



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **HOLMES CORRECTIONAL INSTITUTION**

in

**Bonifay, Florida**

on

**March 25-28, 2003**

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**CMA Mental Health Team Leader:**

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## DEMOGRAPHICS

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

| INSTITUTIONAL INFORMATION |      |               |               |
|---------------------------|------|---------------|---------------|
| Population                | Type | Custody Level | Medical Level |
| Adult                     | Male | Close         | 2             |

### Institutional Potential/Actual Workload

|                            |      |                             |      |
|----------------------------|------|-----------------------------|------|
| Main Unit Capacity         | 1612 | Current Main Unit Census    | 1104 |
| Satellite Unit(s) Capacity | 420  | Current Satellite(s) Census | 383  |
| Total Capacity             | 2032 | Total Current Census        | 1487 |

### Inmates Assigned to Medical/Mental Health Grades

|                            | 1                               | 2   | 3 | 4                   | Impaired |                 |
|----------------------------|---------------------------------|-----|---|---------------------|----------|-----------------|
| <i>Medical Grade</i>       | 966                             | 554 | 1 | 0                   | 0        |                 |
| <i>Mental Health Grade</i> | <i>Mental Health Outpatient</i> |     |   | <i>MH Inpatient</i> |          |                 |
| <i>(S-Grade)</i>           | 1                               | 2   | 3 | 4                   | 5        | <i>Impaired</i> |
|                            | 1475                            | 35  | 0 | 0                   | 0        | 0               |

### Inmates Assigned to Special Housing Status

|  | DC | AC | PM | CM3 | CM2 | CM1 |
|--|----|----|----|-----|-----|-----|
| <i>Confinement/<br/>Close Management</i> | 75 | 57 | 0  | 0   | 0   | 0   |

# OVERVIEW

## **Physical Health Summary**

A thorough review of the physical health-related systems at the institution, including the physical plant, administrative processes, and the provision and documentation of care revealed only nine findings considered significant enough to report. These findings represented departures from Correctional Medical Authority (CMA) standards, with prevailing practice standards generally accepted in the community at large, or with the Department of Corrections' own standards. All of the findings could be considered administrative or documentation deficiencies rather than of a clinical nature.

## **Mental Health Summary**

The mental health department at Holmes Correctional Institution (HOLCI) was comprised of dedicated, competent staff members who were striving to provide quality care to the inmate population. The survey findings suggested that they were meeting this goal. Minimal findings included documentation problems in sex offender screenings and Suicide Observation Status reports and lack of group therapy. These findings are described in further detail in the mental health section of the report.

## **Supplemental Report**

In addition to the medical and mental health findings referenced above, several 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.

## **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 |     |
| <b>PHYSICAL HEALTH</b>          | <b>Episodic Care</b>                  | Episodic Care Systems               | 100     |     |
|                                 |                                       | Emergency Care                      |         | 100 |
|                                 |                                       | Follow-Up Care                      |         | 100 |
|                                 |                                       | Infirmery Care                      |         | 100 |
|                                 |                                       | Sick Call                           |         | 100 |
|                                 | <b>Chronic Care</b>                   | Asthma Clinic                       |         | 100 |
|                                 |                                       | Diabetes Clinic                     |         | 98  |
|                                 |                                       | General Medicine Clinic             |         | 99  |
|                                 |                                       | Hypertension Clinic                 |         | 99  |
|                                 |                                       | Immunity Clinic                     |         | NA  |
|                                 |                                       | Seizure Clinic                      |         | 100 |
|                                 |                                       | TB/INH Clinic                       |         | 100 |
|                                 | <b>Preventative Care</b>              |                                     | 100     | 100 |
|                                 | <b>Dental Care</b>                    |                                     | 100     | 99  |
|                                 | <b>Mortality Review</b>               |                                     | 100     | 98  |
|                                 | <b>Other</b>                          | Administrative                      | 100     |     |
|                                 |                                       | Consultation Requests               | 100     | 83  |
|                                 |                                       | Infection Control                   | 92      |     |
|                                 |                                       | Intake (Reception) Process          | NA      | NA  |
|                                 |                                       | Intrasystem Transfers               | 100     | 100 |
| Medical Area and Inmate Housing |                                       | 94                                  |         |     |
| Medication Administration       |                                       | 88                                  | 80      |     |
| OBIS-Health Record Content      |                                       | 100                                 | 86      |     |
| Pharmacy                        |                                       | NA                                  |         |     |
| Quality Management              | 100                                   |                                     |         |     |
| <b>MENTAL HEALTH</b>            | Access to Mental Health Services      |                                     | 100     | 99  |
|                                 | Intellectual Functioning              |                                     | 100     | 97  |
|                                 | Psychiatric Restraints                |                                     | 83      | NA  |
|                                 | Outpatient Mental Health Services     |                                     | 87      | 96  |
|                                 | <b>Self-Injury/Suicide Prevention</b> | 23-hour Observation                 |         | NA  |
|                                 |                                       | SOS Status                          | 88      | 73  |
|                                 |                                       | Other Self-injury Prevention Status |         | NA  |
|                                 | Sexual Offender Services              |                                     | 83      | 78  |
|                                 | Special Housing                       |                                     | 100     | 81  |

