



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **LOWELL CORRECTIONAL INSTITUTION**

in

**Lowell, Florida**

on

**February 23 - 26, 2010**

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**Distributed on March 23, 2010**

**CAP due date: April 22, 2010**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
2876	Female	Maximum	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1,244	Current Main Unit Census	1,291
Annex Capacity	1,272	Annex Census	1,186
Satellite Capacity	711	Satellite Census	399
<b>Total Capacity</b>	<b>3,227</b>	<b>Total Current Census</b>	<b>2,876</b>

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	1,356	429	990	6	69	
<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>
	1,155	214	1436	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>
	58	32	3	20	13	24

# OVERVIEW

## **Institutional Description**

Lowell Correctional Institution (LOWCI) houses female inmates of maximum custody levels and is designated as a medical grade 4, psychological grade 3 facility. Health care services are provided at the Main Unit, the Annex, Levy Forestry Camp and Lowell Work Camp. Lowell Boot Camp inmates are taken to the Main Unit or the work camp for medical and dental issues.

The overall scope of health services provided at LOWCI 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 LOWCI on February 23 - 26, 2010. Because these units are so large, separate teams were assigned to perform the survey function at both the Main Unit and the Annex. 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 charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

## **PHYSICAL HEALTH FINDINGS - MAIN UNIT**

### **ADMINISTRATIVE PROCESSES REVIEW**

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

### **INSTITUTIONAL TOUR**

There were no issues found during the tour of the facilities.

### **EPISODIC CARE REVIEW**

There were no significant findings in emergency, infirmary or sick call records.

### **DENTAL REVIEW**

There were no dental findings.

### **CLINICAL SYSTEM REVIEW**

There were some findings in some chronic illness records as noted in the table below.

### **OTHER RECORD REVIEW**

There were no significant findings in the consultations and health record/OBIS reviews.

<b>Chronic Illness Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>PH-1: In 152 chronic illness clinic records reviewed, 36 did not contain evidence that pneumococcal vaccinations were offered and documented refusals by inmates were not found in the record.</b>	<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 weekly monitoring of no less than five 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>Chronic Illness Record Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-2: In 3 of 12 Immunity Clinic records reviewed, there was no evidence that hepatitis A and/or B vaccinations were offered and documented refusals by inmates were not found in the record.</b></p> <p><b>PH-3: In 3 of 13 Miscellaneous Clinic records reviewed, there was insufficient documentation that baseline histories, baseline physical exams, baseline radiological and baseline laboratory studies were appropriate to the diagnosis and were sufficient to assess the condition.</b></p> <p><b>PH-4: In 4 of 16 Neurology Clinic records reviewed discrepancies were found, including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 4 of 16 records, baseline history, baseline laboratory tests, or appropriate baseline physical examinations were not documented in the current volume of the record as required.</b></li> <li><b>b. In 3 of 16 records, classification, control, and/or status of the disease was not documented in the record.</b></li> </ul> <p><b>PH-5: In 12 of 18 Respiratory Clinic records reviewed, discrepancies were found including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 5 of 18 records, either baseline histories or baseline physical examinations were incomplete or not available in the current volume of the record as required.</b></li> <li><b>b. In 7 of 18 records, classification and/or control of the disease was not documented in the record.</b></li> </ul>	<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-6: In 4 of 10 Medication Administration records reviewed, there was no documentation in the record that medication orders were signed, dated, and timed as required.</b></p> <p><b>PH-7: In 9 of 12 Preventive Care records reviewed, discrepancies were found including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 7 of 12 records the most recent periodic screening encounter was either not conducted timely or was not present in the record.</b></li> <li><b>b. In 3 of 12 records reviewed baseline mammography studies were not documented in the current volume of the record as required.</b></li> </ul>	<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>

***Discussion:** Medical staff indicated that 75 percent of nursing staff are agency nurses which may affect continuity of care. The warden has requested help from the Department to be able to waive the one year of experience required for newly graduating LPNs and RNs. The institution has experienced difficulty in hiring experienced nurses with the current salary structure; there are three hospitals in Ocala which compete for nursing staff, making it difficult for LOWCI to recruit trained staff at current salaries.*

# MENTAL HEALTH FINDINGS - MAIN UNIT

## OVERVIEW

Lowell Correctional Institution Main Unit provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmates and the level of mental health services provided at LOWCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

At the time of the survey LOWCI Main had a total of 1,291 inmates, 715 were S3 and 106 were S2. Confinement is located at the Annex only.

