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# ZEPHYRHILLS CORRECTIONAL INSTITUTION

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December 6-8, 2022

Report Distributed: January 30, 2023  
Corrective Action Plan Due: March 1, 2023

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## BACKGROUND AND SCOPE

The Correctional Medical Authority (CMA) is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in Florida Department of Corrections (FDC) institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care.

The goals of institutional surveys 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.

## METHODOLOGY

During a multi-day site visit, the CMA employs a standardized monitoring process to evaluate the quality of physical and mental health services provided at this institution, identify significant deficiencies in care and treatment, and assess institutional compliance with FDC's policies and procedures.

This process consists of:

- Information gathering prior to monitoring visit (Pre-survey Questionnaire)
- On-site review of clinical records and administrative documentation
- Institutional tour
- Inmate and staff interviews

The CMA contracts with a variety of licensed community and public health care practitioners including physicians, psychiatrists, dentists, nurses, psychologists, and other licensed mental health professionals to conduct these surveys. CMA surveyors utilize uniform survey tools, based on FDC's Office of Health Services (OHS) policies and community health care standards, to evaluate specific areas of physical and mental health care service delivery. These tools assess compliance with commonly accepted policies and practices of medical record documentation.

The CMA employs a record selection methodology using the Raosoft Calculation method. This method ensures a 15 percent margin of error and an 80 percent confidence level. Records are selected in accordance with the size of the clinic or assessment area being evaluated.

Compliance scores are calculated by dividing the sum of all yes responses by the sum of all yes and no responses (***rating achieved/possible rating***) and are expressed as a percentage. Institutional tours and systems evaluations are scored as compliant or non-compliant. Individual screens with a compliance percentage below 80%, as well as tour and systems requirements deemed non-compliant will require completion of the CMA's corrective action process (CAP) and are highlighted in red.

## INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Zephyrhills Correctional Institutional (ZCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, 3, 4, and 5. ZCI consists of a Main Unit, two Work Release Centers, a Community Release Center, and a Palliative Care Unit. <sup>1</sup>

### Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	753	<b>Current Main Unit Census</b>	626
<b>Satellite Unit(s) Capacity</b>	340	<b>Current Satellite(s) Census</b>	340
<b>Total Capacity</b>	1093	<b>Total Current Census</b>	966

### Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	240	281	45	1	58	121
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>Mental Health Inpatient</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	330	58	181	41	14	13

### 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>
	23	9	0	1	1	0

<sup>1</sup> Demographic and staffing information were obtained from the Pre-survey Questionnaire.

## Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	1.6	0
Registered Nurse	6.6	3.9
Licensed Practical Nurse	8.4	1.2
DON/Nurse Manager	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0	0

## Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	1
Psychiatric APRN/PA	1	0
Psychological Services Director	1	0
Psychologist	3	1
Mental Health Professional	8	1
Aftercare Coordinator	1	0
Activity Technician	3	0
Mental Health RN	7.6	6.7
Mental Health LPN	6	4.2

## ZEPHYRHILLS CORRECTIONAL INSTITUTIONAL SURVEY SUMMARY

The CMA conducted a thorough review of the medical, mental health, and dental systems at ZCI on December 6-8, 2022. 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.

Detailed below are results from the institutional survey of Zephyrhills Correctional. The results are presented by assessment area and for each screen of the monitoring tool. Compliance percentages are provided for each screen. Below is a summary of total survey findings.

Survey Findings Summary			
Physical Health Survey Findings	13	Mental Health Survey Findings	25

### Physical Health Survey Findings

#### Chronic Illness Clinics

##### *Cardiovascular Chronic Illness Clinic*

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the cardiovascular clinic	18	18	0	0	100%
2 There is evidence of an appropriate physical examination	18	17	1	0	94%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	18	18	0	0	100%
4 Annual laboratory work is completed as required	18	18	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	16	15	1	2	94%
6 There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated	6	6	0	12	100%
7 Medications appropriate for the diagnosis are prescribed	18	18	0	0	100%
8 Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	16	100%

### Endocrine Clinic Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the endocrine clinic	16	16	0	0	100%
2 There is evidence of an appropriate physical examination	16	16	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	16	16	0	0	100%
4 Annual laboratory work is completed as required	12	12	0	4	100%
5 Abnormal labs are reviewed and addressed in a timely manner	16	16	0	0	100%
6 A dilated fundoscopic examination is completed yearly for diabetic inmates	12	12	0	4	100%
7 Inmates with HgbA1c over 8% are seen at least every 90 days	9	9	0	7	100%
8 Inmates with vascular disease or risk factors for vascular disease are prescribed aspirin	15	15	0	1	100%
9 Inmates with diabetes who are hypertensive or show evidence of (micro)albuminuria are placed on ACE/ARB therapy	13	13	0	3	100%
10 Medications appropriate for the diagnosis are prescribed	16	16	0	0	100%
11 Patients are receiving insulin as prescribed	5	5	0	11	100%
12 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	15	100%

### Gastrointestinal Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the gastrointestinal clinic	14	14	0	0	100%
2 There is evidence of an appropriate physical examination	14	14	0	0	100%
3 At each visit there is an evaluation of the control of the disease and the status of the patient	14	14	0	0	100%
4 Annual laboratory work is completed as required	14	14	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	14	14	0	0	100%
6 Medications appropriate for the diagnosis are prescribed	8	8	0	6	100%
7 There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	13	12	1	1	92%
8 Abdominal ultrasounds are completed at the required intervals	9	9	0	5	100%
9 Inmates with chronic hepatitis will have liver function tests at the required intervals	11	11	0	3	100%
10 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	14	N/A
11 Inmates are evaluated and staged appropriately to determine treatment needs	0	0	0	14	N/A
12 Hepatitis C treatment is started within the appropriate time frame	0	0	0	14	N/A
13 Laboratory testing for inmates undergoing hepatitis treatment is completed at the required intervals	0	0	0	14	N/A
14 Inmates undergoing hepatitis C treatment receive medications as prescribed	0	0	0	14	N/A
15 Labs are completed at 12 weeks following the completion of treatment to assess treatment failure	0	0	0	14	N/A



