



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Union Correctional Institution

in

Raiford, Florida

on

January 10-13, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2171	Male	Maximum	4

Institutional Potential/Actual Workload

Main Unit Capacity	2024	Current Main Unit Census	1757
Satellite Unit(s) Capacity	432	Current Satellite(s) Census	414
Total Capacity	2456	Current Census	2171

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		906	1037	231	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	1679	67	215	196	18	3

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>
		0	19	0	20	9

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	1	0
RN	5	2
LPN	11.6	4
Dentist	2	0
Dental Assistant	3	0
Dental Hygienists	1	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatrist ARNP/PA	0	N/A
Psychological Services Director	1	0
Psychologist	5	1
Mental Health Professional	16	1
Human Services Counselor	0	N/A
Activity Technician	2	0
Mental Health RN	12.6	9
Mental Health LPN	15.7	8

OVERVIEW

Union Correctional Institution (UCI) houses male inmates of minimum, medium, close, and maximum custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, 3, 4, and 5. UCI consists of a Main Unit and Work Camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at UCI on January 10-13, 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

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

- 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 six of the chronic illness clinics and in the general chronic illness clinic review; the items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call services. There are no infirmary services provided at UCI.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of medical inmate requests or intra-system transfers. There were findings requiring corrective action in the review of consultations, periodic screenings, and medication administration; 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 systems. There were findings requiring corrective action in the review of dental care; 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 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.

Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 3 of 3 applicable records (16 reviewed), there was no evidence that a timely referral to a specialist and/or follow-up was completed when necessary (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 a chronic illness clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-1:** In one record, an inmate had uncontrolled high blood pressure for over one year. At the last clinic visit on 8/26/16, it was 195/106 but came down to 160/92 at the end of the visit. The clinician also noted stage I chronic kidney disease with the plan to “preserve kidney function”. CMA surveyors stated that a consultation may be beneficial to the health outcomes of this patient. In another record, a macular bleed was detected. Rather than being treated as an emergency, a consultation request was submitted in October and the appointment was not until 1/11/17. In the last record, an ultrasound was performed on 6/30/15 which indicated a mild enlargement from a prior examination of a complex left renal cyst. The recommendation was for “further evaluation with pre- and post-contrast abdominal CT study, renal mass protocol is advised”. The CT scan was not completed until 8/30/16 and a cyst aspiration was suggested. There was no record as of the time of the survey that the biopsy was done.*

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-2: In 5 of 17 applicable records, there was no evidence that low dose aspirin was prescribed.</p> <p>PH-3: In 7 records, there was no evidence of pneumococcal 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 cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 6 of 15 applicable records (18 reviewed), there was no evidence of pneumococcal 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 endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-5: In 11 of 15 applicable records (18 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 gastrointestinal 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>A comprehensive review of 14 records revealed the following deficiencies:</p> <p>PH-6: In 4 of 13 applicable records, there was no evidence of pneumococcal vaccination or refusal (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</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: In 7 of 13 applicable records, there was no evidence of influenza vaccination or refusal (see discussion).</p>	<p>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-6 and PH-7:** While inmates enrolled in the miscellaneous clinic are not automatically considered top priority for offering these vaccinations, the records reviewed revealed additional factors which indicated that immunization was needed. All inmates were over age 65 or were enrolled in other clinics that met the high risk criteria.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 9 of 13 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>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>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 records revealed the following deficiencies:</p> <p>PH-9: In 1 record, the diagnosis was not recorded on the problem list.</p> <p>PH-10: In 1 record, there was no evidence that 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 enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p>

Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
PH-11: In 1 record, there was no evidence that the medication was given as ordered (see discussion).	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Discussion PH-11:** The medication administration record (MAR) indicated some missed and delayed doses, and other doses not given twice weekly as ordered.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
PH-12: In 3 of 15 records reviewed, the consultation log was not completed for the incident.	<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>

Medication Administration

Finding(s)	Suggested Corrective Action(s)
PH-13: In 4 of 12 records reviewed, the medication orders were not signature stamped by the ordering clinician (see discussion).	<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-13: Per Health Services Bulletin (HSB) 15.14.02, prescription orders shall be signed and the clinician's name stamped or block printed under the signature.

