



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Wakulla Correctional Institution**

in

**Crawfordville, Florida**

on

**December 10-11, 2014**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
3243	Male	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1456	<b>Current Main Unit Census</b>	1280
<b>Annex Capacity</b>	2037	<b>Current Annex Census</b>	1963
<b>Total Capacity</b>	3493	<b>Total Current Census</b>	3243

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
<i>(M-Grade)</i>	2130	1116	287	0	1	50
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	3135	132	267	0	0	0

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	41	49	113	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1	0
RN	4	1
LPN	6	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	.5	0
Senior Mental Health Clinician	.5	.5
Behavioral Specialist	.5	0

### Medical Staffing: Annex

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4.75	1
LPN	6	0

### Mental Health Staffing: Annex

	Number of Positions	Number of Vacancies
Psychiatrist	.5	0
Senior Mental Health Clinician	.5	.5
Behavioral Specialist	3.5	0

## OVERVIEW

Wakulla Correctional Institution (WAKCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4 and psychology (S) grades 1 and 2 at the Main Unit and S grades 1, 2, and 3 at the Annex. WAKCI consists of a main unit, annex, and work camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at WAKCI on December 9-10, 2014. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

### **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required demonstrating 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 - MAIN UNIT**

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and 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 - MAIN**

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

There were findings in nine of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings in the general chronic illness clinic review.

#### **EPISODIC CARE REVIEW**

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

#### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers, periodic screenings, or in the medication administration record review. There was a finding requiring corrective action in the review of consultations; the item to be addressed is indicated in the table below.

#### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental care. There was a finding requiring corrective action in the review of dental systems; the item to be addressed is indicated in the table below.

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

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

### Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 9 of 17 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 inmate records revealed the following deficiencies:</b></p> <p><b>PH-2: In 12 records, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-3: In 8 records, the annual laboratory work was incomplete (see discussion).</b></p> <p><b>PH-4: In 3 of 12 applicable records, inmates with vascular disease were not prescribed aspirin and/or there was no contraindication in the medical record.</b></p> <p><b>PH-5: In 9 records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-6: In 6 of 10 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-2:** Health Services Bulletin (HSB) 15.03.05 Appendix #2, indicates the physical examination should include “an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin.” In all of the records, there was no description of the nails and feet.

**Discussion PH-3:** In 7 records, there was no evidence of microalbumin testing. In the last record, there was no evidence of microalbumin testing, as well as the basic metabolic and lipid profiles.

### Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 13 inmate records revealed the following deficiencies:</b></p> <p><b>PH-7: In 6 records, the physical examination was incomplete (see discussion).</b></p> <p><b>PH-8: In 3 of 9 applicable records, there was no evidence that hepatitis A &amp; B vaccine were given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-9: In 2 of 8 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-7:** In all of the deficient records, there was no description of the sclera as is required in HSB 15.03.05.

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-10: In 8 of 10 records reviewed, there was no evidence of hepatitis B vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is</p>

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	affirmed through the CMA corrective action plan assessment.

### Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-11: In 2 of 8 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-12: In 2 of 7 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</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>A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>PH-13: In 3 of 10 applicable records, seizures were not classified (see discussion).</b></p> <p><b>PH-14: In 3 records, there was no evidence of AST/ALT testing.</b></p> <p><b>PH-15: In 3 records, the control of the disease and/or patient status were improperly documented (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>



### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-16: In 1 of 2 applicable records, there was no evidence of influenza vaccine or refusal.</b>	

***Discussion PH-13:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.*

***Discussion PH-15:** In one record, this information was not documented for the most recent CIC visit. In two records, the information on the CIC flowsheet contradicted what was written in the narrative.*

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-17: In 4 of 5 records reviewed, there was no evidence of pneumococcal vaccine or refusal.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<b>PH-18: In 3 of 8 applicable records (14 reviewed), there was no evidence of influenza vaccine or refusal.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p>

### Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

### Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 4 inmate records revealed the following deficiencies:</b></p> <p><b>PH-19: In 4 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-20: In 3 records, there was no evidence of monthly nursing follow-up (see discussion).</b></p> <p><b>PH-21: In 1 record, there was no evidence of ALT/AST testing.</b></p> <p><b>PH-22: In 1 of 3 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-19:** In all of the deficient records, the inmate's smoking history was not documented.*

***Discussion PH-20:** In the first record, there was no documentation that the inmate was seen for the months of September and October. In the second record, the November visit was not documented. In the last record, there was no evidence of the October visit.*

## Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>PH-23: In 1 of 5 applicable records, the inmate was not discharged, transferred, or admitted into the infirmary after 23 hours of observation (see discussion).</b></p> <p><b>PH-24: In 1 of 4 applicable records, there was no evidence that a discharge summary was completed by the clinician within 72 hours.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmary services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion PH-23: In this record, the inmate was placed into the infirmary on 23-hour observation status on 11/1/14; however, he was not discharged until 11/3/14.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-25: In 6 of 11 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-26: A tour of the dental clinic revealed that necessary equipment was not in proper working order (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-26:** At the time of the survey, the instrumentation on chair 2 was not working. Additionally, the x-ray exposure switch was not in the proper position. When the switch needed to be operated, dental staff would not be able to see the inmate in chair 1, nor would they be able to stand six feet away from chair 4.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-27: A tour of the facility revealed that first-aid kits in the dormitories were not inspected monthly.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **PHYSICAL HEALTH FINDINGS - ANNEX**

Wakulla Correctional Institution-Annex (WAKCI-Annex) provides outpatient physical health services. The following are the medical grades used by the department to classify inmate physical health needs at WAKCI-Annex:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

### **CLINICAL RECORDS REVIEW - ANNEX**

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

There were findings requiring corrective action in nine 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 findings requiring corrective action in the review of emergency care and sick call services; the items to be addressed are indicated in the tables below. There are no infirmary services provided at the Annex.

#### **OTHER MEDICAL RECORD REVIEW**

There were findings requiring corrective action in the review of consultations, intra-system transfers, medication administration records, and preventive care services; the items to be addressed are indicated in the tables below.

#### **DENTAL REVIEW**

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

#### **ADMINISTRATIVE PROCESSES REVIEW**

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

#### **INSTITUTIONAL TOUR**

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

## Chronic Illness Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 4 of 15 records reviewed, the baseline information was incomplete or missing (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in 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:** Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current DC4-770 “Chronic Illness Clinic Flowsheet.” Per Department standards, the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate’s record, it may be difficult to obtain an adequate understanding of the inmate’s complete medical history.*

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>PH-2: In 5 records, there was no evidence of the control of the disease or the status of the patient documented at each chronic illness clinic (CIC) visit (see discussion).</b></p> <p><b>PH-3: In 4 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal.</b></p> <p><b>PH-4: In 5 records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-2:** Per Health Services Bulletin (HSB) 15.03.05 at each chronic clinic visit there shall be a clinical evaluation as to the control of the disease (good, fair, or poor) and to the status of the patient (improved, unchanged, or worsened) since the previous chronic clinic visit.*

Although addressed here, this information was also missing from several of the other clinics as indicated in the tables below.

<b>Endocrine Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>PH-5: In 8 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</b></p> <p><b>PH-6: In 6 of 16 applicable records, there was no evidence of influenza vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Gastrointestinal Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-7: In 9 records, there was no evidence that hepatitis A &amp; B vaccinations were given to inmates with hepatitis C and no prior history of A &amp; B infection.</b></p> <p><b>PH-8: In 5 of 13 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p> <p><b>PH-9: In 7 of 12 applicable records, there was no evidence of influenza vaccine or refusal (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-8 & 9:** The inmate records reviewed revealed additional risk factors which indicated that immunization was needed. In seven records, the inmates were hypertensive, and

