



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Zephyrhills Correctional Institution

In

Zephyrhills, Florida

on

June 6-8, 2017

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1272	Male	Close	5

Institutional Potential/Actual Workload

Main Unit Capacity	631	Current Main Unit Census	681
Satellite Unit(s) Capacity	293	Current Satellite(s) Census	298
Total Capacity	924		977

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		223	337	75	0	46
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	329	69	202	66	15	8

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>
	24	19	2	0	0	0

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	2	0
Clinical Associate	1	0
RN	9	4
LPN	13.8	3
CMT-C	1.4	.4
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	2	0
Psychiatrist ARNP/PA	1	1
Psychological Services Director	1	0
Psychologist	1	0
Mental Health Professional	5	0
Human Services Counselor	1	0
Activity Technician	1	0
Mental Health RN	4.5	3
Mental Health LPN	8.4	3

OVERVIEW

Zephyrhills Correctional Institution (ZEPCI) 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. ZEPCI consists of a Main Unit, two work release centers, and a road prison.

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

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at ZEPCI on June 6-8, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

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

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

PHYSICAL HEALTH FINDINGS

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

- 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 requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

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

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call. There was a finding requiring corrective action in the review of infirmary care. The item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

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

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care. The items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

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

INSTITUTIONAL TOUR

There were findings requiring corrective action as a result of the institutional tour. The items to be addressed are indicated in the table below.

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records revealed the following deficiencies:</p> <p>PH-1: In 2 of 9 applicable records, there was no evidence that abnormal labs were addressed in a timely manner (see discussion).</p> <p>PH-2: In 2 of 2 applicable records, inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than 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-1:** In one record, the inmate's thyroid stimulating hormone (TSH) results were elevated at his last two clinic visits but there was no change made in his medication. In the other record, the inmate's hemoglobin A1c was elevated at his last two visits and although the clinician indicated it was poorly controlled, there was no medication change.*

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 10 applicable records (12 reviewed), there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-4: In 6 records, there was no evidence of an appropriate examination for the diagnosis (see discussion).</p> <p>PH-5: In 2 of 9 applicable records, there was no evidence that medications were prescribed and re-evaluated at each clinic visit (see discussion).</p> <p>PH-6: In 5 records, there was no evidence of the control of the disease and/or the status of the patient (see discussion).</p> <p>PH-7: In 2 of 8 applicable records, laboratory studies were not completed in a timely manner (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the 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-4: *In five records, the inmates were being followed for a diagnosis of benign prostatic hyperplasia (BPH). There was no evidence that they were offered periodic digital rectal examinations. In the other record, the inmate's diagnoses of glaucoma and anemia were not addressed at all on the "Chronic Illness Clinic" form (DC4-701F).*

Discussion PH-5: *The box in the upper right hand corner of the DC4-701F provides a list of current medications and dosages. In both records, this portion of the form was blank. Per Department standards, forms must be completed in their entirety. Since this list provides an at a glance reminder of the current treatment regimen, CMA surveyors expressed concern that a necessary review of the medications and subsequent changes may be missed if this information was missing. The only mention of medications was "see order" in the plan section of the form.*

Discussion PH-6: *In four records, the status of the patient was not documented. In one record, neither the control of the disease nor the status of the patient was documented. It should be noted that the "Clinic Flowsheet" form (DC4-770C) was not completed for these records.*

Discussion PH-7: *Prostate-specific antigen (PSA) tests had not been completed since 2015 for inmates with a diagnosis of BPH.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-8: In 4 of 9 applicable records (11 reviewed), there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Infirmary Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 3 of 7 applicable records (13 reviewed), the nursing discharge note was missing or incomplete.</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>

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-10: In 3 records, the diagnosis was not recorded on the problem list.</p> <p>PH-11: In 1 of 2 applicable records, the alternative treatment plan (ATP) was not implemented (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation 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-11:** An ophthalmology surgical consultation was requested for removal of a cataract. The consultation was denied as "surgery uncertain to be of value, continue observation and refract for specs." The ATP was received on 5/3/17 and, as of the date of the survey, no further action had been taken.*

