



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Tomoka Correctional Institution**

in

**Daytona Beach, Florida**

on

**September 10-11, 2014**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1490	Male	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1393	<b>Current Main Unit Census</b>	1291
<b>Satellite Unit(s) Capacity</b>	376	<b>Current Satellite(s) Census</b>	357
<b>Total Capacity</b>	1769	<b>Total Current Census</b>	1648

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1035	523	268	2	0
<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>
	1126	154	548	0	0	0

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		67	83	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	5.2	1
LPN	8	0
CMT-C	1.4	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	0	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1.5	.5
Psychological Services Director	0	0
Sr. Mental Health Clinician	1	0
Behavioral Specialist	7	0
Human Services Counselor	0	0
MH RN	0	0
MH LPN	0	0

# OVERVIEW

Tomoka Correctional Institution (TOMCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1 through 3. TOMCI consists of a Main Unit only.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at TOMCI on September 10 - 11, 2014. 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**

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

- 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 does not require CIC care more often than six 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 findings requiring corrective action in eight of the chronic illness clinics; the items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

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

### **OTHER MEDICAL RECORD REVIEW**

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

### **INSTITUTIONAL TOUR**

There was a finding requiring corrective action as a result of the institutional tour; the item to be addressed is indicated in the table below.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 4 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-2: In 4 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each visit (see discussion).</b></p> <p><b>PH-3: In 2 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 "Chronic Illness Clinic Flowsheet." Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

***Discussion PH-2:** In one record an inmate's order for Adalat was written as Acolate {sic}. Per staff, this was a transcription error and the inmate continued receiving Adalat. Although the inmate received the correct medication, the order was written incorrectly. In another record, on 2/4/14 the chart reflected that the inmate was on Simvastatin 30 mg/day but on 8/4/14 the clinician ordered a change from Simvastatin 10 mg/day to 30 mg/day. The inmate was already receiving 30 mg/day according to the chart. In the third record, the inmate was inappropriately prescribed two channel blockers. In the last record, an inmate remained on a medication that was recommended to be discontinued by an outside consultation. CMA surveyors expressed concern that medication administration errors could occur if orders are not reviewed and/or transcribed properly.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p>

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-5: In 1 of 3 applicable records, there was no evidence that an inmate with glycated hemoglobin (HgbA1c) over 8.0 was seen every four months (see discussion).</b></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>

***Discussion PH-5:** A medical grade 3 inmate had HgbA1c lab values of 9.8 and was not scheduled for follow up for six months. Per Health Services Bulletin (HSB) 15.03.05 Attachment 2, inmates with HgbA1c over 8.0 or whose blood sugars are uncontrolled should be seen at least every four months to address tighter blood glucose control.*

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-6: In 5 records, the baseline information was incomplete or missing.</b></p> <p><b>PH-7: In 4 of 15 applicable records, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-7:** Health Services Bulletin 15.03.30 states that the hepatitis B vaccine shall be given to inmates who have evidence of hepatitis C and/or HIV infection and no evidence of past hepatitis B infection. The HSB also indicates the hepatitis A vaccine is recommended for inmates with evidence of liver disease.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: In 3 of 11 records reviewed, there was no evidence that seizures were classified (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-8:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial or complex partial seizures.*

## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 5 of 14 applicable records (16 reviewed), there was no evidence of hepatitis B vaccine or refusal (see discussion).</b></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>

***Discussion PH-9:** Health Services Bulletin 15.03.30 states that inmates who have evidence of HIV infection and no evidence of past hepatitis B infection should be given the hepatitis B vaccination.*



## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 1 of 4 applicable records (5 reviewed) there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-10:** Health Services Bulletin 15.03.30 states that inmates with an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, or generalized malignancy should receive the pneumococcal vaccine.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-11: In 5 of 15 records reviewed, the baseline information was incomplete or missing.</b></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><b>A comprehensive review of 5 inmate records revealed the following deficiencies:</b></p> <p><b>PH-12: In 1 record, there was no evidence of a monthly nursing follow-up (see discussion).</b></p> <p><b>PH-13: In 1 of 2 applicable records, there was no evidence of required monthly AST/ALT labs for those with HIV or chronic hepatitis (see discussion).</b></p> <p><b>PH-14: In 2 of 3 applicable records, there was no evidence that the inmate was given the correct number of doses of INH (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-12:** *In one record, the inmate was discharged from the tuberculosis clinic in May erroneously. The clinician's note stated "completed 9 mos INH B6," however; the inmate had not completed treatment. The inmate was seen again by nursing staff in July and August. This record was brought to the attention of staff and the inmate was re-enrolled in the clinic.*

