



# CORRECTIONAL MEDICAL AUTHORITY

## PHYSICAL & MENTAL HEALTH SURVEY

of

## CENTURY CORRECTIONAL INSTITUTION

in

Century, Florida

on

January 28-31, 2003

INSTITUTIONAL STATISTICS PROVIDED CMA on 03/05/02		
Population	Custody	Type
Adult	Close	Male

Main Unit Capacity	Current Main Unit Census	Satellite Unit(s) Capacity	Current Satellite Unit(s) Census	Current Number of Inmates Served
1515	1292	368	355	1647

**CMA Physical Health Team Leader:**

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**Physical Health Team Members:**

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## OVERVIEW

On January 28, 2003, the Correctional Medical Authority (CMA) concluded a physical and mental health survey of Century Correctional Institution (CENCI), located in Century, Florida. At the time of the survey, CENCI served an adult male population of approximately 1647 inmates assigned to medical grades 1 through 3 and psychological grades 1 and 2. CENCI was classified as a medical level 2 facility. Inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services were not housed at this institution.

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	<b>1170</b>	<b>475</b>	<b>2</b>	<b>0</b>	<b>0</b>	
<i>Psychological Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	<b>1610</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	<b>78</b>	<b>31</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

The above figures do not include satellite unit capacities.

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the standards of care established by the CMA and with prevailing professional practice standards. For a detailed description of the survey goals and processes refer to the "Survey Process" section of this report.

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care generally revealed no significant departures from the Department of Corrections' standards or with standards generally accepted in the community at large. Strengths were identified in the areas of administration, dental services, patient care, and an overall team effort. The review revealed findings in consultation requests, medication administration, seizure clinic, Offender Based Information System (OBIS health record content, and infection control.

Overall, the mental health care provided at CENCI was comprehensive and tailored to the needs of the population served. Numerous strengths were identified as well as several finding needing corrective action. The majority of the findings were deficiencies in documentation. Inmate and staff interviews suggested that appropriate care was being provided by caring and dedicated mental health professionals.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn

following an analysis of the information collected during the survey. Where suggested corrective actions are provided, these suggestions should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.

The following table lists the results from the systems and record review instruments used during the survey:

Findings Summary		Numeric Score*		
		Systems	Records	
<b>PHYSICAL HEALTH</b>	<b>Episodic Care</b>	Sick Call	100	100
		Emergency Care	96	95
		Physician/CA Follow-Up Care	NA	96
		Infirmity Care	NA	97
	<b>Chronic Care</b>	Chronic Illness Clinic Systems	100	
		Asthma		100
		Diabetes		98
		General Medicine		98
		Hypertension		98
		Immunity		NA
		Seizure		91
		TB/INH		100
	<b>Preventative Care</b>	100	93	
	<b>Dental Care</b>	95	100	
	<b>Mortality</b>	NA	NA	
	<b>Other</b>	Administrative Audit	95	
		Consultations	100	71
		Infection Control	85	
Intake Process (Reception)		NA	NA	
Intrasystem Transfers		94	94	
Medication Administration		94	63	
OBIS		100	79	
Pharmacy		NA		
Quality Management	94			
<b>MENTAL HEALTH</b>	Inmate Access to Mental Health Services	89	95	
	Outpatient Mental Health Services	100	73	
	Intellectual Functioning	100	83	
	Sexual Offender Services	67	52	
	Special Housing	100	56	
	Self-Injury/Suicide Prevention	88	23Hour: 50 SOS: 76	
	Psychiatric Restraints	83	NA	
A score of 100 represents meeting all minimum care/systems standards. A score of less than 80 represents an unacceptable level of care/systems standards.				

<b>PHYSICAL HEALTH FINDINGS</b>
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**Survey Results**

The following areas of review resulted in findings requiring attention or corrective action.

**CHRONIC ILLNESS CLINIC**

Records Reviewed:	<b>SEIZURE CLINIC RECORD REVIEW</b>	Records Score
<b>6</b>		<b>91</b>
Finding(s)	Suggested Corrective Action(s)	
<b>PH-1: Five records lacked a complete medical history, specifically age of onset, type of seizure and frequency of seizures.</b>	Provide in-service to medical staff regarding the importance of obtaining and documenting a complete medical history specific to seizure.  Monitor five seizure clinic records per month for a complete medical history that includes age of onset, type of seizure, and frequency of seizures until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.	

**PREVENTATIVE CARE**

Records Reviewed:	<b>PREVENTATIVE CARE</b>	Systems Score	Records Score
<b>7</b>		<b>100</b>	<b>93</b>
Finding(s)	Suggested Corrective Action(s)		
<b>PH-2: Three records lacked evidence of a hemocult test when rectal examinations were performed.</b>	Provide in-service training for medical staff reviewing TI 15.03.04 regarding rectal examination and hemocult test.  Monitor five preventative care records per month for documentation of hemocult test when rectal examinations are performed until closure is affirmed through the CMA CAP assessment.		