<b>Psychotropic Medication Practices</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-1: A comprehensive review of 25 records evaluating psychotropic medication practices revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 7 of 22 applicable records, laboratory tests were not conducted as required.</b></li> <li><b>b. In 8 records, medication consents were not appropriate or not in the record. (see discussion)</b></li> <li><b>c. In 9 of 18 applicable records, the Assessment of Involuntary Movement Scale (AIMS) testing was not conducted at appropriate intervals. (see discussion)</b></li> <li><b>d. In 8 records, psychiatric follow-up was not conducted within the required time frame.</b></li> <li><b>e. In 13 records, psychiatric notes were illegible. (see discussion)</b></li> </ul>	<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>

*Discussion MH-1(b): Zolofit consents were used for Remeron.*

*Discussion MH-1(c): In two cases the AIMS were not dated.*

*Discussion MH-1(e): It was difficult to determine how inmates were responding to treatment. In many cases medications were changed yet surveyors could not ascertain a rationale because the documentation was illegible.*

<b>Outpatient Mental Health Services Record Review</b>	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-2: A comprehensive review of 31 outpatient records (S3 =19, S2 =12) revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 8 records, a case manager was not assigned within the required timeframe.</b></li> <li><b>b. In 9 records individualized Service Plans (ISP) were not completed within the required timeframe.</b></li> <li><b>c. In 11 of 25 applicable records ISP reviews were not completed within the required timeframe.</b></li> <li><b>d. In 15 records ISPs were missing the inmate’s signature.</b></li> <li><b>e. In 14 records interventions listed on the ISP were not provided. (see discussion)</b></li> </ul>	<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>

***Discussion MH-2(e):** Although counseling was listed as an intervention on the ISP, there was no evidence in the documentation that it was provided. In some cases, the counseling entry was blank or checked N/A. In some cases the ISP indicated counseling was to be provided every 30 days. The inmate was seen for what appeared to be case management every 60 days. In other cases the documentation indicated that case management was provided but did not address the counseling issues identified on the ISP.*

<b>Access to Mental Health Care- Inmate Request</b>	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-3: In 5 of 10 records reviewed, there was no evidence that inmate requests were answered.</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>Access to Mental Health Care- Psychological Emergency</b>	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-4: A comprehensive review of 11 psychological emergencies revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 5 records the psychological emergency was not adequately addressed. (see discussion)</b></li> <li><b>b. In 5 records the evaluations did not contain the clinician’s signature and/or signature stamp.</b></li> </ul>	<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>

***Discussion MH-4(a):** In one case there was no evidence that the emergency was addressed. In two cases the notes were incomplete. In the remaining two cases, suicidal ideation was not addressed.*

<b>Reception</b>	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 6 records evaluating the reception process revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 3 of 3 applicable records there was no evidence that psychotropic medication was continued from the county jail.</b></li> <li><b>b. In 2 of 4 applicable records, the inmate was not seen for psychiatric evaluation within the required timeframe.</b></li> <li><b>c. In 6 records, the suicide profile could not be located in the record.</b></li> </ul>	<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>Administrative Issues</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-6: The Inmate Request Log is incomplete. (see discussion)</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of the log, acquired training materials, etc.</p> <p>Ensure the Inmate Request Log is complete.</p>
<b>MH-7: A written description of mental health services was not posted in Spanish in one of two dorms toured.</b>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of copies of work orders, acquired training materials, etc.</p> <p>Ensure program descriptions are posted as required.</p>

**Discussion MH-6:** *The log contained many blank spaces in the categories “reason for disposition” and “date returned to inmate”.*

## PHYSICAL HEALTH FINDINGS - ANNEX

### **ADMINISTRATIVE PROCESSES REVIEW**

These processes were reviewed at the main unit where all relevant administrative documentation was provided to surveyors.