**General Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Record	YES	NO	N/A	
1	The inmate is enrolled in all clinics appropriate for their diagnosis	14	14	0	0	100%
2	Appropriate patient education is provided	14	14	0	0	100%
3	The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician	14	13	1	0	93%
4	There is evidence that labs are available prior to the clinic visit and are reviewed by the clinician	13	13	0	1	100%

**Miscellaneous Chronic Illness Clinic**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The diagnosis is appropriate for inclusion in the miscellaneous clinic	9	9	0	0	100%
2	There is evidence of an appropriate physical examination	9	9	0	0	100%
3	Medications appropriate for the diagnosis are prescribed	8	8	0	1	100%
4	At each visit there is an evaluation of the control of the disease and the status of the patient	9	9	0	0	100%
5	Abnormal labs are reviewed and addressed in a timely manner	4	4	0	5	100%
6	Patients are referred to a specialist for more in-depth treatment as indicated	2	2	0	7	100%

### Neurology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the neurology clinic	12	12	0	0	100%
2 There is evidence of an appropriate physical examination	12	12	0	0	100%
3 Annual laboratory work is completed as required	12	12	0	0	100%
4 Abnormal labs are reviewed and addressed in a timely manner	11	11	0	1	100%
5 At each visit there is an evaluation of the control of the disease and the status of the patient	11	11	0	1	100%
6 Medications appropriate for the diagnosis are prescribed	11	11	0	1	100%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	0	N/A

### Oncology Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the oncology clinic	6	6	0	0	100%
2 There is evidence of an appropriate physical examination	6	6	0	0	100%
3 Appropriate labs, diagnostics and marker studies are performed as clinically appropriate	6	6	0	0	100%
4 Annual laboratory work is completed as required	6	6	0	0	100%
5 Abnormal labs are reviewed and addressed in a timely manner	6	6	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	6	6	0	0	100%
7 Medications appropriate for the diagnosis are prescribed	0	0	0	0	N/A
8 Oncological treatments are received as prescribed	0	0	0	0	N/A
9 Patients are referred to a specialist for more in-depth treatment as indicated	1	1	0	5	100%

### Respiratory Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The diagnosis is appropriate for inclusion in the respiratory clinic	15	15	0	0	100%
2 Inmates with moderate to severe reactive airway disease are started on anti-inflammatory medication	11	11	0	4	100%
3 Medications appropriate for the diagnosis are prescribed	14	14	0	1	100%
4 A peak flow reading is recorded at each visit	14	9	5	1	64%
5 There is evidence of an appropriate physical examination	15	15	0	0	100%
6 At each visit there is an evaluation of the control of the disease and the status of the patient	15	14	1	0	93%
7 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	15	N/A

### Tuberculosis Chronic Illness Clinic

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The inmate has a diagnosis of tuberculosis or latent tuberculosis infection	1	1	0	0	100%
2 Baseline information is complete	1	1	0	0	100%
3 There is evidence of initial and ongoing education	1	1	0	0	100%
4 There is evidence of monthly nursing follow-up	0	0	0	1	N/A
5 Laboratory testing results are available prior to the clinic visit and any abnormalities reviewed in a timely manner	1	1	0	0	100%
6 AST and ALT testing are repeated as ordered by the clinician	1	1	0	0	100%
7 CMP testing is completed monthly for inmates with HIV, chronic hepatitis or are pregnant	0	0	0	1	N/A
8 Inmates with adverse reaction to LTBI therapy are referred to the clinician and medications are discontinued	0	0	0	1	N/A
9 The appropriate medication regimen is prescribed	1	1	0	0	100%
10 The inmate receives TB medications as prescribed	1	1	0	0	100%
11 The Inmate is seen by the clinician at the completion of therapy	0	0	0	1	N/A
12 Documentation of the CIC visit includes an appropriate physical examination	1	1	0	0	100%
13 Patients are referred to a specialist for more in-depth treatment as indicated	0	0	0	1	N/A

## Episodic Care

### Emergency Services

SCREEN QUESTION	Total Applicable Records	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1 Potentially life-threatening conditions are responded to immediately	10	10	0	8	100%
2 The emergency assessment is appropriate for the presenting complaint/condition and completed in its entirety	18	17	1	0	94%
3 Vital signs including weight are documented	18	18	0	0	100%
4 There is evidence of appropriate and applicable patient education	16	15	1	2	94%
5 Findings requiring clinician notification are made in accordance with protocols	15	15	0	3	100%
6 Follow-up visits are completed timely	12	12	0	6	100%
7 Clinician's orders from the follow-up visit are completed as required	12	9	3	6	75%
8 Appropriate documentation is completed for patient's requiring transport to a local emergency room	4	4	0	14	100%
9 Inmates returning from an outside hospital are evaluated by the clinician within one business day	6	6	0	12	100%

#### Emergency Services Discussion:

*Screen 7: In one record, the inmate was treated with "2400 cc fluids", but no order or route of administration was noted. In the second record, an EKG was completed but an order was unable to be located. In the last record, a culture and sensitivity test was ordered but not completed.*

### Outpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	11	11	0	0	100%
2 All orders are received and implemented	11	10	1	0	91%
3 The inmate is evaluated within one hour of being placed on observation status	11	10	1	0	91%
4 Patient evaluations are documented at least once every eight hours	11	10	1	0	91%
5 Weekend and holiday clinician phone rounds are completed and documented as required	0	0	0	11	N/A
6 The inmate is discharged within 23 hours or admitted to the infirmary for continued care	10	9	1	1	90%
7 A discharge note containing all of the required information is completed as required	9	4	5	2	44%

#### Outpatient Infirmary Care Discussion:

Screen 7: In four records, the required education was not documented. In one record, the discharge note was not located.