*in one record, the inmate was 42 years of age with a history of cigarette smoking. All inmates were hepatitis C positive.*

<b>Immunity Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-10: In 4 of 11 applicable records (14 reviewed) there was no evidence of hepatitis B vaccination or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Miscellaneous Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-11: In 4 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</b></p> <p><b>PH-12: In 3 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal (see discussion).</b></p> <p><b>PH-13: In 2 of 4 applicable records, there was no evidence of influenza vaccine or refusal</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-12:** *While inmates enrolled in the miscellaneous clinic are not automatically considered top priority for offering pneumococcal vaccinations, the inmate records reviewed revealed risk factors which indicated that immunization was needed. In one record, an inmate was over age 65 and in another record the inmate had a diagnosis of hyperlipidemia. In the third record, the inmate had sickle cell disease.*



### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 11 inmate records revealed the following deficiencies:</b></p> <p><b>PH-14: In 4 records, there was no evidence that seizures were classified (see discussion).</b></p> <p><b>PH-15: In 3 records, there was no evidence of the control of the disease or the status of the patient documented at each CIC visit.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-14:** Department policy requires that seizures be classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.*

### Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-16: In 1 of 3 records reviewed, there was no evidence of a complete and/or appropriate physical evaluation (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-16:** Per HSB 15.03.05 Appendix 9, follow-up visits will document persistence of residual disease, if present, recurrence of disease or emergence of additional malignancy. Marker studies and radiological studies will be performed at appropriate intervals. In this record, the only documentation under assessment was "BPH." There was no mention of the previous prostate cancer, PSA levels, recurrence of disease or emergence of additional malignancy.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-17: In 6 of 13 applicable records, there was no evidence that reactive airway disease was classified (see discussion).</b></p> <p><b>PH-18: In 1 of 2 applicable records, there was no evidence that an inmate with moderate reactive airway disease was started on anti-inflammatory medication.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion PH-17: Per HSB 15.03.05 Appendix 1, patients with a diagnosis of reactive airway disease will be classified as mild, moderate, or severe.*

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-19: In 1 of 4 applicable records (6 reviewed), there was no evidence that the inmate was seen by the clinician for the final chronic illness clinic visit.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Emergency Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-20: In 4 records, there was no evidence of a completed assessment appropriate to the complaint/condition (see discussion).</b></p> <p><b>PH-21: In 3 of 5 applicable records, there was no evidence of timely referral or follow-up by a higher level clinician (see discussion).</b></p> <p><b>PH-22: In 1 of 3 applicable records, the follow-up assessment did not address the complaint (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving emergency care services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-20:** *Per the nursing manual, the DC4-683 "Nursing Protocol" form shall be completed in its entirety. When the nurse is unable to complete a line on the Nursing Protocol, an explanation shall be documented on the form. In one record, the blood glucose data was not completed for an inmate being seen for syncope and collapse. In one record, the second page of the assessment form was blank. In another record, the assessment noted possible hypotension and indicated one blood pressure check was done but not from laying to sitting to standing position. In the last record, there were no vitals, onset/duration of symptoms, history of smoking, or precipitating factors recorded for an inmate being seen for dyspnea.*

**Discussion PH-21:** *In one record, an inmate declared an emergency due to shortness of breath with a mild level of respiratory distress. Wheezing was noted in the right and left, upper and lower lobes of the lungs. This inmate was not referred to the clinician even though wheezing requires immediate clinician notification per protocol. In another record, an inmate with diarrhea was seen in emergency on 9/15/14 and reported to sick call on 9/18/14 with diarrhea and vomiting. The clinician was notified on 9/18/14 but the inmate was not seen until 9/26/14 by the clinician for his regularly scheduled periodic screening. In the third record, an inmate declared an emergency due to chest pain. The inmate reported sharp pain radiating from the neck to his bicep. The inmate reported a family history of heart attacks. On the DC4-683, the "notify clinician as above" box was checked as was the "no treatment required" box. Per the protocol form, severe chest pain requires immediate clinician notification. There was no documentation in the record to indicate that the inmate was seen by the clinician.*