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-12: There was no evidence that all necessary equipment was in working order (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-12:** The Automated External Defibrillator's (AED) battery pack and pads needed replacement and the lab needs a new model trimmer.*

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 records revealed the following deficiencies:</p> <p>PH-13: In 1 of 3 applicable records, the follow-up appointment was not completed in a timely manner.</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>

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-14: In 2 of 6 applicable records, the consultation or specialty services were not completed in a timely manner (see discussion).</p>	<p>records of those receiving dental 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-14:** In both records, inmates have been waiting for endodontic services at the Reception and Medical Center in Lake Butler. One inmate has been waiting for 15 months and the other for six months. CMA surveyors expressed concern that these delays in treatment may lead to more emergent problems. It may be beneficial for staff to explore treatment alternatives in the community.*

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-15: Contaminated and sterilized instruments were kept in the same cabinet in the emergency treatment area (see discussion).</p> <p>PH-16: Wings 1 & 2 of the infirmary were not within sight and/or sound of the nurse's station.</p> <p>PH-17: Over-the-counter medications in the dorms were not dispensed correctly (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-15:** Unsterilized instruments had been cleaned and placed in peel packs while awaiting sterilization. The sterile instruments were also in peel packs. The only observable difference was that there was no expiration date and the steam indicator had not changed color. CMA surveyors expressed concern that unsterile instruments could easily be mistaken and used for sterile especially in an emergency situation.*

***Discussion PH-17:** In dorms D & E, medications were dispensed using the wrong instructions. Staff had scratched out antacid and written in Ibuprofen on the log so they were distributing Ibuprofen according to antacid instructions. The medication counts were off in several dorms further indicating that the medications were distributed incorrectly. Additionally, Dorm D did not have any Ibuprofen on hand.*

CONCLUSION

The physical health staff at ZEPIC serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis; of note is the J-Dorm infirmary where many of the inmates require full time skilled nursing services. 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.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care as adequate.

Several of the deficiencies identified in this report are related to inadequate or incomplete documentation, including incomplete problem lists, clinic flowsheets, and not addressing medications and all diagnoses at the clinic visits. CMA surveyors were concerned that inadequate documentation could lead to disruptions in continuity of care or medical errors.

There were also some findings related to clinical care. These included delayed laboratory testing or addressing of abnormal results, as well as delays in the scheduling of follow-up appointments for those needing dental care or for those with elevated blood glucose levels. Delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes. Additional deficiencies are addressed in the tables above.

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

MENTAL HEALTH FINDINGS

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

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS) and psychiatric restraints; the items to be addressed are indicated in the tables below.

USE OF FORCE REVIEW

There were no of use of force episodes available for review at ZEPCI.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

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

INPATIENT SERVICES REVIEW

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

OUTPATIENT SERVICES REVIEW

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

AFTERCARE PLANNING REVIEW

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

MENTAL HEALTH SYSTEMS REVIEW

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

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 4 records, the nursing evaluation was not completed according to protocol (see discussion).</p> <p>MH-2: In 6 of 14 applicable records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-1: In all four records, the document was present in the file but areas of the form were not addressed. According to the Nursing Manual, all documentation must be completed in its entirety to be considered compliant.

Discussion MH-2: In two records, there were two days of evaluations missing. In another two records, one day was missing and one day was incomplete. In the remaining two records, the evaluation was not completed in its entirety.

Psychiatric Restraints

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 5 psychiatric restraint episodes revealed the following deficiencies:</p> <p>MH-3: In 5 records, a clinical rationale for the use of psychiatric restraints was not documented in the physician’s order.</p> <p>MH-4: In 1 record, vital signs were not documented when the inmate was released from restraints.</p> <p>MH-5: In 1 record, the inmate was not released from restraints after 30 minutes of calm behavior (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable psychiatric restraint 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-5: Calm behavior was noted on the “Restraint Observation Checklist” (DC4-650A) for three hours and 15 minutes prior to the inmate’s release from restraints. There was no documentation regarding the inmate’s behavior in the incidental notes.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 special housing episodes revealed the following deficiencies:</p> <p>MH-6: In 4 records, the “Special Housing Health Appraisal” (DC4-769) was incomplete or missing (see discussion).</p> <p>MH-7: In 1 of 3 applicable records, psychotropic medications ordered were not continued as directed while the inmate was held in special housing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-6:** In four records, the “Special Housing Health Appraisal” (DC4-769) was present but incomplete.*

