

**CORRECTIONAL MEDICAL AUTHORITY (CMA)**

**PHYSICAL & MENTAL HEALTH SURVEY**

OF

**BAKER CORRECTIONAL INSTITUTION**

in

**Sanderson, Florida**

**September 20 - 22, 2000**

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON September 6, 2000</b>				
<b>Population</b>	<b>Custody</b>	<b>Type</b>	<b>Maximum Capacity</b>	<b>Current Occupied Beds</b>
<b>Adult</b>	<b>Close</b>	<b>Male</b>	<b>1047</b>	<b>1110</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>641</b>	<b>411</b>	<b>72</b>	<b>6</b>	<b>0</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>1359</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>

**CMA Physical Health Team Leader:**

Diana Picolo, R.N., R.M.

**CMA Mental Health Team Leader:**

Chris Tuveson, B.A.

**Physical Health Survey Team Members:**

Joe Gonzalez, M.D.  
Donald McNeal, D.M.D.  
Elaine Hatcher, A.R.N.P.  
Judy Reinman, R.N.

**Mental Health Survey Team Members:**

Paree Stivers, Ph.D.  
Gene Costlow, L.C.S.W.  
Frances Jacobs, A.R.N.P.  
Sue Sims, R.N.

**Physical Health Report Compiled by:**

Diana Picolo, R.N., R.M.

**Mental Health Report Compiled by:**

Chris Tuveson, B.A.



# 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.

Baker Correctional Institution (BAKCI) was established in 1978 as a minimum custody youthful offender facility. In 1981 it was converted to house adult male inmates. This institution provides minimum, medium and close custody levels for a maximum capacity of 1047 adult inmates. Additionally, there was one satellite unit, a Work Camp with a maximum capacity for 285 inmates. According to the pre-survey questionnaire (PSQ) prepared by the institution on September 6, 2000, the health care unit at this institution was serving a total of 1395 inmates with medical grades one through three, and psychological grades one through two.

The Correctional Medical Authority (CMA) previously surveyed this institution on October 14 - 16, 1997. The survey findings for physical health listed one Level I citation, six Level II citations, and three additional issues. The survey findings for mental health listed eight Level II citations, and two additional issues. On June 16, 1998, CMA staff returned to assess corrective actions taken on citations and additional issues identified in the report.

## **Physical Health**

In the previous physical health survey the citations fell under clinical management/documentation and administrative. Under clinical management/documentation the following issues were identified: lack of necessary diagnostic tests, lack of complete medical histories and physical examinations, and inadequate clinical management. Under administrative the following issues were identified: first aid kits were not routinely inspected, discrepancies in over-the-counter (OTC) medication count, some security staff lacked required documentation of cardiopulmonary resuscitation (CPR) certification, and the majority of mortality records reviewed were missing the final physician summary.

The physical health section of this report contains no Level 1 citation, three Level II citations, and four additional issues with similarities to the 1997 survey findings.

## **Mental Health**

Baker Correctional Institution is staffed by one senior psychologist and one psychological specialist. The institution has experienced staffing fluctuations in the last eighteen months. However, with the hiring of a new senior psychologist last July, routine administrative and clinical tasks are getting caught up. Even so, close management inmates represent an increased workload for mental health staff and the absence of a second psychological specialist prevents the completion of all program requirements.

In the last year, the mental health program at Baker was challenged by staff turnover and absences. A new senior psychologist began in July 2000, but there is one vacant psychological specialist position. The greatest portion of routine administrative logs and reports were maintained in a timely manner. However, group treatment services were not provided because of reduced staff availability. Available space is also an issue for the provision of mental health services.

Clinically, services provided to S2 inmates met documentation and treatment standards. Assessments frequently omitted several elements, including medical histories, mental health histories and strengths and weaknesses. The records of inmates receiving suicide prevention care showed that frequently no clinical rationale was documented for either providing or withholding items of clothing or comfort. The mental health section of this report contains no Level 1 Citations, and two Level II Citations, with similarities to the 1997 survey findings.

# Physical Health

## Strengths

1. Although the physical space of the medical clinic was limited due to extensive renovations the staff seemed to function well. Additionally, the area was clean, orderly and allowed for provider and inmate privacy.
2. Sick call, emergency care, infirmary admission, asthma, diabetes, seizure, TB/INH, and general medicine records selected for review indicated that assessment, treatment and follow-up care was appropriate.

## Citations - Level I

There were no Level I citations during this survey.

## Citations - Level II

### Clinical Management

1. Two (20%) of ten hypertension records selected for review indicated concerns with clinical management.

2. Five (33%) of fifteen dental records reviewed indicated delay in treatment/follow-up care.

### **Administrative**

3. Both mortality records (100%) reviewed were missing a final physician's summary.

## **Additional Issues Noted**

4. There was evidence of water leakage around window casings and the cement foundation in some of the cells located in G-dorm (close management area).
5. A review of the OTC medication logs kept in E-Dorm (confinement area) indicated discrepancies in the count of the OTC medications.
6. An infirmary (observation) record selected for review indicated that an inmate was placed on observation status in the infirmary for more than 24 hours, and there was no evidence of an infirmary admission record.
7. One record reviewed under the annual/biennial health appraisal indicated that an inmate's health status was evaluated as biennial instead of annual.

# **Mental Health**

## **Strengths**

1. A significant portion of the routine mental health documentation had been prepared in a timely manner.
2. Confinement and close management rounds and evaluations were conducted in a routine, timely manner.

## **Citations - Level I**

There were no Level I citations noted during this survey.

## **Citations - Level II**

### **Clinical Management**

1. All the required groups were not conducted by the mental health staff.
2. Documentation of care provided inmates during an isolation room admission was incomplete in the records reviewed.

## **Additional Issues Noted**

There were no additional issues cited.