



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **BREVARD CORRECTIONAL INSTITUTION**

in

**Cocoa, Florida**

on

**June 24, 2010**

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**Distributed on July 15, 2010**

**CAP due date: August 16, 2010**

## DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1311	Male	Close	4

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1032	<b>Current Main Unit Census</b>	951
<b>Annex Capacity</b>	N/A	<b>Current Annex Census</b>	N/A
<b>Satellite Unit(s) Capacity</b>	372	<b>Current Satellite(s) Census</b>	360
<b>Total Capacity</b>	1404	<b>Total Current Census</b>	1311

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	1154	106	55	0	0	1
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1238	40	37	N/A	N/A	N/A

### Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	118	134	0	N/A	N/A	N/A

## OVERVIEW

Brevard Correctional Institution (BRECI) is a youthful offender camp that houses male inmates ages 19-24 of community, minimum, medium, and close custody levels; it is designated as a medical grade 4 and a psychology (S) grade 2 facility. They also serve a select number of S grade 3 inmates due to custody level requirements. The scope of health services provided includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventative care, chronic illness clinics, emergency care, and observation/infirmery as required for medical and mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at BRECI June 24, 2010. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

### **Exit Conference and Final Report**

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## PHYSICAL HEALTH FINDINGS

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings in Administrative Processes.

### **INSTITUTIONAL TOUR**

The only issue noted during the institutional tour was that there was an ice scoop kept in the ice machine. Standard infection control practices include ice scoops being kept on a dry surface and disinfected regularly. Nothing but ice should be kept in the ice machine itself.

### **EPISODIC CARE REVIEW**

There were no significant findings in episodic care.

### **DENTAL REVIEW**

There were no significant findings in dental.

The dentist surveyor noted that prosthetic devices are being sterilized before being sent to the laboratory, but not upon return because staff “assumes” the laboratory is doing so.

### **CLINICAL SYSTEM REVIEW**

There were no significant findings in any of the chronic illness clinics.

### **OTHER RECORD REVIEW**

There were no significant findings in intrasystem transfers, or in the overall health record review. Preventative care was not evaluated due to a lack of available charts (primarily due to this being a youthful offender facility very few physicals are completed). There were findings in medication administration, and in consultations as noted below.

<b>Medication Administration</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-1: In 13 of 15 records reviewed, the date and/or time was missing with the physician’s signature.</b>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct bi-weekly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

<b>Medication Administration</b>	
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<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

<b>Consultations</b>	
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<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-2: In 9 of 12 records reviewed, the new diagnosis/problem identified as a result of the consultation was not added to the problem list.</b>	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION**

Medical records at Brevard CI were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no significant findings. Staff appeared to be knowledgeable about procedures; all areas on the compound appeared clean and orderly. Interviews with inmates, nursing staff, and security staff were consistently positive.

Clinician surveyors noted that the institutional staff provided good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

# MENTAL HEALTH FINDINGS

Brevard Correctional Institution provides outpatient and inpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at BRECI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

## CLINICAL RECORDS REVIEW

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: A comprehensive review of 17 outpatient records revealed the following deficiencies:</b></p> <p><b>(a) In 5 of 11 applicable records, a thorough psychiatric evaluation was not conducted prior to prescribing medications.</b></p> <p><b>(b) In 3 of 7 applicable records, abnormal laboratory results were not followed up.</b></p> <p><b>(c) In 6 of 17 records, the medications prescribed are not appropriate for the symptoms reported or the stated diagnosis. (see discussion)</b></p> <p><b>(d) In 7 of 17 records, follow up of psychiatric medications was not timely. (see discussion)</b></p> <p><b>(e) In 9 of 17 records, follow up of psychiatric medications was not adequate. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH – 1(c):** Surveyors noted that target symptoms were often not identified and there was poor documentation for the rationale for use of medications. Examples included use of a high dosage of antidepressant without clear documentation of target symptoms and use of a particular medication which was not the preferred treatment for the stated diagnosis.*

**Discussion MH – 1(d):** Inmates were not being seen at required intervals and in some cases there was no documentation of follow up. For example an inmate admitted on 7/10/09, who began refusing meds after 10 days was not seen by the psychiatrist until 10/09/09.

**Discussion MH – 1(e):** Notes were not sufficiently detailed to determine if follow up was adequate for the dosage given or if there was adequate response to medication, especially given that there was poor initial documentation of target symptoms. For example, in one case the notes did not adequately explain the rationale for a continued high dose of Zoloft; in another case there was no clear documentation of the inmate’s response to medication that justified the continued need for the medication.

<b>Outpatient Mental Health Services</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-2: A comprehensive review of 32 outpatient records (S3 = 16, S2 = 16) revealed the following deficiencies:</b></p> <p><b>(a) In 5 of 16 applicable S3 records, a complete psychiatric evaluation was not done within 14 days of arrival (if not done previously in DOC) or when psychiatric medication was initiated. (see discussion)</b></p> <p><b>(b) Individualized Service Plans (ISP):</b></p> <ul style="list-style-type: none"> <li>• <b>Were not individualized (6 of 32 records)</b></li> <li>• <b>Were not stated in behavioral terms (6 of 32 records);</b></li> <li>• <b>Did not have measurable, objective goals (7 of 32 records)</b></li> </ul> <p><b>(c) In 6 of 32 records, the diagnosis was not clinically appropriate given history, symptoms, and documentation. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH – 2(a):** In the 5 cases noted, no psychiatric evaluation could be found in the record, either at a previous institution or if medications were started at BRECI.