### **INSTITUTIONAL TOUR**

No significant findings on the institutional tour.

### **EPISODIC CARE REVIEW**

There were no findings in Emergency Care, Infirmary, or Sick Call.

### **DENTAL REVIEW**

No significant findings in dental.

### **CLINICAL SYSTEM REVIEW**

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: In 5 of 17 Cardiovascular records reviewed the annual fundoscopic examination was not documented.</b></p> <p><b>PH-2: In 3 of 16 Endocrine records reviewed there was no documentation of low-dose aspirin as prophylaxis or documentation of contraindication.</b></p> <p><b>PH-3: In 10 of 14 Immunity records reviewed discrepancies were found including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 5 of 14 records laboratory tests required to be ready prior to the time of the appointment were not available.</b></li> <li><b>b. In 3 of 15 records full hepatitis B vaccination series were not completed.</b></li> </ul> <p><b>PH-4: In 6 of 15 Neurology records reviewed a neurological examination was not completed as part of the baseline exam.</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>

**OTHER RECORD REVIEW**

<b>Consultations</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-5: In 5 of 21 Consultation records reviewed there was no documentation of required follow-up or plan of care once either the consult results were received or the consult request was denied by the utilization management (UM) program staff at RMC.</b></p>	<p>Provide in-service training to staff regarding the issue 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>Intra-system Transfer</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-6: In 6 of 14 Intra-system Transfer records reviewed the frequency and/or dosage of medication was missing on the receiving institution's portion of form DC4-760A.</b></p>	<p>Provide in-service training to staff regarding the issue 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>Medication Administration</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-7: Discrepancies were found in 15 of 18 Medication Administration records reviewed, including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 14 of 18 records time and/or date on the medication order was missing.</b></li> <li><b>b. In 5 of 18 records handwriting on the medication order was illegible.</b></li> </ul>	<p>Provide in-service training to staff regarding the issue 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>

**Discussion:** A number of inmates interviewed reported they did not receive their Keep on Person (KOP) medication timely. A review of the grievance log indicated complaints on this issue. Staff noted these problems were typically the result of inmates not submitting required information to ensure they received the medications without interruption. Review of the factors leading to this problem with the goal of minimizing potential interruptions in treatment is recommended.

<b>Health Record/OBIS Review</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-8: In 13 of 18 records reviewed the problem list was incomplete.</b></p>	<p>Provide in-service training to staff regarding the issue 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>Preventive Care</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>PH-9: In 9 of 10 Preventive Care records reviewed discrepancies were found including:</b></p> <ul style="list-style-type: none"> <li><b>a. In 7 of 10 records a urinalysis was not documented.</b></li> <li><b>b. In 4 of 10 records the current mammogram was not found in the current volume of the record.</b></li> <li><b>c. In 3 of 10 records the baseline mammogram was not found in the current volume of the record as required.</b></li> <li><b>d. In 4 of 10 records evidence of a current pap smear was not found in the current volume of the record.</b></li> </ul>	<p>Provide in-service training to staff regarding the issue 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>

# MENTAL HEALTH FINDINGS- ANNEX

## OVERVIEW

Lowell Correctional Institution Annex provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmates and the level of mental health services provided at LOWCI Annex:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

At the time of the survey LOWCI Annex had a total of 1,186 inmates, 636 were S3 and 70 were S2.

## CLINICAL RECORDS REVIEW

<b>Reception</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-1: In 3 of 12 records reviewed a DC4-646 Initial Suicide Profile was not completed when there was a history of suicide attempts or a score of &gt; 9 on the Beck Depression Inventory.</b></p> <p><b>MH-2: In 2 of 5 applicable records there was no documentation (signed release of information) that past treatment records had been requested from community providers.</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>Access to Mental Health Services Inmate Request</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-3: In 3 of 12 records reviewed, entries were missing required stamps. (see discussion)</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</p>

**Access to Mental Health Services  
Inmate Request**

Finding(s)	Suggested Corrective Action(s)
	<p>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>