**Discussion PH-13:** *Per HSB 15.03.05 Attachment 5 if an inmate is infected with HIV or has chronic hepatitis, the AST/ALT laboratory tests will be repeated monthly and reviewed by the clinician. In one record, the June AST/ALT labs were missing.*

**Discussion PH-14:** *Per HSB 15.03.18, a total of 52 biweekly doses of INH are to be given in six months for non high-risk inmates. In one record the inmate did not receive 6 doses in May per the medication and treatment record (MAR). The other record concerned the inmate that was discharged from the clinic erroneously. He only received 43 doses of INH at the time of discharge, but is now re-enrolled in the clinic and should complete treatment.*

## Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-15: In 4 of 17 records reviewed, there was no evidence that patient education was provided.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-16: In 5 of 15 records reviewed, there was no evidence that patient education was provided.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>PH-17: In 1 of 3 applicable records, there was no evidence that an inmate was evaluated by a nurse within 30 minutes of placement in the infirmary (see discussion).</b></p> <p><b>PH-18: In 1 of 2 applicable records, there was no evidence that the clinician provided complete care orders for an inmate (see discussion).</b></p> <p><b>PH-19: In 5 of 10 applicable records, there was no evidence that all orders were implemented (see discussion).</b></p> <p><b>PH-20: In 1 of 1 applicable record, there was no evidence that weekend phone rounds were documented on form DC4-714A "Infirmary Progress Record" or that the appropriate "telephone clinician rounds" stamp was used.</b></p> <p><b>PH-21: In 1 of 3 applicable records, there was no evidence of a patient evaluation at least every 8 hours documented in the nurses note section.</b></p> <p><b>PH-22: In 5 of 6 applicable records, there was no evidence of a discharge note by the nurse.</b></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 infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-17:** *Per HSB 15.03.26, inmates on 23 hour observation status are to be evaluated within 30 minutes of being placed in the Infirmary by a licensed nurse using form DC4-732B "23 Hour Observation Nursing Notes."*

**Discussion PH-18:** *In one record the care orders did not include the reason for the patient being placed in the infirmary, diet, activity level, or medications. It was also noted by surveyors that the physician frequently wrote orders on the progress notes rather than utilizing the DC4-714D "Infirmary Admission Orders Sheet."*

**Discussion PH-19:** *In one record there was an order to change an abdominal dressing and cleanse with hydrogen peroxide daily. There was no documentation that this was done. In another record, the order was to measure drainage for two days but it was only documented once. In another record a daily dressing change was not documented. In another record, the IV*

that was hung differed from the IV that was ordered, and in the last record vital signs were not taken as ordered.

### Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-23: There was no evidence that equipment is available and in working order (see discussion).</b></p> <p><b>PH-24: There was no evidence that the American Heart Association prophylactic regimens were posted.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-23:** The dental surveyor noted many equipment issues. Only one of the four dental operatories was fully functional. Two of the four x-ray machines were functional. The x-ray developer had been out of order and the staff had to manually develop the films in liquid solutions. There was also a leaky water line, broken switches, and a malfunctioning light in the dental clinic. Additionally, the dentist does not have a signature stamp. Per HSB 14.03.13 Supplement D the Dental Health Questionnaire and documentation on the dental treatment record must include the signature stamp.*

### Consultations

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-25: In 13 of 14 records reviewed, the new diagnosis was not reflected on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-26: In 1 of 3 applicable records (16 reviewed), there was no evidence that a pending consultation was added to the consultation log.</b></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 transfers into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-27: In 4 records, there was no evidence that all required diagnostic tests were completed prior to the periodic screening encounter (see discussion).</b></p> <p><b>PH-28: In 7 records, there was no evidence that the inmate was provided lab results at the time of the screening.</b></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 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-27:** Per HSB 15.03.04, the following diagnostic tests should be performed 7-14 days prior to the periodic screening encounter: CBC, dipstick UA, PSA if indicated, baseline lipid profile at age 40, random blood glucose by finger stick if indicated, EKG if clinically indicated, and stool hemocult for those age 50 and over. The CBC was missing in four of the records reviewed.

