In 4 of 9 applicable records, there was no evidence of a complete discharge note (see discussion).</p> <p>PH-9: In 6 of 9 applicable records, the inpatient nursing assessments were incomplete.</p> <p>PH-10: In 2 of 10 applicable records, there was no evidence of a daily nursing evaluation for acute inpatients.</p> <p>PH-11: In 3 of 8 applicable records, there was no evidence of weekend and/or holiday clinician telephone rounds.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmery services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-7: *In all six records, vital signs were not taken at least every shift or as otherwise ordered by the physician.*

Discussion PH-8: *Per Health Services Bulletin (HSB) 15.03.26 the discharge note should include the patient's condition on discharge, means of discharge (ambulating, wheelchair, crutches, etc.), patient education and discharge instructions, and disposition.*

Medication Administration Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: In 3 of 12 records reviewed, medication orders were not signed, dated, timed, and/or noted by appropriate staff.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those on single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-13: In 4 records, there was no evidence of vital signs.</p> <p>PH-14: In 1 of 1 applicable record, there was no evidence that a pending consultation was added to the consultation log.</p> <p>PH-15: In 5 of 14 applicable records, there was no evidence the clinician reviewed the record within seven days of arrival.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who have recently transferred from another institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p>PH-16: In 4 of 15 records reviewed, the periodic screening encounter was not completed correctly (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-16: In two records, the “Periodic Screening Encounter” (DC4-541) form was not signed by the nurse. Additionally, one was not signed by the inmate. In another record, the DC4-541 indicated that the inmate did not have a smoking history. The previous screening, completed by the same nurse indicated a smoking history of 30 years. In the last record, a periodic screening was completed on 9/22/17 and then again on 10/10/17. Per HSB 15.03.04, screenings are to be done yearly for inmates over 50 years old and every five years for those under age 50.

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: There was no evidence dental assistants were working within the established guidelines (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>
<p>PH-18: There was no evidence that necessary equipment was available (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-17: X-rays were taken by the dental assistant which had not been ordered by the dentist. CMA surveyors expressed concern that dental assistants may be working outside the scope of their certification. In one example, x-rays were taken on 9/13/17 by the assistant and then repeated at the next appointment on 9/18/17 when the inmate saw the dentist.

Discussion PH-18: *The eye wash station was located behind a locked door and was not easily accessible.*

Pharmacy Services	
Finding(s)	Suggested Corrective Action(s)
PH-19: There was no evidence that out-of-date medications were segregated and labeled as “expired” or “out-of-date” (see discussion).	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Discussion PH-19: *There were four vials of expired Kenalog in the medication refrigerator that had not been segregated and labeled or discarded.*

CONCLUSION – PHYSICAL HEALTH

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

Overall, medical charts were in order and documents were filed in a timely manner. The staff at TAYCI-Main was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. Inmates described the health care as adequate and were complimentary of the sick call process recently implemented. Rather than waiting for a sick call appointment, inmates can now put in a sick call request in the dorm at night and then report to medical the next morning to be seen.

Two of the five clinical findings were related to the administration of immunizations, particularly hepatitis vaccinations. CMA surveyors also noted that the documentation of physical assessments was missing or brief and did not address all required areas, specifically in the miscellaneous clinic, TB clinic, and the infirmary. Additionally, there was often no documentation of vital signs for new transfers as well as in the infirmary records. Other deficiencies such as unsigned medication orders or periodic screening encounters, no classification of respiratory diseases, and missing clinician weekend telephone rounds are described above.

Although not a finding requiring corrective action, the consultation log was difficult to follow. Initial consults are logged and if an appointment is pending at the end of the month, that consult is brought forward to the next month. This process is repeated until all information is received and can take several months. Since the system does not update the original entry, it appears that consultations have been open many months. Surveyors asked for an updated log but when staff ran the log, different names appeared each time it was run. Logs are an important tool medical staff can use to gather “at a glance” data about the health issues of an inmate. Surveyors expressed concern with the current process and the impacts it may have on receiving timely medical diagnoses or treatment recommendations.

