

CORRECTIONAL MEDICAL AUTHORITY (CMA)
PHYSICAL & MENTAL HEALTH SURVEY
 OF
APALACHEE CORRECTIONAL INSTITUTION
 in
 Sneads, Florida
 January 23-25, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA ON January 16, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1644	1385

CMA Physical Health Team Leader:
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CMA Mental Health Team Leader:
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Physical Health Team Members:
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 Donna Adair, A.R.N.P.

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 was the third CMA mental health and fourth physical health survey of Apalachee (APACI).

The institution is a close custody facility housing psychological grade S1, S2 and S3 male inmates. In general, the inmates assigned to APACI were not a healthy population. Over half of the inmates were designated as medical grades III or IV. Inmates assigned to chronic illness clinics represented about one-third of the East Unit's inmate population and nearly one-half of the West Unit's population total. The River Junction Work Camp housed inmates over the age of 50 who were determined to be in generally good health, designated as medical grade I. The institution consisted of three units: the east and west units which are co-located, and the River Junction unit located approximately five miles away. The current survey reviewed only the east and west units. At the time of the survey, APACI housed 1,385 inmates distributed across the medical and psychological classification grades as follows:

<i>Medical Grade</i>	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>Impaired</i>
	603	392	721	4	0
<i>Psychological Grade (S-Grade)</i>	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>Impaired</i>
	1185	63	472	0	0

A total of 102 inmates were in special housing (i.e., segregated housing) as follows: 64 in disciplinary confinement and 38 in administrative confinement. There were no close management inmates at APACI at the time of the survey.

Physical Health

The survey of APACI produced findings in six general areas. Significant nursing service staffing shortages were a concern identified by staff and inmates. The contracted radiology services provider failed to consistently provide timely and diagnostically adequate radiology studies, although staff reported improvement in recent months. Physical plant and/or equipment deficiencies were noted in the emergency room, dental clinic and pharmacy. Chronic illness clinic record reviews reflected deficiencies in the asthma, hypertension, diabetes and HIV/immunodeficiency clinics. Policy and procedure concerns were identified in relation to the Intrasystem Transfer Arrival Form, DC4-760A and to pharmacy operations. Reviews of mortalities revealed concerns regarding documentation of clinical follow-up care and lacked evidence of procedural requirements following the inmate deaths.

Strengths were identified in the ability and willingness of staff to persevere despite ongoing staff vacancies. Positive interactions with inmates were observed as well. Episodic care records were without any identified deficiencies. There were no concerns reported in reviews of seizure clinic and general medicine clinic records.

Mental Health

Several findings were noted in the area of psychotropic medication management, particularly those on certain psychotropic medications. Due to circumstances specific to the “field force” work squads, adequate hydration of these inmates is unlikely and has potentially very serious medical consequences. Other, less significant findings included: inadequate transfer screening procedures when inmates were transferred among the three disparately located units comprising APACI; a lack of individualization in treatment plans; incomplete physician’s orders for self-injurious/suicidal patients; compromised confidentiality due to physical facility characteristics of the east unit mental health area; and a staff safety issue in the east unit mental health area. Additionally, high caseloads and reduced staff levels represent a stressor on the quality of services current staff are able to provide and exacerbate the potential for increased care deficiencies in the future.