

**CORRECTIONAL MEDICAL AUTHORITY (CMA)**  
**PHYSICAL & MENTAL HEALTH SURVEY**  
**OF**  
**HERNANDO CORRECTIONAL INSTITUTION**

in  
**Brooksville, Florida**  
**October 24 – 26, 2000**

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON October 9, 2000</b>				
<b>Population</b>	<b>Custody</b>	<b>Type</b>	<b>Maximum Capacity</b>	<b>Current Occupied Beds</b>
<b>Adult &amp; Youthful</b>	<b>Medium</b>	<b>Female</b>	<b>459</b>	<b>371</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>246</b>	<b>110</b>	<b>15</b>	<b>0</b>	<b>0</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>232</b>	<b>38</b>	<b>100</b>	<b>0</b>	<b>0</b>

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# Executive Summary

All conclusions were based on a sample review of medical records; interviews with inmates, health care providers and security staff; and a physical inspection of the institution.

Hernando Correctional Institution (HERCI) was established in the early 1950's as Brooksville Road Prison. In 1999 it was converted to house adult and youthful offender female inmates. The older inmates were housed separate from the youthful inmates. The housing area for the older inmates was located near the medical/classification building and separated from the rest of the compound by a chain link fence. There was a correctional officer (CO) stationed at the main gate of the older inmate housing area. This institution provided minimum and medium custody levels for a maximum capacity of 459 inmates. There was no special housing such as confinement. Inmates requiring special housing were transferred to a local county jail contracted by the Department of Corrections. According to the pre-survey questionnaire (PSQ) prepared by the institution on October 9, 2000, the health care unit at this institution served a total of 371 inmates with medical and psychological grades one through three.

The Correctional Medical Authority (CMA) previously surveyed this institution on January 27 - 29, 1999. The institution operated as an adult male facility at the time of that survey. Later during that same year the facility was converted to house both adult and youthful offender female inmates. This facility primarily provided substance abuse treatment and provides academic and self-betterment programs. Also, there was a female boot camp program referred to as extended day. This is the first survey conducted since the facility was converted to house female inmates.

## **Physical Health**

Hernando Correctional Institution had the following allocated staff: one advanced registered nurse practitioner (ARNP), one nurse supervisor, seven nurses, one senior dentist, one dental assistant; one health services administrator (HSA), and two health information specialists. The ARNP functioned as the clinical director. Three staff positions (the senior dentist, dental assistant and the HSA) were shared with Sumter Correctional Institution (SUMCI).

Hernando Correctional Institution's medical clinic lacked an infirmary, an emergency room, and medical isolation and/or suicide observation cells. Depending upon an inmate's condition she would either be transferred to another institution or to a local hospital for care.

The physical health section of this report contains no Level 1 citations, four Level II citations, and three additional issues.

### **Mental Health**

One third of the inmate population was assigned an S-grade of SII or SIII. One fourth were SIII's.

Mental health staff included a psychiatrist, a part time senior psychologist and two psychological specialists. There were no mental health groups conducted for the youthful and for adult inmates. The two primary mental health interventions employed were individual counseling and medication management. Individual counseling was infrequent. The preponderance of mental health care is the provision of case management services. Biopsychosocial assessments and service plans were absent or incomplete in 31% of the reviewed cases. Service plans also lacked consistent inclusion of medications as an intervention.

The institution lacked any certified mental health isolation rooms for psychiatric emergencies, a concern also identified in our previous survey report. However, the mental health survey team felt that the procedures for evaluating and transferring such cases and the after-hours emergency procedures provided an acceptable accommodation given the existing staff an inmate population.

The mental health section of this report contains no Level I citations, three Level II citations, and no additional issues.

# Physical Health

## Strengths

1. The warden, clinical director and psychological specialist conducted weekly confinement visits in an attempt to maintain the continuity of care for HERCI confined inmates housed at the local county jail.
2. Records selected for review from the following clinics; sick call, diabetes, seizure, and dental indicated that assessment, treatment and follow-up care was appropriate.

## Citations - Level I

There were no Level I citations during this survey.

## Citations - Level II

### Clinical Management

1. Records selected from the clinics listed below revealed concerns regarding clinical management:
  - two of five asthma records,
  - four of six HTN records,
  - two of five immunity records,

- five of five TB/INH records, and
- two of five general medicine records.

In addition to the chronic illness clinic records listed above, five inmate records were selected for a review of annual/biennial health appraisals. One (20%) of the five records selected lacked necessary documentation.

### **Administrative**

2. There was no evidence that annual medical emergency plans/disaster drills were conducted during the two years preceding this survey.
3. The 'Grievance, Inmate Request or Inquiry Log' (DC4-797) failed to adequately track informal/formal grievances. Additionally, 'Inmate Request' form (DC6-236) was also used to record formal grievances.
4. The mortality record reviewed lacked a death certificate.

## **Additional Issues Noted**

5. Documentation reviewed indicated that meetings between the warden and the medical director had not occurred on a quarterly basis.
6. The emergency care logs reflected incidents that did not require emergency care. Four of five events selected from the institution's emergency care logs were not recorded on emergency care forms, DC4-708 and DC4-708.
7. All inmates interviewed expressed their dissatisfaction with smoking in dorms that are designated as non-smoking.

# **Mental Health**

## **Strengths**

1. Administrative logs and reports were complete and currently maintained.
2. New admissions were routinely oriented and inmates knew how to request mental health services.

## **Citations - Level I**

There were no Level I citations during this survey.

## **Citations - Level II**

### **Clinical Management**

1. No group therapy was provided for any of the 100 SIII or 38 SII inmates.

2. Individualized service plans (ISP) and biopsychosocial assessments (BPSA) were either absent or not completed within required time frames in four of thirteen (31%) reviewed records. In two records, both the BPSA and the ISP were either late or missing. Additionally, five of nine (56%) reviewed records lacked revisions to the ISPs to reflect changes in medication status.
3. Initial medication orders were not consistently timed and/or dated in six of nine (67%) reviewed records.

## **Additional Issues Noted**

There were no additional issues identified during this survey.