The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates. It was noted that staff was already brainstorming training opportunities to address issues before the survey was completed. Based on the findings of this survey, it is clear that the corrective action process will be beneficial to TAYCI-Main as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Taylor Correctional Institution (TAYCI-Main) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at :

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of inmate requests or special housing. There were findings requiring corrective action in the review of psychological emergencies; the items to be addressed are indicated in the table below.

OUTPATIENT SERVICES REVIEW

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

ADMINISTRATIVE ISSUES

There were no findings in the review of mental health systems.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 2 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 1 record, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-4: In 1 record, daily counseling by mental health staff was not completed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: *Per Department policy, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. The documentation established that the inmate was on SHOS for 11 days. However, there was no indication that the attending clinician considered a higher level of care.*

Discussion MH-2: *Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In one record, there was no documentation of observation for the first hour of placement. In the second record, observations for the day of discharge could not be located by institutional staff.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 1 use of force episode revealed the following deficiencies:</p> <p>MH-5: In 1 record, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-6: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 psychological emergencies revealed the following deficiencies:</p> <p>MH-7: In 1 record, there was no evidence that appropriate interventions were made (see discussion).</p> <p>MH-8: In 1 record, there was not adequate follow-up after a psychological emergency when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-7: *The inmate declared an emergency after a use of force, claiming he had not been receiving medication. There was no documentation of interventions provided to address the inmate's concerns.*

Discussion MH-8: *The inmate had yet to be seen by mental health for follow-up from the emergency dated 11/18/17.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 outpatient mental health records revealed the following deficiencies:</p> <p>MH-9: In 3 of 5 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</p> <p>MH-10: In 1 of 5 applicable records, the initial Individualized Service Plan (ISP) was not completed timely.</p> <p>MH-11: In 2 of 10 applicable records, the ISP was not signed by the inmate.</p> <p>MH-12: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required time frame (see discussion).</p> <p>MH-13: In 6 records, counseling was not offered at least every 90 days (see discussion).</p> <p>MH-14: In 3 records, case management was not offered at least every 90 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-12: *In one record, the ISP was completed six months late. In two records, it was completed three months late.*

Discussion MH-13: *In two records, the inmate was not seen within the required time frame. In the remaining four records, the counseling section on the form was blank.*

CONCLUSION – MENTAL HEALTH

The staff at TAYCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to approximately 40 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and complete sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

The majority of the findings noted in this report were related to incomplete, missing, or late assessments. For example, inmates were not seen timely while on SHOS, in response to psychological emergencies or use of force episodes, and for regularly scheduled case management and counseling appointments. Initial and follow-up ISPs were not completed timely. There is a fulltime mental health professional and a part-time psychologist position assigned to TAYCI-Main, but these positions have been vacant for several months. Services were provided by a locum tenens psychologist who is on-site four days per week and a mental health professional from a neighboring institution. However, these clinicians also provide coverage for TAYCI-Annex due to similar vacancies.

Although there were delays in many assessments, once completed, they were individualized, relevant, and informative. The requirements for inmates in confinement settings were consistently met. Responses to inmate requests were appropriate and follow-up was provided when applicable. Inmates interviewed expressed overall satisfaction with mental health services although several inmates reported feeling frustrated with the inconsistency of mental health staffing.

Staff throughout the facility were cooperative and helpful during the survey process and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

PHYSICAL HEALTH FINDINGS – ANNEX

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There was a finding requiring corrective action in one of the chronic illness clinics; the item to be addressed is indicated in the table below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of sick call or periodic screenings. There was a finding requiring corrective action in the review of emergency services; the item to be addressed is indicated in the table below. There are no infirmary services provided at TAYCI-Annex.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

