



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

SOUTH BAY CORRECTIONAL FACILITY

in

South Bay, Florida

on

April 9 - 11, 2008

CMA Physical Health Team Leader:

Paul Cornish

CMA Mental Health Team Leader:

Jane Holmes-Cain, LCSW

Physical Health Team Members:

Richard Berjian, MD
Roberta Diehl, DDS
Donna Adair, ARNP
Angela Smart, RN

Mental Health Team Members:

Peter McGrath, MD
Karen Milo, PhD
Sue Sims, RN

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DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1859	M	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1864	Current Main Unit Census	1760
Annex Capacity	NA	Current Annex Census	NA
Satellite Unit(s) Capacity	NA	Current Satellite(s) Census	NA
Total Capacity	1864	Total Current Census	1760

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1054	536	270	11	26
<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>
	1797	37	36	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		60	39	0	NA	NA

OVERVIEW

Survey Findings

South Bay Correctional Facility (SBCF) located in South Bay, Florida houses male inmates of minimum, medium and close custody levels and is designated as a medical grade 4 and psychological grade 3 facility. The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health and dental systems at SBCF April 9 - 11, 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. Physical and mental health deficiencies and areas of concern are described in their respective sections of the report.

Department Findings

In addition to the facility 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 facility 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, the survey team conducted an exit conference with facility 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 a facility 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

ADMINISTRATIVE SYSTEM REVIEWS

Dental Systems	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Space limitations and inoperable dental equipment pose significant infection control risks. (see discussion)</p>	<p>Provide evidence in the closure file of steps planned to address cross contamination risks and infection control concerns based on limited available space in the dental treatment area. Include in the file the outcome of plans to repair/replace the broken autoclave; procure “quick switch kits” to provide backup for times when boil water advisories are in place; and, any plans for restructuring the treatment area by possibly relocating desks, file cabinets, and dental charts to an alternative site.</p>

Discussion PH-1: The configuration of the dental area raises significant infection control concerns and the risk of cross-contamination of dental staff, patients, records, desktops, paperwork and all other items within several feet of treatment areas. The primary risk involves aerosols generated during restoration and surgical procedures (aerosols are generally considered a contamination risk within 6-8 feet of the procedure site). Additionally, the survey team was advised the dental Midmark autoclave became inoperable on 4/8/08. This is the only means to sterilize dental equipment as well as medical equipment requiring sterilization (limited need for medical sterilization). A copy of a purchase order was provided indicating a new unit was on order and should be in place no later than the end of the week (4/11/08). Of primary concern, however, was information provided regarding frequent water boil advisories from the county health department. Upon request, the facility provided advisory examples for the past year. Since March 2007, boil advisories have been issued at least nine times, requiring a curtailment of dental services for the duration of the advisory (usually no less than three days at a time). It is advised the institution consider obtaining dental chairs/units with self-contained water bottles, a standard practice in 2008. The facility provided evidence of a submitted purchase order for a “quick switch kit” which will allow dental staff to use portable water units during procedures when boil water advisories are in place. *Subsequent to the inspection CMA staff was informed a new water supply system had been put in place in the local community which should alleviate any further boil water advisories as a result of contamination.* The CMA recommends, however, due to the low cost of the quick switch kit (approx. \$200.00), the purchase not be canceled as this system will provide a cost effective emergency back-up system in the event other emergencies interfere with water supply.

General Comments: The dental area physical plant currently appears inadequate in size to serve the needs of a growing inmate population. Currently, the dental department is comprised of two rooms. The first, approximately 10 X 16 square feet, houses two dental units, one x-ray unit, two desks, file cabinets, some dental charts, and all office

space for staff. The second room contains the dental lab, sterilization equipment, stockroom and more patient charts (dental charts are also stored in an adjacent radiology room outside the dental area). Space appears insufficient to support one full-time and one part-time dentist. The physical space in room 1 does not allow a dentist to effortlessly move from a patient to the lab and/or the sterilization area while treatment is in progress. Staff must hold on to the "light pole" of a unit so as not to bump into the patient or dentist or trip over dental equipment, chairs, etc. Space is barely adequate to transfer handicapped/wheel-chair bound individuals to and from dental chairs. There appears to be very little privacy afforded during procedures.

