



# Jacksonville Sheriff's Office

PAT IVEY, SHERIFF



Serve • Protect • Community

June 30, 2022

Honorable William O. Farmer, Jr.  
Sheriff, Sumter County, Florida  
1010 Main Street  
Bushnell, FL. 33513

Dear Sheriff Farmer:

On June 14-15, 2022, the annual medical Florida Model Jail Inspection of the Jacksonville Sheriff's Office, Department of Corrections facilities was conducted in accordance with Section 951.23, Florida State Statutes. The time and diligence of the corrections professional lending themselves to this important process is greatly appreciated.

## Compliance Issues

### Serious Violations (if any)

**FMJS 7.8** – The Health Authority or designee shall be responsible for monthly inspection of the first aid supplies.

**Comments:** The Pretrial Detention Facility (PDF) did not have available a monthly inspection to include a discrepancy in first aid supplies. A serious violation report was submitted within 24 hours for this standard.

**Corrective action:** The medical supplies jump bag inventory was updated to reflect the current contents and when the FMJS Medical Inspector returned within 24 hours (June 17, 2022) to conduct a Re-Inspection of the serious violation it was observed that the contracted provider HSA had completed the corrected action. There was appropriate documentation, inventory corrected, and process measures were updated to ensure compliance with FMJS standard 7.8.

### Notable Violations (if any):

**FMJS 7.5** – Each inmate shall be given a health appraisal, including a physical hands-on examination by the health authority or designee within 14 days of admission to the facility.

**Comments:** 42 medical charts were reviewed with 34 patient charts missing completed health appraisals. Five (5) of those completed health appraisals were not reviewed by the health authority.

**Corrective Action:**

The health appraisal backlog is currently being addressed along with the current appraisals. Additional staff are being utilized to help address the backlog. Education was provided that addresses the review by a health authority.

**FMJS 7.36** – Pharmacy Refrigerator: daily temperatures and monthly inspections/cleaning.

**Comments:** The PDF medication cart room refrigerator logs were missing daily temperature readings and monthly inspection/cleanings going back to February 2022.

**Corrective Action:**

Training and education was provided to staff that daily readings must be completed and documented on the medication cart room refrigerator log. The ADON and/or HSA will verify that daily readings are occurring and will sign off on the monthly inspections/cleanings.

**FMJS 7.37** – Medical and Laboratory Supplies – The Health Authority or designee shall be responsible for monthly inspection of expiration dates of such supplies.

**Comments:** In review of medical and laboratory supplies, items were found at the PDF and CTC buildings that were expired. There is currently no record to verify monthly inspections are conducted.

**Corrective action:**

Education was provided to staff at both facilities. A record was created and the ADON will complete a monthly inspection and sign off on the record.

Attached is the Florida Model Jail Standard Serious Violation Report and the medical inspections reports for all three of our facilities for the 2022 year. If you need any further information, please let me know.

Sincerely,



Tammy Morris, Director  
Department of Corrections  
Jacksonville Sheriff's Office



# FLORIDA MODEL JAIL STANDARDS

## SERIOUS VIOLATION NOTIFICATION & CORRECTIVE ACTION FORM

### INSTRUCTIONS

Serious violations are any violations to the Florida Model Jail Standards or other conditions, or practices that appear to pose a substantial or immediate danger to the life, health or safety of one or more inmates or employees. Non-compliance of any bold italicized standards shall automatically be considered serious violations.

When a facility inspector observes a serious violation, the facility inspector shall immediately notify the Officer-in-Charge or designee of the violation and his/her duty to correct the violation. The inspector(s) shall also, within 24 hours of the time he/she observes any such serious violation, prepare and provide the Officer-in-Charge or designee a special written report describing the violation, the notification given, and the corrective action required.

The Officer-in-Charge or designee shall ensure corrective action regarding any such serious violation within 24 hours. Also, the Officer-in-Charge or designee shall submit a written report in response to the serious violation.

#### **STEP 1**

The following ***must*** be completed by the **Facility Inspector** within 24 hours of the time inspector observes any serious violation:

- Standard or standards that are noted as a serious violation;
- Description of the serious violation;
- Date and time notification provided to the Officer-in-Charge or designee;
- Corrective Action Required.

#### **STEP 2**

The following ***must*** be completed by the **Officer-in-Charge** or designee within 24 hours of notification of serious violation(s):

- Prepare written response to serious violation, ensuring corrective action.

