



# ***CORRECTIONAL MEDICAL AUTHORITY***

## **PHYSICAL & MENTAL HEALTH SURVEY**

of

**Gadsden Correctional Facility**

in

**Quincy, Florida**

on

**May 14 - 15, 2014**

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# DEMOGRAPHICS

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

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1540	Female	Medium	3

## Institutional Potential/Actual Workload

<b>Main Unit Capacity</b>	1544	<b>Current Main Unit Census</b>	1540
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1544	<b>Total Current Census</b>	1540

## Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		1038	474	28	0	0
<i>Mental Health Grade (S-Grade)</i>	<u>Mental Health Outpatient</u>			<u>MH Inpatient</u>		
	1	2	3	4	5	<i>Impaired</i>
	1288	66	186	0	0	1

## Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	DC	AC	PM	CM3	CM2	CM1
		17	6	0	0	0

## DEMOGRAPHICS

### Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4	0
LPN	7	0
CMT-C	0	0
Dentist	1	0
Dental Hygienist	2	0

### Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Senior Mental Health Clinician	1	0
Psychiatrist	0.2	0
Behavioral Specialist	2	0

# OVERVIEW

Gadsden Correctional Facility (GCF) houses female inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, and 3 and psychology (S) grades 1, 2, and 3. GCF consists of a Main Unit only.

The overall scope of services provided at GCF includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at GCF on May 14-15, 2014. 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.

## **Exit Conference and Final Report**

The survey team conducted an exit conference via telephone 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 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 biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

# **PHYSICAL HEALTH FINDINGS**

Gadsden Correctional Facility (GCF) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at GCF:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.

## **CLINICAL RECORDS REVIEW**

### **CHRONIC ILLNESS RECORD REVIEW**

There were findings requiring corrective action in nine of the chronic illness clinics; the items to be addressed are indicated in the tables below.

### **EPISODIC CARE REVIEW**

There were no findings requiring corrective action in the review of emergency care or sick call services. There were findings requiring corrective action in the review of infirmary services; the items to be addressed are indicated in the table below.

### **OTHER MEDICAL RECORD REVIEW**

There were no findings requiring corrective action in the review of intra-system transfers. There were findings requiring corrective action in the review of consultations, medication administration, and periodic screenings; the items to be addressed are indicated in the tables below.

### **DENTAL REVIEW**

There were no findings requiring corrective action in the review of dental systems or dental care.

### **ADMINISTRATIVE PROCESSES REVIEW**

There were no findings requiring corrective action in the review of infection control, pharmacy services, or the administration of the pill line.

### **INSTITUTIONAL TOUR**

There was a finding requiring corrective action as a result of the institutional tour; the item to be addressed is indicated in the table below.

## Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 17 inmate records revealed the following deficiencies:</b></p> <p><b>PH-1: In 6 records, the baseline information was incomplete or missing (see discussion).</b></p> <p><b>PH-2: In 17 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-3: In 4 records, there was no evidence of completed labs being available to the clinician prior to the visit and any abnormalities being addressed in a timely manner.</b></p> <p><b>PH-4: In 15 records, the Chronic Illness Clinic (CIC) progress notes were not legible (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of 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>

**Discussion PH-1:** *Baseline history, baseline physical examination, and baseline laboratory data was frequently missing from the current "Chronic Illness Clinic Flowsheets" (DC4-770). Per policy [Health Services Bulletins (HSB) 15.12.03 and 15.03.05], the DC4-770 series must be completed in its entirety. When the flowsheet is incomplete or previous sheets removed from the inmate's record, it may be difficult to obtain an adequate understanding of the inmate's complete medical history. Although addressed here, this baseline information was missing from several of the other clinics as indicated in the tables below.*

**Discussion PH-2:** *Per HSB 15.03.05 Appendix #4 the assessment will include an examination of the heart, lungs, extremities for edema, as well as an assessment of peripheral pulses/bruits if indicated. The assessment did not contain all required elements in the records reviewed.*

**Discussion PH-4:** *Illegibility of chronic illness clinic records was a consistent finding throughout the survey. CMA clinical surveyors had significant difficulty in reading progress notes and frequently needed clarification from institutional staff to assist with the interpretation of notes. At times staff were unable to interpret the notes as well. This finding was noted in multiple clinics as indicated in the tables below.*

## Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-5: In 14 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-6: In 3 records, there was no evidence of completed annual labs (see discussion).</b></p> <p><b>PH-7: In 3 of 12 applicable records, there was no evidence of pneumococcal vaccine or refusal on record (see discussion).</b></p> <p><b>PH-8: In 5 records, the CIC progress notes were not legible.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of 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>

**Discussion PH-5:** Per HSB 15.03.05 Appendix #2 the physical examination will include an evaluation of the cardiovascular system, sensory and vascular status of the extremities, and a description of the feet, nails, and skin. The assessment did not contain all required elements in the records reviewed.

