



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

HOMESTEAD CORRECTIONAL INSTITUTION

in

Florida City, Florida

on

September 16-19, 2003

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
Female	Adult	Medium	3

Institutional Potential/Actual Workload

Main Unit Capacity	713	Current Main Unit Census	636
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	713	Total Current Census	636

Inmates Assigned to Medical/Mental Health Grades

	1	2	3	4	Impaired
	209	40	402	5	2
<i>Mental Health Grade</i>	<i>Mental Health Outpatient</i>			<i>MH Inpatient</i>	
<i>(S-Grade)</i>	2	3	4	5	<i>Impaired</i>
	272	92	290	0	0

Inmates Assigned to Special Housing Status

	DC	AC	PM	CM3	CM2	CM1
<i>Confinement/ Close Management</i>	22	14	0	0	0	0

OVERVIEW

The Correctional Medical Authority conducted a thorough review of the medical, mental health and dental systems at Homestead Correctional Institution. 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.

Physical Health Findings

Medical and dental systems at the institution were reviewed. Staff interviews indicated there were obstacles to providing care that met professional community standards. Deficiencies and areas of concern are described in the physical health section of this report.

Mental Health Findings

Several significant deficiencies were identified related to mental health care at Homestead C.I. Of utmost importance was the disrepair of the infirmary cells used for suicide prevention. Despite these cells having failed to achieve certification during the last regional review, suicidal inmates have recently been housed in the cells. Medical records were disorganized and delays in filing medication administration records were found dating back to March of 2003. Documentation of infirmary stays was missing for three of eight records reviewed.

High caseloads, staff turnover, and insufficient medical records staff appeared to be contributing factors to the findings. Wexford Health Sources and the Department of Corrections are encouraged to take expedient action to resolve these issues.

Department Findings

In addition to the findings referenced above, other areas of concern were noted. These findings may be based on standards adopted by the CMA, and may not be addressed in OHS policy, procedure or directive. Or, they may be based on issues beyond institutional control and require intervention at the department level. The department should submit a separate corrective action plan for these findings.

The Department and Wexford Health Sources are currently considering licensure requirements under Florida Statutes, Chapter 490 and 491, for the Behavioral Health Specialists hired by Wexford in the mental health program. At issue is whether private providers of health care qualify for the same licensure exemptions as state employees. The CMA will review and comment as necessary on decisions by the Department and/or Wexford regarding this issue.

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		Score*		
		Systems	Clinical	
PHYSICAL HEALTH	Episodic Care	Episodic Care Systems	60	
		Emergency Care		100
		Episodic Care Follow-Up		100
		Infirmatory Care		84
		Sick Call		95
	Chronic Care	Asthma/Pulmonary Clinic		99
		Diabetes Clinic		99
		General Medicine Clinic		98
		Hypertension Clinic		98
		Immunity Clinic		100
		Seizure Clinic		95
	Tuberculosis/INH Clinic		94	
	Preventative Care		100	92
	Dental Services		100	100
	Mortality Review		88	52
	Other	Administrative Processes	92	
		Consultation Requests	86	100
		Food Services	95	
		Infection Control	79	
		Intake Process (Reception)	NA	NA
Intrasystem Transfers		42	95	
Medical Area and Inmate Housing		88		
Medication Administration		83	77	
OBIS/Health Record Content		100	95	
Pharmacy Services		100		
Quality Management	67			
Area of Review			Area Score	
MENTAL HEALTH	Mental Health Systems		78	
	Access to Mental Health Services		87	
	Inpatient Mental Health Services		NA	
	Intellectual Functioning		35	
	Outpatient Mental Health Services		94	
	Psychiatric Restraint		100	
	Psychotropic Medication Practices		72	
	Reception/Intake Process		NA	
	Self-Injury/Suicide Prevention	23-hour MH Observation		NA
		SOS Status		47
		Other Self-injury Prevention Status		NA
	Sexual Offender Services		83	
	Special Housing		69	
	Use-of-Force		55	

*Shaded Area: No survey instrument for the applicable area. NA: No applicable files at the institution.

