



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY MARTIN CORRECTIONAL INSTITUTION

DECEMBER 7-9, 2021

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Martin Correctional Institution (MARCI) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. MARCI consists of a Main Unit at this time. The work camp, work release, and road prison are temporarily closed.<sup>1</sup>

## Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	1600	<b>Current Main Unit Census</b>	1475
<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>	1600	<b>Total Current Census</b>	1475

## Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	1	2	3	4	5	Impaired
	836	591	65	0	2	332
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>MH Inpatient</b>		
	1	2	3	4	5	Impaired
	1131	140	223	N/A	N/A	117

## Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	DC	AC	PM	CM3	CM2	CM1
	62	95	0	0	0	0

<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	1	0
Clinical Associate	1.4	0
Registered Nurse	8	8
Licensed Practical Nurse	13	7.6
CMT-C	3	0
Dentist	1.5	.5
Dental Assistant	2	0
Dental Hygienist	.5	.5

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	0	0
Psychiatric APRN/PA	1	0
Psychological Services Director	0	0
Psychologists	1	1
Behavioral Specialist	0	0
Mental Health Professional	4	0
Human Services Counselor	0	0
Activity Technician	1	1
Mental Health RN	1	0
Mental Health LPN	0	0

# CORRECTIONAL INSTITUTION SURVEY SUMMARY

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The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at Martin Correctional Institution (MARCI) on December 7-9, 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 MARCI 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.

A summary of physical and mental health survey findings are 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	14	1
Cardiovascular Clinic	16	1
Endocrine Clinic	17	0
Gastrointestinal Clinic	15	1
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	14	0
Neurology Clinic	13	0
Oncology Clinic	7	1
Respiratory Clinic	16	1
Tuberculosis Clinic	4	2

### *EPISODIC CARE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	16	1
Infirmiry Care	13	5
Sick Call	17	1

**OTHER MEDICAL RECORDS REVIEW**

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	16	1
Inmate Requests	14	0
Intra-System Transfers	18	0
Medication Administration	12	0
Periodic Screenings	18	0

**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	2

# PHYSICAL HEALTH SURVEY FINDINGS

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

Chronic Illness Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-1: In 4 of 14 records reviewed, there was no evidence inmates were seen according to their medical grade (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 a chronic illness 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:** *Inmates with a medical grade of 3 (M3) should be seen at intervals no greater than 90 days. In all four records, inmates were scheduled to be seen at intervals of 180 days.*

Cardiovascular Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-2: In 4 of 16 records reviewed, there was no evidence the patient was prescribed low-dose aspirin.</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.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Gastrointestinal Clinic Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-3: In 5 of 13 applicable records (15 reviewed), there was no evidence of hepatitis A and/or B vaccination 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 gastrointestinal clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Respiratory Clinic Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-4: In 4 of 16 records reviewed, there was no evidence of pneumococcal vaccination 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 respiratory clinic to evaluate the effectiveness of corrections.</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
<p><b>A comprehensive review of 4 records revealed the following deficiencies:</b></p> <p><b>PH-5: In 1 of 2 applicable records, there was no evidence the monthly nursing follow-up was completed.</b></p> <p><b>PH-6: In 1 of 2 applicable records, there was no evidence of pneumococcal vaccination 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 tuberculosis clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## Emergency Services Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-7: In 6 of 16 records reviewed, there was no evidence of complete vital signs (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 emergency 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-7:** In two records, vital signs were not recorded. In four records, weight was not recorded.