## PHYSICAL HEALTH FINDINGS

### Survey Results

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

| Records Reviewed:  | OBIS   | Systems Score | Records Score |
|--|--|---------------|---------------|
| 5  |  | 100           | 86            |
| Finding(s)   | Suggested Corrective Action(s)   |               |               |
| <p><b>PH-1: The problem list contained within medical records lacks a signature, a date or an assigned problem number.</b></p> <p><b>PH-2: The category code (PULHESDXTI) listed in the medical records does not match all those reviewed on the corresponding OBIS screens.</b></p> | <p>Provide inservice training to appropriate staff on required documentation.</p> <p>Monitor and compare to the corresponding OBIS screen at least five records a month to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment visit.</p> |               |               |

| Records Reviewed:  | CONSULTATIONS   | Systems Score | Records Score |
|--|---|---------------|---------------|
| 5  |   | 100           | 83            |
| Finding(s)   | Suggested Corrective Action(s)  |               |               |
| <p><b>PH-3: All records reviewed lack evidence that completed consultations are signed and dated by the treating provider within three working days after the results were returned.</b></p> | <p>Provide inservice training to appropriate staff on required documentation.</p> <p>Monitor at least five records a month in which consultation reports are contained to ensure required documentation is present and complete. Continue monitoring until closure is affirmed through a CMA corrective action plan assessment visit.</p> |               |               |

**Discussion:** It should be noted that in each of the records reviewed, a progress note was found from the physician regarding the consultation report. However, standards require that the consultation report itself also be dated and signed.

| Records Reviewed:  | MEDICATION ADMINISTRATION  | Systems Score | Records Score |
|--|--|---------------|---------------|
| 5  |  | 88            | 80            |
| Finding(s)   | Suggested Corrective Action(s)   |               |               |
| <p><b>PH-4: Medication orders are not consistently signed, dated, and/or timed by the nursing staff.</b></p> <p><b>PH-5: Published policies on medication administration do not specify pill line times.</b></p> | <p>Provide inservice training to appropriate staff.</p> <p>Monitor at least five medication orders monthly to ensure appropriate documentation is present; i.e., order and transcription signatures, dates and times, and medication names, routes of administration, dose, frequency and start/stop dates.</p> <p>Continue monitoring until closure is affirmed through a CMA corrective action plan assessment visit.</p> <p>Make necessary revisions to the policies.</p> |               |               |

|                   |                                  |               |               |
|-------------------|----------------------------------|---------------|---------------|
| Records Reviewed: | <b>MEDICATION ADMINISTRATION</b> | Systems Score | Records Score |
| 5                 |                                  | 88            | 80            |

| Finding(s)   | Suggested Corrective Action(s)   |
|--|--|
| PH-6: Written pill line times are not posted in the inmate common areas or in the inmate handbook. | Revise the inmate handbook to reflect the pill line times and post the necessary information in the inmate common areas. |

**Discussion of PH-4:** Although medication orders are consistently being dated, timed and signed by the nursing staff, these elements are being completed on the progress note rather than on the medication order form. Progress notes reflect a “plan”; order forms reflect an “order”. It is recognized the staff is apparently attempting to deplete the present stock of older order forms that don’t reflect the most recent revisions by the Office of Health Services. Until that stock is depleted, however, it is recommended the staff annotate on the order form rather than on the progress note.