Episodic Care (Emergency Care, Infirmiry Care, Sick Call)	
Finding(s)	Suggested Corrective Action(s)
PH-2: The Infirmiry Log is in general disarray, is not current and complete, and does not consistently differentiate between infirmiry observation status and infirmiry admissions.	<p>Provide in-service training for staff regarding the importance of completing log entries and log review policies.</p> <p>Conduct and document weekly monitoring of the Infirmiry Log to ensure adequacy and accuracy. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring efforts until closure is affirmed through a CMA corrective action plan assessment.</p>

Pharmacy Services (non-dispensing)	
Finding(s)	Suggested Corrective Action(s)
N/A	N/A

Discussion: The medication room is quite small, containing two medication carts. Currently, one nurse works the pill line. This nurse is also responsible for ordering medications and dispensing keep-on-person (KOP) medications. She has requested and is receiving assistance dispensing KOP medications. As the number of assigned inmates on medications increase, particularly those on psychotropics, there is likelihood the present space will prove to be insufficient. In preparation for the upcoming influx of S3 inmates, plans should be developed to either expand the space available or modify the medication delivery system; e.g, dormitory delivery by medication cart. In either case, however, consideration should be given to a staffing increase to assist the presently assigned nurse with ordering and dispensing duties.

Quality Management	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-3: Quality Management (QM) meeting minutes effectively reflect statistical information, but lack detail regarding committee discussion of various components; i.e., surveillance data, focused studies, tuberculosis program data, employee health issues, infection control, prevalence walks, and staff education. (see discussion)</p>	<p>Provide in-service training for staff regarding the importance of properly completing QM meeting minutes.</p> <p>Conduct regular monitoring of the QM meeting minutes to ensure adequacy, accuracy, and completeness.</p> <p>Continue monitoring efforts until closure is affirmed through a CMA corrective action plan assessment.</p>

Discussion PH-3: The surveyor noted meeting minutes from the Safety Committee are much more descriptive than are those of the QM Committee, and should be considered as an effective example.

CLINICAL RECORD REVIEWS

OBIS/HEALTH RECORD	
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Finding(s)	Suggested Corrective Action(s)
<p>PH-4: A review consisting of comparisons between five individual medical records and corresponding OBIS information revealed the following deficiencies: (see discussion)</p> <p>(a) Four of five records lacked a current and complete problem list visible on the left side of the record (requires problems to be numbered, titled, dated, signed, and so documented when a problem is resolved).</p> <p>(b) Two records lacked a copy of the original CARP form, DC4-707 (computer assisted reception process form).</p> <p>(c) In three records the medical and mental health contacts reflected on the GH07 OBIS screen did not match the medical and mental health contacts on the Chronological Record of Health Care in the medical record.</p>	<p>Include documentation in the closure file that appropriate in-service training has been provided to staff regarding both issues listed in the Finding(s) column.</p> <p>Create one monitoring instrument on which all issues are examined on a weekly basis by monitoring of no less than ten records and the corresponding OBIS screens 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 a CMA corrective action plan assessment.</p>

Discussion PH-4 (a)-(c): In general, many of the medical records reviewed throughout the course of the survey were in varying degrees of disarray. It is acknowledged that responsible staff in the records room have been in their position a relatively short time

and are still being trained. It is recommended a comprehensive training effort be continued, and that the training be conducted by parties very familiar with the standards of the Florida Department of Corrections, not those from another state. Additionally, access to OBIS instructions, Health Services Bulletins/Technical Instructions, and routine communications from Central Office and regional DC health services staff should be improved. This training should also be extended to nursing staff as it was evident medical encounters were often not entered into the OBIS system; e.g., infirmary admissions. Consideration should also be given to supplementing the current staff with an additional data entry operator.

