



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY JEFFERSON CORRECTIONAL INSTITUTION

AUGUST 24-26, 2021

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INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Jefferson Correctional Institution (JEF CI) 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, 2, and 3. JEF CI consists of a Main Unit and two community release centers.¹

Institutional Potential and Actual Workload

Main Unit Capacity	977	Current Main Unit Census	880
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	142	Current Satellite(s) Census	126
Total Capacity	1119	Total Current Census	1006

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	412	361	11	0	0	0
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	607	41	242	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	14	13	2	28	28	28

¹ Demographic and staffing information were obtained from in the Pre-survey Questionnaire.

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0.8	0
Clinical Associate	0.6	0
Registered Nurse	5.2	4.3
Licensed Practical Nurse	9.4	3.9
CMT-C	1	0
Dentist	0.5	0
Dental Assistant	1	1
Dental Hygienist	0.5	0

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	0.8	0
Psychological Services Director	N/A	N/A
Psychologists	1.0	0
Behavioral Specialist	1.0	0
Mental Health Professional	4.0	0
Human Services Counselor	1.0	0
Activity Technician	1.0	0
Mental Health RN	0	0
Mental Health LPN	1.0	0

JEFFERSON CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health, systems at Jefferson Correctional Institution (JEFCI) on August 24-26, 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 JEFCI 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	17	0
Cardiovascular Clinic	18	1
Endocrine Clinic	17	0
Gastrointestinal Clinic	15	1
Immunity Clinic	11	1
Miscellaneous Clinic	10	3
Neurology Clinic	18	0
Oncology Clinic	6	0
Respiratory Clinic	14	1
Tuberculosis Clinic	5	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	17	0
Infirmary Care	10	0
Sick Call	16	0

OTHER MEDICAL RECORDS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	13	1
Inmate Request	18	0
Intra-System Transfers	18	1
Medication Administration	12	0
Periodic Screenings	12	1

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	19	0
Dental Systems	18	0

ADMINISTRATIVE PROCESSES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Infection Control	N/A	0
Pharmacy Services	N/A	N/A
Pill Line	N/A	1

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	3

PHYSICAL HEALTH SURVEY FINDINGS

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

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
PH-1: In 9 of 18 records reviewed, there was no evidence of an appropriate examination (see discussion).	<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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-1: Per HSB 15.03.05 Appendix #4, “the physical examination at every chronic clinic visit will include at a minimum on evaluation and documentation of: vital signs, heart, lungs, extremities (noting edema if present), peripheral pulses, bruits (if present) and fundoscopic examination.” Surveyors indicated the cardiac exams were minimal for the disease and lacking evaluation in one or more of the areas on the exam.

Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-2: In 6 of 15 records reviewed, there was no evidence of hepatitis A and/or hepatitis B vaccination or refusal with a history of hepatitis C.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Immunity Record Review

Finding(s)	Suggested Corrective Action
<p>PH-3: In 4 of 11 records reviewed, there was no evidence recombinant hepatitis B vaccine was given to inmates who have HIV infection and no evidence of past hepatitis B infection.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 10 records revealed the following deficiencies:</p> <p>PH-4: In 5 records, the yearly data was missing on the “Chronic Illness Clinic Flowsheets” (DC4-770) for the miscellaneous clinic (see discussion).</p> <p>PH-5: In 2 records, there was no evidence of influenza vaccination or refusal.</p> <p>PH-6: In 2 records, there was no evidence of a referral to a specialist when indicated.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion PH-4:** Per Department policy, all forms are to be completed in their entirety and areas left blank without explanation are considered incomplete documentation. The DC4-770 indicated in the table above did not include the required yearly data for the miscellaneous clinic. Surveyors indicated having the yearly data, in combination with the baseline data, control of the disease, and status of the patient were important in providing an “at a glance” look at the inmate’s progression or regression.*

Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-7: In 3 of 14 records reviewed, reactive airway diseases were not classified as mild, moderate, or severe.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Consultations Review

Finding(s)	Suggested Corrective Action
<p>PH-8: In 3 of 13 records reviewed, the diagnosis was not recorded on the problem list.</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 consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Intra-System Transfers Review

Finding(s)	Suggested Corrective Action
<p>PH-9: In 3 of 12 records reviewed, there was no evidence the health record and “Health Information Transfer/Arrival Summary” (DC4-760A) were reviewed by a clinician within 7 days of arrival (see discussion).</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 transferring into 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-9: Two records were not signed by the clinician and one record was signed 13 days after arrival.