**Discussion MH-3:** *After selecting cases from the request log provided to us by the institution in response to the Pre-Survey Questionnaire and reviewing those charts on-site, we determined that we had been provided the incorrect log so the reviewed cases were not applicable for this screen. In 3 cases, there was an inmate request during the applicable time period that could be reviewed. The correct log was provided on site and the surveyor determined that 37 inmate requests recorded in the month of January 2010 had not yet been answered.*

**Psychotropic Medication Practices**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-4: A comprehensive review of 24 outpatient records revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 6 records, appropriate laboratory tests had not been ordered or if ordered were not done.</b></li> <li><b>b. In 3 of 14 applicable records, abnormal laboratory reports were not followed up. (see discussion)</b></li> <li><b>c. In 6 records medication orders did not include dates or time on the physician signature.</b></li> <li><b>d. In 3 records, medication consents were not found for current medications.</b></li> <li><b>e. In 5 records, psychiatric medication follow up was not conducted at appropriate intervals.</b></li> <li><b>f. In 4 records progress notes did not include the required elements of psychiatric medication follow up.</b></li> <li><b>g. In 3 records, AIMS testing was not conducted at appropriate intervals.</b></li> <li><b>h. In 2 of 8 applicable records, the documented rationale did not support the need for an Emergency Treatment Order (ETO).</b></li> </ul>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. 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-4 (b): Lack of follow up of abnormal laboratory tests occurred for both initial and follow up studies.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-5: A comprehensive review of 31 records (S2=9, S3=22) revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li>a. In 6 records a case manager was not assigned within the required timeframe.</li> <li>b. In 7 records documentation did not include an initial assessment of mental status, status of mental health problems, and update of ISP.</li> <li>c. In 11 records the ISP was not individualized and did not address current diagnosis and functional problems.</li> <li>d. In 9 records problems on the ISP were not stated in behavioral terms.</li> <li>e. In 9 records goals on the ISP were not stated in objective, measurable, behavioral terms.</li> <li>f. In 9 records the ISP did not specify the type or frequency of the interventions.</li> <li>g. In 7 records documentation in the record did not indicate the frequency of the clinical contact was sufficient and appropriate to meet the identified need. (see discussion)</li> <li>h. In 10 records entries were missing, stamps, date, or time. (See discussion)</li> </ul>	<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>

**Discussion MH-5(g):** *In the cases cited there were several instances when the documentation did not reflect that the clinical response to changes in an inmate's status was of either sufficient intensity or frequency to appropriately address the inmate's needs. In one case a psychotic inmate was referred to mental health by security twice, but the frequency of interventions was not increased. In another case the documentation did not indicate that the inmate's refusal of medication and subsequent discontinuation of medication was addressed.*

**Discussion MH-5(h):** *In addition to missing stamps, some entries were nearly illegible and difficult to read. In some cases, notes did not indicate a difference between the Main Unit and the Annex. One form was printed with "Lowell CI" at the top and "LOWCI Annex" at the bottom, making it difficult to determine where the inmate was housed at the time of the entries.*

Self-Harm Observation Status (SHOS)	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-6: A comprehensive clinical review of 13 SHOS records revealed the following deficiencies:</b></p> <ul style="list-style-type: none"> <li><b>a. In 6 records orders for admission were not written or countersigned timely and physician's orders were not signed, timed, or dated.</b></li> <li><b>b. In 6 records a SOAP note documenting daily counseling by mental health staff was missing.</b></li> <li><b>c. In 1 case the length of stay in an Isolation Management Room (IMR) exceeded 14 days. (see discussion)</b></li> </ul>	<p>Provide in-service training regarding the issue(s) identified in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance. 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-6 (c):** This case involved an inmate who had been placed in SHOS and was still in IMR after 58 days. Although this is not consistent with the HSB standard, the surveyors felt that the psychiatrist had managed the case well within the limits of the inpatient bed capacity in the Department. Although the inmate had been recommended for transfer to a CSU, the acuity of her situation changed frequently and her transfer was often pre-empted by another more acutely ill inmate in need of CSU placement. The psychiatrist was managing the inmate by almost daily contacts and monitoring although he acknowledged that ideally she should be placed in an inpatient setting. On the second day of the survey the inmate was scheduled for transfer to a CSU. Correction of this finding will ultimately require increased access to mental health inpatient beds for females. The institution is limited in its options for management of inmates requiring higher levels of care.*