***Discussion MH-7:** Health Services Bulletin (HSB)15.05.08 indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In one record, there was no evidence that Depakote was continued and no documentation of refusal.*

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 inpatient records revealed the following deficiencies:</p> <p>MH-8: In 3 of 8 applicable records, the psychiatric evaluation was incomplete or missing.</p> <p>MH-9: In 2 of 9 applicable records, the physician’s admission note was not completed within 24 hours of admission.</p> <p>MH-10: In 1 of 2 applicable records, a Drug Exception Request (DER) was not initiated (see discussion).</p> <p>MH-11: In 4 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Inpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>was not present in the medical record (see discussion).</p> <p>MH-12: In 1 of 5 applicable records, there was no “Refusal of Health Care Services” (DC4-711A) after 3 consecutive medication refusals or 5 in one month.</p> <p>MH-13: In 4 of 14 applicable records, informed consent was not obtained for all psychotropic medications prescribed.</p> <p>MH-14: In 2 of 8 applicable records, a physical examination was not completed.</p> <p>MH-15: In 10 records, follow-up psychiatric contacts were not conducted at the required intervals.</p> <p>MH-16: In 6 records, follow-up psychiatric sessions did not contain the required clinical information (see discussion).</p> <p>MH-17: In 2 of 4 applicable records, the emergency treatment order (ETO) was not complete (see discussion).</p>	

Discussion MH-10: A DER (DC4-648) and documentation for the exception is required for inmates taking two or more psychotropic drugs in the same therapeutic class. In this record, the inmate was prescribed two antipsychotics without evidence of a completed DER.

Discussion MH-11: In two records, the medication administration record (MAR, DC4-701A) could not be located. In the next record, a dosage of medication was circled on the MAR indicating the medication was not received but no reason was given. In the remaining record, there was a blank on the MAR without indication of refusal.

Discussion MH-16: In these records, there was either conflicting information contained in the notes, documentation was identical to previous notes, and/or information regarding medication compliance was missing. For example, in three consecutive notes, the subjective assessment indicated the inmate continued to report auditory hallucinations but notes addressing the objective assessment indicated he denied auditory hallucinations. In another example, notes did not address the inmate’s frequent medication refusals. Two consecutive notes indicated Risperdal would be continued, however it had been discontinued and Trilafon started. Both notes indicated AIMS would be due “October 2107”.

Discussion MH-17: In one record, the order was not signed by the physician. In the other record, a telephone order was not cosigned within the required time frame. In both of these records, the order was not specified as an ETO.

Inpatient Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
<p>MH-18: In 19 of 19 records reviewed, the required hours of planned structured therapeutic services were not provided and documented as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten inpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-18: Per Health Services Bulletin (HSB) 15.05.05, *Therapeutic Community* shall be provided one hour weekly by a psychologist or mental health professional (MHP). In all records reviewed, this activity was provided by an activity technician. Additionally, a mental health professional signed the "Mental Health Attendance Record" (DC4-664) for activities provided by another discipline. For example, the MHP initialed as providing a medication education group, which is typically conducted by nursing staff. According to documentation on the DC4-664, some activities were provided and initialed by staff, however there was no signature to correspond with the initials to indicate who provided the activity. However, it should be noted that the required number of hours of structured therapeutic activities per week were provided.