PHYSICAL HEALTH FINDINGS

SYSTEMS

EPISODIC CARE		Systems Score
		60
Finding(s)	Suggested Corrective Action(s)	
<p>PH-1: The sick call procedure did not utilize form, DC4-698-A, Inmate Sick Call Request. The process also failed to use a locked box on the compound for inmates to place requests.</p>	<p>Have inmates complete a DC4-698-A, Inmate Sick Call Request and place it in a locked box on the compound.</p> <p>Monitor corrective action until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-2: Appropriate triage practices were not followed when determining the order in which inmates are processed during sick call. Patients were only triaged to determine acuity levels when staff is overwhelmed by requests. Triage was only done when the nursing staff felt they would not be able to see everyone in the clinic.</p>	<p>Instruct staff on importance of triaging patients to determine acuity levels in order to see the most needy patients in a timely manner and to more effectively utilize staff resources.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-3: There was no process for resolving missed appointments at sick call. When patients were not seen because of time constraints, no follow-up or reappointment was done to see that patients return.</p>	<p>Instruct staff on importance of following up on patients not seen at sick call to ensure that their physical health needs are adequately addressed.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-4: The sick call log did not include chief complaint/diagnosis, referral, and disposition.</p>	<p>Maintain a sick call log that includes chief complaint/diagnosis, referral, and disposition.</p> <p>Include copies of the completed logs in the CAP closure file.</p>	
<p>PH-5: There was no weekly supervisory review of sick call encounters for documentation of accuracy, treatment modality, medication distribution, documentation, education, completeness, and other clinically indicated actions.</p>	<p>Provide in-service training to staff on the importance of performing weekly supervisory reviews of the sick call records for complete and appropriate care.</p> <p>Provide documentation of ongoing reviews in the CAP closure file.</p>	
<p>PH-6: There was no weekly supervisory review of the emergency encounters for documentation of accuracy, treatment modality, medication distribution, documentation, education, completeness, and other clinically indicated actions.</p>	<p>Provide in-service training to staff on the importance of performing weekly supervisory reviews of the emergency care records for complete and appropriate care.</p> <p>Provide documentation of ongoing reviews in the CAP closure file.</p>	

INTRASYSTEM TRANSFER

**Systems
Score
42**

Finding(s)	Suggested Corrective Action(s)
<p>PH-7: No medical records were available at intake. Reviewers were unable to determine if confidentiality of records was maintained and if records were received unopened and visibly labeled: “Sensitive medical data. To be opened by medical personnel only.”</p> <p>Inmates with red-flagged records, exhibiting acute conditions, or arriving without medications were not appropriately addressed due to unavailable medical records at intake.</p> <p>There was no review of pending CIC appointments, pending consults, lab work, diagnostic studies, and other clinical needs due to records being unavailable at intake.</p> <p>Adequate identification of medical needs was impaired due to expedited assessments completed without clinical records.</p> <p>Immunization records were not reviewed due to medical records being unavailable at intake.</p>	<p>Instruct staff on importance of having medical records available in order to determine that inmates with red flagged records, exhibiting acute conditions, or arriving without medications are appropriately addressed. Availability of records at point of contact also will help with identifying special needs inmates and with reviewing the immunization record.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p>PH-8: Weights were not routinely taken as part of the documentation of vital signs for inmates transferred into the institution. Nursing staff documented inmates’ verbal reports of weight. That practice could result in misleading medical histories.</p>	<p>Provide in-service training for staff regarding the need to actually weigh inmates when documenting vital signs upon intake.</p> <p>Monitor a minimum of five intrasystem transfer records per month to ensure compliance.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p>PH-9: Oral and written instructions on how to access medical and dental sick call and how to access mental health services was not appropriately addressed. Inmates were provided written instructions only.</p>	<p>Provide in-service training to staff on the importance of adequate oral and written instructions on accessing medical and dental sick call and mental health services and how to declare an emergency.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

