



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

PUTNAM CORRECTIONAL INSTITUTION

in

East Palatka, Florida

on

February 27 – 28, 2001

INSTITUTIONAL STATISTICS PROVIDED CMA on February 16, 2001				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Medium	Male	423	410

CMA Physical Health Team Leader:

Paul R. Cornish

CMA Mental Health Team Leader:

Kathy Pilkenton

Physical Health Team Members:

Boyd Kellett, M.D.
Steven McClintock, D.D.S.
Roslyn Neely, A.R.N.P
Sue Brown, R.N.

Mental Health Team Members:

Paree Stivers, Ph.D.
Gene Costlow, L.C.S.W.
Bill York, R.N.

OVERVIEW

On February 28, 2001, the Correctional Medical Authority concluded a physical and mental health survey of Putnam Correctional Institution (PUTCI), located in East Palatka, Florida. At the time of the survey, PUTCI served an adult male population of approximately 410 inmates assigned to medical grades 1 and 2 and psychological grades 1 and 2. Since PUTCI was classified as a medical level 1 facility, inmates requiring complex medical/dental care or psychotropic medication/inpatient mental health services were not routinely assigned to the institution. The following table illustrates the distribution of inmates at PUTCI in terms of their medical and psychological grades and confinement status:

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
	378	35	0	0	0	
<i>Psychological Grade</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
<i>(S-Grade)</i>	1	2	3	4	5	<i>Impaired</i>
	406	7	0	0	0	0
<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	4	9	0	0	0	0

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 was conducted of the physical health-related systems in place at the institution, including the physical plant, administrative processes, and the provision and documentation of care. The survey revealed only two physical health related findings where institutional practices deviated somewhat from Department of Corrections' standards, CMA standards, or with standards of care generally accepted in the community at large. Assessment deficiencies were noted in records reviewed from the asthma and hypertension chronic illness clinics. One systems issue was identified in that key staff were unable to adequately demonstrate the application of psychiatric restraints nor could they locate the restraint key. While psychiatric restraints may never be needed at PUTCI given the lower psychological grades of the inmate population housed there, prudent clinical practice dictates that key staff be knowledgeable in their effective use. In all likelihood, the restoration of adequate staffing will assist in remedying the deficiencies identified in the current survey.

In the current survey several mental health care deficiencies were noted that are most likely directly related to the lack of a full-time, fully credentialed and on-site psychological specialist for a significant length of time prior to the survey. When the CMA last surveyed PUTCI in 1997, there had been a full-time psychological specialist in place for a number of years and there were no negative findings. The current survey findings included the lack

of timely case manager assignments for S2 inmates, late biopsychosocial assessments and service plans, a lack of timely sex offender screenings, a lack of sex offender treatment groups and inadequate assessment and follow-up of a suicidal inmate. Medical record reviews of asthma clinic records revealed that 80% of the records reviewed lacked complete documentation of family history, frequency of attacks, and/or past pharmacotherapy. Secondly, 50% of the hypertension clinic records reviewed lacked documentation of the presence/absence of bruits during the initial clinic evaluation and/or contained documentation of fundoscopic evaluations that were non-descriptive (non-diagnostic); e.g., "not done well".

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.