

CORRECTIONAL MEDICAL AUTHORITY (CMA)

PHYSICAL & MENTAL HEALTH SURVEY

OF

TAYLOR CORRECTIONAL INSTITUTION

in

Perry, Florida

March 29 – 31, 2000

INSTITUTIONAL STATISTICS PROVIDED CMA ON March 4, 2000				
Population	Custody	Type	Maximum Capacity	Current Occupied Beds
Adult	Close	Male	1122	980

MEDICAL GRADES				
I	II	III	IV	Impaired
449	330	176	36	2

"S" GRADES				
I	II	III	IV	Impaired
959	33	0	0	2

CMA Physical Health Team Leader:

Paul R. Cornish

CMA Mental Health Team Leader:

Christine Tuveson, B.A.

Physical Health Survey Team Members:

Bernard Kimmel, M.D.
Timothy Garvey, D.M.D.
Barry McCullough, P.A.
Wilbur Johnson, P.A.
Janice Hill, R.N.

Mental Health Survey Team Members:

Terence Leland, Ph.D.
Linda Sturgeon, L.C.S.W.
Fran Jacobs, A.R.N.P.
Linzey Faison, A.R.N.P.

Physical Health Report Compiled by:

Paul R. Cornish

Mental Health Report Compiled by:

Christine Tuveson, B.A.

Executive Summary

Taylor Correctional Institution (TAYCI) is a close custody Department of Corrections institution for adult males with a capacity for 1,122 offenders. At the time of the survey, 980 offenders were in residence, including medical grades one through four and psychological grades one and two. Medical, dental, and psychological services are provided through contract with Prison Health Services (PHS). 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 institution. This was the second CMA mental health survey of Taylor Correctional Institution (TAYCI).

Physical Health

From a physical health perspective, several positives and negatives were revealed during the survey process. Of the six chronic illness clinics reviewed, four were recognized as operating efficiently and providing the level of care expected. A review of the remaining two clinics, however, revealed problems ranging from incomplete initial (baseline) assessments to untimely follow-up care. Incomplete assessments and/or untimely follow-up care issues were also identified in many of the sick call, emergency care, and infirmary records reviewed. Omissions such as medical histories, complete physical examination findings, and the documentation of routine vital signs was noted in nearly all of the infirmary records examined. Of the six offender deaths that had occurred at the institution since the last CMA survey, one contained elements of care identified as problematic by the survey team. Finally, noted in several episodic and chronic illness records reviewed were examples of physician handwriting that was often illegible.

Three administrative concerns (reported as additional issues) related to the administrative processes and the provision of offender health education were identified.

Mental Health

Of the offenders housed at the main institution at the time of the survey, 33 were S2s. Two-hundred sixty-nine of the 336 close management beds were filled (80%). Thirty-four percent of offenders housed at TAYCI were either in confinement or close management. Forty-five percent of the 32 offenders on the mental health caseload (S2s) were in close management or confinement.

The mental health findings at Taylor were related to concerns that service plans were not developed to reflect the individual offender's specific needs; that not enough group therapy was conducted; that requests for mental health services by offenders in confinement and close management were handled in a dismissive and disinterested manner; and that all documentation of infirmary isolation admissions were not present in the records. Taylor Correctional Institution received two Level I and three Level II mental health citations.

Overall, the physical health and mental health deficiencies, concerns, and issues noted during the survey resulted in the issuance of the following citations:

	<u>Physical Health</u>	<u>Mental Health</u>
Level I	3	2
Level II	4	3
Additional Issues	3	0

Physical Health

Strengths

1. There were no identified clinical management concerns in the asthma, hypertension, INH therapy and seizure clinic records reviewed.

Citations - Level I

Clinical Management

1. Concerns regarding the course of the offenders' treatment were identified in one of six (17%) of the mortality records reviewed.
2. Concerns related to incomplete admission assessments, vital signs monitoring, and/or the documentation of physician rounds were noted in nine of nine (100%) of the infirmary records reviewed.
3. Assessment, treatment, and/or continuity of care concerns were noted in 11 of 12 (92%) immunodeficiency clinic records reviewed.

Citations - Level II

Clinical Management

4. Concerns regarding physician assessments were noted in two of eight (25%) sick call records and a delay in care in one of eight (13%) emergency care records reviewed.
5. Concerns regarding the documentation of complete assessments, treatments, and/or continuity of care planning were identified in four of four (100%) diabetes clinic records reviewed.
6. Concerns related to delays in treatment were noted in four of 20 (20%) dental records reviewed.

Administrative

7. Examples of illegible physician handwriting were noted in five of eight (63%) sick call records reviewed, three of nine (33%) infirmary records reviewed, and three of 10 (30%) records comprehensively reviewed.

Additional Issues Noted

8. The inventory log of over-the-counter medications in D and H Dorms lacked evidence of ongoing review.
9. The informed grievance log lacked consistent documentation of grievance response dates.
10. Three of 10 (30%) records comprehensively reviewed lacked appropriate documentation of offender health education.

Mental Health

Strengths

1. Documentation of timely orientation to mental health services was noted in the majority of records reviewed.
2. Documentation indicated screenings and assessments were completed in a timely manner.

Citations - Level I

Clinical Management

1. Concerns were noted in one suicide death reviewed. Based on his behavior approximately one month prior to his death, the offender should have been referred to a higher level of care for evaluation. There was no documentation of additional mental health contacts with the offender from the time the psychological specialist indicated the offender had signs of mild to moderate mental or emotional impairment until his death a month later
2. Elements of the documentation of care provided an offender during an isolation room admission as well as required follow-up care were omitted in six of the nine records reviewed.

Citations - Level II

Access

3. Offenders consistently reported that requests made during confinement/close management rounds did not receive follow-up responses, and that close management and confinement officers did not always acknowledge offender declared psychological emergencies

Clinical Management

4. All the required groups were not conducted by the mental health staff. There was no indication the provision of additional groups would over burden the mental health program at the current staffing complement.
5. Service plans were not individualized for each offender receiving treatment and did not address specific offender patient issues.

Additional Issues Noted

There were no additional issues identified.