MEDICATION ADMINISTRATION	Systems Score 83
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Finding(s)	Suggested Corrective Action(s)
<p>PH-10: Medical personnel did not have a clear view of inmates taking medications. Some inmates walked away from the pill line window before swallowing their medication. An oral cavity check for each inmate was not conducted by health services staff or security staff. The nurse dispensing medication was on the opposite side of the window from inmates. Security staff was not always present during medication administration.</p>	<p>Provide in-service training to staff on the importance of observing inmates taking medication.</p> <p>Provide in-service training to staff on the importance of performing oral cavity checks.</p> <p>Routinely monitor medication administration times to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

MORTALITY	Systems Score 88
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Finding(s)	Suggested Corrective Action(s)
<p>PH-11: Two of five mortality records reviewed did not have a DC4-505D Mortality Review Tracking Log reflecting the mortality review findings.</p>	<p>Instruct staff on the importance of using the DC4-505D Mortality Review Tracking Log.</p> <p>Monitor mortality records until closure is affirmed through the CMA CAP assessment.</p>

INFECTION CONTROL	Systems Score 79
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Finding(s)	Suggested Corrective Action(s)
<p>PH-12: The infection control coordinator had not submitted required monthly infection data to the OHS central office infection control coordinator.</p>	<p>Instruct infection control coordinator on the importance of submitting required infection control data on a monthly basis to the central office infection control coordinator.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
<p>PH-13: The infection control coordinator did not receive or review monthly reports related to the overall sanitation of the facility and sanitation and cleanliness of the dining facility.</p>	<p>Provide in-service training to infection control coordinator on the importance of receiving and reviewing reports related to facility sanitation.</p> <p>Monitor for compliance and include documentation in the CAP closure file.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

QUALITY MANAGEMENT	Systems Score 67
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Finding(s)	Suggested Corrective Action(s)
PH-14: Infection control data for the previous month was not submitted to central office by the 10th of the month as required.	<p>Provide in-service training to infection control coordinator on the importance of submitting timely infection control reports.</p> <p>Monitor for compliance and include documentation in the CAP closure file.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
PH-15: Minutes of the mortality review report were not descriptive and did not reflect the status of any outstanding mortality.	<p>Provide in-service training to staff on the importance of the minutes of the mortality review report being descriptive and reflecting the status of any outstanding mortality.</p> <p>Monitor for compliance and include documentation in the CAP closure file.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
PH-16: The minutes of the risk management report did not identify opportunities for improvement that were pertinent to the effectiveness of the clinical risk management program and actions of the committee.	<p>Instruct staff on the importance of identifying opportunities for improvement in the risk management report.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>
PH-17: The DC4-511C Institutional Indicator Trending Report and the DC4-511E Clinical Quality Management Committee Indicator Report were not submitted by the 15th of the month.	<p>Instruct staff on the importance of submitting DC4-511C and DC4-511E to the central office Clinical Quality Management Section as required.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>

MEDICAL AREA AND INMATE HOUSING	Systems Score
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Finding(s)	Suggested Corrective Action(s)
PH-18: There was no appropriate signage indicating the institutional health area is a doctor's office.	Place appropriate signage as required. Monitor for compliance and include documentation in the CAP closure file. Continue monitoring until closure is affirmed through the CMA CAP assessment.
PH-19: No eye wash stations were located in the medical unit.	Install eye wash stations at strategic locations throughout the medical unit.
PH-20: There was no medical isolation room equipped with a negative air pressure system.	Establish a medical isolation room with a negative air pressure system.
PH-21: Hot water in bathroom sink was not operational in inmate housing.	Monitor sinks and bathrooms on monthly basis to ensure they are operational and clean. Monitor for compliance and include documentation in the CAP closure file. Continue monitoring until closure is affirmed through the CMA CAP assessment.
PH-22: Procedures to access medical and dental sick call and mental health services, in Spanish and English, were not posted in all inmate housing areas. Pill line schedules were not posted in the inmate common areas.	Place procedures to access medical and dental sick call and mental health services in a conspicuous place in the dorms and inspect on a monthly basis to ensure that this information remains posted and is accurate. Place pill line schedules in inmate common areas and inspect on a monthly basis to ensure this information remains posted and is accurate.

