



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

GRACEVILLE CORRECTIONAL FACILITY

in

Graceville, Florida

on

March 22 - 25, 2011

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1880	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1884	Current Main Unit Census	1880
Satellite Units Capacity	N/A	Current Satellite Units Census	N/A
Total Capacity	1884	Total Current Census	1880

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1555	285	49	4	11
<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>
	1561	52	280	N/A	N/A	0

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		37	33	12	NA	NA

OVERVIEW

Institutional Description

Graceville Correctional Facility (GRCF) houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 3, psychological grade 3 facility. GRCF is privately operated by Corrections Corporation of America.

The overall scope of health services provided at GRCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care and mental health outpatient care and observation/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at GRCF March 22 - 25, 2011. CMA surveyors reviewed records to evaluate the provision and documentation of care. 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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE PROCESSES REVIEW

No findings were reported regarding administrative processes, pharmacy, infection control, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed no issues; the surveyor noted that the kitchen, grounds, and dorms were clean and in order.

EPISODIC CARE REVIEW

There were no issues found in the review of episodic care records.

DENTAL REVIEW

Review of the dental clinic records revealed no significant findings. There was one issue concerning the dental chairs, noted in the findings below.

CLINICAL SYSTEM REVIEW

There were two findings resulting from a review of chronic illness clinic records, as reflected in the table below.

OTHER RECORD REVIEW

There were no findings in the periodic screening, consultations, medication administration, intra-system transfers, and in the health record/OBIS review.

CHRONIC ILLNESS CLINIC REVIEW

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 10 Immunity Clinic records reviewed discrepancies were found, including:</p> <ul style="list-style-type: none"> a) In 2 cases baseline laboratory reports were not found in the chart b) In 2 cases inmates with no history of past hepatitis B had not been offered hepatitis B vaccinations 	<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 10 records, to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-2: In 4 of 9 Neurology Clinic records</p>	

CHRONIC ILLNESS CLINIC REVIEW

Finding(s)	Suggested Corrective Action(s)
<p>reviewed discrepancies were found, including:</p> <ul style="list-style-type: none">a) In 2 cases the initial chronic illness clinic visit was not located in the recordb) In 3 records baseline histories were lacking some required componentsc) In 2 records there was no documentation of the classification of seizures	

DENTAL CLINIC SYSTEMS REVIEW

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: The location of the two dental chairs in this small clinic area does not allow for concurrent usage. This limits the number of inmates seen in the clinic.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of work orders or other documentation that the deficiency has been corrected.</p>

CONCLUSION

Medical records at Graceville CF were very well organized, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates, nursing staff, and security staff were consistently positive.

The institutional staff provided good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

Graceville Correctional Facility (GRCF) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at GRCF:

- 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).

CLINICAL REVIEWS

Psychotropic Medication	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 22 records evaluating psychotropic medication practices revealed the following deficiencies:</p> <p>a) In 6 of 16 applicable records, laboratory tests were not conducted as required.</p> <p>b) In 8 records, psychiatric follow-up was not conducted in the required timeframe. (see discussion)</p> <p>c) In 6 of 17 applicable records, the medications prescribed were not appropriate for the symptoms reported or the stated diagnosis. (see discussion)</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>

Discussion MH-1(b): Psychiatric contacts are required at least once every two weeks during the initial four weeks of treatment. Inmates started on medication are not being scheduled for follow-up for two to three months.

Discussion MH-1(c): In one case the diagnoses is ADHD and the inmate is described as “hyperactive and impulsive”. He is given Remoran for “depressive symptoms”. In another case the diagnosis is Amphetamine Induced Psychosis and the inmate is prescribed Zoloft. One inmate has a diagnosis of Anxiety Disorder NOS and Polysubstance Abuse; he is prescribed Lithium. In a further case the diagnosis is Mood Disorder due to Polysubstance Abuse; the inmate is prescribed Risperdal. In these

examples the prescribed drugs are not appropriate for the symptoms reported or the stated diagnosis.

Outpatient Services	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 31 outpatient records (S3 = 21, S2 = 10) revealed the following deficiencies:</p> <p>a) In 3 of 7 applicable records, a case manager was not assigned within three working days of the inmate’s arrival at the facility.</p> <p>b) In 3 of 7 applicable records, the inmate was not seen by mental health within 14 days of arrival at the facility.</p> <p>c) In 4 of 7 applicable records, the initial Individualized Service Plan (ISP) was not completed within the required timeframe. (see discussion)</p> <p>d) In 13 records ISPs were not reviewed within the required timeframe.</p> <p>e) In 9 records ISPs did not contain the required signatures.</p> <p>f) In 13 records the interventions listed on the ISP were either not appropriate or not provided. (see discussion)</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>

Discussion MH-2(c): In three cases the ISP was initiated over a month late. In one case the inmate was made an S3 on 11/11/10 yet there was no ISP in the chart.