## Pill Line

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-29: There was no evidence that an oral cavity check was completed for each inmate (see discussion).</b></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 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-29:** *An oral cavity check should be conducted for each instance of pill line administration to ensure that the medication has been swallowed. Per HSB 15.14.05, all legend stock medications will be issued via direct observed therapy (the medical staff observing the ingestion of the medication).*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-30: The triage area did not ensure inmate privacy/confidentiality (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-30:** *There were no partitions between desks in the triage area. CMA surveyors expressed concern that inmate privacy and HIPAA violations may occur during triage. Per Department Procedure 403.006, reasonable steps will be taken to ensure that all health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate's privacy.*

## CONCLUSION

The physical health staff at TOMCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 225 records and found deficiencies in 92 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available to the surveyors. Overall, documents appeared to be filed in a timely manner, however, were generally not organized in accordance with Department policy (*HSB 15.12.03*). Items were often filed out of order making it difficult to follow the progression of care.

The institutional tour revealed that observed areas on the compound were clean and neat. Interviews held with medical staff, correctional officers, and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. Interviews with staff identified concerns regarding occasional delays in inmates getting their prescription medications. Pharmacy staff stated that the ordering system had been down approximately six months and all orders had to be submitted by hand during that time. They reported this issue was recently corrected. Staff also indicated that the dispensing institution was behind in filling orders. It was unclear what part, if any, late inmate requests contributed to this matter; it may be beneficial for institutional personnel to investigate further to prevent delays in inmates receiving necessary medications.

Additionally, there were concerns identified regarding medication orders and administration. In one record, an inmate was prescribed Dilantin even though his record indicated he was allergic to Dilantin. The order was changed on 6/17/14 to Tegretol but was then changed again on 6/18/14 to discontinue Tegretol and continue Dilantin. The inmate signed a refusal for the Dilantin on 6/22/14 stating he was allergic. In another record, an order for Adalat was written on 1/21/14 for an inmate. On 5/22/14, the order reads "Acolate" {sic}. This record was taken to staff for clarification as Accolate is used for asthma treatment and the inmate did not have asthma. The inmate never received Accolate and continued receiving Adalat which was appropriate for his diagnosis; the confusion appeared to be due to a transcription error. In the third record, an inmate was on Capoten and Lisinopril but a consultation with a nephrologist recommended discontinuing the Capoten. The record indicated that both medications continued to be given and there was no documentation as to why the treatment recommendation from the consultation was not incorporated.

CMA surveyors noted several nursing concerns. As indicated in the tables above, there were findings regarding the failure to implement physician orders, provide patient education, and perform necessary evaluations and follow-up. Secondly, there are typically only two nurses on duty in the medical clinic per shift to cover triage, emergencies, transfers, confinement, and medical appointments. The infirmity nurse provides coverage for medical if both nurses are out during confinement rounds or responding to an emergency. Staff stated that they were not always able to provide sick call due to the unavailability of nurses. There were also concerns that there would not be enough staff nearby when nurses were out doing rounds should an emergency occur, thus placing inmates at risk.



Survey findings indicated that these deficiencies along with the clinical services issues discussed and outlined in the tables above, could lead to medical errors and may make it difficult to maintain continuity of care in an already complex and difficult to manage population. Based on the findings of this survey, it is clear that the corrective action process will be beneficial to TOMCI 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**

Tomoka Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at TOMCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

### **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 psychiatric restraint at TOMCI.

#### **USE OF FORCE REVIEW**

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

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests, and special housing.

#### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of outpatient psychotropic medication practices and outpatient mental health services; the items to be addressed are indicated in the tables below.

#### **AFTERCARE PLANNING REVIEW**

There were no findings requiring corrective action in the aftercare planning review.

#### **MENTAL HEALTH SYSTEMS REVIEW**

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

**Self-harm Observation Status  
(SHOS)**

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 SHOS admissions revealed the following deficiencies:</b></p> <p><b>MH-1: In 4 of 6 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours (see discussion).</b></p> <p><b>MH-2: In 7 of 7 applicable records, the guidelines for SHOS management were not observed (see discussion).</b></p> <p><b>MH-3: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-4: In 4 of 12 applicable records, daily rounds were not conducted by the attending clinician.</b></p> <p><b>MH-5: In 3 records, mental health staff did not provide post-discharge follow-up within 7 days.</b></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:** *Inmates requiring SHOS shall be placed in an Isolation Management Room (IMR) in the Infirmary. If an IMR is not immediately available, the inmate will be placed in an observation cell for the purpose of providing safe, temporary housing until an IMR becomes available. Such use of an observation cell will not exceed 72 hours. There are two available IMRs at TOMCI and, according to staff, these cells are frequently occupied. Staff reported that this low number of IMRs and high number of SHOS episodes leads to inmates remaining in observation cells (awaiting IMR cells) longer than 72 hours.*

**Discussion MH-2:** *According to the Department's HSB, during the fourth day of infirmary mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In all applicable records, there was no documentation by the attending clinician that this was considered.*