**OTHER**

Records Reviewed:	<b>CONSULTATION REQUESTS</b>		Systems Score	Records Score
5			100	71
Finding(s)	Suggested Corrective Action(s)			
<b>PH-3: Three records lacked physician signatures acknowledging review of consultation results.</b>	<p>Provide in-service training for medical staff on the importance of reviewing the consult results and signing and dating the report.</p> <p>Monitor five consultation records for physician signature and date of review until closure is affirmed through the CMA CAP assessment.</p>			
<b>PH-4: Three records lacked a progress note from the advanced level provider documenting the consultant's findings.</b>	<p>Provide in-service training for the medical staff regarding the importance of documenting the consultant's findings.</p> <p>Monitor five consultation records per month for a progress note from the advanced level provider acknowledging the findings until closure is affirmed through the CMA CAP assessment.</p>			

<b>INFECTION CONTROL</b>			Systems Score
			85
Finding(s)	Suggested Corrective Action(s)		
<b>PH-5: There was no documentation or available reports confirming monthly sanitation inspections of the facility.</b>	<p>Provide in-service training to the infection control coordinator (ICC) regarding the importance of reviewing the monthly sanitation inspection reports.</p> <p>Monitor monthly sanitation inspection reports for the facility until closure is affirmed through the CMA CAP assessment.</p>		
<b>PH-6: There was no documentation or available reports confirming weekly sanitation and cleanliness inspections of the dining facility.</b>	<p>Provide in-service training to the ICC regarding the importance of reviewing weekly sanitation and cleanliness inspection reports.</p> <p>Monitor weekly sanitation and cleanliness inspection reports of the dining facility until closure is affirmed through the CMA CAP assessment.</p>		

**Discussion:**

The Infection Control Coordinator stated she would benefit from further training to help her understand the duties and responsibilities of the position. She has an orientation manual, but has not had the opportunity to attend the training programs the state offers.

Records Reviewed:		Systems Score	Records Score
10		94	63
MEDICATION ADMINISTRATION			
Finding(s)	Suggested Corrective Action(s)		
<b>PH-7: All medication orders lacked a signature, date, and time of the written order or evidence of co-signature of verbal or phone orders. Some orders were written on the progress notes and some were written on the medication order sheets.</b>	<p>Provide in-service to medical staff regarding writing the medication orders on the medication order sheet with signature, date and time of order or co-signing verbal or phone orders within five days.</p> <p>Monitor five medication order sheets monthly until closure is affirmed through the CMA CAP assessment.</p>		
<b>PH-8: Eight records lacked nurse's signature for transcribing medication orders.</b>	<p>Provide in-service training for nursing staff regarding the importance of transcribing medication orders within their shift, noting the orders with name, time and date.</p> <p>Monitor five records monthly for timeliness of transcribed orders along with signature, date and time until closure is affirmed through the CMA CAP assessment.</p>		
<b>PH-9: One record lacked evidence of a written medication order, but medication was given to inmate and was signed out of stock supply.</b>	<p>Provide in-service to medical staff regarding writing the medication orders on the order sheet with date, time and signature.</p> <p>Monitor medication administration system daily for current orders until closure is affirmed through the CMA CAP assessment.</p>		
<b>PH-10: Keep on person medications were not recorded on a medication administration record.</b>	<p>Provide in-service training for nursing staff on importance of recording medication on a MAR noted KOP(keep on person).</p> <p>Monitor five KOP orders monthly for use of MAR until closure is affirmed through the CMA CAP assessment.</p>		

**Discussion:**

There was no single place in the chart that listed all current medications. Tracking KOP medication was particularly difficult since they were not recorded on a MAR. Standard practice for medication administration calls for using a MAR to prevent errors. A MAR with the inmate’s current KOP medication and any changes ordered would not require daily signatures. However it would be available for review and tracking.

Records Reviewed:	OFFENDER BASED INFORMATION SYSTEM (OBIS)	Systems Score	Records Score
5		100	79
Finding(s)		Suggested Corrective Action(s)	
PH-11: Three records lacked a completed problem list, date, time and signature.		<p>Provide in-service training for staff regarding the importance of completion of forms, specific to date, time, and signature.</p> <p>Monitor five medical health records for completed problem list per month until closure is affirmed through the CMA CAP assessment.</p>	

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Administrative Audit
- Chronic Illness Clinic
- Dental
- Episodic Care
- Emergency
- Infirmery Care
- Intrasystem Transfers
- Quality Management
- Sick Call

Record Reviews

- Asthma Clinic
- Dental
- Diabetes Clinic
- Episodic Care
- Emergency Care
- General Medicine Clinic
- Hypertension Clinic
- Infirmery Care
- Sick Call
- TB/NH Clinic

**CONCLUSION**

Both formal and informal staff interviews and observations were conducted. Staff was knowledgeable regarding the process of providing care. The health care provided to inmates reflected considerable effort by institutional staff. Observation of medical personnel, clinical staff, and security officers provided evidence of care being offered. Documentation of the care was an area of concern with findings of incomplete information on forms, progress notes used for physician orders, and the use of outdated forms. Overall there was evidence of cooperation between medical and security services.