**Discussion PH-6:** Per HSB 15.03.05 Appendix #2 inmates will have a BMP, lipid profile, and a urine dipstick done annually. A microalbuminuria will be done if the urine is negative for protein. Additionally, inmates with hypothyroidism will have a TSH determination at least annually. In one record, the last completed annual labs were collected in 2011, and in two records, the last annual labs were done in 2012.

**Discussion PH-7:** Per 15.03.30 inmates over age 65, those with chronic pulmonary, cardiovascular diseases, diabetes, certain immunocompromised conditions, and those 19-64 years of age who smoke cigarettes or have a history of asthma should receive the pneumococcal vaccine. All three records indicated a diagnosis of diabetes in these inmates.

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 14 inmate records revealed the following deficiencies:</b></p> <p><b>PH-9: In 14 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-10: In 13 records, there was no evidence of completed annual labs (see discussion).</b></p> <p><b>PH-11: In 8 records, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p> <p><b>PH-12: In 13 records, the CIC progress notes were not legible.</b></p> <p><b>PH-13: In 1 of 1 applicable record, there was no evidence of a referral to a specialist when indicated.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the gastrointestinal clinic to evaluate the effectiveness of 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>

**Discussion PH-9:** Per HSB 15.03.05 Appendix #8, the physical examination will include a description of the inmate's general condition, vital signs including weight, skin, sclera, heart, lungs, and abdomen, including presence or absence of organomegaly, masses or ascites and determination of abdominal girth in inmates with advanced liver disease. The extremities will also be examined and edema assessed. The assessment did not contain all required elements in the records reviewed.

**Discussion PH-10:** Per HSB 15.03.05 Appendix #8, all inmates will have a CBC with platelets, comprehensive metabolic profile (glucose, BUN, creatinine, Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, CO<sub>2</sub>, Ca<sup>+2</sup>, total protein, albumin, total bilirubin, alkaline phosphatase, AST, ALT) and urinalysis at least annually. While some labs were completed in this clinic, all required labs were not. Most were missing the CBC and the CMP.



## Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 10 inmate records revealed the following deficiencies:</b></p> <p><b>PH-14: In 9 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-15: In 5 of 8 applicable records, there was no evidence of hepatitis B vaccine or refusal (see discussion).</b></p> <p><b>PH-16: In 2 records, there was no evidence of pneumococcal vaccine or refusal.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of 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>

**Discussion PH-14:** Per HSB 15.03.05 Appendix #6, the physical examination will include vital signs including weight, a description of the inmate's general condition, mouth, lungs and fundi (if the Cluster of Differentiation [CD4 ] is less than fifty [50] or the inmate has visual symptoms). The assessment did not contain all required elements in 9 of the 10 the records reviewed.

**Discussion PH-15:** Per HSB 15.03.30 inmates who have evidence of HIV infection and no evidence of past hepatitis B infection should be given the hepatitis B vaccination.

## Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-17: In 15 records, baseline information was incomplete or missing.</b></p> <p><b>PH-18: In 11 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-19: In 5 records, the CIC progress notes were not legible.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of 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>

**Discussion PH-18:** *Per HSB 15.03.05 Appendix #3, this clinic includes any patient with a chronic disease or conditions considered progressive and/or debilitating that are not addressed in another chronic illness clinic and require treatment/monitoring. Therefore, the physical examination will be appropriate to the diagnosis and sufficient to assess the patient's current condition. Surveyors expressed concern that the assessments were not sufficient to address the condition of the patient.*

## Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 9 inmate records revealed the following deficiencies:</b></p> <p><b>PH-20: In 7 records, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p> <p><b>PH-21: In 3 records, there was no evidence of completed annual labs (see discussion).</b></p> <p><b>PH-22: In 4 records, there was no evidence of influenza vaccine or refusal on record.</b></p> <p><b>PH-23: In 8 records, the CIC progress notes were not legible.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of 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>

**Discussion PH-20:** Per HSB 15.03.05 Appendix #7, a physical examination including vital signs and documentation of the presence or absence of medication side effects will be done at each clinic visit. Patients enrolled in this clinic for follow-up of other neurological conditions will be evaluated in a similar manner but with attention to the particular diagnosis. Surveyors expressed concern that the assessments were not sufficient to address the condition of the patient.