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

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 2 of 9 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 3 of 15 records reviewed, there was no evidence that patient education was provided.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 records revealed the following deficiencies:</p> <p>PH-3: In 6 records, the diagnosis was not recorded on the problem list.</p> <p>PH-4: In 3 of 11 applicable records, follow-up appointments were not completed timely (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In the first record, the consultant recommended “urgent” surgery for an incarcerated inguinal hernia in April 2017 but the surgery was not completed until October 2017. In the second record, an inmate with multiple hemocult positive stools had been waiting for a colonoscopy since September. CMA surveyors noted that this inmate had a familial history of colon cancer as well as polyps found on colonoscopy in 2009 with no record of follow-up. In the third record, an inmate was supposed to return to the endocrinologist in September but the appointment had not been scheduled as of the time of the survey.*

Medical Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-5: In 3 records, the response to the inmate request was inadequate or did not address the stated needs.</p> <p>PH-6: In 5 of 7 applicable records, the follow-up did not occur as intended (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten medical inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-6: *In the first record, the inmate requested a periodic screening. The response indicated the inmate would be placed on call-out, however, no appointment was ever made. This inmate was not due for a periodic examination until August 2018. In the second record, the inmate was told he would be placed on the call-out but there was no evidence that an appointment was scheduled. In the third record, the inmate was seen in sick call and the nursing documentation indicated that the inmate would be referred to the clinician for follow-up, however there was no evidence that the appointment was made. In the fourth record, there was no*

evidence of a follow-up appointment for an inmate requesting information on his colonoscopy and stool hemoccult cards. In the fifth record, an inmate request dated 10/2/17 indicated an inmate had not received his inhaler. The inmate wrote an additional request on 11/1/17 which indicated he had still not received the medication. The inmate did not receive the medication until 11/20/17.

Medication Administration Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 3 of 12 records reviewed, the Medication Administration Record (MAR) did not match the clinician's order (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-7: In all three records, the dosage in milligrams was not listed.

Dental Clinic Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-8: In 4 records, allergy information was not documented according to protocol.</p> <p>PH-9: In 7 records, there was no evidence of an accurate diagnosis.</p> <p>PH-10: In 3 of 15 applicable records, there was no evidence of complete and accurate charting of dental findings.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-11: There was no evidence dental assistants were working within the established guidelines (see discussions).</p> <p>PH-12: There was no evidence that necessary equipment was available and in working order (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-11:** Dental assistants have been taking x-rays. The CMA surveyor expressed concern that staff may be working outside the guidelines established by the Florida Board of Dentistry and their scope of practice by taking x-rays without doctor's orders.*

***Discussion PH-12:** There was no eye wash station available in the dental unit.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-13: There were no eye wash stations available in the medical areas.</p> <p>PH-14: There was no evidence the glucometer was checked at appropriate intervals.</p> <p>PH-15: Over-the-counter medications in the dorms were not distributed and recorded correctly.</p> <p>PH-16: Procedures to access medical and dental sick call were not posted in all dorms.</p> <p>PH-17: Pill lines schedules were not posted in all dorms.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – PHYSICAL HEALTH

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

There was only one finding requiring corrective action in the review of the chronic illness clinics (CIC). Overall, CMA surveyors noted that CIC documentation was thorough and inmates were scheduled at the required intervals. A review of sick call and emergency services revealed that inmates were generally seen in a timely manner for both initial and follow-up visits. Medical charts were organized according to Department guidelines and documents filed without significant delay. Interviews with medical staff, inmates, and security revealed familiarity with policies and procedures related to the accessing of health care services.

Several concerns were noted in the review of dental care, of which many appeared to be related to a lack of documentation. In multiple cases, the clinical rationale for procedures was not clearly documented and it was difficult to assess the appropriateness of treatment interventions.

Institutional staff were helpful throughout the survey process and indicated they would use the corrective action process (CAP) to improve care in the areas that were found to be deficient.

MENTAL HEALTH FINDINGS – ANNEX

Taylor Correctional Institution (TAYCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at:

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

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

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

USE OF FORCE REVIEW

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

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of special housing. There were findings requiring corrective action in the review of psychological emergencies and inmate requests; the items to be addressed are indicated in the tables below.

