

**CORRECTIONAL MEDICAL AUTHORITY (CMA)**

**PHYSICAL & MENTAL HEALTH SURVEY**

**OF**

**FLORIDA STATE PRISON**

**in**

**Starke, Florida**

**March 9 – 11, 1999**

<b>INSTITUTIONAL STATISTICS PROVIDED CMA ON February 1, 1999</b>				
<b>Population</b>	<b>Custody</b>	<b>Type</b>	<b>Maximum Capacity</b>	<b>Current Occupied Beds</b>
<b>Adult</b>	<b>Maximum</b>	<b>Male</b>	<b>1176</b>	<b>1304</b>

<b>MEDICAL GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>Impaired</b>
<b>600</b>	<b>188</b>	<b>129</b>	<b>16</b>	<b>0</b>

<b>"S" GRADES</b>				
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>
<b>646</b>	<b>111</b>	<b>176</b>	<b>0</b>	<b>0</b>

## **Physical Health Executive Summary**

Florida State Prison is a maximum-security facility with a capacity for 1,176 male inmates. At the time of the survey, the institution's inmate population was composed predominately of inmates secured in single cells on confinement, close management, and/or death row wings. This was the third physical health survey by the Correctional Medical Authority.

Overall, survey results suggested that medically related institutional documentation, including logs, policy and procedure manuals, health services bulletins, credentialing information, etc. was well organized, accurate and appeared readily available to all staff. Further, available training documentation indicated that inservice training records for nursing staff and CPR and first aid training records for correctional officers were also well maintained and monitored. Assessments, treatments, and follow up plans documented in the sick call, emergency care, infirmary, asthma, diabetes, and dental records selected for review appeared to be appropriate for the inmate's medical and/or dental condition.

However, several deficiencies, particularly with the documentation of assessments, treatment choices, and inmate health-related education, were noted in many of the records reviewed. These deficiencies resulted in the issuance of five Level II clinical management/documentation citations and the identification of two additional issue.

## **Physical Health Strengths**

1. Inservice training records for nursing staff and CPR and first aid training records for correctional officers appeared well maintained and monitored.

2. Institutional documentation, including logs, policy and procedure manuals, health services bulletins, credentialing information, etc. was well organized, accurate and appeared readily available to all staff.
3. The assessments, treatments, and/or referrals documented in the sick call, emergency care, and infirmary records selected for review appeared appropriate for the presenting problems/admitting diagnoses.
4. The assessments, treatments and continuity of care plans documented in the asthma and diabetes records selected for review appeared appropriate for the inmates' chronic medical conditions.
5. The assessments, treatments and continuity of care plans documented in the dental records selected for review appeared appropriate for the inmates' dental conditions.

## **Physical Health Citations - Level I**

There were no Level I citations noted during this survey.

## **Physical Health Citations - Level II**

### **Clinical Management/Documentation**

1. Documentation of assessments, treatments, and/or follow up care was found deficient in seven of ten immunity records reviewed, i.e., delinquent chest x-rays, delinquent laboratory studies, no documentation of PPD testing results, and a missing treatment refusal form.
2. Both of the TB/INH therapy clinic records reviewed lacked a detailed initial history during the first clinic visit; e.g., no detailed history of positive PPD testing.
3. Concerns regarding the monitoring of medication levels through blood tests and the effects of this action on treatment choices was noted in two of four seizure records reviewed.
4. None of the nine general medicine records reviewed contained clear documentation of inmate health education.
5. Concerns were noted in two of seven mortality records reviewed; i.e., the management of a cardiac event and a delay in notifying an on call physician about an inmate's condition.

## **Physical Health Additional Issues Noted**

6. In five of 12 hypertension records reviewed, the master problem list had not been accurately updated to reflect the current hypertension status.

7. Three of nine general medicine records contained no evidence that a hemocult test was conducted during the inmate's most recent physical examination.

## **Mental Health Executive Summary**

All conclusions were based on a sample review of medical records; interviews with inmates, health care providers, security staff; and a physical inspection of some areas of the institution. This was the third CMA mental health survey of Florida State Prison (FSP).

The institution, which houses psychological grades S1, S2 and S3 inmates, is a minimum to maximum custody adult male institution with a capacity for 1,176 inmates and was originally constructed in 1960. The affiliated work camp has a capacity of 434. Of the 933 inmates housed at the main institution at the time of the survey, approximately 176 were S3s; 111 were S2s; and the remainder were S1s. There were 242 inmates in confinement status at the time of the survey, and 455 on close management status.

One Level I citation was identified at Florida State Prison regarding the assessment of depressive symptoms in inmates. There were four Level II citations and five additional issues identified. Three of the citations related to access, two to clinical management and one to administrative management. Because so many inmates are locked down at FSP, issues pertaining to access are not unexpected. However, these circumstances only increase the importance of thorough clinical assessments for those inmates who may be experiencing depression or who are under suicide observation.

## **Mental Health Strengths**

1. All inmates interviewed knew how to access mental health services.
2. Seven records reviewed for medication practices indicated compliance in timeliness, documentation, and medication practices.

## **Mental Health Citations - Level I**

### **Access/Clinical Management**

1. In two infirmary isolation records depressive symptoms were not thoroughly evaluated. Depressive symptoms were not thoroughly addressed in four of ten comprehensive records reviewed, nor were they thoroughly evaluated in the suicide reviewed.

## **Mental Health Citations - Level II**

### **Access**

2. Neither the inmate handbook nor the mental health handout provided at orientation addressed the issues of confidentiality or consent. Also, the orientation handout's explanation of how to request mental health services was confusing. In the two general population dormitories, there was no posting describing the mental health program or how to access mental health services.
3. In the infirmary isolation rooms a sprinkler was installed over the commode. This protrusion presented an opportunity for self-harm in both rooms. Further, the rooms inspected were not clean, blankets were not clean and the number of available privacy wraps was insufficient. Some infirmary isolation rooms were inappropriately being used for storage.

### **Clinical Management/Documentation**

4. Documentation reviewed indicated that groups were offered on a rotating basis, which did not assure broad inmate participation. Also, inmates in confinement did not have access to Alcoholics Anonymous/Narcotics Anonymous/12 steps.

## **Administrative**

5. The procedures for the use of psychiatric restraints and suicide observation were not specific in relation to housing, observation and matters of hygiene prior to an inmate's transfer.

## **Mental Health Additional Issues Noted**

6. The CSU referral log indicated delays of several days before transfer took place; in one case transfer did not take place until 14 days later.
7. The required pre-confinement health appraisal had not been documented in three of six cases. While medical staff conducts this task, there is a mental health component, which is important in making this housing designation.
8. Inmates were oriented to mental health services but there was no indication that the range of available services was discussed with inmates.
9. In the records reviewed regarding initial screening or psychological assessments, one referral to substance abuse was significantly delayed, and three of five inmates with a history of substance abuse had not been referred to a substance abuse program.
10. A concern was identified in the suicide reviewed that the Spanish speaking inmate did not have access to mental health services in his native language.