



Correctional Medical Authority

PHYSICAL AND MENTAL HEALTH SURVEY SUMTER CORRECTIONAL INSTITUTION

SEPTEMBER 14-16, 2021

CMA STAFF

Kathryn McLaughlin, BS
Monica Dodrill, RN

CLINICAL SURVEYORS

Duane Herring, MD
Tim Garvey, DMD
Angela Swary, APRN
Seth Katz, PA
Sue Brown, RN
Pat Meeker, RN
Denise Sanfillipo, LCSW

Report Distributed: October 8, 2021

Corrective Action Plan Due: November 7, 2021

INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Sumter Correctional Institution (SUMCI) 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. SUMCI consists of a Main Unit, a work camp, and a basic training unit for youthful offenders.¹

Institutional Potential and Actual Workload

Main Unit Capacity	1327	Current Main Unit Census	1260
Annex Capacity	N/A	Current Annex Census	N/A
Satellite Unit(s) Capacity	290	Current Satellite(s) Census	281
Total Capacity	1617	Total Current Census	1541

Inmates Assigned to Medical and Mental Health Grades

Medical Grade (M-Grade)	1	2	3	4	5	Impaired
	833	680	46	N/A	4	199
Mental Health Grade (S-Grade)	Mental Health Outpatient			MH Inpatient		
	1	2	3	4	5	Impaired
	1522	39	2	N/A	N/A	0

Inmates Assigned to Special Housing Status

Confinement/ Close Management	DC	AC	PM	CM3	CM2	CM1
	70	37	N/A	N/A	N/A	N/A

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

Medical Unit Staffing

Position	Number of Positions	Number of Vacancies
Physician	0.2	1
Clinical Associate	1	1
Registered Nurse	5.4	3.4
Licensed Practical Nurse	6.8	2.3
CMT-C	1	0
Dentist	1	0
Dental Assistant	2	0
Dental Hygienist	0.5	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	1.5	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

SUMTER CORRECTIONAL INSTITUTION SURVEY SUMMARY

The Correctional Medical Authority (CMA) conducted a thorough review of the medical and mental health systems at Sumter Correctional Institution on September 14-16, 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 SUMCI 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	17	1
Gastrointestinal Clinic	15	0
Immunity Clinic	N/A	N/A
Miscellaneous Clinic	10	2
Neurology Clinic	9	0
Oncology Clinic	5	1
Respiratory Clinic	15	1
Tuberculosis Clinic	2	0

EPISODIC CARE REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	16	1
Infirmiry Care	12	1
Sick Call	15	1

OTHER MEDICAL RECORDS REVIEW

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

DENTAL CARE AND SYSTEMS REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Dental Care	N/A	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	0
Pill Line	N/A	2

INSTITUTIONAL TOUR REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Institutional Tour	N/A	1

PHYSICAL HEALTH SURVEY FINDINGS

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

Endocrine Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p>PH-1: In 4 of 13 applicable records (17 reviewed), there was no evidence inmates with HgbA1c over 8% were seen every three months as required.</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.</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-2: In 2 records, there was no evidence of a complete and appropriate examination (see discussion).</p> <p>PH-3: In 2 records, there was no evidence of control of the disease and/or status of the patient.</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-2: Although both were documented as long-term issues, in one record, benign prostatic hypertrophy (BPH) was not addressed at the clinic visit and in the other record, glaucoma was not addressed.

Oncology Clinic Record Review

Finding(s)	Suggested Corrective Action
<p>PH-4: In 2 of 4 applicable records (5 reviewed), there was no evidence of pneumococcal vaccination or refusal.</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.</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>PH-5: In 3 of 15 records reviewed, there was no evidence of pneumococcal vaccination or refusal.</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>

Emergency Services Record Review

Finding(s)	Suggested Corrective Action
<p>PH-6: In 1 of 5 applicable records (16 reviewed), there was no evidence that clinician follow-up was completed in a timely manner.</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>

Sick Call Record Review

Finding(s)	Suggested Corrective Action
<p>PH-7: In 2 of 2 applicable records (15 reviewed), there was no evidence that clinician follow-up was completed in a timely manner.</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>

Infirmery Care Record Review

Finding(s)	Suggested Corrective Action
<p>PH-8: In 4 of 9 applicable records (12 reviewed), there was no evidence of a complete discharge note by the nurse (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 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 with most just stamped "Discharge from Infirmery."