## Inpatient Infirmary Care

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Clinician's orders specify whether the inmate is admitted into the infirmary or placed in observation status. Admission status is appropriate for the presenting complaint/condition	6	6	0	0	100%
2 All orders are received and implemented	6	4	2	0	67%
3 A thorough nursing assessment is completed within two hours of admission	6	5	1	0	83%
4 A Morse Fall Scale is completed at the required intervals	6	5	1	0	83%
5 Nursing assessments are completed at the required intervals	6	5	1	0	83%
6 Clinician rounds are completed and documented as required	6	5	1	0	83%
7 Weekend and holiday clinician phone rounds are completed and documented as required	2	0	2	4	0%
8 A discharge note containing all of the required information is completed as required	3	1	2	3	33%
9 A discharge summary is completed by the clinician within 72 hours of discharge	3	2	1	3	67%

### Inpatient Infirmary Care Discussion:

*Screen 2: In one record, vital signs with pulse oximetry were not completed daily as ordered. In the second record, input and output were not recorded as required.*

*Screen 8: In one record, patient education and condition at discharge were not documented. In the second record, patient education and discharge instructions were not documented.*

**Sick Call Services**

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The sick call request is appropriately triaged based on the complaint or condition	18	18	0	0	100%
2	The inmate is assessed in the appropriate time frame	18	18	0	0	100%
3	The nursing assessment is completed in its entirety	18	18	0	0	100%
4	Complete vital signs including weight are documented	18	18	0	0	100%
5	There is evidence of applicable patient education	18	18	0	0	100%
6	Referrals to a higher level of care are made in accordance with protocols	10	9	1	8	90%
7	Follow-up visits are completed in a timely manner	10	8	2	8	80%
8	Clinician orders from the follow-up visit are completed as required	8	7	1	10	88%



## Other Medical Records Review

### Confinement Medical Review

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 The Special Housing Health Appraisal is complete and accurate	13	13	0	0	100%
2 All medications are continued as prescribed while in the inmate is held in special housing	2	2	0	11	100%
3 The inmate is seen in chronic illness clinic as regularly scheduled	1	1	0	12	100%
4 All emergencies are responded to within the required time frame	1	1	0	12	100%
5 The response to the emergency is appropriate	1	1	0	12	100%
6 All sick call appointments are triaged and responded to within the required time frame	2	2	0	11	100%
7 New or pending consultations progress as clinically required	0	0	0	13	N/A
8 All mental health and/or physical health inmate requests are responded to within the required time frame	4	4	0	9	100%

### Consultations

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Documentation of clinical information is sufficient to obtain the needed consultation	18	18	0	0	100%
2 The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	18	18	0	0	100%
3 The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	17	17	0	1	100%
4 The consultation report is reviewed by the clinician in a timely manner	17	17	0	1	100%
5 The consultant's treatment recommendations are incorporated into the treatment plan	17	17	0	1	100%
6 All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	17	17	0	1	100%
7 The diagnosis is recorded on the problem list	18	18	0	0	100%
8 The "alternative treatment plan" (ATP) is documented in the medical record	1	1	0	17	100%
9 There is evidence that the ATP is implemented	1	1	0	17	100%

### Medical Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A copy of the inmate request form is present in the electronic health record	17	17	0	0	100%
2 The request is responded to within the appropriate time frame	17	17	0	0	100%
3 The response to the request is direct, addresses the stated need and is clinically appropriate	17	17	0	0	100%
4 The follow-up to the request occurs as intended	13	13	0	4	100%

### Medication And Vaccination Administration

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1 The inmate receives medications as prescribed	12	12	0	0	100%
2 The Medication Administration Record (MAR) contains accurate allergy information	12	12	0	0	100%
3 Allergy information is complete and accurate for inmates on keep-on-person (KOP) medications.	12	12	0	0	100%
4 If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	0	0	0	12	N/A
5 There is evidence of pneumococcal vaccination or refusal	4	2	2	8	50%
6 There is evidence of influenza vaccination or refusal	7	4	3	5	57%
7 There is evidence of COVID-19 vaccination or refusal	5	5	0	7	100%

### Intra-System Transfers

SCREEN QUESTION	COMPLIANCE SCORE				
	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1 The health record contains a completed Health Information Arrival Transfer Summary (DC4-760A)	18	18	0	0	100%
2 The DC4-760A or a progress note indicates that the inmate's vital signs are taken	14	12	2	4	86%
3 The inmate's medications reflect continuity of care	10	10	0	8	100%
4 The medical record reflects continuity of care for inmate's pending consultations	0	0	0	18	N/A
5 For patients with a chronic illness, appointments to the specific clinic(s) take place as scheduled	8	8	0	10	100%
6 Special passes/therapeutic diets are reviewed and continued	6	5	1	12	83%
7 A clinician reviews the health record and DC4-760A within seven (7) days of arrival	18	18	0	0	100%

**Periodic Screenings**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The periodic screening encounter is completed within one month of the due date	18	18	0	0	100%
2	All components of the screening are completed and documented as required	18	18	0	0	100%
3	All diagnostic tests are completed prior to the periodic screening encounter	18	18	0	0	100%
4	Referral to a clinician occurs if indicated	1	1	0	17	100%
5	All applicable health education is provided	18	18	0	0	100%

**PREA Medical Review**

SCREEN QUESTION		COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The Alleged Sexual Battery Protocol is completed in its entirety	5	4	1	0	80%
2	If the perpetrator is known, orders will be obtained from the clinician to complete the appropriate sexually transmitted infection (STI) testing	0	0	0	5	N/A
3	There is documentation that the alleged victim was provided education on STIs	1	0	1	4	0%
4	Prophylactic treatment and follow-up care for STIs are given as indicated	1	0	1	4	0%
5	Pregnancy testing is scheduled at the appropriate intervals for inmates capable of becoming pregnant	0	0	0	5	N/A
6	Repeat STI testing is completed as required	0	0	0	5	N/A
7	A mental health referral is submitted following the completion of the medical screening	5	4	1	0	80%
8	The inmate is evaluated by mental health by the next working day	5	4	1	0	80%
9	The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	1	0	1	4	0%

