



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

COLUMBIA CORRECTIONAL INSTITUTION

in

Lake City, Florida

on

February 25-28, 2003

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DEMOGRAPHICS

Columbia Correctional Institution (COLCI) provides medical, dental and mental health services to inmates housed in the main unit, the Columbia work camp, and the Lake City Work Release Center. The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Adult	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,390	Current Main Unit Census	1,265
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	465	Current Satellite(s) Census	392
Total Capacity	1,855	Total Current Census	1,657

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	Impaired	
<i>Medical Grade</i>	867	543	260	7	0	
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>		
<i>(S-Grade)</i>	1	2	3	4	5	Impaired
	994	121	466	N/A	N/A	4

Inmates Assigned to Special Housing Status

<i>Confinement/</i>						
<i>Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	92	38	0	102	48	120

OVERVIEW

Physical Health Summary

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, chronic illness clinics, and sick call. The review revealed findings in consultation requests, infection control, infirmary care, medication administration, Offender Based Information System (OBIS), and mortality review.

Mental Health Summary

Columbia CI housed approximately 460 S3 and 120 S2 inmates, the majority of whom were in open population, as well as 270 close management inmates. The total population served was approximately 1,650 adult males. The current staffing pattern is inadequate to manage the large outpatient population as evidenced by inconsistencies in documentation of the delivery of required mental health services. The majority of these findings relate to timeliness and thoroughness of service delivery. Despite the number of findings, there has been improvement since the last CMA survey in February 2000 when there were more serious clinical quality of care findings.

Supplemental Report

In addition to the mental health findings referenced above, two other areas of concern were noted. These issues will require intervention by the department's Office of Health Services (OHS). These issues are identified and discussed in a supplemental report provided directly to the OHS. There were no supplemental issues for physical health.

Exit Conference and Final Report

At the conclusion of the survey, an exit conference was held with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in the physical health and mental health sections of this report are a result of further analysis of the information collected during the survey. The suggested corrective actions(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. Monitoring by a clinician peer must be documented by a monthly compilation of the following:

- 1) The criteria/finding being reviewed;
- 2) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 3) An indication of whether or not the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month that complied with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

SUMMARY OF INSTITUTIONAL SCORES

The goal of the survey is to determine if the administration of the medical unit and the provision of care at the institution are consistent with medical, dental and mental health care 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. The following table lists the results of the systems and record reviews conducted during the survey.

Area of Review		Numeric Score*			
		Systems	Records		
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	100		
		Emergency Care		100	
		Follow-Up Care		100	
		Infirmery Care		85	
		Sick Call		100	
	Chronic Care	Asthma Clinic		98	
		Diabetes Clinic		98	
		General Medicine Clinic		98	
		Hypertension Clinic		100	
		Immunity Clinic		98	
		Seizure Clinic		99	
		TB/INH Clinic		99	
	Preventative Care		100	99	
	Dental Care		96	95	
	Mortality Review		75	84	
	Other	Administrative	97		
		Consultation Requests	100	80	
		Infection Control	85		
		Intake (Reception) Process			
Intrasystem Transfers		100	96		
Medical Area and Inmate Housing		92			
Medication Administration		94	86		
OBIS-Health Record Content		100	86		
Pharmacy					
Quality Management	94				
MENTAL HEALTH	Access to Mental Health Services		89	100	
	Inpatient Mental Health Services				
	Intellectual Functioning		100	84	
	Psychiatric Restraints		83	64	
	Psychotropic Medication Practices		60	68	
	Outpatient Mental Health Services		87	66	
	Self-Injury/Suicide Prevention	23-hour Observation			
		SOS Status		100	65
		Other Self-injury Prevention Status			
	Sexual Offender Services		100		
Special Housing		60	70		

PHYSICAL HEALTH FINDINGS

Survey Results

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

EPISODIC CARE

Records Reviewed:	INFIRMARY CARE RECORD REVIEW	Records Score
8		85
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: Three records lacked documentation of patient education on the admission nursing assessment.</p>	<p>Provide in-service training to nursing staff regarding the importance of documentation of patient education when admitted to the infirmary.</p> <p>Monitor five infirmary records per month for documentation of patient education upon admission until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.</p>	

MORTALITY REVIEW

Records Reviewed:	MORTALITY REVIEW	Systems Score	Records Score
7		75	84
Finding(s)	Suggested Corrective Action(s)		
<p>PH-2: One record revealed that staff failed to refer presenting medical problems to the attending physician for follow-up.</p>	<p>Provide in-service training to health care staff regarding appropriate assessment, treatment and follow-up especially as it relates to inmates' presenting condition.</p> <p>Monitor five emergency and five sick call records per month for appropriate assessment, treatment and referral for follow-up.</p> <p>Internally monitor and report results to Quality Management regarding mortality events.</p>		