Special Housing	
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Finding(s)	Suggested Corrective Action(s)
<p><b>MH-7: In 9 of 13 records reviewed the Special Housing Appraisal (DC4-769) was not in the record.</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>

## **CONCLUSIONS: PHYSICAL HEALTH**

In both the Main Unit and the Annex, medical records were well organized and administrative documents in both units were generally appropriately maintained. However, it is possible that over-thinning medical records has resulted in a higher number of baseline assessments and some current assessments including histories, physicals, and laboratory reports not being available in the current volume of the medical records as required. Lack of necessary clinical information in the current volume of the medical record makes it more difficult to maintain continuity of care in an already complex and difficult to manage population. In addition, the institution has experienced difficulty hiring experienced clinical staff within the Department's current salary structure and in competition with three hospitals in the Ocala area. This situation, which leads to a reliance on agency nursing staff, further impacts continuity of care. Both the institution and Department continue to struggle with these staffing issues.

Reviews of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures. All areas on the compound viewed were clean and orderly.

Despite the current survey findings, there has been improvement noted since the last survey in 2007. In the past few months there has been an increase in the number of medical and administrative staff and they have identified areas that need improvement and have begun to put processes in place to deal with those issues, some of which will significantly improve areas where there are findings.

It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. The warden and the recently hired Chief Health Officer (CHO) indicated their commitment to use the survey findings to improve care. Overall, the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

## **CONCLUSIONS: MENTAL HEALTH**

In June 2007 the CMA conducted a survey of Lowell CI. Many of the issues from the previous survey remain the same; however there has been some improvement. The findings from this survey reflect the challenges faced in providing services to a female population with serious mental health problems. There are over 800 inmates on the mental health caseload at LOWCI Main Unit and 700 at the Annex. Because of the high number of inmates requiring mental health services, staff in both units has caseloads of well over 100 inmates. In addition, there are numerous psychological emergencies in both units which prompt many of the mental health contacts. Staff turnover is high and agency nurses and locum tenens are frequently used.

The Office of Health Services has attempted to address the staffing issue by adding five OPS Mental Health Specialists positions and a Mental Health Administrator for the Main Unit and the Annex. The goal of adding these positions is to decrease the caseloads to approximately 75 inmates per Specialist and to provide overall leadership for the mental health program. During interviews, medical and psychology staff commented that additional mental health positions were needed to effectively meet the treatment needs of the inmates. They also noted the need for a substance abuse treatment program. Currently, there are no groups being held for outpatients and staff is able to provide only case management to most inmates.

Inmates are frequently moved between the Main Unit and the Annex and are assigned to case managers based on their housing assignment. While this is an organizational arrangement that provides clarity for assigned staff, it may not be ideal for continuity of care for some inmates who transition in and out of confinement and open population. Because of the inconsistency of staff assignments, continuity of care can be compromised and treatment is not always individualized. Assessments, including psychiatric follow-up, laboratory tests, and AIMS testing, are often late and documentation was not thorough. The high demand for services was also reflected in the quality of ISPs some of which did not contain measurable goals, were not updated timely and often lacked all required signatures. Inmate signatures, which document the inmate's involvement in the planning of her treatment goals, were frequently missing. In some cases, documentation did not indicate that interventions listed on ISPs were being provided and it was difficult to determine from the documentation if progress was being made towards treatment goals. Since inmates are frequently seen by different providers, it is essential that providers are able to rely on previous notes to determine the inmate's progress and needs.

All special housing inmates at LOWCI are housed in the confinement and close management dorm in the Annex. At the time of the survey, all 12 IMR cells were occupied and one inmate had been in IMR for 58 days. There were 150 inmates in special housing status, 103 were S3 inmates. The high number of psychological emergencies, inmate requests, and S3 inmates in IMR and confinement all indicate that there is significant unmet need for additional mental health treatment and more housing options such as inpatient beds, at LOWCI.

## **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 myriad 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.