

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

in  
**Vero Beach, Florida**

**June 13 – 14, 2000**

INSTITUTIONAL STATISTICS PROVIDED CMA May 31, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Youthful Offender	Close	Male	381	364

MEDICAL GRADES				
I	II	III	IV	Impaired
345	11	8	0	0

"S" GRADES				
I	II	III	IV	Impaired
364	0	0	0	0

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# Executive Summary

Indian River Correctional Institution (INRCI) is a close custody institution for youthful offender males originally constructed in 1976. This was the third CMA survey of health care services at INRCI. The previous surveys were performed in 1994 and 1997. The institution primarily housed medical grade one offenders. Only psychiatric grade one (S1) offenders were assigned to the institution. When last surveyed in 1997, there were a significant number of medical grade II and III offenders, and ten psychiatric grade two (S2) offenders. The institution reported a maximum capacity of 381 offenders and a census of 364. The current census was higher by 83 offenders than reported in 1997. Since 1997, the institution has been upgraded to a close custody facility.

## **Physical Health**

In 1997 the survey found health care staff positions cut significantly from those identified in 1994. Currently, the CHO and senior dentist from Martin Correctional Institution provide medical and dental services at the institution. All but two nursing service positions had been eliminated. Problems were identified regarding timely access to care and excessive overtime demands upon the two RNs. Additionally, staff training standards and administrative functions did not meet the department's minimum standards.

In 1998 the CMA completed a review of the institution's proposed corrective action plan (CAP). The institution had increased staffing to include four nurses, one nursing supervisor and an advanced registered nurse practitioner (ARNP). The clinic's operational hours were increased from ten to 16 hours per day, Monday through Friday. However, during the recent survey the CMA staff learned that subsequent to the CAP assessment visit the department had again reduced staffing.

The current survey found that the decreased staffing contributed to a failure to maintain required administrative functions. Minimum staff training requirements were not met, including those related to cardiopulmonary resuscitation certification and the use of emergency equipment and medications.

Formal meetings involving the CHO were not conducted as required. Weekly confinement rounds were not consistently conducted by the CHO. These are attributable, in part, to his limited availability at the institution.

The record review did not reveal deficiencies related to the staffing decreases. However, it was noted that the chronic illness clinic census had dropped from 16 offenders in five different clinics in March 2000, to three offenders in one clinic in June. As a result, the medical record review was confined primarily to episodic care. Our review of dental services demonstrated delays in treatment and deficiencies in clinical management and an ongoing state of disrepair in the dental facility.

Security staff confirmed that offenders housed in the confinement unit remained shackled during their weekly two-hour period of outside recreation.

Four Level II citations were identified during the survey of INRCI.

### **Mental Health**

The previous survey resulted in two level I citations. One citation dealt with barriers impeding access to mental health services, specifically the issuance of disciplinary reports for offenders considered to be feigning illness. This issue was considered partially corrected at the time of the CAP in January 1998. There was no current evidence of this practice regarding mental health services. The second level I citation was for inadequate staffing of the mental health program. This issue was considered corrected at the time of the CAP assessment visit. Currently, one part-time psychological specialist is responsible for mental health service delivery at the institution. Notably, there were no significant findings in the 49 records reviewed that reflected on staffing of the mental health program. However, the limited staffing arrangements encourage crisis intervention as the primary mode of service delivery rather than an emphasis on prevention. To date, this appears to have been adequate due to the relatively healthy youthful offender population. Nevertheless, any future increase in the acuity of the population would require reconsideration of staffing levels.

There were no citations identified for the current mental health survey. One additional issue was cited due to the absence of written materials posted on the compound regarding mental health services.

# Physical Health

## Strengths

1. The three full-time health care personnel were willing to work on-call duty and additional hours to cover the institution's needs.

## Citations - Level I

There were no Level I citations identified during the survey.

## Citations - Level II

### CLINICAL MANAGEMENT

1. Nine of 14 (64%) reviewed dental records lacked the provision of indicated restorative work at the time of the survey, despite the passing of significant periods of time since the initial requests for care. One dental record revealed an offender's report of a prosthetic heart valve. However, there was no indication of prophylactic antibiotic precautions noted in the record or of any referral to medical staff.

## **ADMINISTRATIVE**

2. Administrative functions were adversely impacted by staffing levels at the institution, as evidenced by the following:
  - A. The CHO failed to conduct quarterly meetings with the warden and monthly meetings with health care staff as required
  - B. Training on the use of emergency medications and equipment was not conducted as required.
  - C. The senior registered nurse supervisor and one of two RNs lacked CPR certification and failed to complete the departmental minimum standard regarding annual inservice training.
  - D. The CHO failed to consistently complete weekly rounds in the confinement unit.
  - E. The manual of HSBs and nursing procedures had not been reviewed as required.
3. The dental clinic suffered from ceiling water leaks and wood rot around the windows. Also, there was an ant infestation in the sharps container located in the laboratory.
4. Offenders housed in the confinement unit remained shackled during their weekly two-hour periods of outdoor recreation, as confirmed by security staff.

# **Mental Health**

## **Strengths**

1. The psychological specialist and nursing staff were available after-hours and on weekends.

## **Citations - Level I**

There were no Level I citations identified during this survey

## **Citations - Level II**

There were no Level II citations identified during this survey

## **Additional Issues Noted**

1. Written information regarding mental health services was not posted anywhere on the compound.