#### **STEP 3**

The following ***must*** be completed by the **Facility Inspector** within 48 hours of the time inspector observes any serious violation:

- Prepare written report addressing re-inspection of the serious violation to determine whether it has been corrected.

*These reports and responses shall be public records under the guidelines outlined in Chapter 119, Florida Statutes.*



# FLORIDA MODEL JAIL STANDARDS

## SERIOUS VIOLATION REPORT

### STEP 1

Standard(s) # FMJS 7.8

### SERIOUS VIOLATION NOTIFICATION

#### Facility/Agency Name:

Jacksonville Sheriff's Office Department of Corrections - Pretrial Detention Facility (PDF)

#### Facility OIC/Designee:

Director T. Morris, Dept. of Corrections  
6/16/2022 10:00 AM

#### Description of the Serious Violation(s):

Must be completed within 24 hours of the time inspector observes any serious violation.

***FMJS 7.8 Facility staff trained in the delivery of emergency first aid care and CPR shall be on duty at all times. First aid supplies as designated by the Health Authority shall be available on the premises and readily available at all times. The Health Authority or designee shall be responsible for monthly inspection of the first aid supplies.\****

The Pretrial Detention Facility uses a single jump bag for emergency response that contains emergency first aid supplies. The contract provider has a sign off sheet for the jump bag to log that it is available and to log if it is used. However, there is not a documented monthly inspection of the first aid supplies. HSA Jeanette Laba provided an inventory sheet of the contents of the bag and the inventory was incomplete. The bag also contained instruments (scissors and razors) which were not included on the provided inventory sheet. The practice at this facility differs from the CTC and MCC facilities where zip ties with serial numbers are used for security and accountability. In my interview with the on duty charge nurse, the zip ties at PDF have not been used for weeks and logs supported her response.

#### Corrective Action Required:

Update inventory and contents of the emergency response bag. Maintain monthly inspections of first aid supplies.

While onsite, the HSA and contract provider inspected the emergency response bag, updating the contents and inventory.

#### Inspector Reporting Serious Violation(s):

Joanna Bramlitt EMT CCHP, Compliance Coordinator





# FLORIDA MODEL JAIL STANDARDS

## SERIOUS VIOLATION REPORT

### STEP 2

Standard(s) # FMJS 7.8

### FACILITY OIC or DESIGNEE RESPONSE TO SERIOUS VIOLATION

**6/16/2022 4:00 PM**

#### Response to Serious Violation(s)

Must be completed within 24 hours of serious violation notification.

The Jacksonville sheriff's office (JSO) is committed to providing the best service to our citizens. Our contracted health service provider (Armor) corrected the deficiency immediately and has provided a written corrective action plan to ensure continued compliance. The JSO Department of Corrections and Armor are ready for reinspection at your earliest convenience to show our compliance.



#### CORRECTIVE ACTION PLAN

<b>Site:</b>	Duval County - Jeannette Laba, RN, BSN, CCHP	<b>Origination Date:</b>	6/16/2022
<b>CAP Coordinator:</b>		<b>Updated:</b>	

Area/Indicator/Problem	Root Cause(s)	Corrective Action	Site Responsible Person(s)	Target Date	Status
Emergency bag inventory does not match the MG-021A form	Inventory form not updated for the jump bag	The jump bag inventory form will be updated to reflect the current jump bag contents.	ADON K. Smith	6/17/2022	completed
Monthly not rounds not completed.	Jump bag not inspected monthly	The jump bag will be inspected monthly as part of environmental rounding. All bag contents will be reviews and verified against the current inventory	HSA J. Laba	6/17/2022	completed
Jump bag not restocked and missing numbered security zip ties system.	Lack of education on re-stocking the emergency bag MG-021A and securing the bag using numbered zip ties.	All staff will be re-educated on use, restocking of, and security (zip tie system) of the jump bag during the next staff meeting	HSA J.Laba	6/29/2022	
Emergency Bag was signed off, but inventory was not reviewed	Weekly spot checks did not include the security tags.	Weekly "spot checks" will be conducted to ensure numbered zip ties are used to secure bags.	ADON K.Smith	6/17/2022	Ongoing
No security zip ties were used on the emergency bag	Staff advised zip ties were ordered, but not received. Ties on site were to difficult to take off during a signal	Numbered zip ties were ordered and numbered zip ties were placed on the bak	HSA J Laba	6/17/2022	Completed



# FLORIDA MODEL JAIL STANDARDS

## SERIOUS VIOLATION REPORT

### STEP 3

Standard(s) # FMJS 7.8

### RE-INSPECTION OF SERIOUS VIOLATION

6/17/2022 1:00 PM

**Re-Inspection by Inspector:**

Must be completed within 48 hours of initial observation of serious violation.