**Discussion PH-21:** Per HSB 15.03.05 Appendix #7, laboratory studies will include at least an annual CBC, AST, and ALT. Anticonvulsant levels may be obtained as indicated. The most current labs in the three records were collected in 2012.

## Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 2 inmate records revealed the following deficiencies:</b></p> <p><b>PH-24: In 1 record, baseline information was incomplete or missing.</b></p> <p><b>PH-25: In 1 record, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the oncology clinic to evaluate the effectiveness of 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>

***Discussion PH-25:** Per HSB 15.03.05 Appendix #9, the follow-up examinations will be directed to the pertinent system involved and will document persistence of residual disease, if present, recurrence of disease, or emergence of additional malignancy. The assessment in this record did not contain the required information.*

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-26: In 3 of 15 records, the CIC progress notes were not legible.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the respiratory clinic to evaluate the effectiveness of 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>

## Tuberculosis Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 1 inmate record revealed the following deficiencies:</b></p> <p><b>PH-27: In 1 record, baseline information was incomplete or missing.</b></p> <p><b>PH-28: In 1 record, there was no evidence of initial and ongoing education to include treatment compliance and risk factor reduction.</b></p> <p><b>PH-29: In 1 record, there was no evidence of a completed examination appropriate for the diagnosis and sufficient to assess the current condition (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the tuberculosis clinic to evaluate the effectiveness of 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>

**Discussion PH-29:** *Per HSB 15.03.18 and HSB 15.03.05 Appendix #5, treatment of latent tuberculosis infection shall be considered for all inmates who have a positive skin test when active disease has been ruled out and there are no contraindications to treatment. Initial visit data should be entered on the DC4-719, "TB/INH Treatment for LTBI Nursing Evaluation" and in narrative form on the DC4-701F, "Chronic Illness Clinic" form. In this record, the only information provided on the DC4-701F, was the vital signs and "+ PPD." There was not a millimeter reading for the PPD, nor any other assessment information. The plan stated "start TC."*

## Infirmiry Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 12 inmate records revealed the following deficiencies:</b></p> <p><b>PH-30: In 6 records, the inpatient file (blue folder) did not contain all required items (see discussion).</b></p> <p><b>PH-31: In 4 records, the care orders were incomplete (see discussion).</b></p> <p><b>PH-32: In 7 records, there was no evidence of a completed discharge summary by the discharge nurse (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving infirmiry services to evaluate the effectiveness of 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>

**Discussion PH-30 & 31:** Per HSB 15.03.26 a separate and complete blue inpatient record shall contain at the minimum for all infirmiry admissions: the “Infirmiry Admission Orders Sheet” (DC4-714D) for medical admissions, the chief complaint, history of present illness, past history and review of systems, vital signs on admission and at least every shift thereafter unless otherwise ordered by the physician, an initial impression, a medical care plan, an initial nursing admission evaluation, daily shift nursing evaluations and clinician progress notes, a discharge summary, and for chronic, long-term boarder admissions, a brief note documenting the need for infirmiry housing. In six records reviewed by CMA surveyors the blue inpatient record did not contain the DC4-714D. The facility was instead using the “Physician’s Order Sheet” (DC4-714B) which did not always contain complete admitting orders. The CMA surveyors noted that generally, much of the missing documentation was related to not utilizing the DC4-714D form. In four records the medical care plan was missing the admitting diagnosis.

**Discussion PH-32:** Per HSB 15.03.26 the discharge nurse is to write a discharge note indicating the patient’s condition on discharge, means of discharge (ambulating, wheelchair, crutches, etc.), patient education and discharge instructions, and disposition (transfer to outside hospital or discharged back to dorm) on the last page of the “Infirmiry/Hospital Daily Nursing Evaluation” (DC4-684). In five of the records reviewed, there was no evidence of a discharge summary by the nurse. In two records, there was an incomplete discharge summary found; in one record there was no education or means of discharge documented and the other record only stated “discharged to the dorm.”

## Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-33: In 11 of 12 applicable records, there was no evidence of the new diagnosis on the problem list.</b></p> <p><b>PH-34: In 2 of 2 applicable records, there was no alternative treatment plan suggested by Utilization Management after a deferred consultation (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of 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>

**Discussion PH-34:** *In one record, a consult for a lipoma was requested on 1/3/14. On 1/6/14 the consultation was deferred. The inmate was seen by the clinician at the facility on 2/10/14 and Naproxen and Excedrin were prescribed. On 4/24/14, the inmate was seen for follow-up and stated the lipoma was causing pain. There was no alternative treatment plan documented in the chart. Since most lipomas do not cause pain, surveyors expressed that further testing may be considered to confirm that the lump is not cancerous.*

*In the other record, a consult was requested to rule out diverticulitis on an inmate with a positive hemoccult stool and family history of peri-rectal disease. The consultation was denied on 12/19/13 stating the inmate was considered low risk for peri-rectal disease. There was no alternative treatment plan documented in the chart.*

**Medication Administration Record  
Review**

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-35: In 3 of 12 records, all medication orders were not signed, dated, and/or timed by appropriate staff (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of 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>

***Discussion PH-35:*** *In one record, the medication order was not dated or timed by the nurse when noted. In another record, the order was not timed by the nurse when noted. Per the nursing manual, the notation shall reflect the date, time, signature, and stamp or printed name of the nurse noting the order. In the last record, a telephone order was not dated, timed, or countersigned by the clinician. The nursing manual states that telephone orders shall be preceded by the abbreviation T.O., the order must be dated and timed, the order shall include the ordering clinician's name, a slash, and the nurse's name and designation, and the order shall be flagged in the medical record and placed in the designated area for clinician's signature.*



## Periodic Screening Record Review

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 15 inmate records revealed the following deficiencies:</b></p> <p><b>PH-36: In 15 records, the periodic screening was incomplete (see discussion).</b></p> <p><b>PH-37: In 3 of 13 applicable records, all required diagnostic tests were not completed prior to the periodic screening encounter (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates receiving periodic screenings to evaluate the effectiveness of 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>

***Discussion PH-36:** Per HSB 15.03.04 the periodic screening encounter will include the identification of any inmate health concerns. This information was not included in any of the records reviewed by CMA surveyors.*

***Discussion PH-37:** Per HSB 15.03.04 stool hemoccult cards will be given to inmates age fifty years and older at the time lab work is drawn with instructions to return the cards at the time of the screening. In three records, inmates over 50 years old did not have stool hemoccult information documented.*

## Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p><b>PH-38: The procedures to access medical, dental, and mental health services were not posted in the housing areas.</b></p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## **CONCLUSION**

The physical health staff at GCF serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Physical health care is provided on an outpatient and inpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The physical health team reviewed 218 records and found deficiencies in 134 records, not all of which are findings requiring corrective action, as these issues did not represent a significant pattern. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available and ready for the surveyors. Overall, medical charts were well organized and documents were filed in a timely manner. When surveyors were unable to locate documents, institutional staff were able to find and retrieve many of those documents. Interviews conducted by CMA indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services.

Inmates expressed general satisfaction with the health care services they received although some voiced concern that medical treatment consists only of a diet and exercise program. An emphasis on diet and exercise was confirmed both by record review and institutional staff. While diet and exercise is generally recognized in the community as a first step in treatment, it is also noted that this treatment alone is not effective for all patients. In a prison setting it is difficult for inmates to have absolute control of their diet. Three such records of concern to CMA surveyors were brought to the attention of staff. In one record, the inmate had elevated lipids since 2010. The last lab dated 10/18/13 showed a total cholesterol level of 285 with LDL cholesterol at 177. Another record documented elevated lipids since 2011, and a third with a cholesterol level of 220 and LDL of 136 that had not been rechecked since March 2012. There was no indication of other medical intervention or that a statin was considered for these inmates.

Two significant trends were revealed when analyzing the data; required annual labs were not completed, and the chronic illness physical examinations were not documented adequately in order to conclude that a completed examination appropriate for the diagnosis and sufficient to assess the current condition of the inmate occurred. First, annual labs required by Department HSBs and listed on the "Clinic Flow Sheets" (DC4-770 series), were not consistently obtained in the endocrine, gastrointestinal, or neurology clinics. It was also determined that when labs were done, they were often collected after the clinic visit and therefore not available to the clinician to address with the inmate until the next visit, making the lab three to six months old.