**Discussion MH – 2(c):** In one case (S3), the surveyor noted that the information in the record may support diagnosis of a more serious disorder. Surveyors also noted that in some cases (S2) the diagnosis of Antisocial Personality Disorder (ASPD) was incongruent with the inmate’s symptomatology and presentation. For example, the inmates had no DRs or reported behavioral issues suggesting ASPD.

Self-Harm Observation Status (SHOS)	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: A comprehensive clinical review of 13 records revealed the following deficiencies:</b></p> <p><b>(a) In 3 records, physician’s orders for admission were not signed, timed, or dated.</b></p> <p><b>(b) In 3 records, shift nursing assessments were missing or incomplete. (see discussion)</b></p> <p><b>(c) In 7 records, daily rounds by the attending MD were not documented in a SOAP note. (see discussion)</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create one monitoring instrument on which issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records (or all if less than ten records are available), weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH - 3(b):** In 2 cases on separate dates on the 11-7 shift, the nursing assessment indicated “inmate in Y dorm” across the assessment list, with the note on the bottom reading “unable to determine – unable to go to dorm to check inmate; informed by security of condition of inmate.” The surveyor noted however that the q 15 min. checks were initialed throughout the night.*

***Discussion MH - 3(c):** Surveyors noted that physician notes were missing or were not in SOAP format. The lack of documentation made it unclear if inmates in SHOS were actually seen by the physician during their stay. In one case, a note regarding decision to discharge was entered by the psychologist but there was no note indicating if the inmate had ever been seen by an MD during his stay in SHOS.*

Discharge Planning	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: In 3 of 4 applicable records, a continuity of care plan (DC711B) was not signed or a refusal was not present.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p>

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: In 3 of 13 records, the DC4-528 Mental Status of Confinement Inmates was not completed after each mental status evaluation.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**ADMINISTRATIVE SYSTEMS REVIEW**

Administrative Issues	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: Logs are not consistent with documentation found in the record. (see discussion)</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of logs, acquired training materials, etc.</p> <p>Ensure logs are complete and accurately reflect the date and time of events.</p>
<p><b>MH-7: In the 2 IMR cells in Dorm Y, there was extensive paint peeling.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work sign off by region staff.</p>

***Discussion MH - 6:** Surveyors noted that several entries in the Mental Health Emergency Log and the Inmate Request/Staff Referral Log did not correspond to documentation found in the records (requests appearing on the log were not documented in the record).*

## **CONCLUSION**

The mental health staff at Brevard CI consists of a Senior Behavioral Health clinician and two Behavioral Health Specialists. Psychiatric care is provided by two psychiatrists from Central Florida Reception Center (CFRC) who alternate visits to BRECI one day a week. BRECI houses youthful offenders and although designated an S1/S2 institution, has a small population of S3 inmates. It was explained that this is due to the custody level of the institution; BRECI is the only youthful offender facility that accepts close custody inmates.

In spite of the findings described in this report, it appears that most of the mental health needs of inmates at BRECI are being met due to the competence and diligence of the mental health staff. Inmates expressed satisfaction with access to services and quality of services. The senior clinician provides excellent leadership and is clearly relied upon by both the medical and security staff to address any issues relating to the mental health needs of inmates. His responsibilities included conducting groups, responding to all psych emergencies, and answering inmate requests. He provides regular supervision of the two specialists and carries a small caseload. In addition, because mental health has no clerical support, the senior clinician is responsible for maintaining all logs, scheduling inmates for follow up, and organizing the schedule for the psychiatrists' visits once a week. This does not appear to be a cost effective use of clinical resources. Given that some problems were identified relating to logs and required documentation, it might be appropriate for a part time clerical person to be assigned to mental health.

While there were some issues identified regarding ISPs in regard to problems and goals not being individualized, all surveyors noted and commented on the quality of the progress notes prepared by mental health staff at BRECI. They commented that the notes were detailed and informative and allowed the reader to clearly follow the inmate's progress in treatment.

The most significant problems identified at BRECI relate to psychiatric care. Surveyors noted that there were issues with both the documentation of care in regard to medication and suicide observation status and in the quality of care in regard to appropriate evaluation, diagnosis, and use of medication. In regard to psychiatric medications, they noted that regardless of diagnosis the primary medications prescribed were Celexa, Remeron, and Zoloft. There was poor documentation of target symptoms and clinical response to treatment and there were also issues with appropriate follow up of abnormal laboratory results. Of some concern is what appears to be rather inconsistent monitoring of inmates in SHOS by medical staff. It appeared in some cases that the senior psychologist was providing the majority of clinical monitoring of inmates in SHOS. If BRECI is going to continue to accept S3 inmates, consideration should be given to arranging more stable and consistent psychiatric coverage.

## SURVEY PROCESS

The goals of every survey performed by the CMA are

- (1) to determine if the physical, dental and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- (2) to promote ongoing improvement in the correctional system of health services; and,
- (3) to assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- ◆ Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- ◆ Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- ◆ Documentary evidence – obtained through reviews of medical/dental records, /treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc)
- ◆ Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office security or program area staff.