Periodic Screenings	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-14: In 6 records, there was no evidence that all required diagnostic tests were performed prior to the screening (see discussion).</p> <p>PH-15: In 2 of 3 applicable records, there was no evidence that the inmate was seen by the clinician after a referral (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-14: Per HSB 15.03.04, diagnostic tests are to be performed seven to fourteen days prior to the periodic screening and are to include a complete blood count, urinalysis by dipstick, chest x-ray for those aged 55-77 with a smoking history, a stool hemoccult for those over 50 years of age, and a prostate-specific antigen (PSA) and electrocardiogram if clinically indicated. In four records, lab work was completed three months or more prior to the screening appointment. In one record, labs were ordered on the day of the appointment because the inmate had previously refused, however there was no indication that these labs were done. In the last record, there was no evidence of a chest x-ray for a 58 year old with a smoking history of 40 years.

Discussion PH-15: One record was referred to the clinician to review hemoccult results. There was no indication in the chart that this occurred. The other record was referred due to a cyst on the left testicle that had increased in discomfort and a suspicious mole under the arm. The periodic screening took place on 11/21/16 but there was no evidence that follow-up by the clinician occurred as of the time of the survey.

Dental Clinic Review	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-16: In 1 of 3 applicable records, there was no evidence that a follow-up visit was completed when 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 receiving dental services to evaluate the effectiveness of corrections.</p>

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-17: In 2 of 2 applicable records, consultation or specialty services were not completed timely (see discussion).</p>	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-17: *In both records, inmates have been waiting on specialty services appointments for over a year due to long wait times at the Reception and Medical Center (RMC). While CMA acknowledges that the wait times at RMC are not in the control of UCI, surveyors expressed concern that these delays in treatment were severe and may lead to more emergent problems. This also highlights the need for staff to explore treatment alternatives in the community.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-18: The triage area did not ensure inmate privacy/confidentiality (see discussion).</p> <p>PH-19: There was no evidence that all necessary equipment in inmate housing areas were clean and functional (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-18: *There were no partitions between beds 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. The medical building was condemned about 2 ½ years ago so all medical treatment areas were moved to another building that offers limited space. The emergency triage room is small, approximately 18 x 30, and was crowded at the time of the survey with ten patients.*

Discussion PH-19: *The upstairs shower in V dorm Quad 2 was leaking down onto the first floor ceiling. The floors were wet and mold/mildew were visible on the ceiling.*

CONCLUSION

The physical health staff at UCI serves a complex and difficult population, including elderly inmates with multiple medical comorbidities. Physical health care is provided on an outpatient basis. Infirmary services have not been available on-site since the original medical building was condemned. Inmates needing inpatient medical care are sent to other institutions or hospitals as appropriate. 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.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care as adequate.

A comprehensive review of medical records revealed several significant trends. Pneumococcal, influenza, and hepatitis B vaccinations were frequently missing, and complete diagnostic studies were not performed as required for periodic screenings. Timely referrals to specialists and their subsequent follow-up were lacking in the chronic clinic review as well as in dental care. CMA surveyors expressed concern that delays in care could have deleterious impacts on inmate health. Of note, it was indicated in staff interviews that the clinicians are submitting over 200 consultations per month and that the wait time for root canal therapy at RMC is over one year. CMA acknowledges that the numbers and wait times may significantly impact the consultation process, however, this further emphasizes the need for diligent monitoring of the referrals to ensure treatment recommendations and diagnoses are not missed. In addition to these trends, there were also findings regarding medications in the cardiovascular and tuberculosis clinics, and documentation issues regarding problem lists, logs, and orders that were not signature stamped.

Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient. It is evident the corrective action plan (CAP) process will be beneficial in facilitating the necessary corrections and meeting this goal. The clinic staff, including medical and administrative, should be acknowledged for their hard work with this complex inmate population.

MENTAL HEALTH FINDINGS-OUTPATIENT

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

- 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 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 available episodes of psychiatric restraints for review.

USE OF FORCE REVIEW

There were no findings requiring corrective action in the review of use of force episodes.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

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>A comprehensive review of 22 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 17 records, the documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-2: In 5 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed in its entirety.</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: Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations are documented on “Observation Checklist” (DC4-650). Most of the records were missing one or more safety check and others were missing an entire day of observations.

