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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Facility: | |  | | | | | | | | | | | | | |
| Facility Type: | |  | | | | | | | | | | | | | |
| Mailing Address: | |  | | | | | | | | | | | | | |
| City: |  | | | | | County: | | |  | | Phone: | |  | | |
| Agency Head: | |  | | | | | | | | | | | | | |
| Facility Administrator: | | |  | | | | | | | | | | | | |
| Chairperson – County Commission: | | | | | | |  | | | | | | | | |
| Chairperson or Mayor – City Council: | | | | | | |  | | | | | | | |
| |  |  |  | | --- | --- | --- | | Inspection Date: |  |  | | | | | | | | | | | | | | | | |
| Facility Population on Date of Inspection: | | | | | | | | | | | | | | | |
| Date of Last Inspection: | | | |  | | | | | | | | | |
| Health Services Provided By: | | | | Agency Staff: | | | | | | Contracted: | |
| If Provided By Contract, Company Name: | | | | | | | |  | | | | | | | |
| Health Services Administrator: | | | | |  | | | | | | | | | | |
| Medical Inspector(s) and Agency: | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Health Services Staff:** | **Full Time** | **Part Time** |  | |  |  |  |  | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Physicians |  |  |  | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | ARPN/PA |  |  |  | | RN |  |  |  | | LPN |  |  |  | | CNA/MA/EMT |  |  |  | | All Other Staff |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| 1 | ***Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section?***  Comments: | 7.01 |  |  |
| 2 | Are there standard operating procedures for the medical section, which are reviewed at least annually by the Health Authority that covers: |  |
|  | 1. Receiving medical screening; | 7.02(a) |  |  |
|  | 1. Health appraisal and physical examination | 7.02(b) |  |  |
|  | 1. Necessary medical, dental, and mental health services; | 7.02(c) |  |  |
|  | 1. Emergency medical and dental services; | 7.02(d) |  |  |
|  | 1. Notification of next of kin in cases of life threatening illness, or injury, or death; (NOTE: All such notifications shall be in accordance with the parent agency’s own policies and procedures) | 7.02(e) |  |  |
|  | 1. Prenatal care; | 7.02(f) |  |  |  |
|  | 1. Delousing procedures to be implemented as designated by the Health Authority; | 7.02(g) |  |  |
|  | 1. Detoxification procedures under medical supervision; | 7.02(h) |  |  |
|  | 1. A procedure by the Health Authority proscribing standards for review of health appraisals and identification of problems to be reviewed by a physician, advanced registered nurse practitioner, or physician assistant; | 7.02(i) |  |  |
|  | 1. A policy and procedure for a Comprehensive Quality Improvement Program that defines an ongoing effort and dedicated resources to monitor and evaluate the quality and appropriateness of patient care objectively and systemically, to pursue opportunities to improve patient care, and to resolve identified problems | 7.02(j) |  |  |
|  | Comments: |
| 3 | Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form?  Comments: | 7.03 |  |  |
| 4 | Does the receiving screening include inquiry into and recording of: |  |
|  | 1. Current illnesses, including health, psychological problems, communicable and other infectious diseases; | 7.03(a) |  |  |
|  | 1. Medications taken and special health requirements; | 7.03(b) |  |  |
|  | 1. Behavioral observation, including state of consciousness and mental status; | 7.03(c) |  |  |
|  | 1. Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.; | 7.03(d) |  |  |
|  | 1. Condition of skin, eyes, ears, nose and throat, including rashes and infestations, and needle marks, or other indications of drug abuse; | 7.03(e) |  |  |
|  | 1. Inquiry into use of alcohol and other drugs including type of drugs used, mode of use, amount used, frequency used, time and/or date of last use; | 7.03(f) |  |  |
|  | 1. Screening of other health problems as designated by a member of the medical staff. | 7.03(g) |  |  |
|  | Comments: |  |
| 5 | Are medical records maintained for at least seven (7) years on each admitted inmate, kept confidential and kept separate from the inmate’s custody record?  Comments: | 7.04  7.13 |  |  |
| 6 | Is each inmate given a health appraisal, including physical hands on examination by the Health Authority or designee within 14 days of admission to the facility?  Comments: | 7.05 |  |  |
| 7 | Does the Health Authority proscribe the extent of the examination, but include as a minimum: |  |  |  |
|  | 1. Review of medical screening forms by qualified health personnel as designated by the physician; | 7.05(a) |  |  |