Discussion

The following deficiencies are medical trends/issues that were noted by the survey physician through interviews with medical staff and examination of records:

- Acute symptoms, such as chest/abdominal pain were not addressed immediately by transfer to an outside hospital for further evaluation unless the patient's condition had extremely deteriorated. Transfer for in-depth evaluation was deemed costly and not viewed favorably by administration according to information obtained from staff interviews by the survey physician.
- Patients with migraines were not treated with triptan drugs.
- The institution's physician could only give aspirin to a patient with acute chest pain, sweating, palpitations, and previous history of myocardial infarction before transferring to outside hospital due to the lack of appropriate narcotics.
- Minor surgery-instruments were not available to medical staff. Administration discouraged the performance of minor surgical procedures.
- Lab test results were not received quickly. Lab tests that should have been ordered stat were not because it was considered too expensive. This resulted in delayed reporting of troponin levels rather than in the four hours in which they should have been received.

CLINICAL

Records Reviewed	SICK CALL	Record Review Score
10		95
Finding(s)	Suggested Corrective Action(s)	
<p>PH-23: One of ten records reviewed did not have a medically sound assessment and plan. Poor documentation was noted along with an assessment that was inconsistent with the history.</p> <p>Documentation and assessment were performed by an LPN who did not make the appropriate referral to an advanced level provider.</p> <p>No RN, ARNP, PA or other higher-level staff reviewed or co-signed the encounter conducted by the LPN.</p>	<p>Monitor five records monthly to ensure that documentation and assessments are complete and accurate with completed referrals as indicated.</p> <p>Provide training to LPN's on the importance of referring indicated cases to an advanced level provider.</p> <p>Instruct staff on importance of an advanced level provider reviewing care and co-signing encounters conducted by LPN's.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	

Records Reviewed	INFIRMARY CARE	Record Review Score
9		84
Finding(s)	Suggested Corrective Action(s)	
<p>PH-24: Two of nine records reviewed did not indicate daily rounds by the physician or clinical associate in the progress notes.</p>	<p>Monitor five records monthly to ensure daily rounds by the physician or clinical associate are documented in the progress notes.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	
<p>PH-25: Eight of nine records reviewed did not have vital signs recorded every eight hours.</p>	<p>Provide in-service training to staff on the importance of obtaining vital signs every eight hours on patients in the infirmary.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
<p>PH-26: Two of nine records reviewed did not have a discharge summary.</p>	<p>Provide in-service training to staff on the importance of completing discharge summaries for all patients discharged from the infirmary.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	INTRASYSTEM TRANSFERS	Record Review Score
7		95
Finding(s)	Suggested Corrective Action(s)	
PH-27: Three of seven records reviewed did not include weight as part of the vital signs completed upon intake transfers.	<p>Instruct staff on the importance of obtaining weight as part of vital signs for intrasystem intake transfers.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	PREVENTATIVE CARE	Record Review Score
10		92
Finding(s)	Suggested Corrective Action(s)	
PH-28: Four of ten records reviewed indicated the individuals were past due for their PPD tests.	<p>Monitor five records monthly to ensure PPD's are administered on a timely basis.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	
PH-29: Two of ten records reviewed indicated the individual had not received a mammogram.	<p>Monitor five records monthly to ensure mammograms are administered unless a refusal is documented.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	
PH-30: Two of ten records reviewed indicated that the individual had not received a PAP smear and no documentation of refusal was noted.	<p>Monitor five records monthly to ensure timely PAP smears are administered unless a refusal is documented.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	

Records Reviewed	GENERAL MEDICINE CLINIC	Record Review Score
6		98
Finding(s)	Suggested Corrective Action(s)	
PH-31: One of six records reviewed lacked evidence that the recommended change in medicine was completed because the medication was not listed on the formulary. A drug exception request was completed approximately three months earlier by the acting physician but had not been received at the time of the survey.	<p>Monitor five records monthly to ensure that drug exception requests are processed and responded to in a timely manner.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	