OUTPATIENT SERVICES REVIEW

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

ADMINISTRATIVE ISSUES

There were no findings in the review of mental health systems.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 1 record, the admission order was not countersigned the next working day.</p> <p>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 3 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-4: In 2 records, daily counseling by mental health staff was not completed.</p> <p>MH-5: In 2 records, mental health staff did not provide post-discharge follow-up within 7 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-2: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In both records, there was no documentation of observations for the first hour of placement.

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 use of force episodes revealed the following deficiencies:</p> <p>MH-6: In 3 records, there was no evidence of a written referral by physical health staff to mental health.</p> <p>MH-7: In 1 record, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 8 psychological emergencies revealed the following deficiencies:</p> <p>MH-8: In 3 records, there was no evidence the clinician considered the inmate's mental health history and past suicide attempts (see discussion).</p> <p>MH-9: In 1 record, there was inadequate follow-up after a psychological emergency when indicated (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: *In two records, the assessment was inaccurate. Although a history of suicidal gestures was documented on the ISP, the assessment indicated he had none. In the remaining record, the inmate refused the assessment, however there was no documentation regarding the inmate's history or level of risk.*

Discussion MH-9: *The emergency evaluation dated 9/17/17 indicated the inmate would be referred to mental health, however there was no indication this was done.*

Inmate Requests

Finding(s)	Suggested Corrective Action(s)
<p>MH-10: In 2 of 6 records reviewed, a referral or interview did not occur as intended (see discussion)</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inmate request episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-10: *In both records the response to the inmate request on 11/03/17 was "watch for mental health call out". There was no documentation to indicate the inmates were seen. According to institutional staff, the inmates were scheduled to see a mental health provider on 11/09/17 but this was not completed due to lack of available staff. These appointments were rescheduled when brought to the attention of institutional staff.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 outpatient mental health records revealed the following deficiencies:</p> <p>MH-11: In 1 of 5 applicable records, the biopsychosocial assessment (BPSA) was not approved by the Multidisciplinary Services Team (MDST) within 30 days of initiation of mental health services (see discussion).</p> <p>MH-12: In 1 of 5 applicable records, the initial Individualized Service Plan (ISP) was not completed timely (see discussion).</p> <p>MH-13: In 5 records, the ISP was not signed by the inmate.</p> <p>MH-14: In 3 of 7 applicable records, the ISP was not reviewed or revised within the required timeframe (see discussion).</p> <p>MH-15: In 6 records, counseling was not offered at least every 90 days (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-11 & MH-12: *The BPSA and ISP were completed five months late.*

Discussion MH-14: *One ISP was completed one month late and two ISPs were completed two months late.*

Discussion MH-15: *In one record counseling was not offered within the required time frame. In another record, "N/A" was indicated in the counseling section and also addressed as not applicable on the ISP. In the remaining record, the counseling section on the form was blank.*

CONCLUSION – MENTAL HEALTH

The staff at TAYCI-Annex serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to approximately 39 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, and complete sex offender screenings when needed. Reportable findings requiring corrective action are outlined in the tables above.

The majority of the findings were related to missing, late, or incomplete assessments. These findings are similar to those noted at the Main Unit and can mostly be attributed to the lack of consistent staffing. The locum tenens psychologist and mental health professional are striving to provide services to inmates, however, permanent staff on both units are needed to ensure quality care is delivered. According to staff they are actively recruiting for these positions.

Medical records were organized and documents were filed according to Department guidelines. Interviews with medical staff, inmates, and security revealed familiarity with policies and procedures related to the accessing of mental health services. Although some ISPs were late, they were thorough and relevant. The requirements for inmates in confinement settings were consistently met. Inmates interviewed expressed overall satisfaction with mental health services although several inmates reported feeling frustrated with the inconsistency of mental health staffing.

Staff throughout the facility were cooperative and helpful during the survey process and were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

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

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

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