



# **CORRECTIONAL MEDICAL AUTHORITY**

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

## **SOUTH FLORIDA RECEPTION CENTER**

in

**Doral, Florida**

on

**June 24 - 27, 2008**

**CMA Physical Health Team Leader:**

Paul R. Cornish

**CMA Mental Health Team Leader:**

Jane Holmes-Cain, LCSW

**Physical Health Team Members:**

Marjorie Kirsch, MD  
Richard Berjian, DO  
Roberta Diehl, DDS  
Susan Porterfield, ARNP  
Sue Sims, RN

**Mental Health Team Members:**

Ronald Girona, PhD  
Andrew Daire, LMHC, PhD  
Sandra Bauman, ARNP, PhD  
Victoria Lund, ARNP, PhD  
Ann Panzarino, RN  
Cathy Morris, RN

**Distributed on July 28, 2008**

## DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,850	M/YO	Close	4

### Institutional Potential/Actual Workload

Main Unit Capacity	2153	Main Unit Census	1166
South Unit Capacity	889	South Unit Census	684
Total Capacity	3042	Total Current Census	1850

### Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		62	36	253	8	N/A
<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>
	1,915	90	120	N/A	30	N/A

### Inmates Assigned to Special Housing Status

<i>Confinement/Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		34	33	2	11	1

## OVERVIEW

South Florida Reception Center (SFRC) is one of three male reception centers in the state. The institution consists of two Units, Main and South. The primary mission of the Main Unit is the reception and orientation of inmates newly sentenced to the state correctional system. The South Unit houses a majority of inmates designated as permanent party. One medical executive director (MED) is the medical authority with responsibility for oversight of health services on both Units.

The reception of new inmates is a six day process that uses a computer assisted reception process (CARP) for records keeping. CARP is a stand-alone program using a local mainframe. For health services, CARP was designed to standardize the documentation of health encounters and the tracking of inmates. During the six day process, inmates receive orientation; psychological and educational testing; psychological screenings; and, dental, visual and physical examinations. Upon completion of the process, inmates are transferred to permanent institutions.

### Survey Findings

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SFRC June 25 - 27, 2008. 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. Medical, mental health and dental systems at the institution were reviewed. Physical and mental health deficiencies and areas of concern are described in their respective sections of the report.

### Department Findings

In addition to the institutional findings contained in this report, other areas of concern were noted. These findings are based on standards endorsed by the CMA, but not currently addressed in Office of Health Services (OHS), Department of Corrections, policy, procedure or directive. These findings are clearly identified as "Department Findings". Corrective action plans developed by institutional staff based on the contents of this report need not include Department Findings. These findings are addressed by the CMA directly with the OHS through the CMA Quality Management Committee.

### Exit Conference and Final Report

At the conclusion of the survey, an exit conference was conducted 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 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. 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, dental and mental health 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

## ADMINISTRATIVE SYSTEMS

Administrative services at SFRC, related to the physical health components reviewed during the survey, are centralized. For example, infection control data, quality management reports and data, intrasystem transfer records, outside consultation logs, etc., are maintained in the Main Unit, but monitored at the South Unit by assigned staff. The findings listed below therefore apply to the institution as a whole unless otherwise specified.

### FOOD SERVICES

Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: No significant findings were noted during a tour of the food service facility except for oppressive heat in the food preparation area. Doors were propped open to help dissipate heat, resulting in the presence of many house flies. Consideration should be given to locating a large fan in the area to help move air and relieve the fly situation.

### INMATE HOUSING AREA TOUR

Finding(s)	Suggested Corrective Action(s)
<b>PH-1: Outdated fire extinguisher inspection tags on the Main Unit and outdated monthly first aid kit inspection tags on both the Main and South Units were noted.</b>	Provide evidence in the closure file the issues described in the Findings column have been corrected. This may be in the form of copies of work orders, photographic evidence, etc.

## CLINICAL

As the overall missions of each of the two Units at SFRC differ somewhat, findings relevant to one Unit may or may not apply at the other Unit. Therefore, for the clinical findings listed below, unless findings apply across Units, they will be listed as Unit specific.

