



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **GLADES CORRECTIONAL INSTITUTION**

in

**Belle Glade, Florida**

on

**June 8 - 10, 2010**

**CMA Physical Health Team Leader:**

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**CMA Mental Health Team Leader:**

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**Physical Health Team Members:**

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**Distributed on June 30, 2010**

**CAP due date: July 30, 2010**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,249	Male	Close	5

### Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1,045	<b>Current Main Unit Census</b>	679
<b>Satellite Units Capacity</b>	763	<b>Current Satellite Units Census</b>	642
<b>Total Capacity</b>	1,808	<b>Total Current Census</b>	1,321

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	772	369	162	0	1	
<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>
	1,281	23	N/A	NA	NA	0

### 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>
	13	8	0	NA	NA	NA

# OVERVIEW

## **Institutional Description**

Glades Correctional Institution (GLACI) houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 5, psychological grade 2 facility. Health care services are also provided at Glades Work Camp, Sago Palm Work Camp, Loxahatchee Road Prison, and West Palm Beach Work Release Center.

The overall scope of health services provided at GLACI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at GLACI June 8 - 10, 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 medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

## PHYSICAL HEALTH FINDINGS

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

The tour of the facilities revealed no issues.

### **EPISODIC CARE REVIEW**

There were no significant findings in episodic records reviewed.

### **DENTAL REVIEW**

There were no dental findings.

### **CLINICAL SYSTEM REVIEW**

There was one finding in the respiratory clinic record review, as noted in the table below.

### **OTHER RECORD REVIEW**

There were no significant findings in the prevention and health record/OBIS reviews; there were some findings in the review of consultations, intra-system transfers and medication administration, as noted in the table below.

<b>Chronic Illness Clinic Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-1: In 4 of 14 Respiratory Clinic records reviewed, there was no documentation of the disease classification (mild, moderate, severe) in records of inmates with reactive airway disease as required.</b></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>

<b>Other Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-2: In 4 of 15 consultation records reviewed, the new diagnoses resulting from the consultations had not been entered on the problem lists.</b></p> <p><b>PH-3: In 2 of 8 intra-system record reviews, complete vital signs were not documented on the DC4-760A (Health Information Transfer/Arrival Summary).</b></p> <p><b>PH-4: Survey staff observed the pill line and noted that documentation was made on the MAR prior to the start of the pill line.</b></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**

Medical records at Glades CI were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. 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, nursing staff, and security staff were consistently positive.

The institutional staff provided 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

## OVERVIEW

Glades Correctional Institution provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs that are provided at GLACI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

## CLINICAL REVIEWS

Outpatient Services	
Finding(s)	Suggested Corrective Action(s)
<p><b>MH-1: In 7 of 9 records, the interventions on the Individualized Service Plan (ISP) were not adequate. (see discussion)</b></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 monthly for compliance or all if less than ten records are available. 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:** In seven of the records reviewed, preprinted forms were used for the ISP. The interventions listed on these forms were not actual interventions but were methods to review or evaluate goal attainment. For example interventions listed were “review of institutional adjustment” and “treatment compliance”. In two charts that contained handwritten ISPs, the goals were specific and measurable and interventions described what services would be provided for the inmate i.e. case management, group and/or individual counseling.

## **CONCLUSION**

The Glades Correctional Institution mental health department consisted of one full time Mental Health Specialist and a Sr. Mental Health Clinician who is on-site one day per week. Mental health staff provides case management, individual and group counseling; they also provide evaluations for inmates in SHOS and confinement and respond to inmate requests and psychological emergencies. Evaluations were thorough and timely. Other than the findings discussed above, Individualized Service Plans were relevant and completed in a timely manner. All inmates interviewed expressed satisfaction with the Mental Health Specialist. They commented that he is available to them and some gave specific examples of how he has helped them effectively handle problems. It is apparent from record reviews and inmate and staff interviews that the mental health specialist is dedicated to providing the best care possible for the inmates. The mental health department at GLACI is to be commended for the lack of findings in this report.

## **SURVEY PROCESS**

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- 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.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- 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.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

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.