## Dental Review

### Dental Care

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	The dental record contains a Dental Health Questionnaire, which is complete, current, and signed by the dentist	15	15	0	0	100%
2	Allergies are documented and correspond to the information in the current Dental Health Questionnaire	15	15	0	0	100%
3	There is evidence of a regional head and neck examination completed at required intervals	15	15	0	0	100%
4	Dental appointments are completed in a timely manner	12	11	1	3	92%
5	Appropriate radiographs are taken and are of sufficient quality to aid in diagnosis and treatment	12	11	1	3	92%
6	There is evidence of accurate diagnosis based on a complete dental examination	15	15	0	0	100%
7	The treatment plan is appropriate for the diagnosis	15	14	1	0	93%
8	There is evidence of a periodontal screening and recording (PSR) and results are documented in the medical record	9	9	0	6	100%
9	Dental findings are accurately documented	15	15	0	0	100%
10	Sick call appointments are completed timely	10	10	0	5	100%
11	Follow-up appointments for sick call or other routine care are completed timely	4	4	0	11	100%
12	Consultations or specialty services are completed timely	1	1	0	14	100%
13	Consultant's treatment recommendations are incorporated into the treatment plan	0	0	0	15	N/A
14	There is evidence of informed consent or refusal for extractions and/or endodontic care	7	6	1	8	86%
15	The use of dental materials including anesthetic agent are accurately documented	10	10	0	5	100%
16	Applicable patient education for dental services is provided	11	11	0	4	100%

**Dental Systems**

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The dental program is under the direction and supervision of a licensed dentist and staff are appropriately credentialed and working within their scope of practice	1	0	0	100%
2	Appropriate personal protective equipment is available to staff and worn during treatment	1	0	0	100%
3	The autoclave is tested appropriately and an autoclave log is maintained and up to date.	1	0	0	100%
4	Sharps containers are available and properly utilized	1	0	0	100%
5	Biohazardous waste is properly disposed	1	0	0	100%
6	X-ray fixer, scrap amalgam, amalgam capsules, and radiographs are properly disposed	1	0	0	100%
7	Dental instruments and equipment are properly sterilized	1	0	0	100%
8	Prosthetic devices are appropriately disinfected between patients	1	0	0	100%
9	A perpetual medications log is available, current, complete, and verified quarterly	1	0	0	100%
10	The senior dentist checks and documents the expiration dates of emergency kit drugs on a monthly basis	1	0	0	100%
11	Dental assistants work within the guidelines established by the Board of Dentistry	1	0	0	100%
12	Dental request logs are effectively maintained	1	0	0	100%
13	Necessary equipment is available, adequate and in working order	0	1	0	0%
14	The dental clinic is clean, orderly, adequately lit and contains sufficient space to ensure patient privacy	1	0	0	100%

*Screen 13: Only one of two dental chairs was in working condition at the time of the survey. Per institutional staff, this reduced the number of inmates that could receive dental services.*

## Mental Health Survey Findings

### Self-Injury and Suicide Prevention

#### Self-Injury and Suicide Prevention

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A thorough clinical assessment is completed prior to placement on Self-harm Observation Status (SHOS)	11	10	1	3	91%
2 The nursing evaluation is completed within 2 hours of admission	11	9	2	3	82%
3 Guidelines for SHOS management are observed	2	1	1	12	50%
4 The inmate is observed at the frequency ordered by the clinician	14	10	4	0	71%
5 Nursing evaluations are completed once per shift	14	12	2	0	86%
6 There is evidence of daily rounds by the attending clinician	14	13	1	0	93%
7 There is evidence of daily counseling provided by mental health staff	13	12	1	1	92%
8 There is evidence of a face-to-face evaluation by the clinician prior to discharge	14	14	0	0	100%
9 There is evidence of adequate post-discharge follow-up by mental health staff	14	14	0	0	100%
10 The Individualized Services Plan (ISP) is revised within 14 days of discharge	13	11	2	1	85%

#### Self-Injury and Suicide Prevention Discussion:

*Screen 3: In one record, there was no evidence that transfer to the crisis stabilization unit was considered on the fourth day of admission.*

*Screen 4: In two records, there were multiple blanks on the observation checklist (DC4-650) indicating that the inmate may not have been observed during those time periods. In two records, at least one day of observations could not be located.*

## Psychiatric Restraint

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	Appropriate precipitating behavioral signs indicating the need for psychiatric restraints are documented	1	1	0	0	100%
2	Less restrictive means of behavioral control are attempted prior to the application of restraints	1	1	0	0	100%
3	Physician's orders indicate the date, time, maximum duration of order, clinical rationale, and behavioral criteria for release	1	1	0	0	100%
4	Patient's behavior is observed every 15 minutes and documented	1	0	1	0	0%
5	Patient is offered food at regular meal times and fluids and bedpan/urinal use every two hours	1	0	1	0	0%
6	Respiration and circulation checks are completed and documented	1	0	1	0	0%
7	Vital signs are taken and recorded when patient was released from restraints	1	1	0	0	100%
8	The physician personally assesses any inmate who remains in restraints for 24 hours	1	1	0	0	100%
9	Reasons for restraint continuation are documented	1	1	0	0	100%
10	If four-point restraints are used, limbs are exercised every two hours	1	0	1	0	0%
11	A new order is obtained every four hours	1	0	1	0	0%
12	Psychiatric restraints are removed after 30 minutes of calm behavior	1	1	0	0	100%
13	The inmate is referred to the multi-disciplinary services team (MDST)	1	1	0	0	100%

### Psychiatric Restraint Discussion:

Screens 4, 5, 6, & 10: The restraint observation checklist (DC4-650A) for 10/17/22 could not be located. Thus, the application of the required interventions could not be verified by CMA clinical surveyors.



