



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HOMESTEAD CORRECTIONAL INSTITUTION

in

Florida City, Florida

on

February 21-23, 2007

CMA Physical Health Team Leader:

Stephen F. Tomicich, ARNP, BC

CMA Mental Health Team Leader:

Jane Holmes-Cain, LCSW

Physical Health Team Members:

Marjorie Kirsch, MD
Richard Berjian, DO
Fidel Gonzalez, PA-C
Sue Sims, RN
Angela Smart, RN, BSN

Mental Health Team Members:

Edward Rossario, MD
Huey-Jen, Chen, ARNP
Heather Allman, LCSW
Barry Morris, PhD
Jenene Case-Pease, LMHC, LMFT, PhD
Debbie Ray Kings, RN, CNA
Ann Panzarino, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
676	F	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	668	Current Main Unit Census	676
Annex Capacity		Current Annex Census	
Satellite Unit(s) Capacity		Current Satellite(s) Census	
Total Capacity	668	Total Current Census	676

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		261	267	146	1	NA
<i>Mental Health Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
<i>(S-Grade)</i>	225	98	353	NA	NA	NA

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>
		20	26	NA	NA	NA

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Homestead Correctional Institution. 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. Homestead Correctional Institution recently transitioned from healthcare provided exclusively by a private company contract to care managed by the Florida Department of Corrections (DC) through a series of smaller subcontracts known as the “hybrid model”. The healthcare department is staffed by MHM Staffing Solutions providing salary and benefits for the medical staff. Mental health service is provided via a separate contract between the DC and MHM Services. Dental service is provided by Smallwood Dental and pharmacy service is provided by Diamond Pharmacy. The Health Service Administrator (HSA) is responsible for oversight of these programs under the direction of the Warden and the DC Regional Team. Services and commodities are provided through a series of purchase orders and contracts for specialty care, hospital care and supplies.

Physical Health Findings

Medical and dental systems at the institution were reviewed. Staff interviews indicated no obstacles to providing care that met professional community standards. Deficiencies and areas of concern are described in the physical health section of this report. Some of the deficiencies identified in the prior review and corrected through the corrective action plan process have resurfaced as current issues. These are listed below.

1. **PH-1** Weights were not taken as part of the documentation of vital signs for inmates transferred into the institution. Instead of using scales, inmates gave a verbal report of weight.
2. **PH-2** (a) Medical personnel did not have a clear view of inmates taking medications.
(b) An oral cavity check for each inmate was not conducted by health services staff or security staff.
3. **PH-5** (c) Hot water in one bathroom sink in a housing unit was not operational.
4. **PH-7** (d) Two of six records reviewed did not contain evidence of mammography at age-appropriate intervals (biennial ages 40 - 50; annually thereafter) or documented refusals.
5. **PH-13** (a) Ten of seventeen records reviewed in the neurology clinic lacked indicated influenza vaccine (annually) or documented refusals.
6. **PH-14** (b) Four of eleven records reviewed in the tuberculosis clinic lacked indicated pneumococcal vaccine or documented refusals.

Mental Health Findings

There were four findings in the mental health care area. These findings did not reflect any significant trends or patterns in the care provided. The specific findings are discussed in the mental health section of this report. Two deficiencies identified in the prior review and corrected through the corrective action plan process have resurfaced as current issues. These are listed below.

1. **MH-2** Staff who conduct the Sex Offender Treatment Group have not received specialized training in sex offender treatment.
2. **MH-3** Three of the six records reviewed did not contain a *Mental Status of Confinement Inmates*, DC-528, for each mental status exam conducted.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. They may be based on issues beyond institutional control, requiring intervention at a higher level. The OHS should submit a separate corrective action plan for these findings. Two deficiencies identified in the prior review are listed below. (See page 12 for current department findings.)

1. **Dept-1** There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.
2. **Dept-2** Special housing inmates are not offered one hour of exercise per day, five days per week outside the cell.

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 actions(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. Monitoring by a clinician/peer 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 or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

Strengths

- The physical health department was comprised of competent, caring professionals.
- Staff was extremely helpful and cooperative in this review.