Records Reviewed	SEIZURE CLINIC	Record Review Score
9		95
Finding(s)	Suggested Corrective Action(s)	
PH-32: Six of nine records reviewed lacked indicated influenza vaccine (annually) or documented refusals.	<p>Monitor five records monthly to ensure influenza vaccines are administered on a timely basis.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	

Records Reviewed	TUBERCULOSIS/INH THERAPY CLINIC	Record Review Score
10		94
Finding(s)	Suggested Corrective Action(s)	
PH-33: Five of ten records reviewed did not have an updated problem list.	<p>Monitor five records monthly to ensure there is an updated problem list.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	
PH-34: Three of ten records reviewed lacked evidence of pneumococcal vaccines or documentation of refusals.	<p>Monitor five records monthly to ensure that pneumococcal vaccines are given or refusals are documented.</p> <p>Provide copies of the monitoring log in the CAP closure file.</p>	

Records Reviewed	MEDICATION ADMINISTRATION	Record Review Score
7		77
Finding(s)	Suggested Corrective Action(s)	
PH-35: Seven of seven records reviewed did not have the medication orders dated/timed. In addition, both old and new medication forms were used intermittently.	<p>Provide in-service training to staff on the importance of dating/timing medication orders and the use of current forms.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	
PH-36: Six of seven records reviewed did not reflect the medication orders transcribed by the end of the shift in which they were written.	<p>Provide in-service training to staff on the importance of transcribing medication orders during the shift in which they were written.</p> <p>Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

Records Reviewed	MORTALITY	Record Review Score
5		52
Finding(s)	Suggested Corrective Action(s)	
<p>PH-37: Three of five records reviewed indicated overall evaluation of care was inadequate. Supportive measures were not adequate or timely for the presenting conditions. The level of care provided was inappropriate for the severity of the illness. Clinical practice was inconsistent with commonly accepted standards of care.</p>	<p>Provide in-service training to staff on the importance of providing timely supportive measures for the presenting condition.</p> <p>Provide in-service training to staff on the importance of providing clinically appropriate level of care according to the severity of the illness in accordance with commonly accepted professional standards of care.</p> <p>Provide copies of documented in-service in the CAP closure file.</p>	

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

System Reviews

- Consultation Requests
- Dental Services
- Food Services
- OBIS/Health Record Content
- Pharmacy Services
- Preventative Care

Record Reviews

- Asthma/Pulmonary Clinic
- Consultation Requests
- Dental Services
- Diabetes Clinic
- Emergency Care
- Episodic Care Follow-Up
- Hypertension Clinic
- Immunity Clinic
- OBIS/Health Record Content

CONCLUSION

Both formal and informal observations were conducted. Overall, staff was knowledgeable regarding the process of providing care. Obstacles encountered in providing appropriate care appeared to be related to cost and staffing. Many clerical errors likely would have been prevented with additional staffing. Currently, one Health Services Administrator (HSA) and one Director of Nursing are covering both Homestead and Dade Correctional Institutions. A new HSA for Homestead CI was hired during the survey and should be able to help with the administrative/clerical functions.

MENTAL HEALTH FINDINGS

Description of Mental Health Department

The mental health department at Homestead CI was comprised of one psychiatrist, one psychologist, four behavioral health specialists, one nurse, and one secretary with one vacant behavioral health specialist position at the time of the survey. One of the existing behavioral health specialists was newly hired, and a new psychologist was being trained the week of the survey.

A full range of outpatient mental health services was provided to include individual and group sessions. No inpatient care was provided at this institution.

Strengths

- The mental health department was comprised of competent, caring professionals.
- A wide variety of therapeutic groups appropriate to the female population was offered.
- Regular staff meetings and inservice training sessions were provided.