Discussion MH-2(f): Interventions on the ISP were often carried over from the previous review and were no longer applicable. For instance the intervention for two S2 inmates was “medication as prescribed” and “monitor medication compliance”. In some cases the intervention was for the inmate to be provided case management and counseling every 30 days yet there are two, three or four month lapses in which he is not seen by mental health.

Use of Force	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 3 of 3 records reviewed, inmates were not seen by mental health within the required timeframe. (see discussion)</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>

Discussion MH-3: In the three cases reviewed the inmate was not referred to mental health after a use of force incident.

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A comprehensive review of 19 records evaluating special housing revealed the following deficiencies:</p> <p>a) In 13 records mental status exams were not performed within the required timeframe or were missing.</p> <p>b) In 9 records the DC4-528 “Mental Status of Confinement Inmates” was not completed after each mental status evaluation.</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>

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

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive clinical review of 10 IMR (isolation management room) records revealed the following deficiencies:</p> <p>a) In 2 records observation checklists were incomplete or missing. (see discussion)</p> <p>b) In 3 records shift nursing assessments were missing.</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>

Discussion MH-5(a): In one case there was an hour in which no observations were documented. In the other case staff was unable to locate any observation checklists.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>MH-6: In 2 of 3 records reviewed mental health staff did not assist eligible inmates to apply for Social Security benefits.</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>

Access to Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-7: In 2 of 7 records reviewed, timely response to inmate requests did not occur. (see discussion)</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>

Discussion MH-7: The responses to inmate requests were that an appointment would be scheduled. In one case the inmate's initial request to be seen was 10/22/10. He submitted two more requests and was finally seen 3/22/11. In the other case the request was received 2/11/11; the inmate had not been seen as of 3/24/11. Also, in one case reviewed for psychotropic medication practices, the surveyor noted the inmate submitted two requests to be seen. He was finally seen two months after his initial request.

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues

Finding(s)	Suggested Corrective Action(s)
<p>MH-8: Mental health staff did not consistently document weekly confinement rounds on DC6-229.</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>

CONCLUSION

The mental health staff at GRCF consists of two fulltime mental health specialists, a fulltime Sr. Mental Health Clinician, a Sr. Mental Health Clinician who is on site two days per week, a psychiatrist who is contracted two days per week and a fulltime mental health nurse. Services provided include: individual and group therapy; case management; aftercare planning for eligible S3 inmates; responses to psychological emergencies, inmate requests and staff referrals; daily rounds for inmates placed in SHOS; and mental status exams and weekly rounds for inmates in special housing status.

On September 26, 2010 Corrections Corporation of America (CCA) took over the operation of GRCF which was previously operated by The GEO Group. In order to monitor care provided by CCA, records were reviewed from 10/1/10 to the present. There were 332 inmates on the mental health caseload at the time of the survey. According to staff the two mental health specialists have case loads of between approximately 150 and 170 inmates. Not only do the specialists provide counseling and case management services, they are responsible for many of the other services provided by the mental health department. In addition to providing supervision and training and other administrative duties, the Sr. Mental Health Clinicians also provide aftercare planning, mental health services for confinement inmates, and SHOS rounds.

Many of the issues identified in this report were related to the difficulty the mental health staff has keeping up with the workload. For instance, with so many inmates on their caseloads, it is difficult for the mental health clinicians to ensure inmates are receiving individualized treatment in a timely manner. Initial ISPs and reviews are late. Interventions are often carried over from previous reviews and are no longer relevant. All members of the treatment team are not involved in the ISP as indicated by the absence of signatures on the plan. Although inmate requests are initially answered in a timely manner, it may take several months for the inmate to actually be seen. Inmates in confinement were not receiving the required mental status exams, apparently because the Sr. Mental Health Clinician who provides this service was on medical leave (the remaining staff struggle to manage their own caseloads and other duties and had little time to adequately cover confinement requirements). Although the psychiatrist is contracted for two days per week he has been working four days due to the volume of cases. According to staff, inmates who are started on psychotropic medication are not scheduled for follow-up as required due to the lack of availability of the psychiatrist.

Based on these findings, the CMA recommends that current staffing levels and workload distribution be evaluated to ensure inmates have adequate access to mental health services at this institution.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.