## Infirmery Record Review

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 13 records revealed the following deficiencies:</b></p> <p><b>PH-8: In 4 records, the discharge note from nursing was incomplete (see discussion).</b></p> <p><b>PH-9: In 2 of 10 applicable records, there was no evidence the nursing assessment was completed within two hours of admission (see discussion).</b></p> <p><b>PH-10: In 2 of 10 applicable records, the Morse Fall Scale was not completed as required.</b></p> <p><b>PH-11: In 2 of 10 applicable records, there was no evidence nursing rounds were completed as required.</b></p> <p><b>PH-12: In 2 of 7 applicable records, there was no evidence weekend telephone rounds were 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 those receiving infirmery care to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion PH-8:** Per Health Services Bulletin (HSB) 15.03.26, the nursing discharge note should include the patient's condition on discharge, means of discharge, patient education, discharge instructions, and disposition of patient. In all four records, one or more of the requirements was missing.

**Discussion PH-9:** In one record, the assessment was not dated. In the second record, the assessment was not timed.

## Sick Call Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-13: In 11 of 17 records reviewed, there was no evidence the patient was seen in a timely manner (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 sick call 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-13:** *Per the Nursing Manual, the patient is to be seen within seven days for routine care and within 24 hours for requests deemed urgent. In the nine records triaged as “routine”, it took an average of 18 days to be seen by nursing staff. Additionally, two inmates whose concerns were triaged as “urgent”, were seen in three days and 14 days respectively.*

## Consultations Record Review

Finding(s)	Suggested Corrective Action
<p><b>PH-14: In 6 of 16 records reviewed, 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 consultations to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Pill Line Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-15: There was no evidence that an oral cavity check was done to ensure medications were swallowed (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 pill line 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-15:** Per HSB 15.14.05, the administration of all oral medication is to be followed by an oral cavity check by staff to verify that the medication had been swallowed.*

Institutional Tour	
Finding(s)	Suggested Corrective Action
<p><b>A tour of the facility revealed the following deficiencies:</b></p> <p><b>PH-16: Over-the-counter (OTC) medications were not available in all dorms (see discussion).</b></p> <p><b>PH-17: Procedures to access medical and dental sick call were not posted in the dorms.</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 PH-16:** Ibuprofen was not available in two of three dorms toured.*

## PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at MARCI serves a difficult population that includes inmates with multiple medical comorbidities. Physical health care is currently provided on an outpatient basis only. Inmates who require inpatient care are transported to a nearby institution with an infirmary. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

There were several findings regarding the provision of clinical services. Many findings were related to the lack of administration of immunizations, particularly pneumococcal and hepatitis A & B vaccinations. Inmates were not seen in a timely manner for sick call or chronic illness clinics. Additionally, there was often no documentation of complete vital signs for those receiving emergency care. As described in the table above, the infirmary review revealed several areas of concern ranging from documentation issues to lack of rounds being completed as required. Currently, the infirmary was closed due to lack of adequate staffing.

Staffing shortages most likely contributed to many of the findings noted above. Data provided to CMA staff prior to the start of the survey indicated eight registered nurse (RN) positions. At the time of the survey, all eight positions were vacant. Additionally, seven of thirteen licensed practical nurse (LPN) positions were vacant. CMA surveyors were concerned this shortage may have adverse effects on documentation and quality of care.

Interviews conducted by surveyors and CMA staff indicated that inmates, as well as medical and security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care as inadequate, slow, or “they’re doing the best they can.”

MARCI staff indicated they were appreciative of the CMA review and would use the report results and the corrective action plan process 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	6	7

### *USE OF FORCE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	2	0

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	14	1
Inmate Requests	14	0
Special Housing	14	2

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	17	8
Outpatient Psychotropic Medication Practices	18	4

### *AFTERCARE PLANNING REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	8	2

### *MENTAL HEALTH SYSTEMS REVIEW*

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-harm Observation Status	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 6 records revealed the following deficiencies:</b></p> <p><b>MH-1: In 2 records, a thorough clinical assessment was not completed prior to SHOS admission (see discussion).</b></p> <p><b>MH-2: In 2 of 2 applicable records, SHOS guidelines were not observed (see discussion).</b></p> <p><b>MH-3: In 3 records, the patient was not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-4: In 3 records, nursing assessments were not completed once per shift.</b></p> <p><b>MH-5: In 2 records, daily counseling by mental health staff was not conducted on all business days.</b></p> <p><b>MH-6: In 2 records, mental health staff did not provide adequate post-discharge follow-up (see discussion).</b></p> <p><b>MH-7: In 5 of 5 applicable records, the Individualized Service Plan (ISP) was not reviewed after discharge (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 with SHOS 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:** This evaluation should be completed by mental health staff, or in their absence, by medical staff. In one record, the form was present but incomplete. In the second record, there was no indication the assessment took place.