SYSTEMS

INTRASYSTEM TRANSFER	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Weights were not taken as part of the documentation of vital signs for inmates transferred into the institution. Nursing staff documented inmates' verbal reports of weight. This practice could result in misleading medical histories.</p>	<p>Provide in-service training for staff regarding the need to actually weigh inmates when documenting vital signs upon intake.</p> <p>Monitor a minimum of five intrasystem transfer records per month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

MEDICATION ADMINISTRATION	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-2:</p> <p>(a) At the pill window, medical personnel did not have a clear view of inmates taking medications.</p> <p>(b) An oral cavity check for each inmate was not conducted by health services or security staff.</p>	<p>Create one monitoring instrument on which all the issues identified in the findings column can be examined on a regular basis.</p> <p>Monitor at least five medication administrations per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

INFECTION CONTROL	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: The acting infection control coordinator (ICC) did not receive or review monthly reports related to the overall sanitation of the facility and sanitation and cleanliness of the dining facility.</p>	<p>Provide applicable training to the ICC, or until the vacant position is filled, to the acting ICC, on the importance of receiving and reviewing reports related to facility sanitation.</p> <p>Continue monitoring compliance with sanitation/cleanliness report reviews until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion: The ICC position is vacant and currently being advertised. The Director of Nursing has been filling in as the ICC but has no formal training in infection control.

QUALITY MANAGEMENT	
Finding(s)	Suggested Corrective Action(s)
PH-4: The institution did not have a Quality Management Committee in place and therefore was not able to meet several of the requirements indicated for the Quality Management Committee.	<p>Recommend establishing a Quality Management Committee.</p> <p>Monitor for compliance and include documentation in the CAP closure file.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion: This was in part due to the transition from Region IV privatization of health services to return of these responsibilities to the Department. The Health Services Administrator indicated plans to reinstate the QM committee.

MEDICAL AREA AND INMATE HOUSING	
Finding(s)	Suggested Corrective Action(s)
<p>PH-5:</p> <p>(a) Personal Protective Equipment for universal precautions was not readily available. The nurse had difficulty in locating these items due to supplies not being adequately labeled.</p> <p>(b) Eye wash station in emergency room was last tested in 2001, rather than annually as recommended.</p> <p>(c) Hot water in bathroom sink was not operational in inmate housing.</p>	<p>Provide evidence in the closure file that all necessary repairs/inspections are complete.</p> <p>Additionally, provide evidence of inservice training during which staff are trained on the location and appropriate use of personal protective equipment.</p>

CLINICAL

INFIRMARY CARE	
Records Reviewed 10	
Finding(s)	Suggested Corrective Action(s)
PH-6: Four of ten records reviewed were missing the nurse's signature on the DC4-684, nursing notes, documenting the patient's status and vital signs.	<p>Monitor at least five infirmary records monthly to ensure the DC4-684 is signed by nursing.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 6	PREVENTATIVE CARE
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Finding(s)	Suggested Corrective Action(s)
<p>PH-7:</p> <p>(a) Two of six records reviewed did not include a review of the mental health and social history as a part of the health appraisal.</p> <p>(b) Two of six records reviewed did not show evidence the physical was complete.</p> <p>(c) Two of six records reviewed did not contain documentation indicating a breast exam had been performed or documentation of refusal by the patient.</p> <p>(d) Two of six records reviewed did not contain evidence of mammography at age-appropriate intervals (biennial 40-50; annually thereafter) or documentation of refusal by the patient.</p>	<p>Create one monitoring instrument on which all issues identified in the findings column are examined on a regular basis.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 2	CONSULTATIONS
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Finding(s)	Suggested Corrective Action(s)
<p>PH-8: Two of two records reviewed did not contain written documentation that the patient was informed of the results of the consultation.</p>	<p>Recommend documentation be placed in the chart acknowledging the patient receives consultation results.</p> <p>Monitor for compliance and include documentation in the corrective action plan closure file.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed 6	MEDICATION ADMINISTRATION
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Finding(s)	Suggested Corrective Action(s)
<p>PH-9: Two of six records reviewed indicated ordered medications were not started in a clinically timely basis.</p>	<p>Provide in-service training to staff on the importance of providing ordered medication to patients on a timely basis. (Usually within 48 hours)</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Records Reviewed 14	GASTROINTESTINAL
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Finding(s)	Suggested Corrective Action(s)
<p>PH-10: Seven of 14 records reviewed did not contain documentation of the presence or absence of organomegaly.</p>	<p>Recommend physical exams have documentation indicating the presence or absence of organomegaly.</p> <p>Monitor at least five records per month for compliance and include documentation in the corrective action plan closure file.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Records Reviewed 12	CARDIOVASCULAR
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Finding(s)	Suggested Corrective Action(s)
<p>PH-11:</p> <p>(a) Three of 12 records reviewed did not contain documentation of an annual fundoscopic exam.</p> <p>(b) Two of 12 records did not contain documentation of an annual follow-up ECG when clinically indicated or documentation giving clinical justification why this was not done.</p>	<p>Create one monitoring instrument on which all the issues identified in the findings column can be examined on a regular basis.</p> <p>Monitor at least five records per month to ensure required documentation is present and complete.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Records Reviewed	DENTAL SERVICES
20	

