



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

LAKE CORRECTIONAL INSTITUTION

in

Clermont, Florida

on

May 15 – 18, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on May 8, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	993	928

CMA Physical Health Team Leader:

Paul R. Cornish

CMA Mental Health Team Leader:

Deborah McNamara, LCSW

Physical Health Team Members:

Joe Gonzolez, MD
Donald McNeal, DDS
Donna Adair, ARNP
David Habell, PA
Sue Brown, RN

Mental Health Team Members:

Sara Tirumalasetty, MD
Michael Clark, PhD
Karen Milo, PhD
Jane Holmes-Cain, LCSW
Kaye Harris, RN

OVERVIEW

On May 18, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Lake Correctional Institution (LAKCI), located in Clermont, Florida. At the time of the survey, LAKCI served an adult male population of approximately 928 inmates assigned to medical grades 1 through 4 and psychological grades 1 through 5. LAKCI was classified as a medical level 3 facility. Inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services could be housed at this institution.

Medical Grade	1	2	3	4	Impaired	
	445	452	183	9	32	
Psychological Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	Impaired
	409	94	376	116	22	14
Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	43	26	6	6	10	8

The goal of the survey was to determine if the physical/dental and mental health care systems in place at the institution were consistent with the 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.

A thorough review of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of clinical care generally revealed no significant negative trends or serious departures from the Department of Corrections' standards or with standards generally accepted in the community at large in a majority of the areas reviewed.

Exceptions included a failure to document vital signs during the intake process for newly arriving inmates, no system for routine episodic care (sick call and emergency care) record reviews by the registered nurse supervisor or Chief Health Officer, no documented peer review process for the Chief Health Officer, and incomplete documentation of medication administration reports (MAR).

LAKCI's mental health department is complex, providing both inpatient and outpatient care. Both levels are offered in one building that was specifically designed for the purpose of providing comprehensive mental health care. In addition, many of the staff members interviewed were competent, caring professionals that expressed a desire to provide appropriate treatment to patients. Despite these strengths, the mental health department was characterized by disorganization, much of which can be attributed to unstable staffing.

Like many other institutions across the state, LAKCI shares mental health staff with neighboring institutions. In addition, agency nurses fill over 50% of the nursing positions on the inpatient unit. Among the staff employed by the Department of Corrections, many of those interviewed related concerns that they were unable to complete many required tasks, including the provision of treatment, due to insufficient clinical and security staff. As a result, the survey findings are representative of the barriers to appropriate care. Please refer to the Mental Health Findings section of the report for details.

At the conclusion of the survey, an exit conference was held on site with department staff to discuss the preliminary findings of the team members. The physical health and mental health sections of this report reflect the findings and final conclusions drawn following an analysis of the information collected during the survey. Where recommended corrective actions are provided, these recommendations should not be construed as the only action required to demonstrate corrections, but should be viewed as guidance for development of a corrective action plan.