## Access To Mental Health Services

### Psychological Emergency

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	There is documentation in the medical record indicating the inmate has declared a mental health emergency	10	10	0	0	100%
2	The emergency is responded to within one hour	10	10	0	0	100%
3	Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	10	10	0	0	100%
4	Documentation indicates the clinician fully assessed suicide risk	10	10	0	0	100%
5	A thorough mental status examination is completed	10	10	0	0	100%
6	Appropriate interventions are made	10	10	0	0	100%
7	The disposition is clinically appropriate	10	10	0	0	100%
8	There is appropriate follow-up as indicated in response to the emergency	7	7	0	3	100%

### Mental Health Inmate Requests

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage	
	Total Applicable Records	YES	NO	N/A		
1	A copy of the inmate request form is present in the electronic health record	10	10	0	0	100%
2	The request is responded to within the appropriate time frame	10	10	0	0	100%
3	The response to the request is direct, addresses the stated need, and is clinically appropriate	10	9	1	0	90%
4	The follow-up to the request occurs as intended	9	8	1	1	89%
5	Consent for treatment is obtained prior to conducting an interview	6	5	1	4	83%

### Special Housing

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The pre-confinement examination is completed prior to placement in special housing	10	10	0	0	100%
2	Psychotropic medications continue as ordered while inmates are held in special housing	7	7	0	3	100%
3	A mental status examination (MSE) is completed in the required time frame	10	10	0	0	100%
4	Follow-up MSEs are completed in the required time frame	9	9	0	1	100%
5	MSEs are sufficient to identify problems in adjustment	10	10	0	0	100%
6	Mental health staff responds to identified problems in adjustment	0	0	0	10	N/A
7	Outpatient mental health treatment continues as indicated while the inmate is held in special housing	10	10	0	0	100%

### Use of Force

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	A post use-of-force physical examination is present in the record	3	3	0	0	100%
2	The post use-of-force physical examination is completed in its entirety	3	3	0	0	100%
3	There is evidence physical health staff completed a referral to mental health staff	3	1	2	0	33%
4	Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	3	3	0	0	100%
5	Recent changes in the inmate's condition are addressed	3	3	0	0	100%
6	There is evidence of appropriate follow-up care for identified mental health problems	3	3	0	0	100%
7	A physician's order is documented if force is used to provide medical treatment	0	0	0	0	N/A

### Inpatient Mental Health Services

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 Court Order or Informed Consent are present in the record	16	16	0	0	100%
2 Admissions documentation is provided within four hours of admission	9	3	6	7	33%
3 Vital signs are obtained within one hour of admission	9	8	1	7	89%
4 Nursing assessment is completed within four hours of admission	9	3	6	7	33%
5 For new admissions, vital signs are taken daily for 2 days	9	5	4	7	56%
6 Within 3 regular business days of admission, the Mental Health Professional (MHP) meets with the patient to conduct a service planning interview and explain the mental health unit's behavioral level system	9	9	0	7	100%
7 The Bio-psychosocial Assessment (BPSA) is present in the record and completed within the required time frame	16	13	3	0	81%
8 The initial DC6-2087 Risk Assessment for Inpatient Treatment is completed at required intervals	9	9	0	7	100%
9 Follow-up risk assessments occur at least every 90 days	12	12	0	4	100%
10 There is documentation on DC6-2087 Risk Assessment for Inpatient Treatment of an individualized determination of the need for correctional restraints.	16	16	0	0	100%
11 An individualized service plan (ISP) is initiated within the appropriate time frame	8	8	0	8	100%
12 The ISP is reviewed at the required intervals	16	16	0	0	100%
13 Stated problems and goals are individualized and appropriate to the presenting problem/diagnosis	16	14	2	0	88%
14 The ISP is signed by the patient	16	16	0	0	100%
15 Patient progress is noted and updated on the ISP	16	16	0	0	100%

16	The patient is receiving the services listed on the ISP	16	4	12	0	25%
17	The MDST meets to address initial placement in the Inpatient Unit	6	6	0	10	100%
18	The MDST meets no later than 3 business days in response to a precipitating event	7	7	0	9	100%
19	The patient attends MDST meetings or there is evidence of refusal	16	16	0	0	100%
20	The MDST meets and reviews Behavioral Levels	16	15	1	0	94%
21	The patient is offered 10 hours of Structured Out-of-Cell Therapeutic Services (SOCTS) per week	16	13	3	0	81%
22	Inpatient mental health daily nursing evaluation is completed as required.	16	0	16	0	0%
23	Vital signs are recorded by nursing staff at required intervals	16	13	3	0	81%
24	Weight is recorded by nursing staff at required intervals	16	15	1	0	94%
25	For inmates within 180 days of end of sentence (EOS), aftercare planning is initiated.	3	3	0	13	100%

***Inpatient Mental Health Services Discussion:***

*Screen 16: In these records, inmates were not seen by psychiatry within the time frames indicated on the individualized service plan (ISP).*

*Screen 22: In eight records, some portions of the nursing evaluations were not completed. In all records, the subjective portion of the assessment was blank.*

***Inpatient Psychotropic Medications***

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	The psychiatric evaluation is present in the record and conducted within 3 days of admission	3	1	2	12	33%
2	An admission note by the attending clinician is completed within 24 hours of admission	3	1	2	12	33%
3	Appropriate initial laboratory tests are ordered	1	0	1	14	0%
4	Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	1	0	1	14	0%
5	Appropriate follow-up laboratory studies are ordered and conducted as required	5	5	0	10	100%
6	The medication(s) ordered are appropriate for the symptoms and diagnosis	13	13	0	2	100%
7	Drug Exception Requests (DER) are clinically appropriate	2	2	0	13	100%
8	The inmate receives medication(s) as prescribed	14	8	6	1	57%
9	The nurse meets with the inmate if he/she refuses psychotropic medication for 2 consecutive days and refers to the clinician if needed	10	10	0	5	100%
10	The inmate signs DC4-711A "Refusal of Health Care Services" after 3 consecutive OR 5 medication refusals in one month	8	8	0	7	100%
11	Prescribed medication administration times are appropriate	13	13	0	2	100%
12	Informed consent forms are signed for each medication prescribed	14	12	2	1	86%

