



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

### **Union Correctional Institution**

in

**Raiford, Florida**

on

**June 18 – 21, 2013**

#### **CMA Physical Health Team Leaders:**

Priscilla Wood, BS  
Kathy McLaughlin, BS  
Lynne Babchuck, LCSW

#### **CMA Mental Health Team Leaders:**

Jane Holmes-Cain, LCSW  
Matthew Byrge, LCSW

#### **Physical Health Team Members:**

Dana Barnes, MD  
Timothy Garvey, DMD  
Dave Habel, PA-C  
Susan Porterfield, ARNP  
Ann Panzarino, RN  
Sue Sims, RN

#### **Mental Health Team Members:**

Erik Gooch, DO  
Kristin Adams, PsyD  
Ronald Girona, PhD  
Jenene Case-Pease, LMHC, PhD  
Gene Costlow, LCSW  
Mandy Petroski-Moore, LCSW  
Kathy Louvaris, ARNP  
Victoria Lund, ARNP, PhD  
Cathy Morris, RN

**Distributed on**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1908	Male	Maximum	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1969	<b>Current Main Unit Census</b>	1908
<b>Annex Capacity</b>	NA	<b>Current Annex Census</b>	NA
<b>Satellite Unit(s) Capacity</b>	NA	<b>Current Satellite(s) Census</b>	NA
<b>Total Capacity</b>	1969	<b>Total Current Census</b>	1908

### Inmates Assigned to Medical/Mental Health Grades

<b>Medical Grade</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	785	948	199	5	3	11
<b>Mental Health Grade (S-Grade)</b>	<b><u>Mental Health Outpatient</u></b>			<b><u>MH Inpatient</u></b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	1263	74	303	259	27	8

### Inmates Assigned to Special Housing Status

<b>Confinement/Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	51	22	0	8	20	34

## OVERVIEW

Union Correctional Institution (UCI) houses male inmates of minimum, medium, maximum and close custody levels. The facility grades are medical (M) 1, 2, 3, 4 and 5 and psychology (S) grades 1, 2, 3, 4 and 5. The scope of health services provided includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and infirmary care as required for medical and mental health. Inpatient and outpatient mental health care is also provided at UCI. Union Correctional Institution has three Transitional Care Units (TCU) and one Crisis Stabilization Unit (CSU). These inpatient units house inmates who were on close management status prior to their inpatient admission.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at UCI on June 18 – 21, 2013. 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**

At the conclusion of the survey, the survey team conducted an exit conference 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 action(s) 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 monthly 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 monthly 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 and inpatient 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.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW**

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control and pharmacy practices.

#### **INSTITUTIONAL TOUR**

There were no findings requiring corrective action as a result of the institutional tour. Two issues cited by surveyors are detailed in the conclusion of the physical health report.

#### **EPISODIC CARE REVIEW**

There were two findings requiring corrective action in the review of emergency care and sick call records; the items to be addressed are indicated in the table below.

#### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental systems. One issue cited by surveyors is detailed in the conclusion of the physical health report.

#### **CHRONIC ILLNESS RECORD REVIEW**

There were no findings requiring corrective action in three of the chronic illness clinics reviewed. There were findings in the cardiovascular, neurology, oncology, respiratory, TB, and immunity clinics; the items to be addressed are indicated in the table below.

#### **OTHER RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers, or preventive care. There were findings requiring corrective action in the review of medication administration records and consultations; the items to be addressed are indicated in the table below.

### Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 4 of 16 applicable records (17 reviewed), evidence of patient education appropriate to the presenting complaint was missing.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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-2: In 4 of 18 records reviewed, evidence of patient education appropriate to the presenting complaint was missing.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: In 5 of 18 records reviewed, the appropriate diagnosis was not documented on the problem list.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: In 3 of 10 applicable records (17 reviewed), there was no evidence that the use of a rescue inhaler, occurring more than two times per week was addressed.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline history was incomplete or missing.</b></p> <p><b>(b) In 9 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(c) In 8 records, the baseline laboratory work was incomplete or missing.</b></p> <p><b>(d) In 5 of 14 applicable records, there was no evidence of hepatitis B vaccine or refusal.</b></p> <p><b>(e) In 4 records, there was no referral to a specialist for additional treatment although indicated.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(b) In 1 of 2 applicable records, there was no evidence that a medication taper was discussed after two years without seizures.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</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>PH-7: A comprehensive review of 3 records revealed the following deficiencies:</b></p> <p><b>(a) In 1 record, the diagnosis was not appropriately documented on all necessary forms.</b></p> <p><b>(b) In 1 record, the baseline history was incomplete or missing.</b></p> <p><b>(c) In 1 record, some progress notes were illegible.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records (all if fewer than 10 records are available) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-8: A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the diagnosis was not appropriately documented on the problem list.</b></p> <p><b>(b) In 6 records, the baseline history was incomplete or missing.</b></p> <p><b>(c) In 6 records, the baseline physical examination was incomplete or missing.</b></p> <p><b>(d) In 5 records, there was no evidence of pneumococcal vaccine or refusal on record.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



### Medication Administration Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-9: In 4 of 12 records reviewed, medication orders were not signed, dated, and timed.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10 : A comprehensive review of 18 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 7 of 14 applicable records, there was no evidence that changes in diagnosis were reflected on the problem list.</b></p> <p><b>(b) In 2 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by Utilization Management.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION**

The physical health staff at UCI serves a complex and difficult population, including inmates of advanced age and inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis; inmates in the infirmary may require both medical observation and skilled nursing services. 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 265 records and found deficiencies in 93 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.

Overall, CMA surveyors concluded that institutional staff demonstrated adequate clinical management. Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Inmates expressed satisfaction with access to health care services, despite considerable staffing shortages. At the time of the survey, only 14 of the 63 nursing positions were filled.

A review of dental records and dental systems found no deficiencies in patient care. It was noted by the dental surveyor that no correctional officers were assigned to the dental clinic during business hours. There are concerns that there would not be enough staff nearby should an emergency occur, thus placing inmates and institutional personnel at risk.

Several areas were also marked for improvement. Notably, patient records were often disorganized with important documents either difficult to find or missing altogether. In several patient charts, surveyors were unable to assess whether particular clinical interventions were administered or find a clearly established plan of care. Baseline diagnostic and historical information was lacking in many patient charts. Surveyors expressed concern that poor documentation could lead to medical errors.

Although an inspection of the medical areas did not reveal any deficiencies requiring corrective action, surveyors did note that several pieces of equipment were outdated or unavailable for use. Surveyors noted that the ordered IVAC machines, needed to meet the pulse oximetry requirements, are still not available. They also noted that EKG machines were old and could benefit from replacement, rather than frequent repairs as is currently the case. This matter does not necessitate corrective action for purposes of the CMA audit; however surveyors recommended this matter be taken into consideration.

Additional concerns were identified regarding medication administration. Several interviewees, including both health care staff and inmates identified delays between requests for keep on person (KOP) medication refills and the dispensing pharmacy completing the refill orders. Although, it is unclear what part, if any, late inmate requests contribute to this matter; it may be beneficial for institutional personnel to investigate further; to prevent delays in inmates receiving necessary medications.

Survey findings indicated the majority of medical care provided at UCI falls within Department standards. 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. The clinic staff, including medical and administrative, should be commended for their hard work in light of staffing shortages and the complex inmate population.

# **MENTAL HEALTH FINDINGS**

Union Correctional Institution provides outpatient and inpatient 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).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

## **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-harm Observation Status and mental health restraints practices; the items to be addressed are indicated in the table below.

## **USE OF FORCE REVIEW**

There were findings requiring corrective action in the review of use of force records; 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 and special housing. There was a finding requiring corrective action in the review of inmate requests; the item to be addressed is indicated in the table below. Information gleaned from inmate and staff interviews indicated there may be barriers to accessing mental health services. This issue is detailed in the "additional concerns" section below.

## **INPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of S4/S5 records and inpatient psychotropic medication practices; the items to be addressed are indicated in the table below.