**Discussion MH-2:** During the fourth day of infirmary mental health care, the attending clinician will personally evaluate the inmate and determine whether at that time crisis stabilization care will be needed to resolve the mental health crisis. In both records, there was no indication this evaluation was completed.

**Discussion MH-3:** Clinician’s orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In two records, the forms present had multiple blanks indicating that safety observations were not completed at the required intervals. Additionally, there were several staff initials without corresponding signatures and credentials. In one record, three days of observations could not be located.

**Discussion MH-6:** According to Procedure 404.001, an inmate should be evaluated by mental health staff between the first and third and between the seventh and tenth working days after discontinuation of SHOS and infirmary discharge. In one record, the second follow-up was not completed. In the second record, there was no indication either visit took place.

**Discussion MH-7:** Any inmate with a psychological grade 2 (S2) or above must have an ISP revision within 14 days of SHOS discharge to include the issues/causes that were the focus of the admission. None of the applicable records contained evidence of an ISP revision or review post-discharge.

Psychological Emergencies	
Finding(s)	Suggested Corrective Action
<p><b>MH-8: In 3 of 8 applicable records (14 reviewed), follow-up after a psychological emergency was indicated but did not occur (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 with psychological emergencies to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-8:** In two records, the clinician’s plan indicated that the inmate would be seen in mental health the next working day. However, neither follow-up was completed timely. In the remaining record, an inmate diagnosed with Major Depressive Disorder, who was reporting self-harm and suicidal thoughts, was sent to confinement instead of SHOS without a documented clinical rationale. Additionally, this inmate was not evaluated by mental health for seven days.

## Special Housing

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>MH-9: In 1 of 5 applicable records, psychotropic medications were not continued as ordered.</b></p> <p><b>MH-10: In 1 of 4 applicable records, follow-up mental status exams 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 with confinement episodes to evaluate the effectiveness of corrections.</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
<p><b>A comprehensive review of 17 records revealed the following deficiencies:</b></p> <p><b>MH-11: In 5 records, the consent for treatment was not signed prior to initiating services and annually thereafter.</b></p> <p><b>MH-12: In 2 of 6 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival.</b></p> <p><b>MH-13: In 4 records, the Bio-psychosocial Assessment (BPSA) was not present in the record (see discussion).</b></p> <p><b>MH-14: In 4 records, the Individualized Service Plan (ISP) was not individualized or did not contain the required components (see discussion).</b></p> <p><b>MH-15: In 13 of 13 applicable records, the ISP was not signed by all relevant parties (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 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>



<p><b>MH-16:</b> In 10 of 13 applicable records, the ISP was not reviewed or revised at the required intervals.</p> <p><b>MH-17:</b> In 8 records, identified problems were not recorded on the problem list.</p> <p><b>MH-18:</b> In 6 of 13 applicable records, the inmate did not receive the services listed on the ISP (see discussion).</p>	
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*Discussion MH-13:* The BPSA (DC4-643C) should be kept in the active medical record. In all four records, the BPSA was unable to be located by staff.

*Discussion MH-14:* In all four records, the ISP was unable to be located by staff.

*Discussion MH-15:* In all 13 records, the inmate's signature was missing, and a refusal was not found. Without the signature of the inmate, it was impossible to determine if he understood and was agreeable to the plan of care.

*Discussion MH-18:* In these records, individual therapy and case management were not provided at the intervals specified on the treatment plan.

