



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

CHARLOTTE CORRECTIONAL INSTITUTION

in

Punta Gorda, Florida

on

January 12 – 15, 2010

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1096	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1033	Current Main Unit Census	1096
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	N/A	Current Satellite(s) Census	N/A
Total Capacity	1033	Total Current Census	1096

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
	717	246	132	0	N/A	10
<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>
	634	128	264	49	20	2

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>
	193	15	1	243	208	111

OVERVIEW

Charlotte Correctional Institution (CHARCI) houses male inmates of minimum, medium and close custody levels. The facility grades are Medical 1, 2, 3 and 4 and psychology (S) grades 1, 2, 3, 4 and 5. 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/infirmatory care as required for medical and mental health. Inpatient mental health is also provided at CHARCI.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at CHARCI January 12 – 15, 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

No findings were reported regarding administrative processes, infection control, pharmacy, and quality management.

INSTITUTIONAL TOUR

There were no findings noted during the institutional tour.

EPISODIC CARE REVIEW

There were no significant findings in emergency and sick call records; there were some issues noted in the infirmary record review as noted in the table below.

DENTAL REVIEW

There were no significant dental findings.

CHRONIC ILLNESS RECORD REVIEW

There were no significant findings in the majority of chronic illness records reviewed; those that should be addressed are indicated in the table below.

OTHER RECORD REVIEW

There were no significant findings in the review of intra-system transfers, medication administration, the health record/OBIS and preventive care. There were findings as a result of the consultation record review, as noted in the table below.

Infirmary Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Discrepancies were found in 2 of 2 records reviewed, including:</p> <p>(a) There was no documentation of rounds by the clinician in the progress notes.</p> <p>(b) The discharge summary was not completed by the physician.</p> <p>(c) The health care provider's documentation was illegible.</p>	<p>Provide in-service training to staff regarding the issue(s) 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>

Chronic Illness Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Discrepancies were found in 5 of 11 records reviewed, including:</p> <p>(a) Baseline histories lacked complete documentation.</p> <p>(b) The baseline exam did not document a neurological examination.</p> <p>(c) Baseline labs did not include anticonvulsant blood levels.</p> <p>(d) Seizures were not classified.</p> <p>(e) Lab studies were not completed.</p> <p>(f) There was no plan to possibly wean an inmate off anti-seizure medications after two years without seizures.</p>	<p>Provide in-service training to staff regarding the issue(s) 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>

General Chronic Illness Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Of 95 chronic illness records reviewed, 21 were hard to evaluate because the provider's handwriting was difficult to read.</p>	<p>Create a monitoring tool and conduct weekly monitoring of no less than five 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>

Consultation Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 8 out of 8 records reviewed, there was no documentation that the referring clinician/clinical associate signed, dated and stamped the DC4-702 (Consultation Report/Consultant's Report) upon receipt from the staging center.</p>	<p>Provide in-service training to staff regarding the issue(s) 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

Survey findings indicated the overall medical care provided at CHARCI falls within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. However, it was difficult to read the physician's handwriting, making it hard to determine whether examinations, particularly on the chronic illness forms, were complete. The illegibility of entries found in patient records could potentially pose risks to patient care.

Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates, health care staff, and security staff were positive.

Clinician surveyors noted that institutional staff showed 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

Charlotte 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 CHARCI:

- 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).
- S4 - Inmate requires a structured residential setting in a Transitional Care Unit (TCU).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

CLINICAL RECORDS REVIEW

Inpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: A comprehensive review of 21 inpatient records revealed the following deficiencies:</p> <p>(a) In 5 of 9 applicable records, initial lab tests were not completed as required.</p> <p>(b) In 2 of 6 applicable records, follow-up lab tests were not completed as required.</p> <p>(c) In 5 records, follow-up psychiatric contacts were not completed in the required timeframe. (see discussion)</p> <p>(d) Physician’s orders were not timed or dated in 2 of 6 Emergency Treatment Orders (ETO).</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>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): This was also noted in two records reviewed for inpatient mental health services.

Outpatient Psychotropic Medication Practices	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-2: A comprehensive review of 15 outpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 10 applicable records, follow-up tests for abnormal lab reports were not conducted.</p> <p>(b) In 2 of 10 applicable records, medication consents were signed after the medication was started.</p> <p>(c) In 4 of 8 applicable records, Assessment of Involuntary Movement Scale (AIMS) testing was not conducted at appropriate intervals.</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>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>

Inpatient Mental Health Services	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive review of 21 inpatient records revealed the following deficiencies:</p> <p>(a) In 8 of 20 applicable records, a risk assessment for violence was not completed within the required timeframe.</p> <p>(b) Fourteen records did not contain documentation that required hours of planned scheduled activities were being provided. (see discussion)</p> <p>(c) Six records did not contain weekly notes documenting inmate participation in groups.</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>