Secondly, regarding the physical examinations, CMA surveyors noted several deficiencies regarding documentation of care. Narrative records in the chronic illness clinic notes were often illegible and institutional staff was frequently called upon to assist with the reading of the documentation. Oftentimes they were unable to interpret the narrative. There were concerns that insufficient and illegible documentation could lead to errors in patient care. The lack of documentation on the "Chronic Illness Clinic" form (DC4-701F) was particularly disconcerting. In the majority of records reviewed, the objective and assessment pieces of the evaluations were short phrases or abbreviations for care. The plan and medication pieces typically read "as above" while the subjective, chief complaint was "fu" which was interpreted to mean "follow-up." The same abbreviations were used consistently for each patient in a particular clinic. This, coupled with the lack of documentation, made it difficult to determine an individual plan or to follow the continuum of care.

A review of emergency care records found no significant deficiencies rising to the level of a finding in patient care, however, the surveyor did note some concern regarding the need of

timely referrals to a higher level of care. In two records, inmates with sub-therapeutic Tegretol levels suffered seizures but were not provided additional follow-up appointments after initial emergency care. In both cases, the clinician was notified per protocol but there was no documentation of further follow-up for additional laboratory studies or medication adjustments in patients with break-through seizures.

There were several findings regarding the provision of clinical health care services to inmates as outlined above. CMA surveyors concluded that in these areas, the institution was not providing medical care commensurate with the expectations set forth by the Department's HSBs. Medical staff indicated they were appreciative of the CMA review and would use the report results to improve care in areas that were found to be deficient.

## **MENTAL HEALTH FINDINGS**

Gadsden Correctional Facility (GCF) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at GCF:

- 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).

### **CLINICAL RECORDS REVIEW**

#### **SELF INJURY/SUICIDE PREVENTION REVIEW**

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below.

#### **USE OF FORCE REVIEW**

There were findings requiring corrective action in the review of use of force episodes; the items to be addressed are indicated in the table below.

#### **ACCESS TO MENTAL HEALTH SERVICES REVIEW**

There were no findings requiring corrective action in the review of inmate requests. There were findings requiring corrective action in the review of psychological emergencies and special housing; the items to be addressed are indicated in the table below.

#### **OUTPATIENT SERVICES REVIEW**

There were findings requiring corrective action in the review of outpatient psychotropic medications and outpatient mental health services; the items to be addressed are indicated in the table below.

#### **AFTERCARE PLANNING REVIEW**

There was a finding requiring corrective action in the review of aftercare planning; the item to be addressed is indicated in the table below.

#### **MENTAL HEALTH SYSTEM REVIEW**

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

## Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 7 Self-harm Observation Status (SHOS) admissions records revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, admission orders were not signed/countersigned and/or not dated/timed (see discussion).</b></p> <p><b>MH-2: In 2 records, there was no evidence the attending clinician conducted a face to face evaluation prior to discharge from SHOS.</b></p> <p><b>MH-3: In 1 of 4 applicable records, the inmate was not seen for post discharge follow-up.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of 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>

*Discussion MH-1: In two records, the inmate was placed in SHOS via telephone order. Those orders were countersigned by the admitting clinician but the signatures lacked the date and time.*

## Use of Force

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 5 records revealed the following deficiencies:</b></p> <p><b>MH-4: In 4 records, the post use of force physical exam was not completed in its entirety (see discussion).</b></p> <p><b>MH-5: In 4 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.</b></p> <p><b>MH-6: In 3 records, there was no indication mental health staff interviewed the inmate by the next working day to determine if a higher level of mental health care was indicated.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable use of force episodes to evaluate the effectiveness of 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>

*Discussion MH-4: In three records the post use of force exam lacked the physician's signature. In one record, there was no indication of referral to the physician.*

## Psychological Emergency

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-7: In 3 of 13 records, the psychological emergency was not responded to within 1 hour.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten psychological emergency episodes to evaluate the effectiveness of 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>

## Special Housing

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-8: In 1 of 3 applicable records (11 reviewed), the psychotropic medication ordered was not continued as directed while the inmate was held in special housing (see discussion).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of 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>

**Discussion MH-8:** *In one record, the medication administration record (MAR) indicated that the inmate was admitted to special housing on 4/6/14 and was not administered her prescribed medication until 4/10/14.*

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-9: In 5 of 7 applicable records, abnormal lab tests were not followed-up as required.</b></p> <p><b>MH-10: In 5 of 12 applicable records, follow-up lab tests were not completed as required.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates prescribed psychotropic medication to evaluate the effectiveness of 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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>A comprehensive review of 18 outpatient records revealed the following deficiencies:</b></p> <p><b>MH-11: In 1 of 5 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary service team (MDST) within 30 days of initiation of services.</b></p> <p><b>MH-12: In 11 records, the individualized service plan (ISP) lacked the appropriate frequency of the intervention (see discussion).</b></p> <p><b>MH-13: In 6 records, identified problems were not listed on the problem list.</b></p> <p><b>MH-14: In 3 of 13 applicable records, counseling was not provided at least once every 90 days.</b></p> <p><b>MH-15: In 1 of 4 applicable records, counseling was not provided for inmates with the diagnosis of a psychotic disorder every 30 days.</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of 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>

