

CORRECTIONAL MEDICAL AUTHORITY (CMA)
PHYSICAL & MENTAL HEALTH SURVEY
OF
SUMTER CORRECTIONAL INSTITUTION

in
 Bushnell, Florida
 June 20 –22, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON June 1, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult/Youthful	Close	Male	1717	1653

MEDICAL GRADES				
I	II	III	IV	Impaired
1011	641	1	0	4

"S" GRADES				
I	II	III	IV	Impaired
1642	11	0	0	0

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Executive Summary

All conclusions were based on a sample review of medical records; interviews with offenders, health care providers and security staff; and a physical inspection of the facility.

Sumter Correctional Institution (SUMCI) was established in 1965. This institution provides minimum, medium and close custody levels for a maximum capacity of 1717 adult and youthful male offenders. Additionally, there were two satellite units; Basic Training Unit (boot camp for youthful male offenders) with a maximum capacity for 112 offenders, and Sumter Forestry Camp with a maximum capacity for 290 offenders. According to the pre-survey questionnaire (PSQ) prepared by the institution on June 1, 2000, the health care unit at this institution was serving a total of 1653 offenders with medical grades one through three, and psychological grades one through two.

The Correctional Medical Authority (CMA) previously surveyed this institution on May 7-9, 1997. The survey findings for physical health listed two Level II citations, and six additional issues. The survey findings for mental health listed one Level I citation, two Level II citations, and four additional issues. On February 27, 1998, CMA staff returned to assess corrective actions taken on citations and additional issues identified in the report.

Physical Health

In the previous physical health survey, the citations fell under clinical management/documentation and administrative. Under clinical management/documentation, immunity records reviewed lacked consistent documentation of required tests and/or treatment. Under administrative, there was no evidence that disaster drills were conducted in the two years preceding the survey. The physical health section of this report contains one Level I citation, three Level II citations, and one additional issue with some similar findings to the 1997 survey.

Mental Health

Mental health clinical staff at SUMCI consisted of a psychologist and two psychological specialists. Concerns were noted in the current survey in the areas of assessments, confinement evaluations, responses to offender declared psychological emergencies, individualized service plans, resolution of diagnoses and the posting of information identifying offenders receiving mental health services. Notably, there were only 13 offenders assigned the psychological grade of S2 and over half the records contained deficiencies in one or more areas of clinical management. There were seven Level II citations issued and four additional issues noted as a result of the findings from this survey.

Physical Health

Strengths

1. All asthma records selected for review indicated that assessment, treatment and follow-up care was appropriate.

Citations - Level I

Clinical Management

1. Eight (80%) of ten infirmary care records indicated concerns with assessment, treatment and follow-up care.

Citations - Level II

Clinical Management

2. One (10%) of ten sick call, one (10%) of ten emergency care, two (40%) of five diabetes, and all five (100%) of INH records reviewed lacked required assessments. Additionally, one emergency care and one INH record reviewed indicated a delay in medical intervention and/or inappropriate treatment.
3. Four (40%) of ten hypertension, one (50%) of two seizure records reviewed and six (86%) of seven records selected for general record review indicated concerns with follow-up care.
4. Four (27%) of 15 dental records reviewed indicated concerns with assessment and treatment.

Additional Issues Noted

5. There were no emergency call light/bell located in any of the infirmery restroom areas.

Mental Health

Strengths

1. All offenders interviewed knew how to access mental health services.
2. There was documentation of timely orientation to mental health services in the majority of records reviewed.

Citations - Level I

There were no Level I citations identified during this survey.

Citations - Level II

Access

1. Medical call out lists posted in common areas of the dormitories identified offenders receiving mental health services, unnecessarily violating their privacy and increasing the risk of stigmatization and harassment by other offenders.
2. Confinement evaluations were not consistently completed within required timeframes.

Clinical Management

3. Concerns regarding the appropriateness and timeliness of mental health responses to offender declared psychological emergencies were noted in 30% of the records reviewed.
4. Initial psychological assessments and/or biopsychosocial assessments of S2 offenders were not consistently completed in an adequate and timely manner in 39% of the S2 records
5. In over half of the S2 records reviewed (54%) the individualized service plans (ISPs) contained deficiencies in timeliness and/or adequacy
6. In 46% of the S2 records reviewed, diagnoses were listed as “deferred” with no plan to resolve documented even when resolution was central to treatment.
7. Treatment documentation for offenders receiving group treatment was deficient regarding diagnoses, specific treatment goals and interventions in the records reviewed.

Additional Issues Noted

8. The sex offender waiting list did not contain all required informational elements per HSB.15.05.18.
9. Over one half of the offenders interviewed (52%) stated that they were not satisfied with the quality and availability of mental health services.
10. The documentation of confinement reviews of close management inmates was noted to be cursory, consisting of a checklist with only one option, which was the option reflecting normal mental status.
11. A few record entries suggested a lack of objectivity on the part of the writer.