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 14 outpatient records revealed the following deficiencies:</p> <p>MH-19: In 2 of 6 applicable records, appropriate initial laboratory tests were not ordered for psychotropic medications (see discussion).</p> <p>MH-20: In 4 of 7 applicable records, follow-up lab tests were not completed as required (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten 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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>MH-21: In 2 of 3 applicable records, there was no evidence the nurse met with inmates who refused medication for 2 consecutive days and/or referral was not made to the clinician.</p> <p>MH-22: In 7 of 13 applicable records, follow-up psychiatric contacts were not conducted at appropriate intervals.</p> <p>MH-23: In 5 of 9 applicable records, the Abnormal Involuntary Movement Scale (AIMS) was not completed as required.</p>	

***Discussion MH-19:** In both records, a lipid profile and fasting blood sugar were not completed prior to starting antipsychotic medication.*

***Discussion MH-20:** In two records, lipid profile and fasting blood sugar was not re-evaluated three months after starting an antipsychotic medication. In one record, the fasting blood sugar was completed but no lipid profile was ordered. In the remaining record, a valproic acid level was not monitored in over nine months for an inmate taking Depakote. This medication requires a specified therapeutic range to be effective. However, toxic levels can also occur necessitating routine monitoring.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>MH-24: In 9 records, the Individualized Service Plan (ISP) was not signed by a member of the multidisciplinary services team (MDST) and/or inmate or a refusal was not documented. (see discussion).</p> <p>MH-25: In 8 of 17 records, the problems identified were not on the problem list.</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>

***Discussion MH-24:** In all nine records the inmate's signature was missing. Without the inmate's signature, it is unclear if he was involved in the planning of his treatment goals.*

Other Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-26: Medical records were disorganized (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-26: *There were inconsistencies and general disorganization within the inpatient medical records. Documents were often misfiled and on three occasions, a medical record contained another inmate's information. Records were not thinned according to Department protocol and staff were unable to locate many documents requested by surveyors. Some documents were misfiled in previous volumes, while older documents were filed in current volumes.*

CONCLUSION – MENTAL HEALTH

The mental health staff at ZEPIC serves a complex and difficult population. Inpatient services are provided in a 73 bed Transitional Care Unit and a 29 bed Crisis Stabilization Unit. Outpatient services, including case management and individual and group counseling are provided to nearly 300 inmates. In addition to providing services to inmates on the mental health caseload, staff answers inmate requests, responds to psychological emergencies and performs weekly rounds in confinement. Staff also performs sex offender screenings when needed, provides aftercare planning for eligible inmates, and provides daily counseling for inmates in Self-Harm Observation Status.

Many of the findings noted in the inpatient mental health portion of this report are related to inadequate documentation and disorganization of the medical records. Several issues were related to documents that were copied. In some notes, information did not change from the previous visit and the same errors were noted in each document. For example, several inmates' ISPs indicated they would receive group counseling one time yearly. Some notes were dated in the future or were not dated at all. In some cases documents such as MARs and psychiatry notes could not be located. Records were not thinned according to Department policy and surveyors and staff had difficulty locating many of the requested documents.

While the majority of the findings noted were in the area of psychotropic medication practices, it should be noted that there was only one finding in the review of inpatient services. ISPs were thorough and addressed the inmate's progress towards his treatment goals. They were seen timely and documentation indicated they were involved in the planning of their treatment goals. The required number of structured therapeutic activities were consistently provided.

In the outpatient mental health portion of the report, many of the deficiencies were related to psychiatric services. In the records reviewed, approximately half of the inmates were not seen timely for appointments. Inmates did not consistently receive medications while held in special housing, or were not counseled and referred to the clinician after multiple missed doses of medication. Inmates did not receive required lab work when starting or adjusting psychotropic medications. AIMS were completed incorrectly, if at all. This is an important assessment for individuals being treated with antipsychotic medications. Gathering baseline data, monitoring changes with dose increases, and early detection of medication side effects can prevent potentially permanent damage. The review of SHOS and special housing revealed that nursing assessments were often incomplete with one or more pieces of pertinent information missing from the form.

In interviews, mental health staff demonstrated familiarity with policies, training, and staff education expectations. Inmates reported they can easily access mental health services and were able to explain the process, regardless of housing status. Case management notes were thorough and relevant, and counseling notes addressed the issues documented on the service plan.

There were no findings related to psychological emergencies, inmate requests, aftercare planning or in the review of mental health systems. Mental health staff were cooperative and helpful throughout the survey process. They are receptive to using the CAP process to improve mental health services at ZEPIC.

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 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.