



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

CHARLOTTE CORRECTIONAL INSTITUTION

in

Punta Gorda, Florida

on

May 22-25, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on May 7, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1,286	1,044

CMA Physical Health Team Leader:

Sue Sims, R.N.

Physical Health Team Members:

Bernard Kimmel, M.D.

Mark Magenheim, M.D.

Roberta Diehl, D.D.S.

Rita Hall, A.R.N.P.

Teresa Wilhite, R.N.

CMA Mental Health Team Leader:

Kathy Pilkenton, M.S.W., M.Ed.

Mental Health Team Members:

Donald Feinsilver, M.D.

Sherry Roth, Ph.D.

Vicky Lund, A.R.N.P., Ph.D.

Linzey Faison, A.R.N.P.

OVERVIEW

On May 25, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Charlotte Correctional Institution (CHACI), located in Punta Gorda, Florida. Care for complex medical problems and inpatient mental health treatment was offered at this institution. At the time of the survey, CHACI served an adult male population of approximately 1,148 inmates. The inmate population was distributed across medical and psychological grades as follows:

<i>Medical Grade</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Impaired</i>	
	593	318	150	2	28	
<i>Psychological Grade (S-Grade)</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Impaired</i>
	416	78	500	41	45	13
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	24	27	0	23	22	35

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 was conducted, including the physical plant, administrative processes, and the provision and documentation of care. The review revealed several areas of concern with need for improvement. Documentation and continuity of care comprised most of the findings. However, the general appearance of the facility including cleanliness and upkeep were also areas of concern. The facility is in the transition to privatization and experiencing staffing shortages. There are 40 nursing positions allocated, but only 14 nursing positions were filled with DC employees. Two nurses were on administrative leave, and agency nurses filled the remaining positions. It was reported that some delays in the chronic illness clinic visits were due to a shortage of security officers. Most of the surveyors on the physical health team participated in the last survey of this institution and felt that the care had improved.

The prolonged transition of the institutional health services to a private vendor under the Region IV privatization initiative has negatively impacted the quality of mental health services through inadequate staffing levels and high turnover rates. The evident trend has been for those department employees able to do so, to leave the institution thus causing increased and expensive reliance on temporary agency personnel who are generally unfamiliar with a corrections and/or mental health environment. Findings from this survey include both clinical, documentation, and administrative deficiencies, the most serious of which involved inadequate evaluation and management of suicidal inmates and inadequate inpatient treatment activities resulting in virtually no treatment (other than medication) being provided to CSU patients as well as very limited treatment being provided to TCU patients. The ultimate resolution to these and other findings detailed in this report will most likely lie in stabilization of staffing levels and personnel. Please refer to the Mental Health Findings section of the report for details.

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 recommended corrective actions are provided, these recommendations 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.