On June 17, 2022, Joanna Bramlitt returned to the Jacksonville Sheriff's Office Pretrial Detention Facility for the required re-visit referencing the above serious violation. It was observed that the contracted provider HSA completed the corrective action in place. Appropriate documentation, inventory corrected, and process measures were updated to secure compliance with FMJS standard 7.8. By virtue of compliance with FMJS Medical Standards, it is clear to that this violation was corrected within 48 hours and concludes this portion of the annual inspection.

Serious Violation Corrected

YES

NO

FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT

Part I

Name of Facility: John E. Goode Pretrial Detention Facility  
Facility Type: Maximum Security  
Mailing Address: 500 East Adams Street  
City: Jacksonville County: Duval Phone: (904) 630-5801  
Agency Head: Sheriff Pat Ivey  
Facility Administrator: Director Tammy Morris  
Chairperson – County Commission: N/A  
Chairperson or Mayor – City Council: Lenny Curry

Inspection Date: June 14-15, 2022

Facility Population on Date of Inspection: 2608

Date of Last Inspection: May 14-15, 2019

Health Services Provided By: Agency Staff:  Contracted:

If Provided By Contract, Company Name: Armor

Health Services Administrator: Jeanette Laba

Medical Inspector(s) and Agency:

1. Margaret Pittenger HSA (Clay County SO)

2. Joanna Bramlitt (Clay County SO)

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\* Part I to be completed by the agency and provided to the Inspector(s) on the day of inspection.

ANNUAL MEDICAL INSPECTION REPORT

Part I

<b>Health Services Staff:</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Physicians	2	1 PRN	3
ARPN/PA	3	2 PRN	5
RN	14	8 PRN	22
LPN	25	9 PRN	34
CNA/MA/EMT	3	5 PRN	8
All Other Staff	See Below		

Additional Information: HSA RN Jeanette Laba, ADON RN Keshia Smith; 1 Denist, 2 Dental Assistants, 1 Pharmacy Tech, 1 Phlebotomist, 1 UM Coordinator, 4 Medical Records Clerks, 1 Psych Physician, 1 Psych APRN, 7 Full TTime Mental Health Counselors, 2 Part Time (PRN) Mental Health Counselors, 1 Mental Health Director.



**FACILITY MEDICAL INSPECTION REPORT  
PART II**

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:	7.1	<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;	7.2 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Health appraisal and physical examination	7.2 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Necessary medical, dental, and mental health services;	7.2 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Emergency medical and dental services;	7.2 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)	7.2 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Prenatal care;	7.2 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Delousing procedures to be implemented as designated by the Health Authority;	7.2 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Detoxification procedures under medical supervision;	7.2 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;	7.2 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	7.2 j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments:				
3	Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form? Comments:	7.3	<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;	7.3 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Medications taken and special health requirements;	7.3 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Behavioral observation, including state of consciousness and mental status;	7.3 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;	7.3 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;	7.3 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;	7.3 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Screening of other health problems as designated by a member of the medical staff.	7.3 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.4 7.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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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:	7.5	<input type="checkbox"/>	<input checked="" 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;	7.5 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;	7.5 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;	7.5 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(d) Recording of height, weight, pulse, blood pressure and temperature;	7.5 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(e) Other tests and examinations as deemed appropriate;	7.5 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(f) Medical examination with comments about mental and dental status;	7.5 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	7.5 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.	7.5 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comments: Not all inmates received a health appraisal. See final report.			
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:	7.6	<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:	7.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<b><i>Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?</i></b> Comments: First aid training provided for security staff, no training noted for medical staff.	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<b><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></b> Comments:	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<b><i>Does the Health Authority or designee inspect all first aid supplies monthly?</i></b> Comments: Monthly inspection not recorded monthly, at PDF only. Inventory did not match list provided by HSA.	7.8	<input type="checkbox"/>	<input checked="" 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:	7.9	<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:	7.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Comments:	7.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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16	Does the facility have an agreement or understanding with a licensed Dentist to provide emergency dental care? Comments:	7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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:				
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	<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:	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:	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:	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:	7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23	Are safety provisions for inmates with a propensity for seizures provided? Comments:	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:	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:	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:	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:	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:	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:	7.24	<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:	7.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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31	Does the policy and procedure for each facility, which maintains only individual prescriptions, prohibit prescription drugs ordered or stocked in bulk quantities? Comments:	7.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Are all individual prescriptions from pharmacies properly labeled to consist of:				
	(a) Name and address of the pharmacy;	7.27 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Date of dispensing;	7.27 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Name of prescribing practitioner;	7.27 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Name of patient;	7.27 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Directions for use;	7.27 e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Warning statements if necessary;	7.27 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Name and strength of medication;	7.27 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Prescription number; and	7.27 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(i) Expiration date.	7.27 i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34	Are narcotics kept behind double lock?	7.28	<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:	7.29	<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:	7.29 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:	7.29 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;	7.30 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Name and strength of medication;	7.30 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Directions for use;	7.30 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Date and time of issue;	7.30 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Initials or electronic signature of official issuing medication;	7.30 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Amount of medication issued;	7.30 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Special restrictions or limitations on use.	7.30 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:				