|                   |                          |               |               |
|-------------------|--------------------------|---------------|---------------|
| Records Reviewed: | <b>INFECTION CONTROL</b> | Systems Score | Records Score |
| NA                |                          | 92            | NA            |

| Finding(s)  | Suggested Corrective Action(s)   |
|---|--|
| PH-7: There is no participation in weekly sanitation and cleanliness inspections of the dining facility, nor is there evidence the inspection results are forwarded to the medical department for review. | Provide inservice training to appropriate staff on required documentation.<br><br>Develop a system in which better coordination of sanitation and cleanliness inspections is put in place between the institutional safety officer and the infection control coordinator. At a minimum, develop a system of inspection result review. Optimally, have the infection control coordinator accompany the safety officer on the inspections. |

|                   |  |               |               |
|-------------------|--|---------------|---------------|
| Records Reviewed: | <b>MEDICAL AREA AND INMATE HOUSING</b> | Systems Score | Records Score |
| NA                |  | 94            | NA            |

| Finding(s)   | Suggested Corrective Action(s)  |
|--|---|
| PH-8: The emergency evacuation exit maps posted in the emergency/trauma room and in the administrative confinement unit are not in the proper orientation.<br><br>PH-9: Procedures to access medical, dental and mental health services (in English and Spanish) are not appropriately posted in all inmate housing areas. | Make necessary revisions to the evacuation maps.<br><br>Take the necessary steps to ensure all required documents are posted in all inmate housing areas. |

**Discussion of PH-8:** Although the exit maps are pictorially correct, the pictures are turned in the wrong direction. In times of an emergency evacuation, it is important all present are able to quickly orient themselves to their location and the quickest escape route.

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

System Reviews

- Administration
- Consultations
- Dental
- Episodic Care
- Intrasystem Transfer
- Mortality Review
- OBIS
- Preventative Care
- Quality Management

Record Reviews

- Asthma Clinic
- Dental
- Diabetes Clinic
- Emergency Care
- Follow Up Care
- General Medicine Clinic
- Infirmary Care
- Intrasystem Transfer
- Hypertension Clinic
- Mortality Review
- Preventative Care
- Seizure Clinic
- Sick Call
- TB/INH Clinic

**CONCLUSION**

The CMA survey of Holmes Correctional Institution revealed that, with only a few exceptions, the provision of physical health care at the facility was adequate and consistent with expected and required standards. Only nine findings were reported in this report, representing relatively minor departures from Correctional Medical Authority (CMA) standards, with prevailing practice standards generally accepted in the community at large, or with the Department of Corrections' own standards.

**MENTAL HEALTH FINDINGS**

**Description of the Mental Health Department**

One senior psychologist, one psychological specialist, and one clerk typist specialist were employed by HOLCI to provide mental health care to the inmate population. At the time of the survey, there were 35 S-2s and 1,475 S-1s in residence. Inpatient care and psychiatric care were not provided at HOLCI.

**Strengths**

- Logs were complete and legible. They appeared to be useful in the organization of the provision of mental health services.
- Clinical documentation was comprehensive and legible. Identified problems and treatment rendered were clearly documented.
- Orientation to mental health services, record screenings, and other required documentation was completed within required time frames.

- Medical records were well organized. The use of dividers separating the current Individualized Service Plans from older documents was particularly useful.
- Positive communication was evident between the mental health department and other institutional staff.
- Responses to written inmate requests and psychological emergencies were prompt.

**Survey Results**

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

| Records Reviewed:                    | OUTPATIENT MENTAL HEALTH SERVICES |  | Systems Score   | Records Score |
|--------------------------------------|-----------------------------------|--|---|---------------|
| 15                                   |                                   |  | 87  | 96            |
| Finding(s)                           |                                   |  | Suggested Corrective Action(s)  |               |
| MH-1: No group therapy was provided. |                                   |  | Provide a range of group therapies appropriate to the needs of the inmate population. |               |

**Additional Discussion Item:** In one record reviewed, an S-2 inmate was nearing release. No follow-up care had been arranged for him in the community because there is no departmental policy requirement for S-2 aftercare. The inmate’s mental health history included past use of medication, and continuation of care upon release was clinically indicated. Several other records were reviewed during the survey of patients with significant mental health histories who, for a variety of reasons, were not amenable to treatment with medication. It is recommended that, in these cases, inmates be provided the name and contact information of community mental health providers in their area so that they may continue treatment upon release.