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-16: In 5 of 16 applicable records, case management was not conducted at least every 90 days.</b></p>	

***Discussion MH-12:** In all of the records with deficiencies, the intervention frequency for individual counseling was written “as needed.” According to the Department’s Health Service Bulletin (HSB) counseling services will be offered as clinically indicated, but no less than at least once every ninety days and every thirty days for those inmates with a psychotic diagnosis or a diagnosis with psychotic features. The ISP should reflect a specific requirement that at least meets the minimum standard.*

## Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p><b>MH-17: In 3 of 7 records reviewed to evaluate the effectiveness of aftercare planning, the Summary of Outpatient Mental Health Care (DC4-661) was not completed within 30 days of end of sentence (EOS).</b></p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of inmates within 30 days EOS to evaluate the effectiveness of 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>



**MENTAL HEALTH SYSTEMS  
REVIEW**

<b>Finding(s)</b>	<b>Suggested Corrective Action(s)</b>
<b>MH-18: A tour of the facility revealed that paint was peeling from the walls of Self-harm Observation Status (SHOS) cells.</b>	Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.
<b>MH-19: Inmates held in special housing were not offered an opportunity to speak out of cell to mental health staff during therapeutic contacts.</b>	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.

## **CONCLUSION – MENTAL HEALTH**

Gadsden Correctional Facility provides outpatient mental health services. At the time of the survey, outpatient services, including case management and counseling, were being provided to over 250 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed.

There were two areas of major concern noted during the survey. The first involved use of force episodes. When reviewing these episodes, it became clear that the majority of the records lacked a written referral to mental health. Furthermore, these records lacked evidence that the inmate was seen by mental health by the next working day to determine if a higher level of care is needed. When asked about these deficiencies, GCF mental health staff indicated that without the referral, they have no way of knowing about a use of force episode, therefore they are not triggered to make contact with the inmate. Additional conversations with the Health Services Administrator and other administrative staff revealed they were unaware of the required referral forms and process. Once the administrative staff became aware of the requirements, they took action immediately. The correct forms were located and training was scheduled for all staff. The administrative staff added additional information to the form to avoid another potential communication breakdown. GCF administrative staff worked expediently and expeditiously to correct the issue.

The second area of major concern is related to the process for interviewing inmates in special housing. Mental health staff are required to conduct weekly rounds to check on the well-being of inmates housed in confinement. These contacts are conducted through the door of the inmate's cell. If she expresses a mental health concern, a time should be scheduled in which security will bring the inmate out of the cell and escort her to another room to ensure privacy while discussing her issues. This out of cell routine is also required for scheduled therapeutic contacts. When interviewing GCF mental health staff about this procedure, staff reported conducting therapeutic contacts at the cell front instead of having the inmate escorted to a private room. Contacts conducted at cell front can potentially be overheard by security staff and other inmates which could lead to a violation of confidentiality. In addition to staff interviews, surveyors conducted multiple interviews with inmates including four that were in special housing at the time of the survey. All of the inmates interviewed reported not being provided the option to leave their cell for individual therapeutic contacts. One inmate reported that she had not discussed some issues with mental health staff due to feeling a lack of privacy with cell front contacts. At the conclusion of the survey, GCF staff began taking immediate steps to remedy the problem.

Staff were knowledgeable and able to answer questions during the survey process about specific inmates on their caseload. They were dedicated and proud of the programs and services that they provide. It should be noted that although there were a few findings regarding frequency of mental health contacts, on many occasions surveyors reported that some inmates were being seen more frequently than required per HSB. Progress notes indicated that these inmates were receiving individualized care due to increased stressors or symptomatology. Inmates interviewed were aware of the name of their counselor and reported overall satisfaction with the mental health care they receive. The staff at GCF (including administration and security) were invested in the outcome of the survey and showed a strong desire to make needed changes immediately. Although there were some key issues that will benefit from corrective action, it was clear through the narrative in the medical record and inmate interviews, that the inmates were receiving adequate mental health care at the institution.

## 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 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
- If inmates 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 licensed mental health professionals. 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 (e.g., 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.