Finding(s)	Suggested Corrective Action(s)
PH-12: Six of 20 records reviewed revealed treatment was not always initiated within six months from the time of the inmate's request for routine care, and/or timeframes between appointments for this care exceeded three months.	<p>Monitor at least five records monthly to ensure patients are receiving treatment for requests for routine treatment within the acceptable timeframes.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion: The timeliness of completing the care, or in some cases the length of time between treatments, appeared excessive. The institution's dental provider, Smallwood, operates under corporate guidelines that allow eight months for completion of routine treatment requests and four month intervals between appointments for routine care.

CHRONIC ILLNESS CLINIC ISSUES

Finding(s)	Suggested Corrective Action(s)
PH-13: Records reviewed in the following clinics inconsistently documented indicated influenza vaccine (annually) or inmate refusals.	<p>Monitor at least five records of each applicable clinic monthly to ensure influenza vaccines are offered annually or refusals are documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<ul style="list-style-type: none"> (a) Neurology (b) Tuberculosis (c) Gastrointestinal (d) Cardiovascular 	
PH-14: Records reviewed in the following clinics inconsistently documented indicated pneumococcal vaccine or inmate refusals.	<p>Monitor at least five records of each applicable clinic monthly to ensure pneumococcal vaccines are offered or refusals are documented.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<ul style="list-style-type: none"> (a) Neurology (b) Tuberculosis (c) Oncology (d) Gastrointestinal 	

The following areas of review resulted in no significant negative system or record review findings.

System Reviews

- Episodic Care
- Preventative Care
- Administrative Processes
- Consultation Requests
- Dental Services
- Food Services
- OBIS/Health Record Content
- Pharmacy Services

Record Reviews

- Episodic Care Follow-Up
- Sick Call
- Respiratory Clinic
- Endocrine Clinic
- Miscellaneous Clinic
- Emergency Care
- Immunity Clinic

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Obstacles encountered in providing appropriate care appeared to be related to cost and staffing. Notwithstanding the deficiencies listed above, staff should be commended on the care provided during this time of transition. They are encouraged to maintain these successes and institute corrective action where needed.

COMPREHENSIVE CHART REVIEW

To evaluate the overall healthcare of the inmate, a comprehensive medical review of 10 charts was performed. The results of this process are described below.

Documentation and Chart Organization

Documentation was generally good. Charts were organized appropriately and the correct forms were used. It is difficult to tell if rectal exams had been done because providers tended to simply draw a line down the normal column rather than address each part of the exam. However, most of the inmates were young enough that a rectal exam and hemoccult were not yet indicated. Most sick call visits were well documented. **Conclusion:** Documentation and chart organization appeared adequate.

Quality of Care

Several records reviewed during the survey contained elements of care where clinical differences of opinion occurred between institutional health care providers and CMA surveyors. In each of these cases, discussion took place between the parties on-site and a satisfactory resolution was reached.

Conclusion: The quality of care generally appeared adequate.

Discussion

The sick call procedure did not always result in patients being seen in a timely manner. Inmates drop their request for sick call in the sick call lockbox at night. The next morning the triage nurse assesses the acuity of the patients to determine who needs to be seen that day. If the triage nurse does not consider the patient needs same day services, the patient is scheduled for the next day. This results in a two day wait period after request for sick call services/evaluation.