| Records Reviewed:   |   | SELF-INJURY/SUICIDE<br>PREVENTION  | Systems<br>Score | Records<br>Score |
|---|---|--|------------------|------------------|
| 23-hr   | 0 |  | 88               | NA               |
| SOS   | 9 |  |                  | 73               |
| Other   | 0 |  |                  | NA               |
| Finding(s)  |   | Suggested Corrective Action(s)   |                  |                  |
| <b>MH-2: Suicide Observation Status (SOS) documentation was lacking:</b> <ul style="list-style-type: none"> <li>Daily physician rounds in all of the records reviewed (see discussion below);</li> <li>Observation checklists (DC4-650) in two records reviewed.</li> </ul> |   | <p>Conduct inservice training with relevant staff members on the requirement for daily physician rounds documented as a SOAP note each day excluding weekends and holidays for all patients on Suicide Observation Status (SOS).</p> <p>Ensure that observation checklists are obtained from security officers conducting the observations and filed in the medical record.</p> <p>Monitor a minimum of five relevant records per month for compliance. Continue monitoring until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.</p> |                  |                  |

**MH-2 Discussion:** Because HOLCI is classified as an S-1/S-2 institution, there is no psychiatrist on staff. Department policy requires the general physician to fulfill the psychiatrist's role of entering a daily SOAP note into the infirmary record for patients on SOS.

**Additional Discussion Item:** Physician countersignatures of verbal orders were not timed or dated. This prohibited confirmation that the countersignature was completed within the required 24 hours.

| Records Reviewed:  |    | SEX OFFENDER SERVICES   | Systems<br>Score | Records<br>Score   |  |
|--|----|---|------------------|--|--|
|  | 10 |   | 83               | 78   |  |
| Finding(s)   |    |   |                  | Suggested Corrective Action(s)   |  |
| <b>MH-3: No sex offender treatment was provided.</b>   |    |   |                  | <p>Provide sex offender treatment at HOLCI or refer eligible inmates to an institution offering the treatment.</p> |  |
| <b>MH-4: Sex offender screenings were deficient in that:</b> <ul style="list-style-type: none"> <li>Screening forms were not consistently present in the active record;</li> <li>Aftercare referrals were not made for those inmates nearing release.</li> </ul> |    | <p>Ensure that the current sex offender screening form remains in the active record at all times. In those cases where an inmate arrives without a screening, either obtain the form from the previous institution or complete a new form.</p> <p>Review all sex offender screenings for a clinically appropriate conclusion.</p> <p>Provide aftercare information in all cases where likelihood of a sexual disorder is present.</p> <p>Monitor a minimum of five relevant records per</p> |                  |  |  |

| Records Reviewed:            |  | Systems Score   | Records Score |
|------------------------------|--|---|---------------|
| <b>SEX OFFENDER SERVICES</b> |  | <b>83</b>   | <b>78</b>     |
| <b>10</b>                    |  |   |               |
| Finding(s)                   |  | Suggested Corrective Action(s)  |               |
|                              |  | month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment. |               |

**MH-4 Discussion:** Departmental policy regarding the evaluation and treatment of sex offenders requires a sex offender screening be completed for all inmates convicted of a sex crime. Appropriate assessment requires a review of the inmate’s master file, which contains the court records of his/her crime, and a personal interview. The results of the screening indicate whether an inmate will participate in sex offender treatment based on both the presence of a sexual disorder and his/her willingness to participate in treatment. If there is evidence that a sexual disorder is present, policy requires a referral to a community sex offender treatment provider upon release.

In the majority of records reviewed during the survey, aftercare arrangements for sex offender treatment had not been completed. In those records reviewed where a screening form could be located, a conclusion of “no diagnosis” had been reached by staff at other institutions based heavily on the inmate’s denial of the crime, despite information in the inmate’s master file that strongly suggested sex offender treatment was warranted. As the inmates neared release, the staff at HOLCI did not make referrals for follow-up care because no diagnoses had been given. HOLCI mental health staff are encouraged to review the clinical appropriateness of previous diagnostic conclusions upon an inmate’s arrival to ensure that necessary services will be provided.

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

System Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Psychiatric Restraints
- Self-Injury/Suicide Prevention
- Special Housing

Record Reviews

- Access to Mental Health Services
- Intellectual Functioning
- Outpatient Mental Health Services
- Special Housing

**CONCLUSION**

A review of the mental health care provided at HOLCI suggests that the staff provided appropriate and needed care to the population served. The four findings identified can be easily remedied. The mental health staff are encouraged to maintain the high level of services they provide.

## 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.