Survey Results

Records Reviewed:	ACCESS TO MENTAL HEALTH SERVICES	Area Score
7		87
Finding(s)	Suggested Corrective Action(s)	
MH-1: The inmate request log was not completed in its entirety, often omitting the date of response.	Complete the log as required.	
MH-2: The <i>Emergency Nursing Log (DC4-781M)</i> was not maintained.	Although after-hours mental health emergencies were logged on the general medical log, policy requires that DC4-781M be maintained.	
MH-3: The mental health program description was not posted in the inmate housing areas.	Post a written description of mental health services in each housing area.	

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
5		35
Finding(s)	Suggested Corrective Action(s)	
<p>MH-4: Assessment and monitoring of inmates identified as having low intellectual functioning was insufficient:</p> <ul style="list-style-type: none"> • In three cases, there was no documentation that consideration was given to assignment of S-grade 2 or I-grade S. • In three cases, there was no documentation that the patient was assessed for adequate institutional adjustment (see below). 	<p>Provide inservice training on the need to fully assess the adjustment of all inmates whose IQ scores are below 76. This assessment and its outcome should be clearly documented in the medical record.</p> <p>Develop a system to identify those inmates in need of assessment upon intake to the facility. Particular attention should also be given to S-1 inmates receiving disciplinary action as this may indicate poor adjustment.</p>	

Records Reviewed:	INTELLECTUAL FUNCTIONING	Area Score
5		35
Finding(s)	Suggested Corrective Action(s)	
	Monitor a minimum of five records of newly arriving inmates each month to ensure appropriate screening is provided. Continue monitoring until closure is affirmed through the CMA Corrective Action Plan (CAP) assessment.	

MH-4 Discussion:

Of the three inmates identified as lacking an adequate assessment of institutional adjustment, one case was of particular concern to the survey team. This inmate, referred to as Inmate A, received appropriate intellectual testing and scored very poorly, with a verbal IQ of only 59. Despite this score, she was assigned S-grade 1. Her interaction with mental health staff at Homestead included attendance in the Sex Offender Treatment Group, although documentation in the record indicated that her participation in the group was poor. Her medical record revealed numerous medical problems compounded by poor treatment compliance. The survey team interviewed her and found that she did indeed have adjustment difficulties, to include interpersonal problems with peers related to her medical problems. Periodic monitoring and assistance with navigating the prison system was needed. It is recommended that institutional staff review this case (DC number was provided to staff on site) and provide documentation in the CAP file of this review.

Records Reviewed:	PSYCHOTROPIC MEDICATION PRACTICES	Area Score
7		72
Finding(s)	Suggested Corrective Action(s)	
MH-5: No oral cavity check was conducted at the medication administration line.	Post a staff member outside the medication window to observe that inmates are swallowing medications.	
MH-6: Informed consent forms were not completed for each medication prescribed (see discussion below).	Provide inservice training on correct completion of the medication consent forms. Monitor a minimum of five records each month for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
MH-7: Medication administration records had yet to be filed dating back as far as March 2003.	Provide additional clerical support to the medical records department. Monitor a minimum of five records per month to ensure compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.	
MH-8: A tracking system was not maintained for emergency treatment orders.	Create a tracking system for emergency treatment orders.	

MH-6 Discussion:

The consent form for psychotropic medications in use at Homestead required the physician to enter the name of the medication and circle all applicable side effects listed on the form. A space was also provided

for the physician to add any additional side effects not listed. The physician at Homestead was entering the specific names of all medications prescribed on one form, followed by the phrase, “all other antidepressants”, and/or “all other antipsychotics”. Rather than circling the appropriate side effects, the word, “all”, was written in the blank. Each prescribed medication should have its own consent form with the related side effects indicated.