OTHER

Records Reviewed:	CONSULTATION REQUESTS	Systems Score	Records Score
6		100	80

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Four records lacked evidence that the inmate was informed of the consultation results.</p>	<p>Provide in-service training to medical staff regarding the importance of documenting follow-up of consultation results.</p> <p>Monitor five consultation requests monthly for documentation of follow-up with the inmate until closure is affirmed through the CMA CAP assessment.</p>

INFECTON CONTROL	Systems Score
	85

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: No reports of the monthly sanitation inspections were forwarded to the Infection Control Coordinator (ICC) for review.</p>	<p>Request security to forward monthly sanitation reports immediately for review by the ICC.</p> <p>Monitor monthly for reports until closure is affirmed through the CMA CAP assessment</p>
<p>PH-5: No reports of the weekly inspection of the dining facility were forwarded to the ICC for review.</p>	<p>Request security to forward weekly sanitation reports immediately for review by the ICC.</p> <p>Monitor weekly for reports until closure is affirmed through the CMA CAP assessment.</p>

MEDICAL AREA AND INMATE HOUSING	Systems Score
	92

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: Sharps/needle counts did not match the inventory log.</p>	<p>Provide in-service training to nursing staff regarding the importance of accurately signing out supplies on the inventory log.</p> <p>Monitor inventory log each shift for accuracy until closure is affirmed through the CMA CAP assessment.</p>

Records Reviewed:		MEDICATION ADMINISTRATION		Systems Score	Records Score
10				94	86
Finding(s)		Suggested Corrective Action(s)			
PH-7: Seven medication orders lacked route to be administered.		<p>Provide in-service training to medical staff on the importance of writing the route of administration for the medication ordered.</p> <p>Monitor five medication orders monthly for route of administration until closure is affirmed through the CMA CAP assessment.</p>			
PH-8: Medical personnel did not have a clear view of inmates swallowing medication.		<p>Provide in-service training to nursing personnel, including agency nurses, regarding medication administration procedures.</p> <p>Internally monitor medication administration until closure is affirmed through the CMA CAP assessment.</p>			

Discussion:

Nursing personnel handed medication to the inmates. The inmates turned away from the nurse to take their medications and were out of view. The officer was busy with the inmates in line and was not watching the inmates swallow medication.

Records Reviewed:		OFFENDER BASED INFORMATION SYSTEM (OBIS)		Systems Score	Records Score
10				100	86
Finding(s)		Suggested Corrective Action(s)			
PH-9: Information contained in the Offender Based Information System (OBIS) and medical records was not congruent, including:		<p>Provide in-service training to medical records staff regarding review of information entered into the health record.</p> <p>Monitor five records per month for accuracy of information until closure is affirmed through the CMA CAP assessment.</p>			
<ul style="list-style-type: none"> • Inconsistent dates of birth • Wrong medical levels • Low bunk pass in record but not in OBIS • Sick call encounters not in OBIS 					

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

System Reviews

- Administrative
- Chronic Illness Clinics
- Dental
- Intrasystem Transfers
- Emergency Care
- Episodic Care Follow-Up
- Preventative Care
- Quality Management

Record Reviews

- Chronic Illness Clinics
- Dental
- Emergency Care
- Episodic Care Follow-Up
- Intrasystem Transfers
- Preventative Care
- Sick Call

CONCLUSION

Both formal and informal staff interviews and observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. The institution was experiencing a nursing shortage that was reflected by seven vacant nursing positions. The staff nurses flexed their time to help cover the shifts, however agency nurses filled approximately 440 hours per week. The agency nurses were provided eight hours of orientation prior to working at the facility. The institution paid for the orientation as well as the hours worked. It was reported that the institution couldn't compete with the current community salaries to attract permanent nursing staff. The nursing workload is rigorous according to all medical staff interviewed and there was a constant turnover of newly hired personnel due to the complexity of the assignments. The positive factor with this situation was that the nursing supervisor was well organized, had good management skills, and actively participated with training and other needs in the clinical area. The level of care provided in the infirmary to the elder inmates reflected the dedication of the health care team.

MENTAL HEALTH FINDINGS

Survey Results

The institution housed over 460 S3 inmates and approximately 120 S2 inmates, the majority of whom were in open population, as well as 270 close management inmates. The total population served was approximately 1,650 adult males. The mission of the mental health department was as complex as when surveyed in February 2000. There are also additional requirements for the close management population under the *Osterback v Moore* agreement of December 2001 that committed the department to considerable changes in the close management program. Eventually, the close management inmates will be transferred out of Columbia. However, the majority of the outpatient population will remain at the institution.