13	A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF	3	3	0	11	100%
14	Follow-up sessions are conducted at the appropriate intervals	15	4	11	0	27%
15	Documentation of psychiatric encounters is complete and accurate	15	14	1	0	93%
16	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	11	6	5	4	55%
17	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate	3	3	0	12	100%
18	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO	3	3	0	12	100%
19	For each administration of the medication, an additional ETO is written	1	1	0	14	100%
20	The ETO is administered in the least restrictive manner	3	3	0	12	100%
21	An emergency referral to a mental health treatment facility (MHTF) is initiated if involuntary treatment continues beyond 48 hours	0	0	0	15	N/A

***Inpatient Psychotropic Medications Discussion:***

*Screen 8: In six records, the inmate did not receive medications as prescribed.*

- In the first record, the inmate's prescription for Haldol Decanoate expired 6/6/22 and he did not receive an injection in June. His Cogentin also expired 6/6/22 and was not renewed until 6/27/22. However, the medication administration record (MAR) reflected that it continued to be given even though the order had expired. Additionally, B12 injections ordered monthly were given daily from 6/10/22 – 6/30/22. Several blanks were noted on the MAR indicating the inmate may not have received his medication.*
- In the second record, Zyprexa was ordered for 7/25/22 – 10/23/22. The September MAR had three separate rows for the same dose and same date range with different instructions. Additionally, the patient received two doses of Melatonin per day instead of one as ordered from 7/1/22 – 7/5/22. The Melatonin order expired 8/7/22 and was not reordered with no explanation provided.*
- In the third record, an order was written for Prozac 30 mg on 10/26/22. He received 10 mg from 10/27/22 – 11/7/22.*
- In the fourth record, the prescription for Zyprexa expired 8/1/22. It was not reordered until 8/4/22; therefore, he did not receive medication from 8/2/22 to 8/4/22. Several blanks were noted on the MAR indicating the inmate may not have received his medication.*
- In the fifth record, the times noted on the MAR that Zyprexa was distributed were 1700 and 1800. The MAR indicated he was given doses at both times throughout October and until 11/5/22.*

- *In the sixth record, several blanks were noted on the MAR indicating the inmate may not have received his medication.*

### Outpatient Mental Health Services

		COMPLIANCE SCORE				
	SCREEN QUESTION	Total Applicable Records	YES	NO	N/A	Compliance Percentage
1	A consent for treatment is signed prior to treatment and/or renewed annually	17	14	3	0	82%
2	The inmate is interviewed by mental health staff within 14 days of arrival	9	9	0	8	100%
3	Documentation includes an assessment of mental status, the status of mental health problems, and an individualized service plan (ISP) update	9	9	0	8	100%
4	A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	0	0	0	17	N/A
5	Consent is obtained prior to initiating sex offender treatment	0	0	0	17	N/A
6	A clinically appropriate conclusion is reached following the sex offender screening	0	0	0	17	N/A
7	A refusal form is completed if the inmate refuses recommended sex offender treatment	0	0	0	17	N/A
8	A monthly progress note is completed for inmates undergoing sex offender treatment	0	0	0	17	N/A
9	The Bio-psychosocial (BPSA) is present in the record	17	16	1	0	94%
10	The BPSA is approved by the treatment team within 30 days of initiation of mental health services	2	2	0	15	100%
11	If mental health services are initiated at this institution, the initial ISP is completed within 30 days	2	2	0	15	100%
12	The ISP is individualized and addresses all required components	17	17	0	0	100%
13	ISP problem descriptions include baseline data on the frequency and intensity of symptoms and identify functional limitations	17	17	0	0	100%
14	ISP goals are time limited and written in objective, measurable behavioral terms	17	17	0	0	100%
15	The ISP specifies the type of interventions, frequency of interventions, and staff responsible for providing services	17	17	0	0	100%

16	The ISP is signed by the inmate and all members of the treatment team	17	11	6	0	65%
17	The ISP is reviewed and revised at least every 180 days	1	1	0	16	100%
18	Identified problems are recorded on the problem list	17	17	0	0	100%
19	The diagnosis is clinically appropriate	17	17	0	0	100%
20	There is evidence the inmate received the mental health services described in the ISP	17	16	1	0	94%
21	Counseling is offered at least once every 60 days	17	17	0	0	100%
22	Case management is provided every 30 days to S3 inmates with psychotic disorders	5	5	0	12	100%
23	Case management is provided at least every 60 days for inmates without psychotic disorders	12	12	0	5	100%
24	The Behavioral Risk Assessment (BRA) is completed within the required time frame for inmates in close management (CM) status	0	0	0	17	N/A
25	The BRA is accurate and signed by all members of the treatment team	0	0	0	17	N/A
26	The ISP is updated within 14 days of CM placement	0	0	0	17	N/A
27	Inmates in CM are receiving 1 hour of group or individual counseling each week	0	0	0	17	N/A
28	Mental health staff complete the CM referral assessment within five working days	0	0	0	17	N/A
29	Progress notes are of sufficient detail to follow the course of treatment	17	17	0	0	100%
30	The frequency of clinical contacts is sufficient	17	17	0	0	100%

**Outpatient Mental Health Services Discussion:**

Screen 16: In six records, the inmate signature could not be located.