**Discussion PH-22:** *In the record of the inmate with diarrhea and vomiting discussed above, the inmate was seen by the clinician on 9/26/14 at a chronic illness clinic visit and periodic screening but the GI incidents were not addressed. There was no other clinician follow-up or incidental note regarding the emergency or sick call visit.*

### Sick Call

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-23: In 3 of 15 applicable records (16 reviewed), there was no evidence of appropriate patient education.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-24: In 5 of 11 records reviewed, the diagnosis was not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-25: In 9 of 16 records reviewed, there was no evidence that the clinician reviewed the health record and the DC4-760A "Health Information Transfer/Arrival Summary" within 7 days of arrival.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten</p>

### Intra-System Transfers

Finding(s)	Suggested Corrective Action(s)
	<p>records of those transferring into the facility 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)
<p><b>PH-26: In 1 of 3 applicable records (11 reviewed), there was no evidence of timely counseling after medication non-compliance (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those on single dose medication to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-26:** *In this record, the inmate was a no-show at the pill line on 11/15/14, 11/17/14, 11/20/14, 11/27/14, and 11/28/14. The no-shows were documented on the medication administration record (MAR) but counseling was not documented until 11/28/14. Per the nursing manual, at the end of scheduled single-dose medication administration a list of inmates who have failed to appear shall be documented on the DC4-701L "No Show Call Out Log", by the medication nurse(s) and delivered to the security officer assigned to medical or shift supervisor. An inmate's no-show and action taken (including the name of the security officer notified of the no-show) shall be documented on form DC4-701A, "MAR" by nursing staff. Any inmate who has refused either three consecutive doses of a medication or five doses over the course of one month shall be required to sign a DC4-711A "Refusal of Health Care Services" and shall be referred to the prescribing clinician. If the medication refusal will put the inmate's health at risk, the nurse shall immediately notify the clinician. Counseling/education related to the problem(s) resulting from non-adherence with the medication shall be provided to the inmate by the staff nurse and documented on the MAR. There was no indication of documentation regarding a referral to the prescribing clinician, the refusal of health care services form, or the security officer's name in this record.*

## Preventive Care Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 inmate records revealed the following deficiencies:</b></p> <p><b>PH-27: In 4 records, there was no evidence that the screening included all the required elements (see discussion).</b></p> <p><b>PH-28: In 7 records, there was no evidence or appropriate health education.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those who received a periodic screening to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-27:** In one record, the inmate's blood pressure was not documented. In one record, the weight, measured and compared to the previous screening was not documented, and in another record, neither the weight information nor vital signs were documented. In the final record, the temperature of the inmate was not documented.*

## Dental Systems

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-29: A tour of the dental clinic revealed that necessary equipment was not appropriate and/or accessible (see discussion).</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-29:** At the time of the survey, there were no left-handed dental units available even though the dentist was left-handed. It was also noted by the surveyor that the emergency eye wash station was located behind a locked door and is not easily accessible.*

## Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<b>PH-30: A random review of drug items in the pharmacy revealed an expired antibiotic medication.</b>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSIONS – PHYSICAL HEALTH**

### **MAIN UNIT**

The physical health staff at WAKCI-Main serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 232 records and found deficiencies in 83 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, medical charts were well organized and documents were filed in a timely manner. The staff at WAKCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services.

The majority of clinical findings were related to the administration of immunizations, particularly pneumococcal vaccinations. Additionally, there were several examples of required annual labs not being ordered. CMA surveyors also noted that the documentation of physical examinations was brief and in some cases, did not address all of the required areas. Physical examinations are an important mechanism for identifying and tracking the progression of disease states over time. Additionally, the proper documentation of physical examinations can assist in maintaining continuity of care for inmates who may transfer between many different institutions during their incarceration.