Periodic Screenings Review

Finding(s)	Suggested Corrective Action
<p>PH-10: In 3 of 12 records reviewed, there was no evidence that diagnostic tests were completed as required (see discussion).</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 10: *There were no stool hemocult cards available for stool guaiac tests.*

PILL LINE ADMINISTRATION

Finding(s)	Suggested Corrective Action
<p>PH-11: There was no evidence that an oral cavity check for each inmate was conducted by health services or security staff in close proximity to the inmate to ensure medications were swallowed.</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 single dose medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour	
Finding(s)	Suggested Corrective Action
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-12: There was evidence of water on the floor of the walkway in the living areas.</p> <p>PH-13: There was evidence of wires that could be reached by inmates hanging from the ceiling in the dorm.</p> <p>PH-14: There was evidence of an open ventilation grate in confinement showers with the potential of allowing cloth through the spaces.</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> <p>Continue monitoring until closure is affirmed through CMA corrective action plan assessment.</p>

PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at JEFCl 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 JEFCl was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve.

Several concerns were identified in the provision of clinical services and are detailed in the tables above. Records revealed missing vaccination information and incomplete examination documentation. Additionally, there were missing diagnostic tests in periodic screening. Several safety issues were also noted.

Interviews conducted by surveyors and CMA staff indicated inmates and correctional officers were familiar with the process for accessing routine medical and emergency services. Overall, inmates expressed satisfaction with health care provided. Additionally, there was one complaint of an inmate not being able to see the dentist to establish a dental plan after multiple requests.

The records needed for the physical health portion of the survey were available and ready for the surveyors upon arrival. Medical charts were well organized, and documents were filed in a timely manner. Staff appeared receptive to the feedback provided by the CMA and indicated that they would use the corrective action process to improve the deficiencies identified in this report.

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	2	3

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	3	0
Inmate Requests	15	0
Special Housing	8	1

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	15	1
Outpatient Psychotropic Medication Practices	18	1

AFTERCARE PLANNING REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	8	0

Assessment Area	Number of Records Reviewed	Total Number of Findings
Mental Health Systems	N/A	0

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>A comprehensive review of 2 SHOS records revealed the following deficiencies:</p> <p>MH-1: In 1 record, there was no evidence of a thorough assessment prior to placement in SHOS (see discussion).</p> <p>MH-2: In 2 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-3: In 1 record, the Individualized Service Plan (ISP) was not revised within 14 days of discharge.</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: The “Mental Health Emergency Nursing Assessment” (DC-683A) dated 4/13/21 was incomplete. Self-injury and medical histories were not addressed.

Discussion MH-2: Physician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In both records, some documentation of observations was missing on the DC4-650. Additionally, some signatures and initials were missing. Without signatures and initials, it is difficult to determine who performed the observations.

Special Housing

Finding(s)	Suggested Corrective Action
<p>MH-4: In 2 of 4 applicable records (8 reviewed), psychotropic medications were not continued as ordered while the inmate was held in confinement (see discussion).</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 Special Housing episodes 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: Health Services Bulletin 15.05.08 (HSB) indicates that when an inmate is in confinement and has an active prescription for psychotropic medication, staff is to ensure that the medication continues to be available during his/her stay. In all three records, there was no indication that the medication(s) were offered or refused as evidenced by blanks on the Medication Administration Record (MAR) and the absence of a signed refusal.

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>MH-5: In 3 of 15 records reviewed, mental health problems were not recorded on the problem list.</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>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p>MH-6: In 5 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record (see discussion).</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 Psychotropic Medication Practices to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-6: *In all records, there were blanks on the MAR indicating that the inmate may not have been offered his medications on those dates.*

MENTAL HEALTH SURVEY CONCLUSION

The staff at Jefferson CI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Staff provide mental health outpatient services, including psychotropic medication management, case management, and individual counseling to approximately 284 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, provide aftercare planning for eligible inmates, and provide daily counseling for inmates on Self-Harm Observation Status (SHOS). Reportable findings requiring corrective action are outlined in the tables above.

Staff were helpful in obtaining records, answering questions, and locating documents which assisted with expediting the survey process. There were no deficiencies found in several areas of review including mental health emergencies, inmate requests, mental health systems, and discharge planning. Inmate requests were answered in a timely manner, however surveyors noted that several requests showed a lapse of time of approximately one week from when the inmate wrote the request and when the request was marked received. This indicated a potential problem with the system for submitting and receiving mental health inmate requests.

Interviews with inmates indicated they were familiar with the process to access care and overall found mental health services to be more than adequate. Staff interviewed expressed a strong desire to provide mental health services for inmates in their care, familiarity with mental health policies, and competency in multiple therapeutic techniques.

The institution offered therapeutic groups that exceed requirements to meet and address the needs of the inmate population. At the time of the survey these groups included relapse prevention, art and mindfulness, depression, anxiety, and anger management. There were no sex offenders within 180 days of the end of sentence therefore no sex offender groups were being provided. Staff indicated they were appreciative of the CMA review and would use the report results and the corrective action plan (CAP) process to improve care in areas that were found to be deficient.

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 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.