## Outpatient Psychotropic Medications

SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
	Total Applicable Records	YES	NO	N/A	
1 A psychiatric evaluation is completed prior to initially prescribing psychotropic medication	1	1	0	16	100%
2 If the medical history indicates the need for a current medical health appraisal, one is conducted within two weeks of prescribing psychotropic medication	0	0	0	17	N/A
3 Appropriate initial laboratory tests are ordered.	0	0	0	17	N/A
4 Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	0	0	0	17	N/A
5 Appropriate follow-up laboratory studies are ordered and conducted as required.	4	4	0	13	100%
6 The medication(s) ordered are appropriate for the symptoms and diagnosis	17	17	0	0	100%
7 Drug Except Requests (DER) are clinically appropriate	1	1	0	16	100%
8 The inmate receives medication(s) as prescribed	17	5	12	0	29%
9 The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	3	2	1	14	67%
10 The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	2	0	2	15	0%
11 Prescribed medication administration times are appropriate	16	16	0	1	100%
12 Informed consent forms are signed for each class of medication prescribed	17	17	0	0	100%
13 Follow-up sessions are conducted at the appropriate intervals	17	9	8	0	53%
14 Documentation of psychiatric encounters is complete and accurate	17	17	0	0	100%

15	Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	9	8	1	8	89%
16	The rationale for the emergency treatment order (ETO) is documented and clinically appropriate.	1	1	0	16	100%
17	The use of the ETO is accompanied by a physician's order specifying the medication as an ETO.	1	0	1	16	0%
18	For each administration of the medication, an additional ETO is written.	17	17	0	0	100%
19	The ETO is administered in the least restrictive manner	1	1	0	16	100%
20	An emergency referral to a mental health treatment facility MHTF is initiated if involuntary treatment continues beyond 48 hours	0	0	0	17	N/A

**Outpatient Psychotropic Medications Discussion:**

Screen 8: In 12 records, the inmate did not receive medications as prescribed.

- In one record, Haldol Decanoate was ordered to be administered every four weeks but was given at three-week intervals. Additionally, there were multiple blanks on the MAR.
- In the second record, the Depakote order expired 3/15/22 and was not reordered until 3/22/22. In July, the same order expired which resulted in the inmate not receiving the medication for several days. Additionally, there were multiple blanks on the MAR.
- In the third record, there were multiple MARs for perphenazine and Depakote for January 2022. Both MARs were initialed indicating that the inmate may have received two doses of medication for multiple days.
- In the fourth record, two orders for Prozac expired, resulting in the inmate not receiving his medications for one week and then three weeks respectively.
- In the fifth record, the inmate did not receive his Risperdal Consta injections at the ordered intervals.
- In the sixth record, the inmate may have received double doses of Cogentin and Risperdal on 8/1/22. Additionally, there were multiple blanks in the MAR.
- In the seventh record, Effexor XR was ordered to be administered in the evenings, but was actually administered in the mornings for multiple months.
- In the remaining records, there were multiple blanks on the MAR, indicating that the inmates may not have been offered medications on the corresponding dates.

Screen 13: In the deficient records, inmates were seen by the psychiatric provider at intervals greater than 90 days. In all but two of these records, this resulted in expired prescriptions and a lapse in medication administration.

***Aftercare Planning***

	SCREEN QUESTION	COMPLIANCE SCORE				Compliance Percentage
		Total Applicable Records	YES	NO	N/A	
1	Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	20	19	1	0	95%
2	The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	19	19	0	1	100%
3	Appropriate patient care summaries are completed within 30 days of EOS	5	4	1	15	80%
4	Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	7	7	0	13	100%

## Institutional Systems Tour

### Medical Area

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All triage, examination, and treatment rooms are adequately sized, clean, and organized	1	0	0	100%
2	Hand washing facilities are available	1	0	0	100%
3	Personal protective equipment for universal precautions is available	1	0	0	100%
4	Appropriate emergency medications, equipment and supplies are readily available	1	0	0	100%
5	Medical equipment (e.g. oxygen, IV bags, suture kits, exam light) is easily accessible and adequately maintained	1	0	0	100%
6	Adequate measures are taken to ensure inmate privacy and confidentiality during treatment and examinations	1	0	0	100%
7	Secured storage is utilized for all sharps/needles	1	0	0	100%
8	Eye wash stations are strategically placed throughout the medical unit	1	0	0	100%
9	Biohazardous storage bins for contaminated waste are labeled and placed throughout the medical unit	1	0	0	100%
10	There is a current and complete log for all medical refrigerators	1	0	0	100%

***Infirmary***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The infirmary is adequately sized, well lit, clean and organized	1	0	0	100%
2	Handwashing facilities are available	1	0	0	100%
3	Infirmary beds are within sight or sound of staff	1	0	0	100%
4	Restrooms are clean, operational and equipped for handicap use	1	0	0	100%
5	Medical isolation room(s) have negative air pressure relative to other parts of the facility	1	0	0	100%

***Inmate Housing Areas***

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Living areas, corridors, day rooms and general areas are clean and organized	1	0	0	100%
2	Sinks and toilets are clean and operational	1	0	0	100%
3	Hot and cold water are available for showering and handwashing	1	0	0	100%
4	Over-the-counter medications are available and logged	1	0	0	100%
5	Procedures to assess medical and dental sick call are posted in a conspicuous place	1	0	0	100%
6	First-aid kits are present in housing units	1	0	0	100%

**Pharmacy**

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All narcotics are securely stored and a count is conducted every shift	1	0	0	100%
2	Out-of-date controlled substances are segregated and labeled	1	0	0	100%
3	The institution has an established emergency purchasing system to supply out-of-stock or emergency medication	1	0	0	100%
4	The pharmacy area contains adequate space, security, temperature, and lighting for storage of inventories and work activities	1	0	0	100%
5	Expired, misbranded, damaged or adulterated products are removed and separated from active stock no less than quarterly	1	0	0	100%
6	A check of 10 randomly selected drug items in nursing areas reveals no expired medications	1	0	0	100%
7	There is a stock level perpetual inventory sheet for each pharmaceutical storage area and ordering and stock levels are indicated	1	0	0	100%

**Psychiatric Restraint**

	SCREEN QUESTION	COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	All equipment is available and in working order	1	0	0	100%
2	There is appropriate restraint equipment for the population in all necessary sizes	1	0	0	100%
3	All interviewed staff are able to provide instructions on the application of restraints	1	0	0	100%