After a review of physical health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

### **ANNEX**

The physical health staff at WAKCI-Annex serves a complex and difficult population, including inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Inmates requiring infirmary care are transferred to the Main Unit. The physical health team reviewed 229 records and found deficiencies in 112 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were 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 inmates and correctional officers were familiar with the process for accessing routine



medical and emergency services. The institutional tour revealed that observed areas on the compound were clean and neat.

Some trends were identified when analyzing the survey data. Evidence of the control of the disease or status of the patient was not consistently documented at chronic clinic visits. Pneumococcal and influenza vaccinations were not given according to protocol in four of the chronic illness clinics and hepatitis A & B vaccinations were not given appropriately in the gastrointestinal or immunity clinics. In addition to these trends, periodic screenings were often incomplete and patient education was not provided or was not always documented in patient records. There was no evidence of timely follow-up following emergency care or sick call services, although this deficiency only rose to the level of a finding in emergency care.

CMA surveyors acknowledge that staffing challenges may have contributed to some of these findings. Since September 2013 there have been vacancies in the site medical director position and in nursing, so coverage has been provided by locum tenens and agency nurses. Currently, there is one physician at WAKCI-Annex and they continue to recruit to fill the remaining nursing positions. Based on the findings of this survey, it is clear that the corrective action process will be beneficial to WAKCI-Annex as they strive to meet the health care needs of the inmate population and improve care in areas that were found to be deficient.

# MENTAL HEALTH FINDINGS - MAIN

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

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

## CLINICAL RECORDS REVIEW

### SELF INJURY/SUICIDE PREVENTION REVIEW

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

### ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings in the review of inmate requests and psychological emergencies. Inmates are sent to the Annex for placement in Special Housing.

### OUTPATIENT SERVICES REVIEW

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

### MENTAL HEALTH SYSTEMS REVIEW

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

### Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<b>A comprehensive review of 10 SHOS admissions revealed the following deficiencies:</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
<b>MH-1: In 2 records, the inmate did not receive a thorough clinical assessment prior to placement in SHOS.</b>	Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.
<b>MH-2: In 8 records, the clinician's orders for admission were not written at the time of admission or a verbal order was not countersigned by the clinician by the next working day.</b>	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3:</b> In 4 records, clinician's orders did not specify observations at least every 15 minutes.</p> <p><b>MH-4:</b> In 2 records, the DC4-732 "Infirmery/Hospital Admission Nursing Evaluation" was not completed within 2 hours of an SHOS admission</p> <p><b>MH-5:</b> In 1 of 5 applicable records, the length of stay for inmates placed in observation cells exceeded 72 hours (see discussion).</p> <p><b>MH-6:</b> In 6 of 6 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p><b>MH-7:</b> In 4 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p><b>MH-8:</b> In 9 records, daily rounds were not conducted by the attending clinician.</p> <p><b>MH-9:</b> In 2 records, daily counseling by mental health staff did not occur.</p> <p><b>MH-10:</b> In 6 records, the attending clinician did not conduct a face-to-face evaluation prior to discharge.</p> <p><b>MH-11:</b> In 5 of 9 applicable records, mental health staff did not provide post-discharge follow-up within 7 days.</p> <p><b>MH-12:</b> In 8 records entries were not consistently signed, dated, timed, and/or stamped (see discussion).</p>	

***Discussion MH-5:** Per Department policy, inmates requiring SHOS shall be placed in an Isolation Management Room (IMR) in the Infirmery. If an IMR is not immediately available, the inmate will be placed in an observation cell for the purpose of providing safe, temporary housing until an IMR becomes available. Such use of an observation cell should not exceed 72 hours.*

**Discussion MH-6:** According to the Department’s HSB, during the fourth day of inpatient mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. By the seventh day the attending clinician will consult with the regional mental health consultant to make this determination. In all applicable records, there was no documentation by the attending clinician that this was considered.