**Discussion MH-3:** *Physician's orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on DC4-650 "Observation Checklist." In three records, entire pages were missing (one page covers observations for a 24 hour period). In other records, gaps were noted on the forms indicating the inmate was not observed during the specified timeframe. In two cases, the gaps in observations met or exceeded 12 hours.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 8 use of force episodes revealed the following deficiencies:</b></p> <p><b>MH-6: In 8 records, a written referral to mental health by physical health staff was not present in the medical record (see discussion).</b></p> <p><b>MH-7: In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-6:** According to Florida Administrative Code (Rule 33-602.210, F.A.C.), attending medical staff members shall make a mental health referral for any inmate who is exposed to chemical agents and classified as S2 or S3. Based on the review of use of force episodes and interviews with staff, there does not appear to be a method in place to ensure mental health staff are notified of each use of force incident so that appropriate assessments can be conducted.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-8: In 2 of 10 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>MH-9: In 1 of 1 applicable record, a Drug Exception Request was not obtained for the use of two psychotropic medications in the same class.</b></p> <p><b>MH-10: In 1 of 3 applicable records, there was no Refusal of Health Care Services (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></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>

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-11:</b> In 5 records, informed consents were not present or did not reflect information relevant to the medication prescribed.</p> <p><b>MH-12:</b> In 4 of 15 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-13:</b> In 6 of 14 applicable records, documentation of follow-up psychiatric contacts did not contain the required clinical information (see discussion).</p> <p><b>MH-14:</b> In 2 of 6 applicable records, AIMS were not administered within the appropriate time frame.</p>	

***Discussion MH-13:** Five psychiatric notes lacked a rationale for medication or diagnosis changes. The remaining note indicated the inmate was compliant with medication; however documentation indicated he refused for the past three months.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-15:</b> In 4 of 12 applicable records, a case manager was not assigned within three working days of arrival or S grade change.</p> <p><b>MH-16:</b> In 1 of 4 applicable records, a clinically appropriate conclusion was not reached following a sex offender screening (see discussion).</p> <p><b>MH-17:</b> In 2 of 3 applicable records, the Individualized Service Plan (ISP) was not completed within 30 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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-18:</b> In 3 of 15 records, the ISP was not revised within 180 days.</p> <p><b>MH-19:</b> In 7 records, mental health problems were not recorded on the problem list.</p>	

***Discussion MH-16:** The screening indicated the inmate was not eligible for sex offender treatment, however no reason was documented.*

## MENTAL HEALTH SYSTEMS REVIEW

### Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-20:</b> Medical records were disorganized, with pages often misfiled or missing altogether.</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 to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION**

The mental health staff at TOMCI serves a complex and difficult population. Outpatient services, including case management and individual and group counseling, are provided to approximately 700 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also performs sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in Self-harm Observation Status (SHOS).

There were inconsistencies and general disorganization within the medical records. Documents were misfiled or missing altogether. Institutional personnel were given the opportunity to locate missing documents, however in many cases these documents could not be produced, resulting in several of the findings noted above. For example, when reviewing a MAR for psychiatric medication practices, the surveyor noted there were no informed consents or orders for two medications administered. Upon further review the surveyor discovered the inmate had been on SHOS during the time the medication was given, however the infirmary record could not be located. Additionally some "Observation Checklists" were missing from infirmary records. The disorganization of the medical record made it difficult to follow the progression of care.

There were findings related to documentation and frequency of psychiatric contacts. Daily rounds were not consistently conducted for inmates on SHOS and there was no documentation that a transfer to the Crisis Stabilization Unit was considered for eligible inmates. Additionally, some psychiatric follow-up contacts were not conducted in the required timeframe after medication was prescribed or changed. Some clinical documentation did not contain a rationale for medication or diagnosis changes. Abnormal Involuntary Movement Scales (AIMS) were not consistently completed for inmates prescribed antipsychotic medication and follow-up lab studies were not conducted as required in some cases. Mental health staff indicated there is one psychiatrist providing services to over 500 inmates. There is currently a halftime psychiatric position that has been vacant for approximately four months.

Mental health staff were responsive and expressed a strong desire to correct any concerns raised by the survey process. Staff interviewed were familiar with inmates on their caseloads. Oftentimes inmates in need were seen more frequently than the plan of care indicated. Case management and counseling notes were thorough and relevant. There were some findings regarding timeliness of ISPs. Staff indicated this has been an ongoing problem and have taken steps to ensure the issue is corrected. There were no findings requiring corrective action in the areas of aftercare planning, special housing, and psychological emergency indicating the mental health staff are responsive to the inmates' mental health concerns. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

# SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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



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

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also 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.