MENTAL HEALTH FINDINGS

Strengths

- The mental health department was comprised of competent, caring professionals.
- Regular staff meetings and in-service training sessions were provided.
- Inmates consistently reported that mental health staff was helpful.
- Inmates are infrequently placed on Self Harm Observation Status (SHOS) and force is rarely used.

SYSTEMS

CONFIDENTIALITY

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: The inmate call-outs were posted in the dorms under headings that reflect the services each inmate is receiving. This is a violation of confidentiality.</p>	<p>Provide in-service training to mental health staff on confidentiality of mental health information.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment.</p>

CLINICAL

Records Reviewed: 9	PSYCHOTROPIC MEDICATION PRACTICES
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: Medication education group is not being provided.</p>	<p>Start a medication education group. Provide documentation of meeting dates and attendance</p>

Records Reviewed: 4	SEX OFFENDER SERVICES
Finding(s)	Suggested Corrective Action(s)
<p>MH-3: Staff conducting the Sex Offender Treatment Group had not received specialized training in sex offender treatment.</p>	<p>Ensure only those staff members appropriately trained in this specialized form of treatment conduct the sex offender treatment group.</p>

Records Reviewed: 6	SPECIAL HOUSING
Finding(s)	Suggested Corrective Action(s)
<p>MH-4: Three of six records reviewed did not contain a <i>Mental Status of Confinement Inmates</i>, DC4-528, for each mental status exam conducted.</p>	<p>Provide in-service training to mental health staff in the completion of this form.</p> <p>Monitor a minimum of five records monthly, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

The following areas of review resulted in no significant negative system or record review findings.

- Access To Mental Health Services
- Intellectual Functioning
- Self-Injury/Suicide Prevention
- Outpatient Services
- Use of Force
- Discharge Planning

DISCUSSION ISSUES

1. There were no inmate handbooks available in Spanish. According to staff, the handbook is being updated and a Spanish version will soon be available.
2. At the time of the survey, there were four inmates enrolled in sex offender treatment. The group was started on September 2006, however only the October monthly group summary was filed in each inmate's record. It was later determined the notes were being kept in a file in the behavioral health specialist's office. The October notes were thorough and addressed each inmate individually, however the remaining notes were not individualized to the inmate.
3. There was no written correspondence present in the inmate's records from the Department of Children and Families regarding aftercare arrangements. However, based on interviews it appears that mental health staff is making the appropriate arrangements.

CONCLUSION

The mental health staff at Homestead CI appears to be a competent, caring group of professionals. They demonstrated a good working relationship with security and they are able to manage a large number of S-2 and S-3 level inmates with a small staff. They should be commended for the lack of findings noted in this review. They are encouraged to maintain these successes and institute corrective action where needed.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, they may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

Finding(s)
Dept-1: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.
Dept-2: Special housing inmates were not offered one hour of exercise per day, five days per week outside the cell.
Dept-3: Regional personnel did not conduct the annual clinical quality review between July 1 and October 31, 2006.

Discussion (Dept. 3): It is recognized this was due, at least in part, to the transition of Region IV from exclusive private contract to the Department's hybrid model.

MENTAL HEALTH

Finding(s)
Dept-4: There was a lack of comprehensive substance abuse treatment options available. (see discussion)
Dept-5: At the time of the survey there was only one nurse allocated to the pill line service. This creates a line of 200 or more inmates. This could be difficult particularly for the elderly or disabled. At least two inmates have signed permanent refusals because of the long line.
Dept-6: Inmates must wait in an uncovered area for their medication. This can be problematic for inmates taking certain psychotropics, antibiotics and other medications that may cause sun sensitivity. In addition, harsh weather could be a deterrent to medication compliance.

Discussion: According to the Women's Prison Association, Florida's female prison population grew by 551% with an average annual percent increase of 7.6% per year between 1997 and 2004. According to a 2006 Bureau of Justice Report, 74% of female inmates in state prisons who had mental health problems met criteria for substance abuse or dependence.

At the time of our visit, Homestead CI housed 651 inmates; 451 inmates with an S-2 or S-3 psychological grade. One could infer that approximately 334 inmates have problems related to substance abuse. There were no comprehensive programs in place to address this issue. Additionally, during interviews, several staff members voiced concern over this issue as many of the women have been incarcerated for drug offenses.

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.