**Discussion MH-7:** Fifteen minute observations are to be documented on DC4-650 “Observation Checklist.” In three records, gaps were noted on the forms indicating the inmate was not observed during the specified time frame. In one record, gaps were also noted and two pages were missing (one page covers observations for a 24 hour period).

**Discussion MH-12:** Many progress notes, forms, and assessments were not signed, dated, timed, and/or stamped.

<b>Outpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>A comprehensive review of 14 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-13: In 8 of 8 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</b></p> <p><b>MH-14: In 2 of 2 applicable records, the sex offender screening was not completed.</b></p> <p><b>MH-15: In 8 records, the Individual Service Plan (ISP) was not signed by the inmate or a refusal was not documented on form DC4-711A.</b></p> <p><b>MH-16: In 7 records, mental health problems were not recorded on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **MENTAL HEALTH FINDINGS - ANNEX**

Wakulla CI-Annex (WAKCI-Annex) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at WAKCI-Annex:

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

### **CLINICAL RECORDS REVIEW**

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

Inmates requiring Self-harm Observation Status (SHOS) are transferred to the infirmary Isolation Management Rooms (IMRs) in the Main Unit. If these cells are full, inmates are temporarily placed in observation cells located in the confinement unit in the Annex. Therefore, all SHOS episodes are reported in the Mental Health Findings-Main section of this report. There were no episodes of psychiatric restraint at WAKCI-Annex.

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

There were no applicable records for review in the area of use of force.

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

There were no findings requiring corrective action in the review of inmate requests and special housing. There was a finding requiring corrective action in the review of psychological emergencies; the item to be addressed is indicated in the table below.

#### **OUTPATIENT SERVICES REVIEW**

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

#### **AFTERCARE PLANNING REVIEW**

There were no applicable records for review in the area of aftercare planning.

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

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

## Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 3 of 7 records reviewed, there was no documentation of appropriate follow-up when indicated in the psychological emergency response.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergency episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** In one record, the documentation from mental health staff indicated the clinician was notified of the inmate's need to be placed in the IMR, however there was no indication an assessment occurred. In another record, the inmate declared two psychological emergencies within a 35 minute time frame. The documentation for the second emergency was handwritten at the bottom of the first note as an addendum. The documentation was not sufficient and lacked important information about possible changes in mental status and/or the need for appropriate follow-up. In the last record, the inmate declared a psychological emergency that was similar to multiple previous emergencies. This inmate declared psychological emergencies approximately every two months. After each emergency, the response indicated that case management follow-up is scheduled, however no follow-up was documented prior to the declaration of the next mental health emergency (two months later).*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-2: In 14 records, physician's orders were not signed, dated, and/or timed.</b></p> <p><b>MH-3: In 1 of 2 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days.</b></p> <p><b>MH-4: In 1 of 3 applicable records, there was no Refusal of Health Care Services (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records (inmates on mental health medication) to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5:</b> In 4 of 15 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p><b>MH-6:</b> In 1 of 5 applicable records, Abnormal Involuntary Movement Scales (AIMS) were not administered within the appropriate time frame.</p>	

### Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-7:</b> In 10 of 14 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p><b>MH-8:</b> In 9 records, the ISP was not signed by a member or members of the multidisciplinary service team (MDST) and/or inmate or a refusal was not documented on form DC4-711A.</p> <p><b>MH-9:</b> In 5 of 13 records, the ISP was not revised within 180 days.</p> <p><b>MH-10:</b> In 6 records, there was no documentation the inmate received all services listed on the ISP.</p> <p><b>MH-11:</b> In 1 of 2 applicable records, counseling was not provided for inmates with a psychotic disorder at least every 30 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSIONS – MENTAL HEALTH**

### **MAIN UNIT**

At the time of the survey, WAKCI-Main mental health staff was providing outpatient services to approximately 40 inmates on the mental health caseload. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, complete sex offender screenings when applicable and provide daily counseling for inmates in Self-harm Observation Status (SHOS). Inmates requiring special housing are transferred to the Annex. To serve this population, WAKCI-Main has one part-time mental health professional who splits his time between the Main Unit and the Annex. The Senior Mental Health Clinician from the Annex provides supervision, however this position has been vacant for nearly three months. Coverage has been provided by the Regional Mental Health Director and a Sr. Mental Health Clinician from a neighboring institution.

