



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **ZEPHYRHILLS CORRECTIONAL INSTITUTION**

in

**Zephyrhills, Florida**

on

**May 7 - 10, 2013**

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## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1224	Male	Close	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	758	<b>Current Main Unit Census</b>	669
<b>Annex Capacity</b>	NA	<b>Current Annex Census</b>	NA
<b>Satellite Unit(s) Capacity</b>	581	<b>Current Satellite(s) Census</b>	555
<b>Total Capacity</b>	1339	<b>Total Current Census</b>	1224

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		133	249	93	2	85
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	280	53	253	98	5	20

### 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>
		25	11	0	0	0

## OVERVIEW

Zephyrhills Correctional Institution (ZEPCI) houses male inmates of minimum, medium and close custody levels. The facility grades are medical (M) 1, 2, 3, 4 and 5 and psychology (S) grades 1, 2, 3, 4 and 5. The scope of health services provided includes comprehensive medical, dental, mental health and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and infirmary care as required for medical and mental health. Inpatient mental health care is also provided at ZEPCI.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at ZEPCI May 7 – 10, 2013. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

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

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

## **PHYSICAL HEALTH FINDINGS**

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

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.
- M5 - Inmate requires long-term care (greater than thirty days) inpatient, infirmary, or other designated housing.

### **CLINICAL RECORDS REVIEW**

#### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of administrative processes, infection control, or pharmacy.

#### **INSTITUTIONAL TOUR**

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

#### **EPISODIC CARE REVIEW**

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

#### **DENTAL REVIEW**

There were two findings requiring corrective action in review of dental systems; the items to be addressed are indicated in the table below. Other deficiencies cited by surveyors are detailed in the discussion section.

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

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

#### **OTHER RECORD REVIEW**

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

### Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: Monthly inspection tags on first aid kits were not completed, with the exception of May, 2013.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide a copy of completed monthly inspection tags.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: In 3 of 12 Cardiovascular Clinic records reviewed, there was no documentation of hypertension on the problem list.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 3 of 8 applicable Immunity Clinic records reviewed, there was no documentation of evidence of hepatitis B vaccination.</b></p> <p><b>(b) In 2 of 3 applicable Immunity Clinic records reviewed, there was no documentation of evidence of hepatitis B testing.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: A comprehensive review of 11 inmate records revealed the following deficiency:</b></p> <p><b>In 2 of 10 applicable Neurology Clinic records reviewed, there was no documentation of flu vaccine or refusal on record.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Medication Administration Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-5: A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>(a) In 5 of 14 Medication Administration records reviewed, there was no documentation regarding the route of administration.</b></p> <p><b>(b) In 9 of 14 Medication Administration records reviewed, the medication orders were not dated and/or timed by the physician.</b></p> <p><b>(c) In 4 of 14 Medication Administration records reviewed, the medication orders were not transcribed in a timely manner.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often, if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

### Dental Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-6: A comprehensive review of 18 inmate records revealed the following deficiency:</b></p> <p><b>In 3 of 4 applicable Dental Services records reviewed, there was no evidence that consultation or specialty services were accomplished in a reasonable time frame.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-7: Epinephrine in the emergency medications kit was expired.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion:** *It was noted that required oral hygiene plaques and American Heart Association prophylactic regimens were not displayed in the dental area. It was also noted that the reception area for waiting patients is outside, quite a distance away.*



## **CONCLUSION**

The physical health staff at ZEPCI serves a complex and difficult population, including inmates with significant impairments, inmates of advanced age, and inmates with multiple medical comorbidities. Physical health care is provided on an outpatient and inpatient basis; of note is the J-Dorm infirmary where inmates may 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. The physical health team reviewed 221 records and found deficiencies in 36 records, not all of which are findings requiring corrective action. Reportable findings requiring corrective action were revealed in the institutional tour, the dental review, the medication administration record, as well as in the cardiovascular, neurology and immunity clinics; and are outlined in the tables above.

Review of the inmate housing areas revealed no negative findings. Staff interviewed appeared to be knowledgeable about procedures and all areas on the compound were clean and neat. Interviews with inmates, health care staff, and security staff were consistently positive. Inmates were knowledgeable regarding how to access health care services.

Clinician surveyors noted that institutional staff showed good clinical management and monitoring of inmates, even while dealing with several challenges. Nursing staffing is particularly challenging, with up to 84% of the nurses employed by private agencies. The nursing supervisor has developed a number of strategies which enhance continuity of care, such as additional training for those who may not be familiar with Department policies and procedures. In addition to the extended training, infection control policies and procedures are available online for all nursing staff.

Surveyors identified several program areas for special accomplishment. Multiple surveyors noted the quality of health care delivered in the J-Dorm infirmary as well as the ZEPCI Audit Admission form developed by Mary Farr, LPN. They noted that this helpful tool enhanced the infirmary medical records which were well organized, logical, and complete. The consults were timely, well documented with follow up care and recommendations where needed.