Psychological Emergencies

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 psychological emergencies revealed the following deficiencies:</p> <p>MH-3: In 1 record, the inmate’s history of mental health treatment and past suicide attempts was not assessed.</p> <p>MH-4: In 1 record, the inmate’s current suicidality was not fully assessed including ideation, plan, and future orientation.</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>

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: In 4 of 11 records reviewed, the pre-confinement physical was not completed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-5:** The Special Housing Health Appraisal (DC4-769) must be completed in its entirety to be considered compliant. In two records, vital signs were missing from the form. In two records, there was no evidence that this assessment was completed.*

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-6: In 2 of 3 records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-7: In 4 of 10 applicable records, follow-up laboratory studies were not ordered and conducted as required for psychotropic medications (see discussion).</p> <p>MH-8: In 2 of 10 applicable records, medications ordered were not appropriate for symptoms and/or diagnosis (see discussion).</p> <p>MH-9: In 3 of 12 applicable records, informed consent was not obtained for all psychotropic medications prescribed.</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 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>MH-10: In 6 records, psychiatric progress notes did not include required information.</p> <p>MH-11: In 2 of 9 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	

***Discussion MH-6:** In one record, a subtherapeutic Tegretol level was not addressed. In another record, there was an elevated thyroid stimulating hormone (TSH) lab conducted in July 2015. At the time of the survey, this issue had not been addressed.*

***Discussion MH-7:** In one record, there was no TSH or lipid profile since 2014. In another record, it was greater than six months between the complete blood count (CBC) and liver function test (LFT). In another record, there was no evidence of a lipid profile for an inmate on Risperdal. The last record indicated no lipid profile or metabolic profile in two years for an inmate on an antipsychotic medication.*

***Discussion MH-8:** In one record, an inmate diagnosed with depression and borderline intellectual functioning was being treated with Tegretol and Risperdal. In another record, the inmate experienced continued affective lability while being treated off label for mood stabilization with Risperdal. There was no evidence that an alternative treatment was offered or considered.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-12: In 1 of 2 applicable records (16 reviewed), consent for sex offender treatment was not obtained.</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 outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 20 records of inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-13: In 4 records, consent to release information for continuity of care was missing or incomplete.</p> <p>MH-14: In 4 of 5 applicable records, the summary of outpatient or inpatient mental health care was not completed within 30 days of EOS.</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 records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Mental Health Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>MH-15: There were no mattresses available in the infirmary isolation rooms in V Dorm.</p>	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

INPATIENT MENTAL HEALTH FINDINGS-U DORM

Union Correctional Institution-U Dorm (UCI-U) provides inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at UCI-U:

- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of psychiatric restraint episodes at UCI-U; the items to be addressed are indicated in the table below.

INPATIENT SERVICES REVIEW

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

Psychiatric Restraints	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 3 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-16: In 2 records, less restrictive means of behavioral control were not attempted or documented prior to the application of restraints.</p> <p>MH-17: In 2 records, the physician's order did not contain the maximum duration of the order and behavioral criteria for release.</p> <p>MH-18: In 1 record, there was no documentation that the inmate was offered food at meal times.</p> <p>MH-19: In 1 of 2 applicable records, a new physician's order was not obtained within four hours while the inmate remained in restraints.</p> <p>MH-20: In 3 records, restraints were not removed after 30 minutes of calm behavior.</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 five inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>MH-21: In 1 of 4 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-22: In 12 of 16 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-23: In 1 of 3 applicable records, a physical examination was not completed.</p> <p>MH-24: In 7 records, follow-up psychiatric sessions did not contain the required clinical information (see discussion).</p> <p>MH-25: In 1 of 3 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frame.</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 five inpatient 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-21: *In the deficient record, there was no indication of treatment or monitoring for a disordered thyroid.*

Discussion MH-22: *In 11 records, gaps in the administration of psychotropic medications were evidenced by blanks on MARs without indication of refusal. In the remaining record, the medication dosage was administered incorrectly.*

Discussion MH-24: *In two records, documentation did not address the inmate's refusal of medication. In the remaining records, documentation in notes conflicted with information contained in the physician's orders.*