## **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of outpatient psychotropic medications. There was a finding requiring action in the review of S2/S3 records; the item to be addressed is indicated in the table below.

## **AFTERCARE PLANNING REVIEW**

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

## Mental Health Restraints

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: A comprehensive review of 5 mental health restraint episodes revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, the appropriate precipitating behavioral signs indicating the need for psychiatric restraints were not documented in the medical record (see discussion).</b></p> <p><b>(b) In 4 records, less restrictive means of behavioral control were not documented (see discussion).</b></p> <p><b>(c) In 1 record, the physician's order did not include the maximum duration of the restraint.</b></p> <p><b>(d) In 2 records, vital signs upon release of restraint were not documented.</b></p> <p><b>(e) In 4 records, calm behavior for 30 minutes prior to the removal of psychiatric restraints was not documented in the medical record (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten restraint episodes (all if fewer than 10 episodes are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1(a):** *In one record, there was no note indicating why the inmate was placed in restraints. In another record, the inmate was kicking the door but was not threatening to harm himself. In the last record, the surveyor was unable to tell from the documentation provided if restraints were warranted.*

**Discussion MH- 1(b):** *The standard of care for the use of psychiatric restraints is that they should be used as a last resort, only when less restrictive alternatives are unsuccessful. In one case, the inmate was told to stop kicking the door. In another case, the documentation indicates the inmate "took ETO without incident". In the third case, there was no note indicating why the inmate was placed in restraints. In the final case, there was no description of the other methods attempted prior to the use of restraints.*

**Discussion MH-1(e):** *The form used by staff to document observations did not have a category to indicate calm behavior. In the one record in which documentation was compliant, staff wrote in a category for calm behavior.*

### Self Harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: A comprehensive review of 10 Self Harm Observation Status (SHOS) records revealed the following deficiencies:</b></p> <p><b>(a) In 2 records, the clinician's order did not specify observations every 15 minutes.</b></p> <p><b>(b) In 2 records, the documentation did not indicate that the inmate was observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>(c) In 1 of 2 applicable records, the inmate was not seen for post discharge follow-up.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2(b):** One of the records lacked any documentation of SHOS observations (DC4-650). In the other record, observations were only documented for one day (5/28/13).*

### Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: A comprehensive review of 7 use of force incidents revealed the following deficiencies:</b></p> <p><b>(a) In all records reviewed, a post use-of-force physical examination was not present in the medical record.</b></p> <p><b>(b) In 3 records, a written referral to mental health staff was not present in the medical record.</b></p> <p><b>(c) In 4 records, there was no indication that mental health staff interviewed the inmate the next working day to determine level of mental health care needed.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten use of force incidents (all if fewer than 10 incidents are available) weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-3:** According to Department policy, nursing staff must provide a physical examination for all inmates involved in a use of force incident. Per policy, nursing staff subsequently notify mental health staff of incidents involving chemical agents with inmates of S2*

and S3 grades. Mental health staff are then required to interview these inmates the next working day to determine if a higher level of mental health care is indicated. In all records reviewed, there was no evidence the nurse examined the inmate after a use of force incident. In three records, there was no documentation mental health staff were notified of the incident and in four records, the required interview by mental health was not present. If this interview is not conducted, staff are unable to determine if there has been a change in the inmate's mental status or if follow-up care is indicated.

<b>Inmate Request</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-4: In 4 of 11 records reviewed, the inmate was not seen by mental health as indicated in the response to the request.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Inpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-5: A comprehensive review of 15 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, vital signs were not documented at required intervals (see discussion).</b></p> <p><b>(b) In 12 records, weekly weight was not documented (see discussion).</b></p> <p><b>(c) In 4 records, the ISP was not signed by the inmate.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Inpatient Mental Health Services(cont'd)

