



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **POLK CORRECTIONAL INSTITUTION**

in

**Polk City, Florida**

on

**August 12 - 14, 2009**

### **CMA Physical Health Team**

#### **Leaders:**

Priscilla Wood, BS  
Tina Weber, MA

### **Physical Health Team Members:**

Richard Beriiian, DO  
Wendy Suckow, PA  
Sue Sims, RN  
Pat Meeker, RN

### **CMA Mental Health Team Leader:**

Jane Holmes-Cain, LCSW

### **Mental Health Team Members:**

Sean Jennings, PsyD

**Distributed on September 2, 2009**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,732	Male	Close	4

### Institutional Potential/Actual Workload

Main Unit Capacity	1,662	Current Main Unit Census	1,464
Work Camp Capacity	70	Current Work Camp Census	62
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
<b>Total Capacity</b>	<b>1,732</b>	<b>Total Current Census</b>	<b>1,526</b>

### Inmates Assigned to Medical/Mental Health Grades

Medical Grade	1	2	3	4	<i>Impaired</i>	
		776	475	313	2	91
Mental Health Grade (S-Grade)	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	<i>Impaired</i>
	1,486	38	2	NA	NA	NA

### Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
		32	7	N/A	NA	NA

# OVERVIEW

## **Institutional Description**

Polk Correctional Institution (POLCI) houses male inmates of minimum, medium, and close custody levels and is designated as a medical grade 4, psychological grade 2 facility. Health care services are also provided to Polk Work Camp, Bartow Work Release Center and Demilly Correctional Institution.

The overall scope of health services provided at POLCI 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 and mental health systems at POLCI August 12 - 14, 2009. 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. A review of the dental systems will be conducted at a later date.

## **Exit Conference and Final Report**

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the medical records reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each record reviewed;
- 4) The percentage of records reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled records.

## PHYSICAL HEALTH FINDINGS

### Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-1: There is no sink in the infirmary except in the inmate bathroom, making it difficult for medical staff to perform patient care duties and follow standard infection control precautions.</b></p>	<p>Provide evidence in the closure file that the issue described has been addressed. This may be in the form of copies of work orders or other documentation that the deficiency has been corrected.</p>

### Medication Administration

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: Eleven records were reviewed and the following issues were identified:</b></p> <p><b>(a) In eight records the doctor's signature on the order sheet was not dated and timed.</b></p> <p><b>(b) Two records were missing documentation that orders were transcribed within the required time period.</b></p> <p><b>(c) In one record, the MAR indicated "no known allergies" (NKA) but documentation in the chart showed the inmate was allergic to Lipitor.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records weekly for compliance or all if less than ten records are available. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

*Discussion: The MARs are printed by the distributing pharmacy in Region III and most MARs reviewed showed allergies, or lack thereof, superimposed over the heading "Allergies," making it difficult and sometimes impossible to read. Some MARs were hand corrected by staff.*

*Also, during the survey several files did not contain the consultant report from RMC. Polk staff were able to demonstrate that they asked for these. Regional staff were made aware of this being an ongoing problem during the exit interview.*

## **CONCLUSION**

Survey findings indicated the overall medical care provided at POLCI falls within department standards and adequately reflected standards commensurate with the professional health care community at large. Medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. The inmates interviewed were satisfied with their care and security staff was aware of how inmates can access care. It was also evident that security staff works well with medical staff to ensure inmates receive the care they need. Overall, the clinic staff, including medical and administrative, demonstrated their dedication to providing health care to the inmate population.

# MENTAL HEALTH FINDINGS

## OVERVIEW

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

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

## CLINICAL REVIEWS

Access to Care- Inmate Request	
Finding(s)	Suggested Corrective Action(s)
<b>MH-1: In two of six records reviewed, consent for mental health treatment was not authorized prior to conducting an interview for an inmate request.</b>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records monthly for compliance or all if less than ten records are available. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Self-Harm Observation Status (SHOS)</b>	
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<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-2: In two of four records reviewed, there was no evidence that an order for discharge was written prior to the inmate’s release from SHOS.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Monitor a minimum of ten records monthly for compliance or all if less than ten records are available. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

<b>Special Housing</b>	
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<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-3: A comprehensive review of 10 records of inmates in special housing revealed the following deficiencies:</b></p> <p><b>(a) Two records did not contain evidence that initial mental status exams were completed in the required timeframe.</b></p> <p><b>(b) Five records lacked documentation that “Mental Status of Confinement Inmates” (Form DC4-528) was completed after each mental status exam.</b></p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are examined on a regular basis.</p> <p>Monitor a minimum of ten records monthly for compliance or all if less than ten records are available. Monitoring intervals may be modified to less often if the results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION**

The Polk Correctional Institution mental health department consists of one full time Mental Health Specialist, one support staff, and a Sr. Mental Health Clinician who is on-site two days per week. It was evident from the records reviewed and inmates interviewed that the inmates are receiving quality mental health services. Progress notes indicate staff listen to inmate concerns and provide options to solve problems. All inmates interviewed were particularly complimentary of the Mental Health Specialist and voiced satisfaction with the services provided. The mental health department at POLCI is to be commended for the lack of findings in this report.

## **SURVEY PROCESS**

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- Assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining if inmates:

- Have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- Receive adequate and appropriate mental health screening, evaluation and classification.
- Receive complete and timely orientation on how to access physical, dental and mental health services.
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- Receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services.
- Are recipients of safe and effective psychotropic medication practices.
- Remain free from the inappropriate use of restrictive control procedures.
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided.
- Are provided adequate care and treatment by a sufficient number of qualified staff.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc)
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security or program area staff.