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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39	When the inmate refuses medication, is the refusal indicated on the MAR? Comments:	7.31	<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:				
	(a) The prescription number;	7.32 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) The name of the pharmacy issuing the prescription;	7.32 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) The quantity of the unused medicine in the prescription container.	7.32 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.33	<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:	7.34	<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:	7.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44	When an inmate being released refuses medication, is the refusal documented in the health record? Comments:	7.35	<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	7.36 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.	7.36 a 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.	7.36 a 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(a) Medication refrigerators shall be cleaned and inspected monthly by Medical Staff.	7.36 b	<input type="checkbox"/>	<input checked="" 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.	7.36 c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Comments: February - June missing daily temperature readings and monthly inspections, at PDF only in the cart room.				

FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT

Part I

Name of Facility: Montgomery Correctional Center  
Facility Type: Medium Security Prison Unit  
Mailing Address: 4727 Lannie Road  
City: Jacksonville County: Duval Phone: (904) 630-8861  
Agency Head: Sheriff Pat Ivey  
Facility Administrator: Director Tammy Morris  
Chairperson – County Commission: N/A  
Chairperson or Mayor – City Council: Lenny Curry

Inspection Date: June 14-15, 2022

Facility Population on Date of Inspection: 750

Date of Last Inspection: May 14-15, 2019

Health Services Provided By: Agency Staff:  Contracted:

If Provided By Contract, Company Name: Armor

Health Services Administrator: Jeanette Laba

Medical Inspector(s) and Agency:

1. Margaret Pittenger HSA (Clay County SO)

2. Joanna Bramlitt (Clay County SO)

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\* Part I to be completed by the agency and provided to the Inspector(s) on the day of inspection.



ANNUAL MEDICAL INSPECTION REPORT  
Part I

<b>Health Services Staff:</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Physicians	0	0	0
ARPN/PA	1	2 PRN	3
RN	3	2 PRN	5
LPN	10	2 PRN	12
CNA/MA/EMT	0	0	0
All Other Staff	0	0	0

Additional Information:

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

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:	7.1	<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;	7.2 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Health appraisal and physical examination	7.2 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Necessary medical, dental, and mental health services;	7.2 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Emergency medical and dental services;	7.2 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)	7.2 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Prenatal care;	7.2 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Delousing procedures to be implemented as designated by the Health Authority;	7.2 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Detoxification procedures under medical supervision;	7.2 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;	7.2 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	7.2 j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments:				
3	Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form? Comments:	7.3	<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;	7.3 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Medications taken and special health requirements;	7.3 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Behavioral observation, including state of consciousness and mental status;	7.3 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;	7.3 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;	7.3 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;	7.3 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Screening of other health problems as designated by a member of the medical staff.	7.3 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.4 7.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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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:	7.5	<input type="checkbox"/>	<input checked="" 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;	7.5 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;	7.5 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;	7.5 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(d) Recording of height, weight, pulse, blood pressure and temperature;	7.5 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(e) Other tests and examinations as deemed appropriate;	7.5 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(f) Medical examination with comments about mental and dental status;	7.5 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	7.5 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.	7.5 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comments: Not all inmates received a health appraisal. See final report.			
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:	7.6	<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:	7.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<b><i>Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?</i></b> Comments:	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<b><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></b> Comments:	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<b><i>Does the Health Authority or designee inspect all first aid supplies monthly?</i></b> Comments:	7.8	<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:	7.9	<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:	7.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Comments:	7.9	<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:	7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMS STANDARD REFERENCE	YES	NO	N/A
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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:				
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	<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:	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:	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:	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:	7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23	Are safety provisions for inmates with a propensity for seizures provided? Comments:	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: kept at PDF	7.19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	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: PDF only	7.22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: PDF only	7.23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Does a physician or designee determine when inmates are returned to general population? Comments: PDF only	7.23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: PDF only	7.24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30	Does the facility have procedures relating to the safe handling and storage of medicinal drugs? Comments:	7.24	<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:	7.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS  
STANDARD  
REFERENCE