|  | 1. Collection of additional data to complete the medical, dental, and psychiatric histories, including a gynecological history for females; | 7.05(b) |  |  |
|  | 1. Laboratory and diagnostic tests as determined necessary by the Health Authority to detect communicable disease, including sexually transmitted diseases and tuberculosis; | 7.05(c) |  |  |
|  | 1. Recording of height, weight, pulse, blood pressure and temperature; | 7.05(d) |  |  |
|  | 1. Other tests and examinations as deemed appropriate; | 7.05(e) |  |  |
|  | 1. Medical examination with comments about mental and dental status; | 7.05(f) |  |  |
|  | 1. Review of the results of the medical examination, tests and identification of problems by a physician or an advanced registered nurse practitioner when required by procedures as referenced in 7.02 (i) of this standard | 7.05(g) |  |  |
|  | 1. The facility policy and procedure requiring a health appraisal contained in the standard operating procedure for the medical section. | 7.05(h) |  |  |
|  | Comments: |  |
| 8 | Does the facility have an agreement or understanding with one or more health care providers to provide regular or emergency services within the facility or at a designated location?  Comments: | 7.06 |  |  |
| 9 | Is a list of names, phone numbers, and call days of emergency health care providers available at each facility?  Comments: | 7.07 |  |  |
| **10** | ***Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?***  Comments: | 7.08 |  |  |
| **11** | ***Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times?***  Comments: | 7.08 |  |  |
| 12 | ***Does the Health Authority or designee inspect all first aid supplies monthly?***  Comments: | 7.08 |  |  |
| 13 | Is a procedure established and maintained for inmates to confidentially request medical assistance which may or may not result in a formal clinic visit.  Comments: | 7.09 |  |  |
| 14 | Medical requests are screened on a daily basis by medically trained personnel and appropriate referrals made for non-emergent illness or injury. As necessary through a protocol supervised by the Health Authority or designee.  Comments: | 7.09 |  |  |
| 15 | Is treatment initiated when appropriate and within a time frame provided by the Health Authority?  Comments: | 7.09 |  |  |
| 16 | Does the facility have an agreement or understanding with a licensed Dentist to provide emergency dental care?  Comments: | 7.10 |  |  |
| 17 | Does the facility’s standard operating procedures for the proper management of pharmaceuticals include: |  |
|  | 1. Adherence to federal and state regulations governing controlled substances; | 7.11 (a) |  |  |
|  | 1. Maximum security storage and perpetual inventory of all controlled substances, syringes, needles, sharps and other instruments defined by the Health Authority. | 7.11 (b) |  |  |
|  | Comments: |  |
| 18 | Are medications administered by licensed medical personnel or by qualified and trained facility staff members according to the direction of a designated physician, PA, or ARNP?  Comments: | 7.12 |  |  |
| 19 | Are summaries or copies of the health record routinely sent to the facility to which the inmate is transferred and marked as Confidential Health Information?  Comments: | 7.14 |  |  |
| 20 | Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility with written approval of the inmate?  Comments: | 7.14 |  |  |
| 21` | Are inmates who are under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time?  Comments: | 7.15 |  |  |
| 22 | Unless authorized in writing by the Health Authority, are inmates determined by medical personnel to have suicidal tendencies assigned to quarters that have close supervision or direct observation.  Comments: | 7.16 |  |  |
| 23 | Are safety provisions for inmates with a propensity for seizures provided?  Comments: | 7.17 |  |  |
| 24 | Are certificates and licenses of the facility medical staff kept on file at a central location within the facility? Comments: | 7.19 |  |  |  |
| 25 | Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with the Centers for Disease Control guidelines?  Comments: | 7.20  7.21 |  |  |
| 26 | Do pregnant females receive timely and appropriate prenatal care by a qualified practitioner that includes medical examinations, advice on appropriate levels of activity and safety precautions, nutritional guidance, and counseling?  Comments: | 7.22 |  |  |  |
| 27 | Are inmates confined in an isolation cell for medical purposes, examined by a physician or designee within 48 hours following their confinement?  Comments: | 7.23 |  |  |  |
| 28 | Does a physician or designee determine when inmates are returned to general population?  Comments: | 7.23 |  |  |  |