Records Reviewed:	SELF-INJURY/SUICIDE PREVENTION	Area Score
8		47
Finding(s)	Suggested Corrective Action(s)	
MH-9: Although in use, three of four isolation management rooms (IMRs) in the infirmary failed to meet certification requirements during the last regional review due to disrepair (see discussion below).	<p>Complete required repairs.</p> <p>Obtain certification by regional staff.</p>	
MH-10: Insufficient suicide blankets were available.	Obtain additional blankets to ensure that a minimum of three blankets for each cell is available.	
MH-11: In three cases reviewed, documentation of SOS admissions was missing (see discussion below).	<p>Locate the missing documentation.</p> <p>Implement a tracking and follow-up system to ensure that all records are received when an inmate returns from inpatient care.</p> <p>Monitor a minimum of five records each month (or all applicable records) for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>	

MH-9 Discussion:

Needed repairs to the IMR cells included reattaching a loose wire mesh panel, removing or covering loose screws, repairing disintegrating plaster and paint, and fixing a water leak. Discussions with institutional staff revealed that materials have been ordered to repair the cells. When inmates have been placed in the cell for SOS status, continuous observation has reportedly been implemented. Nonetheless, use of these cells places inmates at risk for harm. Repairs should be completed immediately.

MH-11 Discussion:

It was determined that three of eight records selected for review were missing SOS documentation. This documentation is normally filed in a record separate from the active medical record. Discussions with medical records staff suggested that these records failed to be returned from Broward CI when the inmate was sent for inpatient care. Refer to the Departmental Findings section of this report for a related finding.

Records Reviewed:	SEX OFFENDER SERVICES	Area Score
8		83
Finding(s)	Suggested Corrective Action(s)	
MH-12: Staff who had conducted the Sex Offender Treatment Group had not received specialized training in sex offender treatment.	Ensure that only those staff members appropriately trained in this specialized form of treatment conduct the sex offender treatment group.	
MH-13: A Biopsychosocial Assessment	Provide inservice training regarding the need for	

Records Reviewed:		SEX OFFENDER SERVICES		Area Score	
8				83	
Finding(s)			Suggested Corrective Action(s)		
(BPSA) was not completed prior to treatment for S-1 inmates enrolled in the Sex Offender Treatment Group.			<p>completion of a BPSA for S-1 inmates attending all treatment groups.</p> <p>Monitor a minimum of five records, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		
<p>MH-14: Individualized Service Plans (ISPs) failed to document individualized treatment approaches:</p> <ul style="list-style-type: none"> • Use of masculine pronouns suggested that documentation was reproduced. • ISPs for two intellectually impaired inmates enrolled in group sought insight oriented change not likely achievable for these women. 			<p>Provide inservice training in the development individualized treatment plans.</p> <p>Monitor a minimum of five records from the Sex Offender Treatment group to ensure compliance.</p>		

Records Reviewed:		SPECIAL HOUSING		Area Score	
10				69	
Finding(s)			Suggested Corrective Action(s)		
<p>MH-15: A <i>Special Housing Health Appraisal</i>, DC4-769, was missing or incomplete in three records reviewed.</p>			<p>Provide inservice training to nursing staff in the completion of this assessment form.</p> <p>Monitor a minimum of five records, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		
<p>MH-16: <i>Mental Status of Confinement Inmates</i>, DC4-528, was not consistently present for each mental status exam conducted.</p>			<p>Provide inservice training to mental health staff in the completion of this form.</p> <p>Monitor a minimum of five records, or all applicable records, for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.</p>		
<p>MH-17: In one record reviewed, disciplinary action was given by mental health staff in response to a psychological emergency deemed false.</p>			<p>Provide inservice training to mental health staff on the appropriate resolution of an inmate-declared psychological emergency. Use of disciplinary action creates an access barrier to mental health care and is disruptive to the therapeutic relationship.</p>		

Records Reviewed: 10	SPECIAL HOUSING	Area Score 69
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Finding(s)	Suggested Corrective Action(s)
MH-18: A tool, such as blunt-tipped scissors, was not available in the special housing unit to cut down an inmate attempting to hang herself.	Provide such a tool in the first aid kit located in the housing area.