<h3 style="text-align: center;">Outpatient Psychotropic Medication Practices</h3>	
<h4 style="text-align: center;">Finding(s)</h4>	<h4 style="text-align: center;">Suggested Corrective Action</h4>
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>MH-19:</b> In 1 of 5 applicable records, follow-up laboratory studies were not conducted as required (see discussion).</p> <p><b>MH-20:</b> In 8 of 14 records, the inmate did not receive the medications as prescribed (see discussion).</p> <p><b>MH-21:</b> In 4 of 7 applicable records, nursing did not meet with the inmate after two consecutive days of refusing psychotropic medication (see discussion).</p> <p><b>MH-22:</b> In 4 of 5 applicable records, the inmate did not sign a refusal after 3 consecutive or 5 medication refusals in one month (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 inmates prescribed psychotropic medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

**Discussion MH-19:** In this record, an inmate was prescribed Risperdal which requires a fasting blood glucose test annually. There was no indication that this was completed within two years prior to the survey.

**Discussion MH-20:** In eight records, there were multiple blanks on one or more Medication Administration Records (MAR) making it impossible to determine if the inmate received the medications as prescribed.

**Discussion MH-21:** According to Health Services Bulletin (HSB) 15.05.19, upon the next working day after two consecutive medication refusals, nursing staff will meet with the inmate. The documented SOAPE note should include an assessment of the situation, counseling/education provided to the inmate, and interventions used to improve his participation in medication therapy. In four records, there was no indication that this took place.

**Discussion MH-22:** Per Departmental policy, a “Refusal of Health Care Services” (DC4-711A) should be completed and then the chart forwarded to the clinician who will document the review and disposition. In four records, there was no indication a refusal was signed or that the clinician was notified of the inmate’s pattern of refusals.

Aftercare Planning	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 8 records revealed the following deficiencies:</b></p> <p><b>MH-23: In 2 records, the inmate was within 180 days End of Sentence (EOS) and aftercare plans were not addressed.</b></p> <p><b>MH-24: In 1 of 1 applicable record, a summary of outpatient mental health care was not completed and forwarded to the community provider within 30 days of 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 with aftercare planning to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

## MENTAL HEALTH SURVEY CONCLUSION

The staff at MARCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to approximately 350 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, provide daily assessments for inmates on SHOS, and perform weekly rounds in confinement. Staff also complete sex offender screenings when needed. At the time of the survey, the infirmary at MARCI was closed due to lack of nursing staff. Inmates who required SHOS were transported to a nearby institution with an infirmary for crisis stabilization and resolution.

There were issues noted with completion of assessments, treatment planning, as well as the provision of mental health care. Many records lacked important documents such as ISPs, BPSAs, consents for treatment, and mental status exams. In addition, many required clinical contacts were not documented (e.g., follow-up after SHOS and psychological emergencies, and initial interviews within 14 days of arrival). Aftercare planning was not provided in many cases when deemed necessary.

Inmates appeared to be receiving timely and thorough psychiatric evaluations. However, there were frequent lapses in medication therapy upon arrival for new inmates, as well as inmates housed in confinement. Additionally, blanks on the MAR and/or multiple refusals did not result in a nursing intervention which could have potentially prevented further non-adherence to the psychotropic medication regimen.

Inmates interviewed expressed dissatisfaction with mental health services. Seventy-five percent of inmates interviewed, reported that security staff prevented them from accessing mental health services or impeded their treatment in some way. For example, an inmate reported that “certain officers won’t respond to a psychological emergency” by contacting medical, but instead will ignore the declaration. Another inmate reported that prior to obtaining a request for services form in confinement, security staff asked the nature of their psychological needs which would be a privacy violation. Additionally, all the inmates interviewed reported difficulty in obtaining medications they needed, either prescription medications from nursing staff, or over-the-counter medications from security staff.

Based on the findings of this survey, it is clear that the corrective action process will be beneficial to improving health care services at MARCI.

# 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.