### RECEPTION PROCESS

Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: Over two days, various components of the reception process were observed. No significant concerns were noted except for critical space limitations. Staff reported a new transfer and reception facility should be completed and ready for use by August 2008. The facility is constructed following the same basic design as the reception facility at Central Florida Reception Center.

### EMERGENCY CARE

SICK CALL	
Finding(s)	Suggested Corrective Action(s)
<p><b>PH-2: Deficiencies noted during clinical reviews of five South Unit and Five Main Unit records in which an emergency encounter was documented include:</b></p> <p><b>(a) Three Main Unit records lacked evidence of complete emergency encounter information; e.g., vital signs, referral information, disposition, and/or applicable health education.</b></p> <p><b>(b) Two Main Unit records lacked documentation of an assessment applicable to the presenting complaint.</b></p> <p><b>(c) Four Main Unit records lacked evidence that follow-up care and/or referrals was appropriate and consistent with the patient's subjective complaint and/or objective findings.</b></p>	<p>Include documentation in the closure file appropriate training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument and conduct monthly monitoring of no less than ten records from each applicable health unit to evaluate the effectiveness of the 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>

SICK CALL	
Finding(s)	Suggested Corrective Action(s)
<p><b>PH-3: Deficiencies noted during clinical reviews of five South Unit and four Main Unit records in which a sick call encounter was documented include:</b></p> <p><b>(a) Three Main Unit and two South Unit records lacked evidence that vital signs were documented at the time of a sick call encounter.</b></p> <p><b>(b) Two South Unit and two Main Unit records lacked evidence of the use of a current and appropriate nursing assessment form.</b></p> <p><b>(c) One South Unit and two Main Unit records lacked documented evidence of the date and/or time of the sick call encounter.</b></p>	<p>Include documentation in the closure file appropriate training has been provided to staff regarding the issues in the Finding(s) column.</p> <p>Create one monitoring instrument and conduct monthly monitoring of no less than ten records from each applicable health unit to evaluate the effectiveness of the 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>

CHRONIC ILLNESS CLINICS	
Finding(s)	Suggested Corrective Action(s)
<p><b>PH-4: A review of a total of 59 chronic</b></p>	<p>Include documentation in the closure file</p>

## CHRONIC ILLNESS CLINICS

Finding(s)	Suggested Corrective Action(s)
<p><b>illness clinic records from the Main and South Units revealed the following deficiencies:</b></p> <p><b>(a) Three of four Main Unit Respiratory Clinic records reviewed lacked documentation of peak flows and/or the percentage predicted at each clinic visit.</b></p> <p><b>(b) A total of 14 records from the following clinics on the Main and South Units inconsistently documented the provision of influenza [i] and/or pneumococcal [p] vaccines or signed inmate refusals:</b></p> <p><b>Cardiovascular [i] [p]</b>  <b>Endocrine [p]</b>  <b>Miscellaneous [p]</b>  <b>Oncology [i]</b>  <b>Renal [p]</b>  <b>Respiratory [p]</b>  <b>Tuberculosis [i] [p]</b></p>	<p>appropriate in-service training has been provided to staff regarding the issue in the Finding(s) column.</p> <p>Create one monitoring instrument and conduct monthly monitoring of no less than ten records from each applicable health unit to evaluate the effectiveness of the 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>

## MEDICATION MANAGEMENT

Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: Although unable to verify since the survey team was not on-site during the time in question, institutional staff reported during interviews that medications for day shift use are prepared by the night shift nurse. Policy dictates medications may be prepared before administration, but must be on the same shift and administered by the same nurse.

### INTERVIEWS

Both formal and informal interviews were conducted with staff and inmates. Overall, staff was very knowledgeable regarding their responsibilities and department procedures. Notwithstanding the findings listed above, staff should be commended on the positive attitude displayed and the care provided.

