



# Correctional Medical Authority

## PHYSICAL AND MENTAL HEALTH SURVEY UNION CORRECTIONAL INSTITUTION

OCTOBER 12-14, 2021

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# INSTITUTIONAL DEMOGRAPHICS AND STAFFING

Union Correctional Institution (UCI) houses male inmates of minimum and medium custody levels. The facility grades are medical (M) grades 1, 2, 3, 4, and 5, and psychology (S) grades 1, 2, and 3. UCI consists of a Main Unit.<sup>1</sup>

## Institutional Potential and Actual Workload

<b>Main Unit Capacity</b>	<b>1425</b>	<b>Current Main Unit Census</b>	<b>1312</b>
<b>Annex Capacity</b>	<b>N/A</b>	<b>Current Annex Census</b>	<b>N/A</b>
<b>Satellite Unit(s) Capacity</b>	<b>N/A</b>	<b>Current Satellite(s) Census</b>	<b>N/A</b>
<b>Total Capacity</b>	<b>1425</b>	<b>Total Current Census</b>	<b>1312</b>

## Inmates Assigned to Medical and Mental Health Grades

<b>Medical Grade (M-Grade)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	<b>470</b>	<b>743</b>	<b>139</b>	<b>0</b>	<b>12</b>	<b>462</b>
<b>Mental Health Grade (S-Grade)</b>	<b>Mental Health Outpatient</b>			<b>MH Inpatient</b>		
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Impaired</b>
	<b>1102</b>	<b>61</b>	<b>201</b>	<b>N/A</b>	<b>N/A</b>	<b>335</b>

## Inmates Assigned to Special Housing Status

<b>Confinement/ Close Management</b>	<b>DC</b>	<b>AC</b>	<b>PM</b>	<b>CM3</b>	<b>CM2</b>	<b>CM1</b>
	<b>17</b>	<b>9</b>	<b>N/A</b>	<b>88</b>	<b>88</b>	<b>125</b>

<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	1
Clinical Associate	2	1
Registered Nurse	8	1.6
Licensed Practical Nurse	18	10.6
CMT-C	0	0
Dentist	2	0
Dental Assistant	3	1
Dental Hygienist	1	1

Mental Health Unit Staffing

Position	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatric APRN/PA	0	0
Psychological Services Director	1	0
Psychologists	1	1
Behavioral Specialist	0	0
Mental Health Professional	8	2
Human Services Counselor	0	0
Activity Technician	1	1
Mental Health RN	1	1
Mental Health LPN	0	0

# UNION 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 Union Correctional Institution on October 12-14, 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 UCI 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	15	0
Cardiovascular Clinic	16	0
Endocrine Clinic	16	0
Gastrointestinal Clinic	16	0
Immunity Clinic	14	0
Miscellaneous Clinic	17	0
Neurology Clinic	9	0
Oncology Clinic	14	0
Respiratory Clinic	16	1
Tuberculosis Clinic	N/A	N/A

### *EPISODIC CARE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Emergency Services	15	0
Infirmary Care	14	3
Sick Call	18	0

***OTHER MEDICAL RECORDS REVIEW***

Assessment Area	Number of Records Reviewed	Total Number of Findings
Consultations	15	1
Inmate Request	17	0
Intra-System Transfers	15	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	1

***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.

Respiratory Clinic Record Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-1: In 9 of 9 applicable records (16 reviewed), there was no evidence that reactive airway disease was classified as mild, moderate, and/or severe.</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>

Infirmary Care Record Review	
Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 14 records revealed the following deficiencies:</b></p> <p><b>PH-2: In 4 records, there was no evidence all orders were implemented as received (see discussion).</b></p> <p><b>PH-3: In 3 of 11 applicable records, there was no evidence of a complete discharge note by the nurse (see discussion).</b></p> <p><b>PH-4: In 1 of 3 applicable records, there was no evidence the inmate was evaluated within one hour of being placed in the infirmary 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 infirmary 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-2:** In one record, a chest X-ray was ordered due to shortness of breath. It was not completed until 21 days later. In another record, labs were ordered on 6/29/21 but not done until 7/7/21. In a third record, Macrobid was ordered upon admission to the infirmary but was not given. In the last record, new orders received after the inmate returned from the outside hospital were not implemented.

**Discussion PH-3:** 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 the patient. In all three records, one or more of the requirements was missing.

Consultations Record Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-5: In 11 of 15 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>

Dental Systems Review	
Finding(s)	Suggested Corrective Action
<p><b>PH-6: The American Heart Association prophylactic regimens were not posted in the dental clinic.</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>

## PHYSICAL HEALTH SURVEY CONCLUSION

The physical health staff at UCI 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.