OTHER ADMINISTRATIVE ISSUES

Finding(s)	Suggested Corrective Action(s)
MH-19: Medical documentation was not consistently filed in the appropriate section of the medical record and was not always filed in chronological order.	Provide inservice training to relevant staff on the correct placement of documents in the medical record. Monitor a minimum of five records for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.
MH-20: The most recent version of forms were not always being used for documentation.	Review the DC Intranet to ensure that the most recent version of forms are being used (see discussion below). Remove old forms from institutional stock. Monitor a minimum of five records for compliance. Continue monitoring until closure is affirmed through the CMA CAP assessment.

MH-20 Discussion:

Only the psychologist and secretary have direct access to the DC Intranet. It is recommended that desktop access be provided to all behavioral health specialists.

Cases of concern:

In addition to the case described in the Intellectual Functioning section of this report, two additional cases were identified that concerned the survey team. It is recommended that the cases be reviewed by institutional staff and documentation of that review be included in the CAP files. DC numbers were provided to institutional staff on site.

Inmate B

Inmate B was referred to the Transitional Care Unit at Broward C.I. due to increasing paranoia and medication non-compliance. Although no improvement was noted by the physician at Broward, she was discharged and returned to Homestead C.I.. Since her return, she continues to display signs of paranoid ideation and has demonstrated poor adjustment through repeated placement in confinement.

Inmate C

Inmate C has been diagnosed with a seizure disorder as well as mental health problems. Although medical staff referred her for a full neurological assessment, it has yet to be completed in its entirety. Several instances were documented in the medical record in which she received IM medication for seizure activity, but it was unclear if these were true seizures. One episode in January 2003 proved particularly problematic in reviewing not only the care of the inmate, but also the documentation of this care.

An order was present to administer Ativan 2 mg IM STAT to Inmate C. This order did not specify that the medication was an Emergency Treatment Order and it did not include the reason for administration. Documentation by nursing on a post use-of-force physical provided a description of the inmate's behavior. It was unclear in this description if the inmate was intentionally banging her head, if she was having a seizure, or if she had induced seizure activity by head banging. It was documented that she lost consciousness for 3-5 seconds and then resumed the behavior. At this time, security staff held the inmate to prevent injury. There was no physician's order to authorize this restraint, and it was unclear if the restraint was used to administer the IM medication.

Due to the loss of consciousness, the survey team searched for documentation of a follow-up neurological examination. However, this record was one of the aforementioned records that was missing all documentation from the SOS admission. Therefore, no additional review could be completed.

It is recommended that, in an addition to a review of this case, inservice training be provided regarding the correct format for writing an Emergency Treatment Order and the need to accompany medical-related physical force with an order.

The following areas of review resulted in no significant problems.

- Outpatient Services
- Psychiatric Restraint
- Use-of-Force

CONCLUSION

Of primary importance in correcting the deficiencies noted in this survey is the repair and recertification of the IMR cells. Many of the other survey findings are related to a generalized disorganization noted in the medical records. This disorganization is compounded by the recent staff turnovers and vacancies.

Notwithstanding these serious deficiencies, staff should be commended on the lack of findings noted in outpatient services. They are encouraged to maintain these successes and institute corrective action where needed.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, several other areas of concern were noted. These findings are beyond the scope of the institution to correct. These findings may be based on standards adopted by the CMA, but not addressed in department policy, procedure or directive. Or, they may be based on other issues beyond institutional control. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

ADMINISTRATIVE PROCESSES

Finding(s)

Dept-1: There was no evidence of a policy addressing elective medical or surgical procedures and how the inmate may pursue any elective medical or surgical procedure the department declines to provide.

Dept-2: There was no evidence of a policy that prohibits the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.

Dept-3: Special housing inmates were not offered one hour of exercise per day outside the cell five days per week.

MENTAL HEALTH

SELF-INJURY/SUICIDE PREVENTION

Finding(s)

Dept-4: Physician's orders did not specify observations at least every 15 minutes for inmates admitted to Suicide Observation Status (SOS).

Dept-5: Appointment intervals for psychiatric follow-up were greater than 30 days, exceeding the timeframes required in TI 15.05.19.

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 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.