



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LAKE CITY CORRECTIONAL FACILITY

in

Lake City, Florida

on

January 11 - 12, 2011

CMA Physical Health Team Leader:

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CMA Mental Health Team Leader:

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
888	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	894	Current Main Unit Census	888
Satellite Units Capacity	N/A	Current Satellite Units Census	N/A
Total Capacity	894	Total Current Census	888

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		786	74	28	0	4
<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>
	801	21	66	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>
	60	37	N/A	NA	NA	NA

OVERVIEW

Institutional Description

Lake City Correctional Facility (LCCF) houses male youthful offenders between the ages of 19 and 24 who are of minimum, medium, and close custody levels. The facility is designated as a medical grade 3, psychological grade 3 facility.

The overall scope of health services provided at LCCF 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.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at LCCF January 11 - 12, 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, infection control, and quality management.

INSTITUTIONAL TOUR

The tour of the facilities revealed no issues; 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 area revealed no significant findings.

CLINICAL SYSTEM REVIEW

There were no findings resulting from a review of chronic illness clinic records.

OTHER RECORD REVIEW

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

CONCLUSION

Medical records at LCCF were 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 well with medical staff to ensure inmates receive required care. Overall the clinic staff, including medical and administrative staff, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

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

- 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).

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: Medical records were disorganized. (see discussion)</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>
<p>MH-2: There was no documentation indicating Mental Health Specialists are receiving the required supervision one hour per week.</p>	<p>Provide evidence in the closure file the issues described in the Findings column have been corrected</p>

Discussion MH-1: Notes were not in chronological order or were not filed in the correct section of the chart. For example, psychiatric notes were filed in batches among psychological progress notes. In one case, a record was incorrectly labeled with another inmate's name.

CLINICAL REVIEWS

Psychotropic Medication	
Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 2 of 7 records, Assessment of Involuntary Movement Scale (AIMS) testing was not documented at appropriate intervals.</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>

Outpatient Services	
Finding(s)	Suggested Corrective Action(s)
<p>MH-4: In 7 of 27 records, there were lapses in required reviews and/or signatures on the Individualized Service Plan (ISP). (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-4: The dates of signatures on ISPs varied or were missing indicating the Multidisciplinary Service Team was not meeting on a regularly scheduled basis. In some reviews, various staff signed the documents months apart. In one case, the inmate signed two ISP reviews on the same date.

General Discussion: Although it did not rise to the level of a finding because it was found in less than 20% of the records reviewed, surveyors noted that diagnoses were inconsistent or changed frequently. In three cases, the diagnoses were changed monthly or the diagnoses were not congruent with documented symptoms. In three other cases the medications prescribed were not appropriate for a diagnosis of Adjustment Disorder.

Inmate Request	
Finding(s)	Suggested Corrective Action(s)
MH-5: In 2 of 8 records, the inmate request could not be located. (see discussion)	<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: Although the log indicated inmate requests for services were submitted, staff were unable to locate two of the requests selected for review.

CONCLUSION

The mental health staff at LCCF consists of two fulltime mental health specialists, a Sr. Mental Health Clinician who is on site two days per week, a psychiatrist who is on site one day per week and a fulltime mental health clerk. Staff provides individual and group therapy and case management. Weekly confinement rounds are conducted and mental status exams are performed as required. Staff respond to psychological emergencies and answer inmate requests. Lake City Correctional Facility does not have an infirmary therefore inmates in need of observation for prevention of self-harm are transported to a nearby institution.

The majority of the findings in this report are related to documentation and record keeping issues. For example, two inmate requests could not be located; however the requests that were reviewed were answered appropriately. There was no documentation that the Sr. Mental Health Clinician provides weekly supervision; however staff report she is easily accessible and provides support as needed. Although surveyors had some difficulty reviewing the records due to disorganization, once located the clinical information was thorough, relevant and provided in a timely manner. Inmates interviewed expressed satisfaction with the services provided. Overall, the mental health department at LCCF is providing required care to inmates 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.