Survey findings indicated the overall medical care provided at ZEPCI falls within Department standards and adequately reflected standards commensurate with the professional health care community at large. The clinic staff, including medical and administrative, should be commended for their dedication to meeting the health care needs of inmates.

# **MENTAL HEALTH FINDINGS**

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

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

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

### **OUTPATIENT SERVICES REVIEW**

There were no findings requiring corrective action in the review of S2 and S3 records. There were findings in the area of psychotropic medication requiring corrective action, as indicated in the table below.

### **INPATIENT SERVICES REVIEW**

There were findings requiring corrective action as a result of S4 and S5 records, as indicated in the table below. There were no findings in the area of psychotropic medication.

### **AFTERCARE PLANNING REVIEW**

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

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

There were no findings requiring corrective action in the review of Self-harm Observation Status and mental health restraints.

### **USE OF FORCE REVIEW**

There were no applicable use of force incidents for review at the institution.

### **MENTAL HEALTH SYSTEM REVIEW**

There were findings requiring corrective action as a result of the mental health systems review, as indicated in the table below.

<b>Outpatient Psychotropic Medication Practices</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-1: A comprehensive review of 16 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 3 of 14 applicable records, initial lab tests were not conducted or not present in the medical record.</b></p> <p><b>(b) In 4 of 15 applicable records, follow-up tests for abnormal lab reports were not conducted or not present in the medical record.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Inpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-2: A comprehensive review of 20 inpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 6 of 17 applicable records, vital signs for the first five days of admission were not recorded.</b></p> <p><b>(b) In 8 of 20 records, weekly documentation of weight was not recorded.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## MENTAL HEALTH SYSTEMS REVIEW

<b>Administrative Issues</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-3: Medical records were disorganized, with pages often misfiled or missing altogether.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<b>MH-4: One inpatient isolation management room (IMR) lacked the appropriate restraint equipment.</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<b>MH-5: Thick paint is peeling from at least four of the IMR floors and walls.</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-4:** *The isolation management room in K dorm has only one set of restraints (no less than three are required) as well as no helmets (at least one required in each size, small-medium-large).*

## **CONCLUSION**

The mental health staff at ZEPCI serves a complex and difficult population. Inpatient services are provided in a 50 bed Transitional Care Unit and a 54 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.

At the time of the survey, there were staffing concerns with both mental health nursing and psychiatry. There are two psychiatrists' positions; one was filled and one was covered by a locum tenens. Additionally, there was a vacant Advanced Registered Nurse Practitioner position. Additional mental health positions were sufficiently staffed and utilized creative solutions to fulfill the needs of the inmate population. The institution hosts a Pre & Post Doctoral Psychology Intern Program that provides four additional part-time staff. This program, in combination with the experience of the full time mental health staff, ensures well-documented quality mental health care to the inmates at the institution.

Currently, mental health nursing vacancies are covered by agency nurses. The nurse manager has developed additional protocols that provide structure and prompting to agency nurses who may be less familiar with Department policies and procedures. For example, the nurse manager created a checklist and education procedure which ensures the nurses adequately document all restraint requirements. A thorough review by surveyors revealed no deficiencies in the documentation of psychiatric restraints. In our history, this area is rarely without some error or finding. Additionally, mental health staff presented as knowledgeable and generally invested in the welfare of the inmates they serve. This was also reflected in the inmate interviews which revealed no major concerns and overall satisfaction with the mental health services provided.

There were some inconsistencies and general disorganization within the mental health medical records and this was especially prevalent within the inpatient medical records. Despite the survey team being comprised of experienced surveyors who are familiar with the Department's medical records, they had difficulty finding appropriate documentation needed to carry out the survey protocols. Notes were not consistently filed chronologically and there were some examples of documents not present in the chart. In the majority of these cases, the documents were discovered by staff upon request, indicating a possible delay or back-log of filing. There were also general recording inconsistencies present in the chart. For example, the required recording of vital signs for the first five days of admission and weekly weight were often recorded in different locations. In some records the vital signs were recorded in the Medication Administration Record, while in others, it was located in the daily nursing assessment or vital signs flow sheet. This inconsistent recording of information may have led to the findings regarding deficiencies in documentation of vital signs and weight.

Overall, the mental health department at ZEPCI is highly professional and presents a commitment to provide appropriate care. Mental health staff presented as knowledgeable and generally invested in the welfare of the inmates they serve. This was also reflected in the inmate interviews which revealed no major concerns and overall satisfaction with the mental health services provided. In parallel, the staff's commitment

and desire to provide quality mental health treatment is clearly reflected in the inmates' mental health records. There was an overall lack of clinically-based findings and the majority of findings were documentation issues that should be relatively easy to correct. In fact, the mental health staff was concerned about the issues and expressed solutions and dedication to correct these issues even as we were finishing the survey. The staff at ZEPCI should be commended for the lack of clinical mental health findings in this report.

## SURVEY PROCESS

The goals of every survey performed by the CMA are

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

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

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

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

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

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

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

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

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