*Self-Injury/Suicide Prevention*

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	The suicide/self-harm observation cells in the infirmary and observation cells in the special housing units are appropriately retrofitted and safe	1	0	0	100%
2	A sufficient number of suicide-resistant mattresses, blankets and privacy wraps are available for each certified cell	1	0	0	100%

*Special Housing*

SCREEN QUESTION		COMPLIANCE SCORE			Compliance Percentage
		YES	NO	N/A	
1	Confinement rounds are conducted weekly	1	0	0	100%
2	A tool is available in the special housing unit to cut down an inmate who has attempted to hang him/herself	1	0	0	100%

## Interview Summaries

### ***INMATE INTERVIEWS***

Twelve inmates agreed to participate in interviews with CMA staff. Inmates reported that physical health services were adequate, while noting several areas for improvement. Several inmates reported delays in treatment for specialty consultation services. They also reported disruptions in continuity of care for medication services, including the availability of over-the-counter (OTC) medications in the dorms, and an inconsistent supply of keep-on-person (KOP) and single-dosed medications. Some inmates reported periods of several days to more than a week, where they did not receive medications.

Although inmates reported they were satisfied with the quality of care, they reported issues in the timeliness of being seen. More than one inmate reported having to turn in three requests before being seen in sick call. They reported being seen for their chronic clinic appointments, but labs were often delayed due to no one available to draw labs. Inmates stated that they found nursing and dental staff to be helpful and caring. However, they felt their medical issues were not always taken seriously enough.

Most inmates interviewed felt that mental health services were above average and were helpful in reducing their symptoms. They indicated they were often able to be seen the same day as requested for mental health services and that mental health staff were encouraging and kind.

### ***MEDICAL STAFF INTERVIEWS***

Six members of the medical team participated in interviews with CMA staff. All were knowledgeable about policies and procedures directing the provision of health care at this institution. Staff was aware of emergency plans and reported that security staff is cooperative and helpful when assistance is required. All interviewees indicated that staffing levels are a concern. Staff retention and streamlining paperwork were mentioned as specific ways to improve physical and mental health care.

One challenge reported was response time by medical staff during emergency situations. Due to the size of the compound and the weight of emergency equipment required, it was suggested an available golf cart would improve the response time. Another challenge reported was the number of steps in the consultation process which can contribute to breakdowns in communication between the institution and the regional office. This is presently being handled by the Medical Record Supervisor. It was anticipated a new consult coordinator will start in the next week resulting in an improvement in this process.

### ***MENTAL HEALTH STAFF INTERVIEWS***

Interviews were conducted with four members of the mental health staff. Mental health staff appeared dedicated to the inmates in their care and were knowledgeable about the inmates on their respective caseloads. Additionally, staff were easily able to describe the suicide and self-harm prevention techniques that they use and reported that they have sufficient training for employees and therapeutic programs for the inmates in their care.

### ***SECURITY STAFF INTERVIEWS***

Three correctional officers were interviewed during the survey of ZEPCI. Officers were generally knowledgeable about how inmates access services. They described having a good working relationship with medical, mental health, and dental staff.



## Corrective Action and Recommendations

### Corrective Action

Assessment Area	Total Number Finding
<b>Chronic Illness Clinics Review</b>	
Cardiovascular Clinic	0
Endocrine Clinic	0
Gastrointestinal Clinic	0
General Chronic Illness Clinics	0
Immunity Clinic	N/A
Miscellaneous Clinic	0
Neurology Clinic	0
Oncology Clinic	0
Respiratory Clinic	1
Tuberculosis Clinic	0
<b>Episodic Care Review</b>	
Emergency Care	1
Outpatient Infirmiry Care	1
Inpatient Infirmiry Care	4
Sick Call	0
<b>Other Medical Records Review</b>	
Confinement Medical Review	0
Consultations	0
Medical Inmate Request	0
Medication and Vaccine Administration	2
Intra-System Transfers	0
Periodic Screening	0
PREA Medical Review	3
<b>Dental Review</b>	
Dental Care	0
Dental System	1
<b>Institutional Tour</b>	
Institutional Tour	0
<b>Total Findings</b>	
<b>Total</b>	<b>13</b>

**Mental Health Findings**

<b>Self-Injury and Suicide Prevention Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Self-Injury and Suicide Prevention	2
Psychiatric Restraints	5
<b>Access to Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Use of Force	1
Psychological Emergencies	0
Mental Health Inmate Request	0
Special Housing	0
<b>Outpatient Mental Health Services Review</b>	
<b>Assessment Area</b>	<b>Total Number Finding</b>
Inpatient Mental Health Services	5
Inpatient Psychotropic Medications	7
Outpatient Mental Health Services	1
Outpatient Psychotropic Medications	5
Aftercare Planning	0
<b>Total Findings</b>	
<b>Total</b>	<b>26</b>

All items that scored below 80% or were identified as non-compliant should be addressed through the corrective action process. Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop a corrective action plan (CAP) that addresses the deficiencies outlined in the report and in-service training should be conducted for all applicable findings. The CAP is then submitted to the Office of Health Services (OHS) for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings.

Usually, four to five months after a CAP is implemented (but no less than three months) the CMA will evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff will continue to monitor open findings until the next assessment is conducted, typically within three to four months. This process continues until all findings are closed

## Recommendations

In addition to the needed corrective actions described above and based upon the comprehensive review of the physical, mental health, and administrative services at ZCI, the CMA makes the following recommendations:

- Ensure deficiencies close to the 80% threshold but did not reach the level of a finding requiring corrective action are closely monitored to ensure that compliance is maintained.
- Continue to train and support staff on optimally utilizing the electronic health record.
- Review and train nursing staff on the requirements for proper infirmary documentation
- Conduct a thorough review of inmates receiving psychotropic medication services to ensure that inmates are scheduled and seen at the required intervals.