The majority of the findings for WAKCI-Main were related to SHOS. Out of 13 possible findings, 12 reached the level requiring corrective action. There were several findings related to the admission process. Inmates did not consistently receive a thorough assessment prior to SHOS placement; instead these assessments were completed after admission. In addition, the majority of the SHOS orders for admission were not signed, dated, and/or timed, particularly for telephone orders which require clinician countersignatures. Many admission orders did not specify frequency of observations and documentation indicated they were not consistently observed at the required 15 minute intervals. On the fourth day of admission, inmates on SHOS must be assessed for possible need for a higher level of care. In addition, those inmates remaining on SHOS for seven days or longer require consultation with regional mental health staff to discuss treatment recommendations. These assessments were not provided for all inmates who met these criteria and surveyors noted that many inmates remained on SHOS longer than four days. There were also findings related to a lack of daily counseling by mental health staff and daily rounds by the attending clinician. Additionally inmates were not seen by mental health staff for the required post-discharge follow-up.

The few findings noted in the review of outpatient services were related to documentation and the completion of required screenings. Sex offender screenings were not completed when applicable and initial mental health screenings were not completed within the required time frame. ISPs were not consistently signed by the inmates and problems were not documented on the problem lists.

Mental health staff were cooperative and helpful throughout the survey process. Case management notes were thorough and counseling notes addressed the issues documented on the ISP. In some cases, inmates in need were seen more frequently than required. There were no findings in the review of psychological emergencies and inmate requests. Medical records were well-organized and readily available. Inmates interviewed were complimentary of their experiences with mental health staff. The corrective action plan process will be beneficial in rectifying the findings noted above.



## ANNEX

The mental health staff at WAKCI-Annex serves a complex and difficult population. Outpatient services, including case management and individual and group counseling, are provided to approximately 218 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-harm Observation Status (SHOS) temporarily housed in observation cells in the confinement unit.

Of the eleven items with deficiencies requiring corrective action, almost half (five) were related to psychiatric medications. The majority of the written orders for psychiatric medications were not dated or timed by the psychiatrist. Many of these were telephone orders requiring a countersignature by the prescribing clinician. Without a corresponding date or time on the countersignature, it is impossible to know if the prescribing clinician reviewed the order within a reasonable amount of time. There were gaps in times noted between psychiatric contacts. In half of the reviewed records, the inmate was not seen by psychiatry every 90 days as required. In five cases, there was no psychiatric contact for longer than five months.

Additional findings were related to either documentation or lack of mental health contact. On multiple occasions, scheduled contact was completed outside of the acceptable time frame. Inmates were not consistently seen within 14 days of arrival or as indicated in the ISP. Additionally inmates were not always seen for follow-up as indicated in the response to psychological emergencies. Documentation related to the ISP was either incomplete or not completed within the required time frame.

Throughout the survey, mental health staff were responsive and quick to assist in locating records and answering questions. For example, in a few charts (not reaching the threshold of a finding) the biopsychosocial assessment was not present in the medical record. Mental health staff was asked to locate the assessment and was unsuccessful. The staff then gathered the necessary information and completed the assessment. Although the staff was aware this would not affect the survey results, they completed the assessment immediately. Staff interviewed were familiar with inmates on their caseloads and inmates interviewed had few complaints about the mental health care they received. After a review of mental health records and interviews with staff and inmates and based on the findings listed above, it is clear that the institution will benefit from the Correctional Medical Authority corrective action plan process.

## SURVEY PROCESS

The goals of every survey performed by the CMA are

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

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

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

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

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

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

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

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

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