The mental health staffing pattern has not changed since the last survey and consists of two psychiatrists, one senior psychologist, one senior LPN, one RN specialist, one data entry position, and eight psychological specialists. The senior psychologist has made significant changes in workload distribution to achieve more equitable and stable caseloads for the psychological specialists under his supervision. However, psychological specialist caseloads remain between 70 and 80. The psychiatrists have caseloads in excess of 225 each. As in February 2000, the staffing is inadequate to manage the large outpatient population as evidenced by inconsistencies in documentation of the delivery of required mental health services. The majority of these findings relate to timeliness and thoroughness of service delivery.

The current staff is committed to working with the inmate population and is well qualified and trained. The inmates interviewed found mental health services helpful. The senior psychologist has encouraged teambuilding among the mental health staff and has developed good working relationships with other departments. He has also managed to secure two used computers for the mental health department. The data entry operator is a long-term employee of the department at this institution and is very knowledgeable regarding mental health systems and policies. The correctional officers interviewed were interested in receiving further training in working with mentally ill and mentally retarded inmates, particularly communication strategies.

Despite the number of findings, there has been improvement since the last survey. In February 2000 there were more serious clinical quality of care issues.

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

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Systems Score	Records Score
9		89	100
Finding(s)	Suggested Corrective Action(s)		
MH-1: The psychological emergency log lacked the time each emergency was responded to by mental health staff.	Utilize the standardized mental health emergency log (DC4-781A), which includes documentation of response time. Monitor the log for compliance. Continue monitoring until closure is affirmed by the CMA Corrective Action Plan (CAP) assessment.		

Discussion

MH-1: The institution was not able to track whether psychological emergencies were being responded to within one hour.

Records Reviewed:	OUTPATIENT MENTAL HEALTH SERVICES	Systems Score	Records Score

Finding(s)	Suggested Corrective Action(s)
<p>MH-2: The following requirements for newly arriving inmates were inconsistently documented in the outpatient records reviewed:</p> <ul style="list-style-type: none"> a. Review of the medical record by health care staff within 24-hours of an inmate's arrival. b. Timely orientation to mental health services. c. Screening of the record by mental health staff within 14 days of an inmate's arrival. d. Assignment of a case manager within three working days of an inmate's arrival or assignment of S grade 2 or 3. e. Psychiatrist interview within ten days of an S3 inmate's arrival to assess mental status and renew medications; and psychiatric evaluation within 14 days if not done previously in the department or when psychotropic medications are initiated. f. Service planning interview conducted within 14 days of an S2/S3 inmate's arrival. g. A complete Biopsychosocial assessment (BPSA) within 14 days of an S2/S3 inmate's arrival. 	<p>Review mental health related requirements for newly arriving inmates with health care staff. Develop a system for tracking intake activities to ensure timely completion.</p> <p>Monitor a minimum of five relevant records per month for compliance in each area. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>
<p>MH-3: The following concerns were noted with the Individualized Service Plans (ISPs) reviewed:</p> <ul style="list-style-type: none"> a. The ISPs were not consistently completed within 14 days of an S2/S3 inmate's arrival. b. The ISPs were not consistently reviewed at the required intervals and revised as needed. c. The records reviewed did not consistently document that the inmates received the mental health interventions and services described in the ISPs. 	<p>Review ISP requirements with mental health staff.</p> <p>Monitor a minimum of ten relevant records per month for compliance in each area. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>
<p>MH-4: There was a lack of group treatment activities available for the outpatient population.</p>	<p>Offer a range of group treatment activities to the outpatient population.</p>

Discussion

MH-4: Most group treatment resources were focused on the close management population in order to meet the requirements of the *Osterback v Moore* agreement. As a consequence, the open population inmates, including the majority of the S2/S3 inmates, were not being provided the full range of group therapies. Documentation provided by the institution prior to the survey indicated that only one open population group was currently provided. There had not been a sex offender group in the past year although one was scheduled to begin February 17, 2003. At the time of the survey, documentation reviewed indicated that more groups were planned; however, the majority of these were planned for close management inmates.

