



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Walton Correctional Institution**

In

**De Funiak Springs, Florida**

on

**February 16-18, 2016**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1422	Male	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1362	<b>Current Main Unit Census</b>	1162
<b>Satellite Unit(s) Capacity</b>	288	<b>Current Satellite(s) Census</b>	260
<b>Total Capacity</b>	1650		1422

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		877	472	92	0	0
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1416	25	N/A	N/A	N/A	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>
		61	28	N/A	N/A	N/A

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4.2	0
LPN	6	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienists	.2	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Sr. Mental Health Clinician	.2	1
Behavioral Specialist	1	0
Human Services Counselor	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

# OVERVIEW

Walton Correctional Institution (WALCI) 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. WALCI consists of a Main Unit and a Work Camp.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at WALCI on February 16-18, 2016. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

## **Exit Conference and Final Report**

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

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

# **PHYSICAL HEALTH FINDINGS**

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

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

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care, sick call, or infirmary services.

### **OTHER MEDICAL RECORD REVIEW**

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

### **DENTAL REVIEW**

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

### **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>A comprehensive review of 16 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 14 records, patient education was incomplete or missing (see discussion).</b></p> <p><b>PH-2: In 11 records, inmates were not seen according to their M-grade status (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:** Per form instructions, education is to be documented on the “Chronic Illness Clinic Flowsheet” (DC4-770) by entering the corresponding number of relevant education provided as: 1. Disease process 2. Risk reductions 3. Smoking Cessation (if applicable) 4. Medication(s) 5. Treatment Compliance. In all deficient records, no numbers were recorded.

**Discussion PH-2:** In nine records, inmates assigned a medical grade of three (M3) were scheduled at an 180 day interval. In two records, inmates assigned a medical grade of three (M3) were scheduled at an 120 day interval.

## Intra-system Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 6 records, the “Health Information Transfer/Arrival Summary” (DC4-760A) was incomplete.</b></p> <p><b>PH-4: In 1 of 2 applicable records, pending consultations were not added to the Consultation Log.</b></p> <p><b>PH-5: In 1 of 4 applicable records, the chronic illness clinic appointment was not completed as indicated.</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 transferring into the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Periodic Screenings

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: In 6 of 12 records reviewed, the required health education was not documented.</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 periodic screenings 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-7: 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 issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-7:** *One X-ray unit will only function at an excessively long exposure time. The CMA dental surveyor was concerned that inmates would be exposed to unnecessary radiation. Additionally, the dark room lightbulb needed replacement, as staff were utilizing a standard lightbulb with a red biohazard bag wrapped around it.*

## CONCLUSION

The physical health staff at WALCI serves a complex and difficult population, including inmates with multiple medical 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. Reportable findings requiring corrective action are outlined in the tables above.

There were relatively few findings noted during the record review and the majority of those found were related to deficiencies in documentation rather than the provision of clinical services. Overall, CMA surveyors noted that medical records were well organized and documents appeared to be filed in a timely manner. Interviews with inmates, medical personnel, and security staff indicated familiarity with policies related to the access of health services. The inmates interviewed were complimentary of the medical department.

CMA surveyors noted that overall, clinician progress notes were thorough and demonstrated good clinical management. Additionally, nursing protocols and evaluations utilized for sick call, emergency, and infirmary services were compliant with Department standards.

Medical, administrative, and security staff were helpful throughout the survey process and were responsive to the feedback provided by CMA staff and clinical surveyors. The medical staff at WALCI indicated they would utilize the corrective action plan (CAP) process to improve care in the few areas found to be deficient.



# **MENTAL HEALTH FINDINGS**

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

- 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 was a finding requiring corrective action in the review of Self-harm Observation Status (SHOS); the item to be addressed is indicated in the table below. There were no episodes of psychiatric restraint.

### **USE OF FORCE REVIEW**

There were no use of force episodes available for review.

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

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

### **OUTPATIENT SERVICES REVIEW**

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

### **MENTAL HEALTH SYSTEMS REVIEW**

There was a finding in the review of mental health systems. The item to be addressed is located in the table below.

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

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-1: In 1 of 1 applicable record (5 reviewed), the guidelines for SHOS management were not observed (see discussion).</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.  Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.

Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

**Discussion MH-1:** According to the Department's Health Services Bulliten (HSB), during the fourth day of infirmity mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. In one of the one applicable records, there was no documentation by the attending clinician that this was considered. This may be done via phone rounds if the fourth day is a weekend or holiday. However, there was no mention in the phone rounds documentation.

## **MENTAL HEALTH SYSTEMS REVIEW**

### **Administrative Issues**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-2: One Isolation Management Room had a safety concern (see discussion).</b>	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.

**Discussion MH-2:** The plastic covering on the inside of the cell door was cracked. This produced sharp edges that could compromise inmate or staff safety.

## **CONCLUSION – MENTAL HEALTH**

Currently Walton Correctional Institution (WALCI) has one fulltime Mental Health Professional. The Senior Psychologist is on-site one day per week. At the time of the survey, approximately 25 inmates were receiving mental health services. In addition to providing services to these inmates, staff answers inmate requests, responds to psychological emergencies, and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed.

The only clinical finding noted in this report is related to the management of inmates in SHOS. Additionally, a safety concern was noted in the Isolation Management Room. The quality of progress notes and summaries was excellent and the documentation of mental health encounters was complete and informative. Individualized Service Plans (ISP) were timely and relevant. Issues addressed in counseling were reflective of problems listed on the ISP. The mental health professional seemed dedicated to providing mental health services to inmates in her care. Staff was cooperative and helpful throughout the survey process. Medical records were well organized and readily available. Overall, staff were responsive to using the Corrective Action Plan (CAP) process to improve inmate mental health services.

## SURVEY PROCESS

The goals of every survey performed by the CMA are:

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

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

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

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

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

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

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

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

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