

CORRECTIONAL MEDICAL AUTHORITY (CMA)
PHYSICAL & MENTAL HEALTH SURVEY
OF
MOORE HAVEN CORRECTIONAL FACILITY

in

Moore Haven, Florida

May 23 – 25, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON MAY 10, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Medium	Male	750	697

MEDICAL GRADES				
I	II	III	IV	Impaired
379	273	39	6	0

"S" GRADES				
I	II	III	IV	Impaired
685	12	0	0	0

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Executive Summary

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

Moore Haven Correctional Facility (MHCF) was established in 1995 and is privately operated by Wackenhut Corporation under contract with the Correctional Privatization Commission. The facility provides minimum and medium custody levels for a maximum capacity of 750 adult male offenders. According to the pre-survey questionnaire (PSQ) prepared by the facility on May 10, 2000, the health care unit at this facility was serving a total of 697 offenders with medical grades one through four, and psychological grades one through two.

The Correctional Medical Authority (CMA) previously surveyed this facility on October 23 - 25, 1996. The survey findings for physical health listed two Level I citations, three Level II citations, and two additional issues. The survey findings for mental health listed two Level II citations, and two additional issues. On June 26, 1997, CMA staff returned to assess corrective actions taken on identified issues. The closure files reviewed for physical health contained documentation verifying correction of all citations except for one additional issue identified in report. The closure files reviewed for mental health contained documentation verifying correction of all citations and issues identified in the report.

Physical Health

In the previous physical health survey the citations fell under access and clinical management/documentation. Under access there was evidence of delays in clinical appointments/treatments involving two chronic illness records and one dental record reviewed. Under clinical management/documentation, the infirmary, hypertension, diabetes, asthma, Isonized (INH) and immunity records reviewed lacked the following: complete assessments, evidence of necessary diagnostic testing, incomplete documentation, and/or required documentation.

The physical health section of this report contains some findings similar to the 1996 survey findings. This survey resulted in four Level II citations and one additional issue.

Mental Health

Mental health staff consisted of one psychologist who managed a caseload of 10 S2 offenders. Major concerns noted in the current survey involved the propensity to view offenders with documented psychiatric symptoms and histories as malingering or manipulative to the exclusion of more thorough assessments and psychiatric referrals. Additionally, several instances were noted where staff attempted to manage psychotic, depressed or manic offenders at MHCF, which is an S2 facility and therefore ineligible to utilize psychotropic medications for other than emergencies. Operationally, these concerns were manifested in a lack of upgrading of psychological grades, delays or lack of psychiatric referrals when clinically indicated, and crisis situations where psychiatric restraints and emergency use of psychotropic medications were required. Clinical care in two crisis episodes reviewed was found to be deficient in some areas. MHCF staff contended that the source of the problems was inappropriate transfers from the reception centers of offenders who should have been housed at S3 facilities. While neither confirmed nor denied by this survey, the contention warrants investigation and documentation as a part of the corrective actions developed by MHCF.

Other findings included a lack of group therapy, particularly sexual offender group therapy and a lack of thoroughness and follow-through in psychological record screenings of newly arrived offenders. The mental health section of this report contains two Level I citations, three Level II citations, and two additional issues.

Physical Health

Strengths

1. All immunity, seizure and INH records selected for review indicated that assessment, treatment and follow-up care was appropriate.

Citations - Level I

(There were no Level I citations identified during the survey.)

Citations - Level II

Clinical Management

1. Six (86%) of seven emergency care records reviewed lacked a discharge diagnosis/disposition. Additionally, two offenders were housed in the infirmary for a period of 24 hours or more without evidence of an infirmary admission, and required components of the admission.
2. One (14%) of seven sick call records reviewed indicated concerns with assessment and follow-up care. Additionally, two (29%) of seven asthma and one (20%) of five diabetes records reviewed lacked required assessments.

3. One (14%) of seven hypertension records and two (29%) of seven records selected for a general record review lacked evidence of necessary diagnostic/procedures. Additionally, two records selected for general record review lacked evidence of diet renewals

Administrative

4. There was no documentation that mock code drills were conducted on a quarterly basis as required.

Additional Issues Noted

5. There was no emergency call light/bell located in or near the restroom area of the infirmary.

Mental Health

Strengths

1. There was documentation of timely orientation to mental health services in all of the record reviewed.
2. Records of offenders receiving mental health services reflected timely case manager assignments and biopsychosocial assessments in all cases reviewed.
3. The psychologist held monthly “case management meetings” with representatives from the programs and classification departments.

Citations - Level I

Clinical Management

1. The care and clinical management of an offender who had been placed in restraints and an offender who had received an emergency dose of anti-psychotic medication did not adhere to standard clinical practice and departmental policy.
2. Offenders were not consistently and expediently referred for psychiatric evaluations for transfers to a higher level of care when such referrals were clinically indicated.

Citations - Level II

Access

3. Record screenings for newly arrived offenders did not consistently reflect thoroughness and follow-through on needed actions
4. Group therapy was very limited and there had been no sexual offender treatment groups conducted at the facility

Clinical Management

5. Offenders were not upgraded to S2 status when such upgrades were clinically indicated.

Additional Issues Noted

6. Two instances were noted where disciplinary reports (DRs) were issued in conjunction with crisis episodes involving mental health issues.
7. Co-payments were inappropriately assessed for psychological emergencies.