Records Reviewed:	PSYCHIATRIC RESTRAINTS	Systems Score	Records Score
3		83	64
Finding(s)		Suggested Corrective Action(s)	
<p>MH-5: The following findings occurred in the three 4-point restraint cases reviewed:</p> <ul style="list-style-type: none"> a. Vital signs were not taken and recorded every 60 minutes. b. There was no documentation indicating that the patients' limbs were exercised every two hours in two of the three cases. c. A new physician's order was not obtained every four hours. d. Clear documentation was lacking of when the inmates were released from restraints. e. In two of the three cases, the warden or designee was not informed of the incident of use of psychiatric restraints. 		<p>Review requirements with relevant health care staff.</p> <p>Monitor a minimum of five cases per month or all applicable records for compliance in each area. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>	
<p>MH-6: Mental health staff did not receive training in the use of psychiatric restraints.</p>		<p>Provide training.</p>	

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Systems Score	Records Score
13		60	68
Finding(s)		Suggested Corrective Action(s)	
<p>MH-7: Informed consents for psychotropic medications were not consistently updated within the past 12 months.</p>		<p>Review requirements with relevant staff.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>	
<p>MH-8: Inmates receiving psychotropic medications did not receive an annual physical examination as required.</p>		<p>Review requirements with relevant staff.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>	

Records Reviewed:		PSYCHOTROPIC MEDICATION PRACTICES	Systems Score	Records Score
	13			60
Finding(s)		Suggested Corrective Action(s)		
MH-9: Patients in pill line were not consistently observed swallowing their psychotropic medications. (See PH-8).		<p>Ensure inmates are observed appropriately.</p> <p>Provide in-service training to nursing personnel, including agency nurses, regarding medication administration procedures.</p> <p>Monitor medication administration until closure is affirmed by the CMA CAP assessment.</p>		

Records Reviewed:		SELF-INJURY/SUICIDE PREVENTION	Systems Score	Records Score
23-hr	N/A			100
SOS	10		65	
Other	N/A		N/A	
Finding(s)		Suggested Corrective Action(s)		
MH-10: Daily counseling by mental health staff was not documented in any of the suicide isolation status (SOS) records reviewed.		<p>Review requirements with mental health staff.</p> <p>Monitor a minimum of five SOS records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
MH-11: SOS post-discharge follow-up was not provided at the required intervals.		<p>Review requirements with mental health staff.</p> <p>Monitor a minimum of five SOS records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		

Discussion

Two cases were documented on the infirmary log as SOS admissions. However, there was no documentation of the episodes in the active volume of the medical record or in the separate infirmary record. These cases were referred to the institution at the time of the survey.

Records Reviewed:		Systems Score	Records Score
SPECIAL HOUSING		60	70
9			
Finding(s)	Suggested Corrective Action(s)		
<p>MH-12: The following services were inconsistently provided in special housing:</p> <ul style="list-style-type: none"> a. Initial mental status evaluations (MSEs) were not consistently provided in a timely manner. b. Follow-up MSEs were not consistently provided in a timely manner. c. Three applicable records reviewed lacked MSEs entirely. d. Documentation of MSEs often lacked sufficient detail to identify adjustment problems and needed referrals. e. The ISPs were not consistently continued while the inmates were in special housing. Service provision and required reviews were inconsistent. 	<p>Review the requirements for special housing with the mental health staff.</p> <p>Monitor a minimum of five records per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
<p>MH-13: Mental status evaluations were mostly conducted at cell-front and lacked privacy.</p>	<p>Ensure staff has access to interview rooms to conduct mental health evaluations.</p> <p>Monitor a minimum of five cases per month for compliance. Continue monitoring until closure is affirmed by the CMA CAP assessment.</p>		
<p>MH-14: The Confinement Evaluation Log was incomplete and it was difficult to tell whether the MSEs were being done in a timely manner.</p>	<p>Develop a system to track MSEs.</p>		

Intellectual Functioning

While there were no significant patterns found in the ten records reviewed for intellectual functioning, three cases were referred to the senior psychologist for follow-up. One case in particular was a close management inmate with testing scores indicating mental retardation, but this inmate had not been correctly identified by the previous institution or upon arrival at Columbia. Of concern was the possibility that the inmate was in close management secondary to his limited cognitive functioning.

Sex Offender Services

There were no significant patterns found in the eight records reviewed for sex offender services. Three inmates were referred to the senior psychologist for follow-up to ensure that end-of-sentence planning was completed.

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

System Reviews

- Intellectual Functioning.
- Self-Injury/Suicide Prevention.
- Sex Offender Services

Record Reviews

- Access to Mental Health Services.

CONCLUSION

The institution housed over 460 S3 inmates and approximately 120 S2 inmates, the majority of whom were in open population, as well as 270 close management inmates. The total population served was approximately 1,650 adult males. The staffing pattern was inadequate to manage the large outpatient population as evidenced by inconsistencies in documentation of the delivery of required mental health services. The majority of these findings relate to timeliness and thoroughness of service delivery. Despite the number of findings, there has been improvement since the last survey in February 2000 when there were more serious clinical quality of care findings.

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.