Comments received from inmates during interviews were very favorable. Each inmate independently expressed satisfaction with the health care provided and indicated he felt the staff was caring and professional. None offered any suggestions for improvement.

### CONCLUSION

Survey findings indicated the overall medical care provided at SFRC appeared to fall 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. Staff should be commended on the care provided.

## MENTAL HEALTH FINDINGS

### **OVERVIEW**

SFRC provides outpatient mental health services on the Main and South Units and inpatient services on the Main Unit. It also serves as a reception center for newly incarcerated inmates. The following are the mental health grades used by the department to classify the level of mental health services provided at SFRC:

- 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).
- S5 - Inmate requires crisis intervention in a Crisis Stabilization Unit (CSU).

### **ADMINISTRATIVE SYSTEMS**

<b>ADMINISTRATIVE ISSUES</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-1: Mental health program descriptions are not posted in all housing areas on the Main and South Units.</b>	Provide evidence in the closure file that mental health program descriptions are posted in the housing areas.

### **CLINICAL**

<b>PSYCHOTROPIC MEDICATION PRACTICES - OUTPATIENT</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-2: Clinical reviews of psychotropic medication practices on the Main Unit revealed the following concerns:</b></p> <p><b>(a) Three of seven applicable records lacked evidence that Assessment of Involuntary Movement Scale (AIMS) testing is being conducted at the appropriate intervals.</b></p> <p><b>(b) Five of 13 records reviewed indicated that psychotropic medications were abruptly changed or discontinued. (see discussion)</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 issues identified in the findings column are examined on a regular basis</p> <p>Monitor applicable inpatient 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:* Medications were discontinued or changed abruptly from atypical to typical antipsychotics. In two cases, documentation indicated symptoms included increases in hallucinations and tremors.

<b>RECEPTION</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-3: Clinical reviews of the reception process revealed the following issues:</b></p> <p><b>(a) Nine of 11 records contained CARP notes that were not signed or dated.</b></p> <p><b>(b) Four of 11 records lacked evidence that inmates received from the county jail continued to receive psychotropic medication without interruption.</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 issues identified in the findings column are examined on a regular basis</p> <p>Monitor applicable inpatient 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>

<b>INPATIENT MENTAL HEALTH SERVICES</b>	
<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<p><b>MH-4: In four of five records reviewed, a physical exam was not completed within 72 hours of admission to the crisis stabilization unit (CSU).</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. 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>

**GENERAL OBSERVATIONS**

The Behavioral Health Specialist's offices in the Main Unit are separated by partitions which do not reach the ceiling. This configuration may not protect and ensure patient confidentiality.

Orientation was inconsistently provided for inmates transferring between the South and Main Units. Some inmates who were transferred from the South Unit to the Main Unit for a brief stay, then returned to the South Unit, received the required orientation within eight days, while other inmates did not. However, it was evident from the records reviewed that inmates returning to the South Unit continued to receive mental health services. While orientation does not seem necessary for inmates who are returning to the South Unit from a short stay at the Main Unit, there should be some standard for determining when orientation should be provided.

## **CONCLUSION**

Mental health services at SFRC serve a complex and transient population but several strengths were evident in the review of mental health operations. These include well organized records and staff focused on the provision of quality care. The mental health staff was cooperative and helpful during the survey process. They were responsive to the findings that were noted. Immediate action was taken to remediate problems brought to their attention. Notwithstanding the findings identified above, mental health staff at SFRC appear to be providing clinically appropriate care in a majority of cases reviewed.

**DEPARTMENT FINDINGS**

In addition to the physical and mental health findings referenced previously in this report, there are several other areas of concern. These findings are beyond the scope of the institution to correct as they 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**

Finding(s)
<b>Dept-1: There was no evidence of a policy prohibiting the medical staff from participating in gathering forensic information and participating in body cavity searches for forensic purposes.</b>
<b>Dept-2: Inmates in special housing are not offered one hour of exercise per day, outside the cell, five days per week.</b>

**MENTAL HEALTH**

There were no department findings for mental health.

## 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, /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.