Finding(s)	Suggested Corrective Action(s)
<p><b>(d) In 10 records, the required hours of therapeutic services were not documented (see discussion).</b></p> <p><b>(e) In 9 records, weekly documentation (SOAP note) of the inmate's participation in group activity was inconsistent or missing from the medical record (see discussion).</b></p> <p><b>(f) In 5 records, there was no evidence of a behavioral level review or it was not reviewed in the appropriate timeframe (see discussion).</b></p> <p><b>(g) In 1 of 5 applicable CSU records, the risk assessment for violence was not present.</b></p>	

**Discussion MH-5(a & b):** *In many cases the inmates refused vital sign checks and weights. However, in the cases noted, there was no documentation that vital signs or weights were completed, nor was there documentation of a refusal.*

**Discussion MH-5(d):** *It is typical for inmates in an inpatient setting to refuse to come out of their cells for activities. However, even with documented refusals, the required hours of therapeutic services were not always offered. Additionally, conflicting documentation regarding activities offered was present. For example, in reviewing a TCU record, the surveyor noted there was no documentation of participation in activities prior to 5/21/13. The inmate had been transferred from the CSU to TCU on 5/21/13. The DC4-664 "Mental Health Attendance Record" received from the CSU indicated the inmate participated in activities for the entire month of May at the CSU even though he was housed at the TCU from 5/21 to 5/31.*

**Discussion MH-5(e):** *There were discrepancies between weekly SOAP notes and other clinical documentation. For example, one SOAP note indicated the inmate attended 0 of 2 recreational sessions. The corresponding DC4-664 "Mental Health Attendance Record" indicated that of the three sessions offered; the same inmate attended one and refused two. In another example, there was documentation that the inmate refused a group, although participation was documented on the DC4-664.*

**Discussion MH-5(f):** *The Department incorporates a behavioral level review system in order to provide opportunities for inmates to achieve increased access to property and activities based on their demonstration of self-care, compliance with mental health unit and Department rules and cooperation with the treatment regimen. In one record, the behavioral level reviews were not conducted for several months. In the other records, the reviews were several days or weeks late. Surveyors noted that in several records, the levels were frequently changed without a documented rationale. Although this is not a requirement, surveyors noted that this documentation could be helpful in accurately assessing behavioral levels.*

**Inpatient Psychotropic Medication  
Practices**

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: A comprehensive review of 15 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 8 of 13 applicable records, the psychiatric evaluation was missing or not completed within the required timeframe.</b></p> <p><b>(b) In 9 of 14 applicable records, follow-up sessions were not conducted at appropriate intervals</b></p> <p><b>(c) In 2 of 8 applicable records, follow-up lab tests were not completed as required.</b></p> <p><b>(d) In 5 of 14 applicable records, the physician orders were not dated and/or timed.</b></p> <p><b>(e) In 3 of 10 applicable records, AIMS were not administered within the appropriate time frame.</b></p> <p><b>(f) In 1 of 2 applicable records, a telephone order signature for the use of an Emergency Treatment Order (ETO) was not dated or timed.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Outpatient Psychotropic Medication  
Practices**

**Discussion:** *Although it did not rise to the level of a finding, many physician signatures were illegible and required identification by institutional staff. The signatures were those of locum tenens who are not issued signature stamps by the Department. They are required to print their names; however in many cases the printed name was illegible as well. Surveyors suggested a signature page be placed in the front of the chart in order to verify signatures.*



**Outpatient Mental Health Services**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-7: In 6 of 21 records reviewed, the Individualized Service Plan (ISP) was not signed by members of the Multi-disciplinary Service Team (MDST) and/or the inmate and there was no documented refusal.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**MENTAL HEALTH SYSTEMS REVIEW**

**Administrative Issues**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-8: Medical records were disorganized with pages often misfiled or missing altogether (see discussion).</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Administrative Issues (cont'd)

