

CORRECTIONAL MEDICAL AUTHORITY (CMA)

PHYSICAL & MENTAL HEALTH SURVEY

OF

ZEPHYRHILLS CORRECTIONAL INSTITUTION

in

Zephyrhills, Florida

August 4 - 6, 1999

INSTITUTIONAL STATISTICS PROVIDED CMA ON July 15, 1999				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	699	640

MEDICAL GRADES				
I	II	III	IV	Impaired
248	257	115	20	19

"S" GRADES				
I	II	III	IV	Impaired
144	54	363	41	38

Physical Health Executive Summary

Zephyrhills Correctional Institution is a close custody adult male institution with a maximum capacity of 699. At the time the pre-survey questionnaire was submitted by the institution, it housed 640 inmates. The most recent prior survey conducted at the institution was in September 1996.

Overall, survey results suggested that physical health services provided at the institution were within acceptable parameters. Assessments, treatments, and follow-up plans documented in both episodic and chronic illness clinic records selected for review generally appeared appropriate for the inmate's medical condition. Institutional administrative processes, including the documentation of logs, policy and procedure manuals, health service bulletins, credentialing information, etc. was well organized, accurate and readily available to all staff.

Some areas of concern were, however, identified regarding the consistent documentation of inmate health education and work restrictions, if applicable, for inmates with seizure disorders. Assessment and/or clinical management concerns were also noted in some dental records reviewed. A review of pharmacy services at the institution revealed a series of minor concerns that, in total, should receive corrective actions by the institution. These medical and dental record documentation issues and pharmacy operations concerns resulted in the issuance of four Level II citations - three clinical management and one administrative. Other, less critical issues also identified during the survey included concerns with handwriting illegibility in some medical records, incomplete record entries (missing signature stamps), and the inconsistent documentation of vital signs in infirmary records. These issues resulted in the identification of two "Additional Issues Noted".

Physical Health Strengths

1. Institutional documentation, including logs, policy and procedure manuals, health services bulletins, credentialing information, etc. was well organized and accurate.
2. The assessments, treatments, referrals, and/or continuity of care plans documented in the sick call, emergency care, infirmary, asthma, diabetes, hypertension, immunodeficiency and TB/INH clinic records reviewed appeared generally appropriate.

Physical Health Citations - Level I

There were no Level I citations noted during this survey.

Physical Health Citations - Level II

Clinical Management/Documentation

1. No clear documentation of ongoing required inmate health education was present in 13 of 40 (38%) chronic illness clinic records reviewed.
2. Assessment and/or clinical management concerns were noted in six of 20 (30%) dental records reviewed.

3. Documentation of the date of the last seizure and/or the need for or lack of work restrictions was lacking in three of four seizure records reviewed.

Administrative

4. Several concerns were identified regarding the pharmacy operations:
 - a. The pharmacist was unable to provide a report, either verbal or written, indicating how many medication errors had occurred in the previous two years.
 - b. No evidence was available that pharmacy-based inservice training was provided to the health care staff.
 - c. A review of storage logs revealed that March 4, 1999 was the last date the refrigerator temperature was documented.
 - d. Pharmacy staff on duty at the time of the tour were unable to adequately demonstrate the computer drug profile system.

Physical Health Additional Issues Noted

5. Several episodic care records contained progress notes that were either nearly illegible or were lacking signature stamps.
6. Two of five infirmary records reviewed lacked consistently documented vital signs.

Mental Health Executive Summary

All conclusions were based on a sample review of medical records; interviews with inmates, health care providers and security staff; and a physical inspection of the institution. This survey took place prior to the Department of Corrections' decision to close the Corrections Mental Health Institution and to transfer those inmates to Zephyrhills for care.

The institution housed inmates of all psychological grades, and provided inpatient and outpatient services. Constructed in 1976, it is a close custody male institution with a maximum capacity of 699. Of the 640 inmates housed at the institution at the time of the survey, approximately 363 (57%) were S3s; 54 (8%) were S2s; and 144 (23%) were S1 inmates. ZEPCI is one of only four institutions in the state offering inpatient mental health services to male inmates. At the time of the survey there were 38 Crisis Stabilization Unit (CSU) inmates and 41 Transitional Care Unit (TCU) inmates in residence at the institution (12%).

Treatment, assessment and aspects of medication management were identified as problematic. Concerns in these areas raised the issue of whether ZEPCI, who has an 18% staff vacancy rate was at an adequate staffing level given the large number of mentally ill inmates who were housed there. These same issues were identified during CMA surveys in 1994 and 1996. This year the issues were of greater concern regarding inpatient care than for the outpatient mental health program.

Three Level I citations, four Level II citations, and two additional issues summarized survey findings for correction by Zephyrhills Correctional Institution.

Mental Health Strengths

1. All inmates interviewed knew how to access mental health services.
2. Orientation to mental health services was documented in all outpatient records reviewed.

Mental Health Citations - Level I

Inpatient Services

Access

1. The mental health department had an 18% vacancy rate which adversely affected direct care and service provision. This finding was cited in the 1994 survey report.

Clinical Management/Documentation

2. Inpatient intake assessments by nurses were not timely, and were not thorough in three of seven records reviewed (43%). This finding was cited in the 1996 survey report.
3. Documented therapeutic encounters highlighted gaps of time when inmate patients had not had mental health contact. Scheduled individual or group treatment activities frequently were not documented in the record.

Mental Health Citations - Level II

Outpatient Services

Access

4. In two of five confinement episodes reviewed and in two outpatient records mental health services were not provided to confinement inmates as required. This finding was cited in the 1996 report.

Clinical Management

5. Review of psychological assessments generated concerns by surveyors who noted that psychological evaluations were untimely and minimal in detail, omitting family and medical histories.
6. A medication compliance group for permanent refusers was not offered in outpatient mental health services as required. This finding was cited in the 1996 report.
7. Several records reviewed for medication practices lacked documentation as noted. Abnormal laboratory findings had not been addressed in one record; an Abnormal Involuntary Movement Scale was not administered in one required case; a drug exception form had not been used in one instance; and in two records informed consents were not present.

Mental Health Additional Issues Noted

8. In two of seven suicide observation records (28%) reviewed, a verbal order to admit an inmate to inpatient care had not been cosigned; in another instance the order was not dated.
9. It was noted that copies of mental health HSBs and IOPs reside in only a few of the administrative offices. The size of ZEPCI's mental health program and staff was

only one indicator that these governing policies and procedures should have wider distribution and accessibility.