***Discussion MH-3 (b):** The majority of the records reviewed did not contain evidence that activities were provided on the weekends. On some weekdays, there was no documentation that treatment activities were scheduled and provided and there was no justification for the activities not being provided.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A comprehensive review of 24 outpatient records (S3 =14, S2 =10) revealed the following deficiencies:</p> <p>(a) In 6 of 15 applicable records, a case manager was not assigned within the required timeframe.</p> <p>(b) Ten records contained Individualized Service Plans (ISP) that were not completed within the required timeframe.</p> <p>(c) Eleven records contained ISPs that were missing required signatures.</p> <p>(d) Seven records contained ISPs that were not individualized. (see discussion)</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>

Discussion MH-4 (d): Goals on the ISP were expired or frequencies of interventions to be provided were not documented. Interventions and goals listed on the ISP did not correspond with the issues being addressed.

Psychiatric Restraints

Finding(s)	Suggested Corrective Action(s)
<p>MH-5: A comprehensive review of 6 restraint episodes revealed the following deficiencies:</p> <p>(a) Two episodes did not contain adequate documentation that the behavior warranted restraints. (see discussion)</p> <p>(b) Three episodes did not contain appropriate documentation of the restraint episode. (see discussion)</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>

Discussion MH-5 (a): In both cases, the inmate threatened to harm himself however there were no precipitating behavioral signs indicating that restraints were warranted.

Discussion MH-5 (b): In two episodes, the restraint observation checklists did not contain required documentation of the inmate's behavior. Also, during the time of the restraint episodes, documentation of Self-Harm Observation Status (SHOS) erroneously

continued. The SHOS observation checklists contained behavioral observations that were not congruent with the inmates being in restraints. In the third episode, there was no restraint observation checklist in the record.

In one case, the inmate was transported from the inpatient unit to the infirmary after he cut himself on 9/23/09. According to documentation, the inmate arrived at the infirmary at 19:40; however the record also indicated the physician was contacted at 17:45, almost two hours prior to the episode. The inmate was eventually returned to the inpatient unit and placed in restraints. The restraint observation checklist indicated the inmate was in restraints from 12:00 to 14:15 which was almost eight hours prior to the initial episode and infirmary examination; further, the checklist does not contain documentation of the inmate's behavior while in restraints. Documentation of SHOS erroneously continued. There was no indication on the SHOS observation checklist that the inmate was removed from the SHOS cell, taken to the infirmary, and eventually returned to the inpatient unit and placed in restraints. There was no nursing shift note and vital signs were not documented when the inmate was released from restraints.

In the second case the restraint observation checklist indicated the inmate was in restraints from 09:15 to 13:00. Even though the inmate was placed in restraints, SHOS behavioral observations continued. SHOS observations from 12:45 to 13:15 indicated the inmate was "at the door". This behavior would not be exhibited by a person in 4-point restraints. In addition there is no documentation on the restraint observation checklist of the inmate's behavior or that he was offered meals, fluids or the use of a urinal.

Access to Mental Health Services	
Finding(s)	Suggested Corrective Action(s)
MH-6: In 5 of 13 records, there was no evidence that inmate requests were answered. (see discussion)	<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>

Discussion MH-6: Inmate request forms or incidental notes addressing the requests were not present in the record. Staff was provided the opportunity to locate the requests. Some responses to surveyors are as follows: "Log indicates received and answered." "He has 10 volumes of green and multiple blues, misfiled?" "Six volumes of green".

Self-Harm Observation Status (SHOS)	
Finding(s)	Suggested Corrective Action(s)

<p>MH-7: A comprehensive clinical review of 9 IMR (isolation management room) records revealed the following deficiencies:</p> <p>(a) Four records did not contain a complete clinical assessment prior to placement in SHOS.</p> <p>(b) Two records contained physician's orders that were not signed, timed or dated.</p> <p>(c) Two records contained physician's orders that did not allow for a mattress, blanket/shroud and privacy garment. (see discussion)</p> <p>(d) Five records contained observation checklists that were incomplete. (see discussion)</p> <p>(e) Two records contained shift nursing assessments that were incomplete.</p> <p>(f) Two records did not contain evidence that inmates were seen for 7 day post-discharge follow-up.</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>
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Discussion MH-7 (c): *In one order, the items were not specified. In the other order, the inmate was denied a blanket and mattress without clear justification.*

Discussion MH-7 (d): *This was also noted in two records reviewed for psychiatric restraints.*

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-8: Three of 9 records did not contain evidence that initial and follow-up mental status exams were conducted or completed within the required timeframe.</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>

Use of Force	
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Finding(s)	Suggested Corrective Action(s)
<p>MH-9: Staff interviews indicated that inmates who refuse medications in SHOS are removed from their cells by force. (see discussion)</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>