Finding(s)	Suggested Corrective Action(s)
<b>MH-9: Inpatient mental health dorms S and T forms had only one set of restraints and T dorm only had one helmet (see discussion).</b>	<p>Provide evidence in the closure file that the issue described has 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>
<b>MH-10: Cells in U and O dorm had standing water from leaks (see discussion).</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<b>MH-11: Paint is peeling from the walls of multiple cells.</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<b>MH-12: Two inpatient cells had environmental health concerns (see discussion).</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-8:** *Despite the survey team being comprised of experienced surveyors who are familiar with the Department's medical records, they had difficulty finding the appropriate documentation needed to carry out the survey protocols. For example, some psychiatry progress notes were filed under the "plan of care" tab, while others were filed with the nursing notes. Progress notes were often out of chronological order and printed dates were crossed out and alternative dates handwritten. Weeks or even months of progress notes were missing from the record. For example, inpatient nursing notes from 3/12/13 through 5/5/13 were missing from*

one record. Staff were able to locate the notes after the survey and indicated the record had been thinned. Staff report a high turnover in medical records which likely contributes to the disorganization of the records.

**Discussion MH-9:** Per Department policy, no less than three sets of restraints are required, as well as at least one helmet in each size, small-medium-large for each dorm.

**Discussion MH-10:** An occupied cell in U dorm had wet tissue lining the edge of the wall at the floor. The inmate in the cell and the correctional officer reported water was leaking from the hot water heater. One empty cell in O dorm had water on the floor in several puddles. The correctional officer indicated the water comes from the showers.

**Discussion MH-12:** An unoccupied cell in U dorm had dried blood on the wall in several places. This was the only empty cell at that time and would need to be utilized if an inmate was admitted to SHOS. The surveyor observed this blood at approximately 1 PM. The nurse informed the surveyor that she had reported the dried blood at 10 AM. An unoccupied cell in V dorm had black colored mold on the ceiling. The correctional officer reported that this was due to inmates "constantly popping off" the sprinklers.

### Additional Concerns

Twenty-two inmates housed in confinement, general population, and inpatient mental health units were interviewed. Nine reported "ghost trays" are given to some inmates during mealtimes while in confinement or inpatient mental health units. They explained that "ghost trays" are empty Styrofoam containers that should contain a meal. One surveyor noted these allegations were documented in an inpatient mental health record. The CMA psychiatrist surveyor stated this would be concerning for inmates taking psychotropic medication, as food and water deprivation can increase the threshold for seizures.

Of the 22 inmates interviewed, 11 were housed in inpatient mental health units. Seven of the 11 reported barriers to accessing mental health services. They stated they are either ignored or told no if they attempt to declare a psychological emergency, ask for an inmate request form and/or ask to attend group activities. Several inmates reported they bang on doors or break overhead sprinklers in order to gain the attention of mental health staff.

Health care staff reported they have heard similar complaints from inmates. These issues were brought to the attention of the Warden and have been referred to the Department's Inspector General for further investigation and follow-up.

While it is recognized that the inmate population may have an incentive to complain about services, when a significant number of inmates report similar concerns, further investigation may be warranted. It is not always possible to confirm or refute interview findings during a survey. For this reason the Warden and the Department Inspector General are the appropriate referral. We appreciate that the Warden has addressed this issue in the past, however, further review may be necessary as indicated by interview data. The Authority would appreciate being kept apprised of the Inspector General's findings, as appropriate.

## **CONCLUSION**

The mental health staff at UCI serves a complex and difficult population. Inpatient services are provided in three Transitional Care Units (TCU), which include two 116 bed dorms and one 27 bed dorm. Inpatient services are also provided at one 27 bed Crisis Stabilization Unit (CSU). Outpatient services, including case management and individual and group counseling, are provided to over 300 inmates. Many of the inmates on the outpatient caseload are in close management (CM), confinement or Death Row. 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 Self-harm Observation Status (SHOS).