| 29 | Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked?  Comments: | 7.28.01 |  |  |  |
| 30 | Does the facility have procedures relating to the safe handling and storage of medicinal drugs?  Comments: | 7.28.01 |  |  |
| 31 | Does the policy and procedure for each facility, which maintains only individual prescriptions, prohibit prescription drugs ordered or stocked in bulk quantities?  Comments: | 7.28.01 |  |  |  |
| 32 | Are all individual prescriptions from pharmacies properly labeled to consist of: |  |
|  | 1. Name and address of the pharmacy; | 7.29.02 (a) |  |  |
|  | 1. Date of dispensing; | 7.29.02 (b) |  |  |
|  | 1. Name of prescribing practitioner; | 7.29.02 (c) |  |  |
|  | 1. Name of patient; | 7.29.02 (d) |  |  |
|  | 1. Directions for use; | 7.29.02 (e) |  |  |
|  | 1. Warning statements if necessary; | 7.29.02 (f) |  |  |
|  | 1. Name and strength of medication; | 7.29.02 (g) |  |  |
|  | 1. Prescription number; and | 7.29.02 (h) |  |  |
|  | 1. Expiration date. | 7.29.02 (i) |  |  |
|  | Comments: |  |
| 33 | Is all medication kept in a locked area at all times except when being issued and is there a maximum security storage area and perpetual inventory system of accountability for all controlled substances, syringes, needles and other sharp instruments?  Comments: | 7.29.03 |  |  |
| 34 | Are narcotics kept behind double lock? | 7.29.03 |  |  |  |
| 35 | Is all prescribed medication recorded on a Medication Administration Record (MAR) in either hard copy or electronic format and made part of the inmates file?  Comments: | 7.29.04 |  |  |  |
| 36 | Is there a system of accountability in place for medications that come under the jurisdiction of the Federal Controlled Substances Act?  Comments: | 7.29.04 (a) |  |  |  |
| 37 | Are logs being maintained for controlled substances, with current balance and balance carried forward from full logs?  Comments: | 7.29.04 (b) |  |  |  |
| 38 | Does the medication administration records contain at a minimum: |  |  |  |  |
|  | 1. Name and number of inmate; | 7.29.05 (a) |  |  |  |
|  | 1. Name and strength of medication; | 7.29.05 (b) |  |  |  |
|  | 1. Directions for use; | 7.29.05 (c) |  |  |  |
|  | 1. Date and time of issue; | 7.29.05 (d) |  |  |  |
|  | 1. Initials or electronic signature of official issuing medication; | 7.29.05 (e) |  |  |  |
|  | 1. Amount of medication issued; | 7.29.05 (f) |  |  |  |
|  | 1. Special restrictions or limitations on use. | 7.29.05 (g) |  |  |  |
|  | Comments: |  |
| 39 | When the inmate refuses medication, is the refusal indicated on the MAR?  Comments: | 7.29.06 |  |  |  |
| 40 | Is unused medication recorded when removed from circulation and stored in a separate container in a secure location, labeled with: | 7.29.07 |
|  | 1. The prescription number; | 7.29.07 (a) |  |  |
|  | 1. The name of the pharmacy issuing the prescription; | 7.29.07 (b) |  |  |
|  | 1. The quantity of the unused medicine in the prescription container. | 7.29.07 (c) |  |  |
|  | Comments: |  |
| 41 | Is unused medication, controlled or non- controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 64B16-28.303, Methods of Destruction?  Comments: | 7.29.08 |  |  |
| 42 | When an inmate is transferred to another facility, is the inmate's medication log, three days dosage of the medication and the inmate's medication log sent to the receiving facility unless otherwise directed by the physician or designee?  Comments: | 7.29.09 |  |  |
| 43 | When the inmate is released from custody, is at least a 3 day supply via written prescription or voucher provided unless otherwise directed by a physician?  Comments: | 7.29.10 |  |  |
| 44 | When an inmate being released refuses medication, is the refusal documented in the health record?  Comments: | 7.29.10 |  |  |
| 45 | Does medication requiring refrigeration meet the following requirements: |  |
|  | 1. Drugs and nonprescription medications requiring refrigeration shall be stored in a refrigerator | 7.29.11  (a)(1) |  |  |
|  | 1. When stored in a general-use refrigerator, medications shall be stored in separate, covered, waterproof, labeled receptacles. | 7.29.11  (a)(2) |  |  |  |
|  | 1. Refrigerators in which medications are stored shall be equipped with a thermometer, and the temperature of the refrigerator shall be maintained between 36 and 46 degrees Fahrenheit. | 7.29.11  (a)(3) |  |  |
|  | 1. Medication refrigerators shall be cleaned and inspected monthly by Medical Staff. | 7.29.11 (a)(3)(a) |  |  |
|  | 1. A refrigerator checklist (or facility form) shall be used to document the daily interior temperature of the refrigerator and the monthly refrigerator inspection and cleaning. | 7.29.11 (a)(3)(b) |  |  |
|  | Comments: |  |