## MENTAL HEALTH FINDINGS

### Strengths

The mental health department at CENCI was comprised of one senior psychologist, one psychological specialist, and one clerk typist. Together, they brought many strengths to the mental health program.

- With limited resources, staff were providing treatment tailored to the needs of the population, rather than only meeting minimum requirements.
- Inservice training on a variety of topics had been provided.
- Progress notes were thorough, allowing reviewers to follow the course of patient care easily.
- Required logs were legible and complete.
- A tracking mechanism had been created for all aspects of patient care documentation, to include treatment plan reviews and biopsychosocial assessments, that contributed to effective organization and planning.
- Staff and inmate interviews yielded very positive comments about the mental health department.

### Survey Results

The following areas of review resulted in findings requiring attention or corrective action.

Records Reviewed:	<b>ACCESS TO MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
<b>10</b>		<b>89</b>	<b>95</b>
Finding(s)		Suggested Corrective Action(s)	
<b>MH-1: Nursing staff responding to psychological emergencies after hours did not consistently document that the on-call physician had been contacted.</b>		Provide inservice training to nursing staff.  Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:	<b>INTELLECTUAL FUNCTIONING</b>	Systems Score	Records Score
<b>10</b>		<b>100</b>	<b>83</b>
Finding(s)		Suggested Corrective Action(s)	
<b>MH-2: For those newly arriving inmates with incomplete assessments of intellectual functioning, follow-up testing was not consistently completed.</b>		Complete follow-up testing for inmates arriving with a low score on the BETA as outlined in Department of Corrections' policy.  Monitor relevant records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	

Records Reviewed:		<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	Systems Score	Records Score
	11		100	73
Finding(s)		Suggested Corrective Action(s)		
<b>MH-3: Individualized documentation of orientation to mental health services was not present in the majority of records reviewed (see discussion below).</b>		Modify current practice for documentation to ensure that documentation is individualized.  Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		
<b>MH-4: Individualized Service Plan (ISP) documentation was insufficient in that:</b> <ul style="list-style-type: none"> <li>• ISPs were not reviewed and updated within the required time frames;</li> <li>• Short-term goals were not revised to reflect patient progress, frequently consisting of the phrase, “Same as above”.</li> </ul>		Provide inservice training on ISP documentation.  Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		

**MH-3 Discussion:** In the majority of records reviewed, documentation of orientation to mental health services was completed as a comment on the record screening form. It consisted only of the following statement:

“Unless otherwise noted, inmate received orientation during the first week at this facility.”

Records Reviewed:		<b>SELF-INJURY/SUICIDE PREVENTION</b>	Systems Score	Records Score
23-hr	3		88	50
SOS	3			76
Other	0			NA
Finding(s)		Suggested Corrective Action(s)		
<b>MH-5: Upon placement of an inmate on 23-Hour Observation Status, no documentation was present that the on-call physician was notified, and no order was obtained specifying observation intervals and property restrictions.</b>		Provide inservice training to relevant nursing staff.  Monitor relevant records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.		
<b>MH-6: DC4-650C, 23-Hour Mental Health Observation Admission, contained incorrect information regarding time and date of admission and discharge for two records reviewed.</b>		Devise a system to ensure that correct information is recorded on this form.  Monitor relevant records each month for compliance. Continue monitoring until closure is		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	3		88	50
SOS	3			76
Other	0			NA

Finding(s)	Suggested Corrective Action(s)
	affirmed through the CMA CAP assessment.
<b>MH-7: DC4-692, <i>Shift Mental Health Nursing Assessment</i>, was not completed each shift.</b>	Provide inservice training to relevant nursing staff.  Monitor relevant records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
<b>MH-8: Physician's orders were not written every 24 hours for patients on Suicide Observation Status.</b>	Provide inservice training to relevant staff.  Monitor relevant records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

Records Reviewed:		SEX OFFENDER SERVICES	Systems Score	Records Score
	8		67	52

Finding(s)	Suggested Corrective Action(s)
<b>MH-9: No sex offender treatment was offered.</b>	Provide sex offender treatment. Include documentation in the closure file.
<b>MH-10: Referrals for community sex offender treatment for inmates within 180 days of release were not made in the majority of records reviewed.</b>	Provide inservice training on aftercare planning for sex offenders.  Monitor relevant records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

The following areas of review resulted in no significant negative system or record review problems.

System Reviews

- Outpatient Mental Health Services
- Intellectual Functioning
- Self-Injury/Suicide Prevention
- Special Housing

Record Reviews

- Access to Mental Health Services
- Special Housing

## **CONCLUSION**

In an atmosphere of limited resources, the mental health staff at CENCI were striving to provide quality care. As a result, the majority of findings were related to problems in documentation rather than clinical in nature. The staff are encouraged to maintain their commitment to the population they serve.

## 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, service/treatment plans, schedules, logs, administrative reports, physician orders, 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 require corrective action by institutional staff. Findings identified in a supplemental report require corrective action by regional or central office health services staff.