

**CORRECTIONAL MEDICAL AUTHORITY (CMA)**  
**PHYSICAL & MENTAL HEALTH SURVEY**  
**OF**  
**AVON PARK CORRECTIONAL INSTITUTION**

in

Avon Park, Florida

December 12 – 14, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON December 4, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult & Youthful	Medium	Female	1273	1230

MEDICAL GRADES				
I	II	III	IV	Impaired
1256	38	0	0	0

"S" GRADES				
I	II	III	IV	Impaired
1247	7	0	0	0

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# 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.

Avon Park Correctional Institution (AVPCI) was established in 1977 on the grounds of a United States Air Force base. The main unit of the institution provided minimum, medium and close custody levels for a maximum capacity of 842 adult male inmates. Additionally, there was one satellite unit, a Work Camp with a maximum capacity for 431 inmates. According to the pre-survey questionnaire (PSQ) prepared by the institution on November 29, 2000, the health care unit at this institution served a total of 1230 inmates with medical and psychological grades one through two.

The Correctional Medical Authority (CMA) previously surveyed this institution on May 12 - 14, 1998. The survey findings for physical health listed two Level I citations, two Level II citations, and seven additional issues. The survey findings for mental health listed one Level II citation, and one additional issue. On February 18, 1999 CMA staff returned assess corrective actions taken on citations and additional issues identified in the report.

## **Physical Health**

Avon Park Correctional Institution had the following staff: a chief health officer (CHO), a nurse supervisor, nine fulltime nurses, two part-time nurses, one senior dentist, two dental assistants; one health services administrator (HSA), one medical records supervisor, two fulltime and one part-time medical clerical staff. The HSA position was shared with Polk Correctional Institution.

In the previous physical health survey the following issues were identified under the categories of access and clinical management/documentation. Under access the issue identified was that the cluster pharmacy formulary was more restrictive than the general statewide formulary. Under clinical management/documentation the issues identified were inadequate assessment, treatment and follow-up care involving eight hypertension, six asthma, two seizure, one TB/INH, four mortality and three dental records selected for review.

The physical health section of this report contains one Level 1 citation, one Level II citation, and two additional issues with similarities to the 1998 survey findings.

### **Mental Health**

Avon Park Correctional Institution had the following allocated staff: one part-time senior psychologist and one full-time psychological specialist. According to the institution's PSQ there was one inmate with psychological grade of three, 1247 inmates with psychological grade of one and seven inmates with psychological grade of two. The inmate with psychological grade of three was transferred prior to the survey.

In the previous mental health survey there was one issue identified under the category of clinical management and one additional issue reported. Under clinical management the identified issue involved the care of suicidal inmates. The sole additional issue involved the lack of follow-up for an inmate who was placed on a group therapy waiting list.

The mental health section of this report contains no citations and two additional issues.

## **Physical Health**

### **Strengths**

Records selected for review from the following clinics; asthma, diabetes, seizure, TB/INH, general medicine and dental indicated that assessment, treatment and follow-up care was appropriate. Additionally, five records reviewed for annual biennial health appraisals were completed in accordance with established guidelines regarding the evaluation and documentation of inmate health status. (Page(s))

## **Citations - Level I**

### **Clinical Management**

One mortality record review indicated a poor assessment and inappropriate treatment/follow-up care for an inmate who presented to the medical clinic with chest pain. (Page(s); HSB 15.01.03; Nursing Protocols; minimum standard)

## **Citations - Level II**

### **Clinical Management**

The following records listed below indicated concerns with assessment, treatment and follow-up care:

- two (40%) of five sick call records,
- all five (100%) emergency records,
- all five (100%) infirmary records, and
- all five (100%) HTN records.

(Page(s); HCSs 25.03.01, 25.03.03 & 25.07.02; HSBs 15.03.05, 15.03.26 & 15.12.03; minimum standard)

## **Additional Issues Noted**

There was evidence that staff had received training on how to use the automatic external defibrillator (AED), however the equipment was not available. (Page(s))

Documentation reviewed indicated that meetings between the warden and the medical director had not occurred on a quarterly basis. (Page(s))

## **Mental Health Strengths**

The IOP manual was organized and contained current and acceptable policies. (Page(s))

There was documentation of timely orientation to mental health services in the records reviewed and the inmates that were interviewed reported knowing how to access mental health services. (Page(s))

### **Citations - Level I**

There were no Level I citation(s) during this survey.

### **Citations - Level II**

There were no Level II citation(s) during this survey.

### **Additional Issues Noted**

The mental health logs were not always current. For example, the confinement assessment log needed updating. Additionally, the logs indicated the occasional omissions and missed timeframes. (Page(s))

Based upon interviews, chart reviews and the waiting list, request for anger management groups were not acted upon. Some inmates had been on the waiting list for approximately two years. (Page(s))