



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY GULF CORRECTIONAL INSTITUTION

AUGUST 10-12, 2021

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Gulf Correctional Institution (GULCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1 and 2. GULCI consists of a Main Unit.<sup>1</sup>

## Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1411	<b>Current Main Unit Census</b>	1283
<b>Annex Capacity</b>	N/A	<b>Current Annex Census</b>	N/A
<b>Satellite Unit(s) Capacity</b>	N/A	<b>Current Satellite(s) Census</b>	N/A
<b>Total Capacity</b>	1411	<b>Total Current Census</b>	1283

## Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	1	2	3	4	5	Impaired
	847	412	21	0	3	441
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>MH Inpatient</b>		
	1	2	3	4	5	Impaired
	1232	51	0	N/A	N/A	0

## Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	DC	AC	PM	CM3	CM2	CM1
	82	82	17	0	4	4

<sup>1</sup> Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0	0
Clinical Associate	1	0
Registered Nurse	5.2	1.2
Licensed Practical Nurse	8	0
CMT-C	0	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	1	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0	0
Psychological Services Director	0	0
Psychologists	0	0
Behavioral Specialist	0	0
Mental Health Professional	1	1
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

# GULF CORRECTIONAL INSTITUTION SURVEY SUMMARY

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The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health, systems at Gulf Correctional Institution on August 10-12, 2021. Record reviews evaluating the provision and documentation of care were also completed. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

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

A summary of physical and mental health survey findings is outlined in the tables below.

## Physical Health Clinical Records Review

### *Chronic Illness Clinic Review*

Clinic	Number of Records Reviewed	Total Number of Findings
General Chronic Illness Clinic	13	0
Cardiovascular Clinic	17	0
Endocrine Clinic	13	0
Gastrointestinal Clinic	16	0
Immunity Clinic	0	0
Miscellaneous Clinic	8	0
Neurology Clinic	6	0
Oncology Clinic	1	0
Respiratory Clinic	15	0
Tuberculosis Clinic	6	0

### *EPISODIC CARE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	14	0
Infirmary Care	10	0
Sick Call	18	0

***OTHER MEDICAL RECORDS REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	8	2
Inmate Request	13	0
Intra-System Transfers	15	2
Medication Administration	12	0
Periodic Screenings	17	1

***DENTAL CARE AND SYSTEMS REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	18	0
Dental Systems	N/A	0

***ADMINISTRATIVE PROCESSES REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	0
Pill Line	N/A	0

***INSTITUTIONAL TOUR REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	0

# PHYSICAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Consultations Record Review	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>PH-1: In 3 records, there was no evidence the consultation was completed in a timely manner (see discussion).</b></p> <p><b>PH-2: In 2 of 7 records, the diagnosis was not recorded on the problem list.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-1:** *In one record, the inmate transferred to GULCI from another institution on 1/13/21 with a pending recommendation for cataract surgery from a consultation done in 2019. A new consult request for surgery was submitted on 2/25/21 but was not completed as of the date of the survey. In the two additional records, ophthalmology consults have been pending since February and April 2021 respectively. Per staff, the delays were due to wait times at Central Florida Reception Center (CFRC) as there were no local providers available. While CMA acknowledges that the wait times at CFRC are not in the control of GULCI, surveyors expressed concern that these delays in treatment or missed opportunities for follow-up could adversely impact health outcomes. Regional staff have recently been engaged to explore treatment alternatives in the community.*

## Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 15 records revealed the following deficiencies:</b></p> <p><b>PH-3: In 1 of 5 applicable records, there was no evidence passes were reviewed and continued as required (see discussion).</b></p> <p><b>PH-4: In 6 records, there was no evidence the clinician reviewed the health record within 7 days of arrival.</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 who transferred to the institution to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-3:** Per Health Services Bulletin (HSB) 15.02.16, a valid medical pass held by an inmate in transit will be honored at the receiving institution until the expiration date.

## Periodic Screening Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-5: In 4 of 17 records reviewed, there was no evidence diagnostic tests were completed as required (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 periodic screenings to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-5:** In three records, a complete blood count (CBC) had not been done. In one record, hemocult cards were not given to an inmate age 50 or above.

## PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at GULCI serves a difficult population that includes inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. The staff at GULCI was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve.

Upon arrival at the institution, the records needed for the physical health portion of the survey were readily available to the surveyors. Overall, documents appeared to be filed in a timely manner and charts were generally organized in accordance with Department policy (*HSB 15.12.03*).

The institutional tour revealed that all observed areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates and correctional officers were familiar with how to obtain routine medical and emergency services. Two of the three inmates interviewed, however, expressed dissatisfaction with medical services, specifically regarding passes being taken away upon transfer to the institution.