YES

NO

N/A

32	Are all individual prescriptions from pharmacies properly labeled to consist of:				
	(a) Name and address of the pharmacy;	7.27 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Date of dispensing;	7.27 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Name of prescribing practitioner;	7.27 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Name of patient;	7.27 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Directions for use;	7.27 e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Warning statements if necessary;	7.27 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Name and strength of medication;	7.27 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Prescription number; and	7.27 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(i) Expiration date.	7.27 i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34	Are narcotics kept behind double lock?	7.28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	7.29	<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:	7.29 a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	Are logs being maintained for controlled substances, with current balance and balance carried forward from full logs? Comments: Controlled drugs administered at PDF only	7.29 b	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Does the medication administration records contain at a minimum:				
	(a) Name and number of inmate;	7.30 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Name and strength of medication;	7.30 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Directions for use;	7.30 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Date and time of issue;	7.30 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Initials or electronic signature of official issuing medication;	7.30 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Amount of medication issued;	7.30 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Special restrictions or limitations on use.	7.30 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:				
39	When the inmate refuses medication, is the refusal indicated on the MAR? Comments:	7.31	<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:				

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS  
STANDARD  
REFERENCE

YES

NO

N/A

	(a) The prescription number;	7.32 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) The name of the pharmacy issuing the prescription;	7.32 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) The quantity of the unused medicine in the prescription container.	7.32 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.33	<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:	7.34	<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:	7.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44	When an inmate being released refuses medication, is the refusal documented in the health record? Comments:	7.35	<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	7.36 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.	7.36 a 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.	7.36 a 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(a) Medication refrigerators shall be cleaned and inspected monthly by Medical Staff.	7.36 b	<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.	7.36 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments:				



FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT

Part I

Name of Facility: Community Transition Center  
Facility Type: Minimum Security  
Mailing Address: 451 Catherine Street  
City: Jacksonville County: Duval Phone: (904) 630-2856  
Agency Head: Sheriff Pat Ivey  
Facility Administrator: Director Tammy Morris  
Chairperson – County Commission: N/A  
Chairperson or Mayor – City Council: Lenny Curry

Inspection Date: June 14-15, 2022

Facility Population on Date of Inspection: 281

Date of Last Inspection: May 14-15, 2019

Health Services Provided By: Agency Staff:  Contracted:

If Provided By Contract, Company Name: Armor

Health Services Administrator: Jeanette Laba

Medical Inspector(s) and Agency:

1. Margaret Pittenger HSA (Clay County SO)

2. Joanna Bramlitt (Clay County SO)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

\* Part I to be completed by the agency and provided to the Inspector(s) on the day of inspection.

FLORIDA MODEL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT  
Part I

<b>Health Services Staff:</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Physicians	0	0	0
ARPN/PA	3 (Wed)	0	0
RN	1	1 PRN	2
LPN	1	0	1
CNA/MA/EMT	0	0	0
All Other Staff	0	0	0

Additional Information:

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

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:	7.1	<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;	7.2 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Health appraisal and physical examination	7.2 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Necessary medical, dental, and mental health services;	7.2 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Emergency medical and dental services;	7.2 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)	7.2 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Prenatal care;	7.2 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Delousing procedures to be implemented as designated by the Health Authority;	7.2 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Detoxification procedures under medical supervision;	7.2 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;	7.2 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	7.2 j	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments:				
3	Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form? Comments:	7.3	<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;	7.3 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Medications taken and special health requirements;	7.3 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Behavioral observation, including state of consciousness and mental status;	7.3 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;	7.3 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;	7.3 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;	7.3 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Screening of other health problems as designated by a member of the medical staff.	7.3 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.4 7.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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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:	7.5	<input type="checkbox"/>	<input checked="" 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;	7.5 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;	7.5 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;	7.5 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(d) Recording of height, weight, pulse, blood pressure and temperature;	7.5 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(e) Other tests and examinations as deemed appropriate;	7.5 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(f) Medical examination with comments about mental and dental status;	7.5 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	7.5 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.	7.5 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Comments: Not all inmates received a health appraisal. See final report.			
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:	7.6	<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:	7.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<b><i>Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?</i></b> Comments:	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<b><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></b> Comments:	7.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<b><i>Does the Health Authority or designee inspect all first aid supplies monthly?</i></b> Comments:	7.8	<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:	7.9	<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:	7.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Comments:	7.9	<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:	7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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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:				
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	<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:	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:	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:	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:	7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23	Are safety provisions for inmates with a propensity for seizures provided? Comments:	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: kept at PDF	7.19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	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: PDF only	7.22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: PDF only	7.23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Does a physician or designee determine when inmates are returned to general population? Comments: PDF only	7.23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: PDF only	7.24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30	Does the facility have procedures relating to the safe handling and storage of medicinal drugs? Comments:	7.24	<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:	7.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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32	Are all individual prescriptions from pharmacies properly labeled to consist of:				
	(a) Name and address of the pharmacy;	7.27 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Date of dispensing;	7.27 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Name of prescribing practitioner;	7.27 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(d) Name of patient;	7.27 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(e) Directions for use;	7.27 e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(f) Warning statements if necessary;	7.27 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(g) Name and strength of medication;	7.27 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(h) Prescription number; and	7.27 h	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(i) Expiration date.	7.27 i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34	Are narcotics kept behind double lock?	7.28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	7.29	<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:	7.29 a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	Are logs being maintained for controlled substances, with current balance and balance carried forward from full logs? Comments: Controlled drugs administered at PDF only	7.29 b	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Does the medication administration records contain at a minimum:				
	(a) Name and number of inmate;	7.30 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Name and strength of medication;	7.30 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Directions for use;	7.30 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Date and time of issue;	7.30 d	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Initials or electronic signature of official issuing medication;	7.30 e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Amount of medication issued;	7.30 f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Special restrictions or limitations on use.	7.30 g	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments:				
39	When the inmate refuses medication, is the refusal indicated on the MAR? Comments:	7.31	<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:				



**FACILITY MEDICAL INSPECTION REPORT  
PART II**

FMJS STANDARD REFERENCE	YES	NO	N/A
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	(a) The prescription number;	7.32 a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) The name of the pharmacy issuing the prescription;	7.32 b	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) The quantity of the unused medicine in the prescription container.	7.32 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:	7.33	<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:	7.34	<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:	7.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
44	When an inmate being released refuses medication, is the refusal documented in the health record? Comments:	7.35	<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	7.36 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.	7.36 a 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.	7.36 a 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(a) Medication refrigerators shall be cleaned and inspected monthly by Medical Staff.	7.36 b	<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.	7.36 c	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Comments:				

## FMJS Inspection Evaluation

1. **Inspected Agency Name:** Jacksonville Sheriff's Office
2. **Today's Date:** 6/21/2022
3. **Inspectors' Name(s):** Joanna Bramlitt & Margaret Pittenger
4. **Date of Inspection:** 6/14/2022 - 6/15/2022

Please give your overall impression of the Inspector/Inspection Team.

	Very good	Good	No opinion	Poor	Very poor
• <b>Knowledge (standards interpretation)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Willingness to assist the agency and team members</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Courtesy</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Communication skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Performance of the Inspector/Inspection Team</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments:**

None

5. Please describe any issues or concerns that surfaced regarding the Inspector/Inspection Team during the inspection. If standards related, please provide specifics.

None

6. Was the time allotted for the inspection sufficient to complete all tasks?

Too short

Just right

Too long

7. Was the format of the inspection effective in providing a proper evaluation of the agency? Please elaborate.

Yes

No

Comments:

## Florida Model Jail Standards Team Leader Critique

This evaluation is to be completed at the end of the Florida Model Jail Inspection. The purpose of obtaining this information is to assist in the improvement of inspector training, and to provide one source of data for administrative evaluation. This document will serve its purpose best if items are answered honestly as you reflect back on the inspection team leader.

Facility Inspected: JSO- PDF, MCC, CTC

Inspection Date: 6/14/2022 - 6/15/2022

Name of Team Leader: Joanna Bramlitt

### GENERAL QUESTIONS

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>1. The inspector was prepared for the inspection.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Made facility staff feel comfortable.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Did the Inspector ask staff questions in a courteous manner.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. The Inspector treated all staff with respect.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Were the results of the inspection reviewed during the exit meeting and all questions or concerns addressed?**

Yes