Along with the challenges of serving inmates in a close management or inpatient setting, UCI faces chronic staffing vacancies including psychiatric, psychological, security, nursing and medical records. At the time of survey there were only two permanent Psychiatrists. There were five Behavioral Health Specialist vacancies and an additional resignation was submitted while the survey was in process. Although the Senior Mental Health Clinician positions were fully staffed at the time of the survey, two were recently employed (within two months prior to the survey). In addition, there were six mental health RN vacancies and one mental health LPN vacancy. Thus, a significant portion of the mental health caseload is covered by locum tenens and agency staff. These staffing challenges likely contribute to many of the findings regarding missing or late assessments and inconsistent documentation of vital signs and weights. These findings may also be related to coverage provided by agency staff who may be less familiar with Department policies and procedures. Additionally, many of the inmates on close management status (levels one and two) must be shackled in order to participate in out-of-cell activities. The shortage of security staff makes this especially challenging when trying to meet the required hours of structured therapeutic services. Inmates were not consistently offered the services listed on their Individualized Service Plans and weekly group notes did not always correspond with the documented services offered. Staffing concerns create challenges with documentation consistency, disrupt continuity of care, and may affect treatment outcomes.

It is typical for inmates in inpatient settings, particularly those that must be shackled in order to come out of the cell, to refuse services. Surveyors noted many documented refusals for individual and group counseling as well as nursing and psychiatric services, even though some inmates interviewed indicated they do not refuse some of these activities. Documentation in the record by mental health staff indicated some inmates report they asked to come out for groups and therapeutic services; however they were not escorted to the activities. Interviews conducted by CMA surveyors revealed a discrepancy between how different staff members may interpret inmate behaviors and how inmates may interact with different staffing groups; mental health staff were more likely to report that inmates want to attend therapeutic activities but were denied the opportunity to do so; while security staff were more likely to cite inmate refusals. Surveyors voiced an overall concern about the inadequacy of the inmate's opportunity to access the required out-of-cell weekly activities. A solution may be to improve documentation regarding why inmates refuse activities in order to develop a plan to reengage them in their treatment.

It is standard practice in both community and correctional settings for psychiatric restraints to be utilized only as a last resort; when all other less restrictive means of controlling behavior have been determined to be ineffective. The findings related to psychiatric restraints indicate least restrictive options were not always explored prior to placing an inmate in restraints.

Furthermore, the rationale for placing an inmate in restraints was not consistently documented. Additionally, surveyors were unable to ascertain if the inmate exhibited calm behavior prior to release. In one case, documentation indicated the inmate was calm prior to being placed in restraints.

Missing documentation was a concern in both the inpatient and outpatient records. In some instances, especially in outpatient records, missing documentation was located by staff at a later time. When asked about the documentation not being filed, staff reported that much of the newer documentation (the current and previous month) was retained in their offices and not filed in the medical record. This delayed the survey process and may have also contributed to the deletion of some initial findings; as staff were able to provide the missing documentation after the conclusion of the survey. Lack of necessary clinical information in the medical record makes it more difficult to maintain continuity of care in an already complex and difficult to manage population. An administrative solution requiring a timeframe for filing documentation may resolve this problem.

Some concerns were noted in the review of use of force incidents and in the systems review. There does not appear to be a method in place to ensure mental health staff are notified of each use of force episode so that appropriate assessments can be conducted. The systems review revealed problems with overall cleanliness within the viewed cells as well as some environmental concerns (e.g. black colored mold on the ceiling, standing water, and dried blood on the wall). These issues were brought to the attention of institutional staff.

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 close management (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. The Department is in the process of establishing a Residential Treatment Unit (RTU) at UCI which will house chronically mentally ill inmates who cannot seem to break the cycle of CM and inpatient admissions. They will have access to clinical care and programs similar to those provided on the inpatient unit; however in the RTU they will have the opportunity to work towards progressing through the levels of CM to increase their freedom of movement, while participating in structured therapeutic activities. At the time of the survey, institutional staff were evaluating inmates for admission to the RTU. Department staff is to be commended for instituting this approach to meeting the mental health needs of chronically mentally ill inmates on CM status.

Even with the challenges of serving a difficult population as well as staff shortages, it is evident mental health staff had a strong desire to provide quality treatment. They were attentive, helpful and generally concerned with the deficiencies the survey revealed. The interviews with mental health staff revealed competency of treatment and Department standards. Moreover, the interviews with inmates revealed that when they had access to mental health care, they were generally satisfied with the care provided. Mental health staff should be commended for their dedication to serving the inmates in the context of many significant challenges.

## 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 of Corrections 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 and 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, i.e., 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.