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 inpatient records revealed the following deficiencies:</p> <p>MH-26: In 5 records, the Individualized Service Plan (ISP) was not completed as required.</p> <p>MH-27: In 18 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-28: In 7 records, weekly documentation of the inmate's participation in group activities and progress towards treatment goals was not present in the medical record.</p> <p>MH-29: In 4 records, weights were not recorded weekly as required.</p> <p>MH-30: In 7 records, behavioral level assessments were missing or not reviewed within the required time frame (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 five inpatient 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-30: Behavioral levels are reviewed by the Multidisciplinary Services Team (MDST) to ensure the inmate has access to privileges and activities and is progressing through the level system. In the deficient records, the MDST was not meeting within the required time frame. In three of these records, there was no indication why the behavioral level was changed.

INPATIENT MENTAL HEALTH FINDINGS-V DORM

Union Correctional Institution-V Dorm (UCI-V) provides inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at UCI-V:

- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of psychiatric restraints available for review at UCI-V.

INPATIENT SERVICES REVIEW

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

Inpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p>MH-31: In 2 of 9 applicable records, there was no evidence that abnormal lab results were addressed (see discussion).</p> <p>MH-32: In 9 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</p> <p>MH-33: In 4 records, there was not an informed consent for each medication prescribed or the form did not contain the required information (see discussion).</p> <p>MH-34: In 9 records, follow-up psychiatric contacts were not conducted at the required intervals.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than five applicable inpatient 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-31: In the first record, labs ordered 9/13/16 showed a subtherapeutic Tegretol level, however these results were not reviewed until 1/4/17. In the second record, triglyceride levels increased to abnormal within four months without being addressed.

Discussion MH-32: In seven records, gaps in the administration of psychotropic medications were evidenced by blanks on the MARs without indication of refusal. In one of these records, an order for Tegretol written on 8/19/16 was not filled until 8/30/16. In another record, Lamictal was out of stock for 10 days in September and 11 days in August. In the last record, an inmate on Cogentin, Vistaril, and Lamictal was prescribed Celexa on 10/20/16. The medication was discontinued by the clinician on 10/27/16 after the inmate refused all future doses. The inmate did not receive the Celexa in November 2016. However the Celexa was restarted in December without evidence of a clinician order and administered to the inmate until the date of the survey.

Discussion MH-33: In two records, the common adverse effects were not addressed. In one record, an informed consent for antipsychotic medication was used for Celexa. In the last record, consents for Zoloft and Abilify were not found.

Inpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 inpatient records revealed the following deficiencies:</p> <p>MH-35: In 8 records, a risk assessment for violence was not completed in the required time frame.</p> <p>MH-36: In 15 records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-37: In 7 records, weekly documentation of the inmate's participation in group activities and progress towards treatment goals was not present in the medical record.</p> <p>MH-38: In 4 records, nursing evaluations were not documented or completed as required.</p> <p>MH-39: In 4 records, vital signs were not documented at the required intervals.</p> <p>MH-40: In 6 records, weight was not recorded weekly 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 five applicable inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

INPATIENT MENTAL HEALTH FINDINGS-T DORM

Union Correctional Institution-T Dorm (UCI-T) provides inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at UCI-T:

- S5 - Inmate requires a structured residential setting in a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no episodes of psychiatric restraints available for review at UCI-T.

INPATIENT SERVICES REVIEW

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

Inpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
A comprehensive review of 8 inpatient records revealed the following deficiencies:	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
MH-41: In 1 of 1 applicable records, there was no "Refusal of Health Care Services" (DC4-711A) after 3 consecutive medication refusals or 5 in one month.	Create a monitoring tool and conduct biweekly monitoring of no less than five applicable inpatient records to evaluate the effectiveness of corrections.
MH-42: In 2 of 7 applicable records, there was not an informed consent for each medication prescribed or the form did not contain the required information.	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.
MH-43: In 4 records, follow-up psychiatric contacts were not conducted at the required intervals.	
MH-44: In 1 of 5 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not administered within the required time frame.	

Inpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 9 inpatient records revealed the following deficiencies:</p> <p>MH-45: In 1 of 1 applicable record, the nursing assessment was not completed in its entirety (see discussion).</p> <p>MH-46: In 6 of 8 applicable records, the required hours of planned structured therapeutic services were not provided.</p> <p>MH-47: In 7 records, vital signs were not documented at the required intervals.</p> <p>MH-48: In 7 records, weight was not recorded weekly 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 five applicable inpatient 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-45: *The objective/subjective areas were not addressed.*

CONCLUSION – MENTAL HEALTH

The staff at UCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Inpatient mental health services are provided in two Transitional Care Units (TCU) totaling 237 beds (U and V dorms) and a 16 bed Crisis Stabilization Unit (CSU) (T dorm). Reportable findings requiring corrective action are outlined in the tables above.

In September 2013, UCI established a Residential Treatment Unit (RTU), an outpatient program designed for chronically mentally ill inmates who cannot seem to break the cycle of close management (CM) and inpatient admissions. Inmates with mental health issues may receive multiple disciplinary reports, sometimes because of difficulty following rules and functioning in the general population, which can result in placement in CM. In some cases, this is a consequence of behavioral symptoms manifested from mental illness in the close management setting. Inmates admitted to inpatient units at UCI are on CM status prior to their admission. However once admitted, their CM status is suspended and therefore, they are not typically eligible for a reduction in CM level while receiving inpatient care. They may spend months or even years in a TCU, only to be discharged back to CM. In the RTU, inmates are provided outpatient mental health services that are similar to the inpatient level of care. However, they have the opportunity to work towards progressing through the levels of CM to increase their freedom of movement, while participating in structured therapeutic activities. Once the inmate completes his CM time, he is referred to a less restrictive TCU with the goal of assimilating into the general population. There have been 82 graduates from the program thus far.

Many of the findings noted in the outpatient portion of this report are related to psychiatric services. While it appears inmates are seen at regular intervals, documentation to support the evaluation often lacked required clinical information. Frequently, notes did not address the status of psychiatric symptoms, evaluation of medications, side effects, or rationales for medication changes. In some cases medications prescribed were not appropriate for the documented symptoms and diagnosis, and AIMS were not consistently administered. Additionally, laboratory tests necessary to monitor the effects of psychotropic medications did not receive adequate follow-up or in some cases were not ordered at all. Staff are in the process of launching a telemedicine program which they feel will be beneficial in resolving these issues. CMA surveyors noted only one finding in the review of outpatient mental health services. ISPs were timely, thorough, achievable, and well-written. All members of the MDST and the inmate participated in creating the ISP and the services were provided as outlined, including the specialized services required for inmates in close management.

Many of the findings identified in the review of inpatient services are related to psychotropic medication practices. In some cases inmates were seen by the psychiatric practitioner at less frequent intervals than required by Department policy or notes did not contain the required clinical information. Labs were not completed as required for inmates housed in the TCUs. Additionally, in more than half of the TCU records reviewed, medication was administered incorrectly, there were lapses in the availability of common medications, or blanks were noted on MARs indicating the inmate did not receive the medication. CMA clinical surveyors were concerned that lapses in the administration of psychotropic medications and reductions in important clinical contacts could place this vulnerable population at risk of further decompensation.

In almost every record reviewed for inpatient services, documentation indicated many activities were cancelled by security. Because of the inmates' elevated security status, security staff are required to shackle many of inmates housed in the inpatient units prior to removal from their cells. According to personnel, there are significant vacancies in security positions. This shortage of security staff makes it especially challenging when trying to meet the required hours of structured therapeutic services.

Findings were also noted in the review of nursing services. Evaluations were not consistently completed for inmates on SHOS or prior to admission to confinement. In the majority of the records reviewed, inmates were not observed as ordered by nursing or security staff while on SHOS. Additionally, incomplete nursing assessments, weights and/or vital signs were noted on the inpatient units. Staff indicated there are significant vacancies in nursing positions.

Additional findings were related to aftercare planning for eligible inmates. These services are provided to inmates on both the inpatient and outpatient caseloads. The consent to release information was not obtained and the summary of mental health services was not completed as required. Aftercare planning ensures inmates will have the resources needed to meet their mental health needs to facilitate successful reentry into the community.

Overall the mental health staff were knowledgeable and attentive, and seemed concerned for the inmates in their care. Interviews with inmates revealed that they were generally satisfied with the care provided. Mental health staff were helpful throughout the survey process and records were readily available for the survey team. Staff 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 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.