There were relatively few findings in which the provision of physical health services was found to be deficient. However, several concerns were noted in the review of infirmary services, including the incomplete administration of clinical orders as well as inadequate documentation upon discharge.

Interviews conducted by surveyors and CMA staff indicated inmates were familiar with how to obtain routine medical and emergency services. Overall, inmates expressed satisfaction with access to health care. An inspection of the medical areas revealed that they were adequately stocked and all areas on the compound were clean and neat.

UCI 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	4	3

### *USE OF FORCE REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Use of Force	12	0

### *ACCESS TO MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Psychological Emergencies	15	0
Inmate Requests	16	0
Special Housing	9	1

### *OUTPATIENT MENTAL HEALTH SERVICES REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Outpatient Mental Health Services	18	0
Outpatient Psychotropic Medication Practices	18	2

### *AFTERCARE PLANNING REVIEW*

Assessment Area	Number of Records Reviewed	Total Number of Findings
Aftercare Planning	4	0

### *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 4 SHOS records revealed the following deficiencies:</b></p> <p><b>MH-1: In 1 record, the initial nursing evaluation was incomplete (see discussion).</b></p> <p><b>MH-2: In 2 records, the patient was not observed at the frequency ordered by the clinician (see discussion).</b></p> <p><b>MH-3: In 1 record, revision of the Individualized Service Plan (ISP) was not completed within 14 days of 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 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-1:** Although the “Infirmery/Hospital Admission Nursing Evaluation” (DC4-732) was present in the record, it contained multiple blanks. Health and medication history, as well as patient education were not addressed. Department policy requires that all areas of the evaluation be completed.

**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 the first record, one day of observations was unable to be located. In the second record, the form was missing staff signatures and initials.

**Discussion MH-3:** According to Procedure 404.001, when an inmate already receiving mental health services requires an SHOS admission, an ISP revision should be completed within 14 days of discharge. This revision should include the problems and issues that were the focus of attention during the acute mental health crisis.

## Special Housing

Finding(s)	Suggested Corrective Action
<p><b>MH-4: In 1 of 3 applicable records (9 reviewed), the inmate did not continue to receive psychotropic medications as ordered while in confinement (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 confinement 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-4:** In the record, there were blanks on the medication administration record (MAR) between 4/01/21 and 4/17/21 indicating the inmate did not receive his prescribed medication.

## Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action
<p><b>A comprehensive review of 18 records revealed the following deficiencies:</b></p> <p><b>MH-5: In 2 of 7 applicable records, follow-up labs were not conducted as required for inmates on psychotropic medications.</b></p> <p><b>MH-6: In 6 of 17 applicable records, the inmate did not receive medications as prescribed (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 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 three records, there were one or more blanks on the MAR without evidence of refusal, indicating the inmate did not receive medications as prescribed. In the remaining three records, medication orders were inaccurately transcribed on the MAR, causing the inmate to receive incorrect doses of the medication.

## MENTAL HEALTH SURVEY CONCLUSION

The staff at UCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. At the time of the survey, there were approximately 260 inmates receiving mental health services. 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. Additionally, UCI is a close management camp, therefore mental health staff offer weekly therapy groups for these inmates. Staff also perform sex offender screenings when needed, provide daily counseling for inmates on SHOS, and facilitate aftercare services as needed. Reportable findings requiring corrective action are outlined in the tables above.

There were relatively few findings in the provision of mental health care. Half of these were in the area of infirmary mental health admissions. Nursing admission assessments and safety checks were completed inconsistently, and ISPs were not amended to address the treatment plan after discharge. Policies and procedures related to SHOS are essential to ensuring inmate health and safety during an acute mental health crisis.

Inmates interviewed indicated they found mental health care to be adequate and were knowledgeable about how to access services. Mental health, medical, and security staff reportedly functioned as a cohesive team. Staff interviewed expressed a desire to provide excellent care for the inmates on their case load, often offering services more frequently than were indicated on the ISP. Additionally, treatment plans were detailed and individualized, and documentation of mental health encounters was complete and informative. Clinical rationales were included in treatment adjustments and inmates usually participated in treatment team meetings.

A review of medication administration practices indicated that inmates in confinement and the general population frequently did not receive medications as ordered, as evidenced by blanks on MARs. Additionally, medical records were not kept to departmental standards, although this issue will be corrected as the site transitions to an electronic medical record. UCI staff were appreciative of the CMA review and indicated they would use the corrective action plan (CAP) process to correct deficiencies noted above.

# 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.