

FLORIDA MODEL JAIL STANDARDS
ANNUAL MEDICAL INSPECTION REPORT

Name of Facility: Flagler County Sheriff's Office

Facility Type: County Jail

Mailing Address: 1002 Justice Lane

City: Bunnell County: Flagler Phone: 3864374116

Agency Head: Sheriff Jim Manfre

Facility Administrator: Becky Quintieri

Chairperson – County Commission: Barbara Revels

Chairperson or Mayor – City Council: _____

Inspection Date: 11/22/2016

Facility Population on Date of Inspection: 149

Date of Last Inspection: 4/24/2016

Health Services Provided By: Agency Staff: Contracted:

If Provided By Contract, Company Name: NA

Health Services Administrator: Chris Hughes RN

Medical Inspector(s) and Agency:

1. Jennifer Owens-Armor Correctional Health Services/St John's County Detention Center

2. _____

3. _____

4. _____

Health Services Staff:	Full Time	Part Time
Physicians	_____	1
ARPN/PA	_____	1
RN	_____	1
LPN	_____	
CNA/MA/EMT	_____	4
All Other Staff	_____	

FMJS CHECKLIST	FACILITY MEDICAL INSPECTION REPORT	FMJS STANDARD REFERENCE	YES	NO	N/A
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1	<i>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?</i> Comments: Current	7.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Are there standard operating procedures for the medical section, which are reviewed at least annually by the Health Authority that covers:				
	(a) Receiving medical screening;	7.02(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Health appraisal and physical examination	7.02(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Necessary medical, dental, and mental health services;	7.02(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Emergency medical and dental services;	7.02(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Prenatal care;	7.02(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Delousing procedures to be implemented as designated by the Health Authority;	7.02(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Detoxification procedures under medical supervision;	7.02(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(i) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(j) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: All defined in policies and current				
3	Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form? Comments: demonstrated on screening form	7.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Does the receiving screening include inquiry into and recording of:				
	(a) Current illnesses, including health, psychological problems, communicable and other infectious diseases;	7.03(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Medications taken and special health requirements;	7.03(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Behavioral observation, including state of consciousness and mental status;	7.03(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;	7.03(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Condition of skin, eyes, ears, nose and throat, including rashes and infestations, and needle marks, or other indications of drug abuse;	7.03(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Screening of other health problems as designated by a member of the medical staff.	7.03(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: demonstrated on screening form				
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: demonstrated and verbalized	7.04 7.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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: Record reviews demonstrate 10-13 days	7.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Does the Health Authority proscribe the extent of the examination, but include as a minimum:				
	(a) Review of medical screening forms by qualified health personnel as designated by the physician;	7.05(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Collection of additional data to complete the medical, dental, and psychiatric histories, including a gynecological history for females;	7.05(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Laboratory and diagnostic tests as determined necessary by the Health Authority to detect communicable disease, including sexually transmitted diseases and tuberculosis;	7.05(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Recording of height, weight, pulse, blood pressure and temperature;	7.05(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Other tests and examinations as deemed appropriate;	7.05(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Medical examination with comments about mental and dental status;	7.05(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) The facility policy and procedure requiring a health appraisal contained in the standard operating procedure for the medical section.	7.05(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: Demonstrated by H&P form				
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: Agreements reviewed and current	7.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Comments: Demonstrated and reviewed	7.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	<i>Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?</i> Comments: Medical staff and corrections staff trained	7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	<i>Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times?</i> Comments: Demonstrated	7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	<i>Does the Health Authority or designee inspect all first aid supplies monthly?</i> Comments: Log reviewed	7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Kiosk utilized at this site. Procedure reviewed.	7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Process reviewed	7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Comments: Treatment initiated within 24 hours or immediately depending on request	7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Does the facility have an agreement or understanding with a licensed Dentist to provide emergency dental care? Comments: Flagler County Health Department Utilized	7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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17	Does the facility's standard operating procedures for the proper management of pharmaceuticals include:				
	(a) Adherence to federal and state regulations governing controlled substances;	7.11 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Maximum security storage and perpetual inventory of all controlled substances, syringes, needles, sharps and other instruments defined by the Health Authority.	7.11 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: Logs reviewed				
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: Policy and process reviewed	7.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23	Are safety provisions for inmates with a propensity for seizures provided? Comments: Policy and process reviewed	7.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24	Are certificates and licenses of the facility medical staff kept on file at a central location within the facility? Comments: Staff licenses current and kept in central location	7.19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Policy and process reviewed	7.20 7.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Flagler County Health Department utilized	7.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Are inmates confined in an isolation cell for medical purposes, examined by a physician or designee within 48 hours following their confinement? Comments: When indicated	7.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Does a physician or designee determine when inmates are returned to general population? Comments: Process reviewed	7.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: License on display	7.28.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Does the facility have procedures relating to the safe handling and storage of medicinal drugs? Comments: Policy and process reviewed	7.28.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31	Does the policy and procedure for each facility, which maintains only individual prescriptions, prohibit prescription drugs ordered or stocked in bulk quantities? Comments: Both individual and stock prescriptions utilized	7.28.01	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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32	Are all individual prescriptions from pharmacies properly labeled to consist of:				
	(a) Name and address of the pharmacy;	7.29.02 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Date of dispensing;	7.29.02 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Name of prescribing practitioner;	7.29.02 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Name of patient;	7.29.02 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Directions for use;	7.29.02 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Warning statements if necessary;	7.29.02 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Name and strength of medication;	7.29.02 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Prescription number; and	7.29.02 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(i) Expiration date.	7.29.02 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: Diamond pharmacy utilized. Medication cards reviewed.				
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: Observed	7.29.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34	Are narcotics kept behind double lock?	7.29.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Electronic record-Corectek	7.29.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Is there a system of accountability in place for medications that come under the jurisdiction of the Federal Controlled Substances Act? Comments: Reviewed	7.29.04 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Are logs being maintained for controlled substances, with current balance and balance carried forward from full logs? Comments: Log reviewed	7.29.04 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Does the medication administration records contain at a minimum:				
	(a) Name and number of inmate;	7.29.05 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Name and strength of medication;	7.29.05 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Directions for use;	7.29.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Date and time of issue;	7.29.05 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Initials or electronic signature of official issuing medication;	7.29.05 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Amount of medication issued;	7.29.05 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Special restrictions or limitations on use.	7.29.05 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Comments: MARs reviewed				
39	When the inmate refuses medication, is the refusal indicated on the MAR? Comments: Reviewd on MAR	7.29.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Is unused medication recorded when removed from circulation and stored in a separate container in a secure location, labeled with:	7.29.07			
	(a) The prescription number;	7.29.07 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) The name of the pharmacy issuing the prescription;	7.29.07 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) The quantity of the unused medicine in the prescription container.	7.29.07 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: Log reviewed				
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: Reviewed	7.29.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.29.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: Policy and process reviewed	7.29.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44	When an inmate being released refuses medication, is the refusal documented in the health record? Comments: Reviewed	7.29.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	2) When stored in a general-use refrigerator, medications shall be stored in separate, covered, waterproof, labeled receptacles.	7.29.11 (a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(a) Medication refrigerators shall be cleaned and inspected monthly by Medical Staff.	7.29.11 (a)(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments: Refrigerator and logs reviewed				