Tuberculosis Clinic	
Finding(s)	Suggested Corrective Action(s)
<p>PH-5: A review of five records from the Tuberculosis Clinic (TB) revealed:</p> <p>(a) Four of five records lacked documentation of prophylaxis treatment or a diagnosis of TB on the problem list.</p> <p>(b) Two of five records lacked adequate documentation of a medical history related to the condition and evidence of effective monthly monitoring by a registered nurse.</p>	<p>Provide in-service training to staff regarding the issues identified in the Finding(s) column.</p> <p>Create one monitoring instrument on which both issues are examined on a weekly basis by monitoring no less than ten records 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>

Conclusion: Survey findings indicated the overall medical care provided at SBCF appeared to fall within department standards and adequately reflected standards commensurate with the professional health care community at large. Interviews conducted with inmates and staff revealed a knowledgeable staff and an inmate population satisfied with the medical and dental services provided. Notwithstanding the issues identified above, staff should be commended on the level of care provided to inmates under their charge.

MENTAL HEALTH FINDINGS

OVERVIEW

SBCF provides outpatient mental health services only. The following are the mental health grades used by the department to classify inmate mental health needs:

- 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).

SYSTEMS

ADMINISTRATIVE ISSUES

Finding(s)	Suggested Corrective Action(s)
MH-1: No documentation was available indicating the psychological specialist is receiving the required one hour of supervision per week.	Provide evidence in the closure file that the psychological specialist is provided required supervision. This may be in the form of documentation of supervisory meetings, training materials, etc.

CLINICAL

OUTPATIENT MENTAL HEALTH SERVICES

Finding(s)	Suggested Corrective Action(s)
MH-2: Three of fourteen records reviewed lacked evidence of mental health problems noted on the problem list.	<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. 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>

**SELF-HARM OBSERVATION
STATUS**

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: A comprehensive clinical review of three IMR (isolation management room) records revealed the following deficiencies:</p> <p>(a) Two of three records contained observation forms that were incomplete or the forms were missing.</p> <p>(b) Two of three records contained notes and/or orders that were not signed and/or dated. (see discussion)</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 both issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records monthly 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-3: Shift nursing assessments were incomplete and/or not timed, dated and/or signed. One physician note was not dated and one nursing note was not signed. Orders were not timed by nurses and physicians.

AFTERCARE PLANNING

Finding(s)	Suggested Corrective Action(s)
<p>MH-4: A comprehensive review of aftercare planning activities contained in three records revealed the following deficiencies:</p> <p>(a) In three of three records reviewed, aftercare plans were not addressed on the Individualized Service Plan (ISP).</p> <p>(b) One of one applicable record did not contain evidence that staff assisted the inmate in applying for Social Security benefits.</p> <p>(c) One of one applicable record did not contain evidence that discharge medications were ordered within 30 days prior to end of sentence.</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 both issues identified in the findings column are examined on a regular basis.</p> <p>Monitor a minimum of ten records monthly 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>

CONCLUSION: At the time of the survey, 36 inmates with a psychological grade of S3 and 37 inmates with a psychological grade of S2 were housed at SBCF. The facility is

scheduled to gain up to 350 inmates with a psychological grade of S3 over the next few months. Mental health staff currently carry a caseload of approximately 20 inmates. This will increase to over 80 per caseload when the new inmates arrive. Staff report one psychological specialist and one clerk position have been added. The psychiatrist's time has increased from one day to three days per week. A request has been submitted to add two more psychological specialists and increased psychiatric coverage. Mental health staff at SBCF appear to be providing quality care to the inmates as evidenced by the few findings noted. Inmates interviewed expressed overall satisfaction with the mental health services they receive. The CMA is encouraged by the plans to add more staff to ensure that the mental health department can continue to provide these necessary services.

DEPARTMENT FINDINGS

In addition to the physical and mental health findings referenced previously in this report, one other area of concern was noted beyond the scope of the institution to correct. It is based on a standard adopted by the CMA, but which is not addressed in department policy, procedure or directive. Therefore, the department must initiate corrective action.

PHYSICAL HEALTH

Finding(s)
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.

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.