Consultations Record Review

Finding(s)	Suggested Corrective Action
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-9: In 3 records, the consultation was not performed in a timely manner (see discussion).</p> <p>PH-10: In 8 records, 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>

Discussion PH-9: Per HSB 15.09.04, urgent consultations should be completed within 14 business days, and emergent consultations require immediate attention. In two records, the requests were marked "urgent" but were not completed for two months and four months respectively. In the third record, the request was marked "emergent" but took 14 days to complete. While CMA acknowledges that wait times at Reception Medical Center are not in the control of SUMCI, surveyors expressed concern that these delays in treatment could have serious effects on the inmate's health.

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action
<p>PH-11: In 3 of 15 records reviewed, there was no evidence the clinician reviewed the record within 7 days of arrival.</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>

Medication Administration Record Review

Finding(s)	Suggested Corrective Action
<p>PH-12: In 4 of 12 records reviewed, there was no evidence all medication orders were signed, dated, and/or timed by nursing staff.</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 dosed medications to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Administration of the Pill Line	
Finding(s)	Suggested Corrective Action
<p>Observation of the pill line revealed the following deficiencies:</p> <p>PH-13: Medical personnel did not wash their hands prior to beginning the pill line.</p> <p>PH-14: There was no evidence that an oral cavity check was conducted to ensure the patient swallowed the medication(s).</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 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 deficiency:</p> <p>PH-15: Procedures to access medical and dental sick call were not posted in all dorms.</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>

PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at SUMCI serves a complex and difficult population, including 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. Reportable findings requiring corrective action are outlined in the tables above.

The institutional tour revealed that observed areas on the compound were clean and neat. Interviews held with correctional officers and inmates indicated that all were generally knowledgeable about how to access both routine and emergency medical services. The majority of inmates interviewed described the health care as adequate although several cited the lack of a permanent clinician as a concern.

Several issues were identified in the review of records regarding the provision and timeliness of medical services. Specifically, initial consultations were delayed, as were clinician follow-up visits after sick call or emergency services. It should be noted, that SUMCI has not had a permanent clinician since July 2021, with coverage being provided by clinicians from neighboring institutions. CMA surveyors noted that inconsistent clinical staffing may have contributed to the delays noted above. Additional findings included a lack of pneumococcal vaccinations, as well as incomplete documentation on examinations, infirmary nursing

discharge notes, and medication orders. CMA surveyors expressed concern that delays in treatment or missed opportunities for follow-up could adversely impact inmate health outcomes.

Based on the findings listed above, it is clear that the corrective action process will be beneficial to SUMCI as they strive to meet the health care needs of the inmate population and 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	2

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	10	1
Special Housing	9	1

OUTPATIENT MENTAL HEALTH SERVICES REVIEW

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	12	1
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

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>A comprehensive review of 3 SHOS records revealed the following deficiencies:</p> <p>MH-1: In 1 record, the patient was not observed at the frequency ordered by the clinician (see discussion).</p> <p>MH-2: In 1 of 2 applicable records, mental health staff did not provide adequate post-discharge follow-up (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 episodes of 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: Physician's orders indicated 15-minute observations for inmates admitted to SHOS. These observations were documented on "Observation Checklist" (DC4-650). In one record, there were multiple blanks on the checklist indicating the inmate was not monitored for safety as required.

Discussion MH-2: In one record, there was no evidence that the inmate was seen by mental health staff for follow-up by the seventh day after discharge.

Inmate Requests	
Finding(s)	Suggested Corrective Action
<p>MH-3: In 3 of 10 records reviewed, an interview or referral did not occur as intended in response to an inmate request.</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>

Special Housing	
Finding(s)	Suggested Corrective Action
<p>MH-4: In 2 of 9 records reviewed, the pre-confinement physical evaluation was not completed prior to admission (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 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 both records, the forms were incomplete with one or more areas unaddressed.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action
<p>MH-5: In 3 of 10 applicable records (12 reviewed), the inmate was not interviewed by mental health within 14 days of arrival to the institution.</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>

MENTAL HEALTH SURVEY CONCLUSION

SUMCI has one full-time and one part-time mental health professional. At the time of the survey, approximately 40 inmates were receiving mental health services. In addition to providing services to these inmates, staff answer inmate requests, respond to psychological emergencies, perform weekly rounds in confinement, as well as perform sex offender screenings when needed.

The quality of progress notes and summaries was excellent, and documentation of mental health encounters was complete and informative. When reviewing mental health records, the course and progress of treatment was clear. The interview with the mental health professional revealed a familiarity with the mental health caseload and a strong desire to provide quality services. While there were very few findings identified in the report, SUMCI staff indicated they would use the CMA corrective action process to improve mental health care services.

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.