***Discussion MH-9:** Inmates have the right to refuse medication in the SHOS setting. If the inmate is exhibiting behaviors that are considered dangerous to self or others, then the physician must follow the protocol for Emergency Treatment Orders.*

ADMINISTRATIVE SYSTEMS REVIEW

Administrative Issues	
Finding(s)	Suggested Corrective Action(s)
MH-10: Medical records were disorganized, with pages often misfiled or missing altogether.	<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>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>
MH-11: Inmates in the inpatient units are not provided daily out of cell exercise.	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, acquired training materials, etc.</p> <p>Ensure inmates on the inpatient units are provided daily out of cell exercise.</p>
MH-12: Medication education groups are not provided in the TCU.	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of group rosters, acquired training materials, etc.</p> <p>Ensure medication education groups are provided on the TCU.</p>
MH-13: Inmates receiving liquid psychotropic medication are not offered a flavored drink in addition to water.	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of purchasing orders, acquired training materials, etc.</p> <p>Ensure inmates on psychotropic medications are offered a flavored drink.</p>

Administrative Issues

<p>MH-14: Mental health staff is not documenting weekly rounds in confinement.</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of DC6-229, acquired training materials, etc.</p> <p>Ensure mental health staff conduct and document weekly confinement rounds.</p>
<p>MH-15: Logs are incomplete. (see discussion)</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 accurate.</p>
<p>MH16: Mental health program descriptions are not posted as required. (see discussion)</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of work orders, acquired training materials, etc.</p> <p>Ensure program descriptions are posted as required.</p>

***Discussion MH-15:** Times and dates inmates were seen by staff were missing on the Mental Health Emergency Log. Release times were missing from the Psychiatric Restraint Log. Times documented on the Use of Force Log did not correspond with times on the Post Use of Force Physical Exams.*

***Discussion MH-16:** The mental health program description is not posted in Spanish in the general population housing areas. The mental health level system is not posted in the inpatient units.*

CONCLUSION

Mental health services in Region IV are contracted and provided by Correctional Medical Services (CMS). CMS began providing services on 7/1/09. The CHARCI survey was originally scheduled for October 2009, but at the Department's request all CMA surveys in Region IV were postponed to 2010 so that CMS would have the opportunity to complete transition of the program from the previous provider. The Office of Health Services (OHS) completed a monitoring visit at the institution in November 2009 and required corrective actions be implemented at that time. The CMA survey was conducted January 12 – 15, 2010.

The mental health staff at CHARCI serves a complex and difficult population. Inpatient services are provided in a 50 bed Transitional Care Unit and a 52 bed Crisis Stabilization Unit. Nearly 400 additional inmates receive outpatient mental health services and the majority of them are on close management (CM) status. Providing

services to primarily CM inmates presents many challenges for both security and health services staff. In order for an inmate to be taken from his cell for an assessment two security officers must be present. In addition, staff is required to be accompanied by an officer whenever they enter a dorm, including when inmates are in their cells. Mental health staff reported, and documentation in the record confirmed that officers are often unavailable to assist staff due to competing demands. There is also limited space in the dorms to provide mental health services.

The medical records were characterized by disorganization. Despite the survey team being comprised of experienced surveyors who are familiar with the Department's medical records, they had difficulty finding appropriate documentation in the medical records needed to carry out the survey protocols. Notes were not consistently filed chronologically and were not always timed, dated and signed as required; in some cases, notes were dated and stamped with times prior to an inmate's arrival at the institution. Health services forms and logs were characterized by conflicting dates and times. Some charts contained documentation for other inmates. Required assessments and treatment planning activities were often incomplete or late. Backs of forms were repeatedly blank thus required components were not documented. Although staff assigned to provide assistance to surveyors was attentive and helpful, they often took several hours to locate the requested items or were unable to find them at all during the course of the survey. It was not possible under these circumstances for the survey team to bring all inquiries regarding documentation concerns to institution staff for follow up.

While staff interviews reflected a commitment to provide appropriate care, and inmate interviews supported this contention, the disorganization and other concerns evident in the medical records is a very serious problem. Medical records that meet required and generally agreed upon standards are the basis of continuity of care and the foundation for ensuring necessary clinical care is provided. If the medical records system fails, maintenance of appropriate clinical care standards is ultimately at risk. While it seems many of the findings in this report are related to inadequate documentation, it must also be asserted that current staffing levels require evaluation to ensure inmates have adequate access to mental health services. The staff at CHARCI report they are in the process of hiring new staff and requesting new positions.

It is recommended that the Department and CMS use this opportunity to put systems in place so the issues identified in this report will not become increasingly chronic and serious. Depending on the results of the corrective action plan produced in response to this report, the CMA may re-survey CHARCI in the coming fiscal year.

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.