As outlined in the tables above, there were relatively few reportable findings requiring corrective action; none occurring in the chronic illness clinics, sick call services, emergency, or infirmary care. There were no significant trends or patterns identified except in intra-system transfers, consultations, and periodic screenings. Overall, it appeared that staff were conscientious in providing care to the inmate population. 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 Clinical Records Review

### *SELF-INJURY AND SUICIDE PREVENTION REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Self-Injury and Suicide Prevention	3	1

### *USE OF FORCE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	N/A	N/A

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	8	0
Inmate Requests	11	2
Special Housing	9	0

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	8	2
Outpatient Psychotropic Medication Practices	N/A	N/A

### *AFTERCARE PLANNING REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	N/A	N/A

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	2

## MENTAL HEALTH SURVEY FINDINGS

Detailed in the tables below are reportable findings requiring corrective action.

Self-Injury and Suicide Prevention (SHOS)	
Finding(s)	Suggested Corrective Action
<p><b>MH-1: In 1 of 3 records reviewed, guidelines for SHOS management were not observed (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 SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-1:** According to Procedure 404.001, during the 4<sup>th</sup> day of infirmary mental health care, the attending clinician will personally evaluate the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. There was no evidence this evaluation was completed.

## Inmate Requests

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 11 records revealed the following deficiencies:</b></p> <p><b>MH-2: In 4 records, the response to the identified request was not direct, specific and/or did not address the stated need (see discussion).</b></p> <p><b>MH-3: In 6 records, an interview or referral did not occur as intended in response to an inmate request (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 inmate requests to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-2:** *In one record, the inmate wrote “I’m going thru some things can you please place me on the call-out to be seen”. The response was “provide more specific information relating to your issue”. In the next record the inmate wrote, “I think getting off my medication was a bad idea, and I really think I need to be put back on them.” The response was that mental health staff will “provide some additional educational handouts which you may also find helpful”. In one record, the inmate wrote “I want to get back on my meds, I was prescribed Zoloft.” The response was “you have not been prescribed medications for over five years.” In the last record, the inmate was reporting psychotic symptoms. The response was “Gulf CI is a S2 psych grade facility and does not provide psych medications.” In all of the above records, the inmate should have been placed on the mental health call out for further evaluation to address the inmate’s specific concerns.*

**Discussion MH-3:** *In all six records, the inmate made a written request to access mental health services. There was no evidence that the inmate was seen within 14 days of submitting the request. In one of these records, the inmate wrote he was experiencing command hallucinations instructing him to “do something real bad,” as well as poor sleep and high anxiety. There was no evidence that the inmate was seen on an emergency basis as indicated, immediately upon receipt by institutional staff.*

## Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>MH-4: In 7 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</b></p> <p><b>MH-5: In 4 records, identified problems were not recorded on the problem list.</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 with Outpatient Mental Health Services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-4:** In five records, the signature of the psychologist and the inmate was missing. In two records, the signature of the psychologist was missing. Without the signatures of the inmate and the treatment team, it is impossible to determine if all are knowledgeable of, and agreeable to, the plan of care.*

## Mental Health Systems Review

Finding(s)	Suggested Corrective Action
<p><b>MH-6: There was no evidence that the Multi-disciplinary Service Team (MDST) meets with sufficient frequency for treatment planning.</b></p> <p><b>MH-7: SHOS/IMR room does not meet safety guidelines (see discussion).</b></p>	<p>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.</p>

***Discussion MH-7:** There was chipped paint on the lower back wall opposite the door in Isolation Management Room #37. This could be peeled off and consumed which poses a safety risk.*

## MENTAL HEALTH SURVEY CONCLUSION

There is one full-time Locum Tenens Mental Health Professional (MHP) assigned to GULCI who provides outpatient mental health services to approximately 60 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 and provide daily counseling for inmates on SHOS. Reportable findings requiring corrective action are outlined in the tables above.

Staff reported and documentation confirmed that the MDST meets once a month at GULCI for the purposes of treatment planning, consultation, and staffing cases. Based on the inmate request and outpatient mental health findings, there was an indication that more frequent MDST meetings are warranted.

Inmates on the mental health caseload were receiving the services listed on their Individualized Service Plan and the therapy notes were detailed and relevant to treatment problems and goals. Staff seemed dedicated to the inmates on the caseload and were striving to meet their treatment needs. There were several areas of review in which no findings were identified. Inmates interviewed endorsed familiarity with how to access mental health services but reported that sometimes psychological emergencies or written requests to access services were not responded to timely.

Medical records were organized and easily accessible to surveyors. Security, administrative, medical, and mental health staff were helpful throughout the survey process. They were appreciative for the review and were planning to use the CAP process to correct the deficiencies discovered.

# Survey Process

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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 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. A deficiency rate of 80% or below requires in-service training, monitoring and corrective action by institutional staff.