

Oklahoma Department of Corrections

Oklahoma Department of Corrections Private and DOC: ODOC Formulary Group Number:

COLE, BENJAMIN
OK DoC Offender ID 489814
04/08/1965 (57) M Caucasian
Oklahoma State Penitentiary

Mental Health Progress Note NARRATIVE - 03/29/22 03:09 PM

Progress Note:

Note:

Inmate was seen in his cell as he was being moved to medical for a shower. Inmate cell was moderately filthy. The door floor area had condiment bottles filled with liquids at the base of his door. There were trays of food that he had not turned in for pick up. He had more trays, food unopened and food opened in the corner by the bunk that he doesn't sleep in. Inmate was unable to fully position himself in the wheel chair without help from security officers. Inmate clothing looked dingy and perhaps dirty. However, his fingernails were clean and so was his hair. His beard was free of debris and looked combed as well as brushed. His sweats and top were dingy looking. There were no unpleasant odors surprisingly.

Signed Electronically by James Smash, Clinical Coordinator, PhD on 03/29/22 03:21 PM

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wellness and weight check - 03/27/19 03:22 PM

PROGRESS NOTE:

Vitals:

Measurement	03/27/19 10:23 AM
Weight (lbs)	177.0
Temperature (F)	98.4
Pulse Sitting (BPM)	81
Respirations (BPM)	18
PulseOx - Room Air (%)	98.0
SBP (sitting)	131
DBP (sitting)	81

Progress Note:

I/m appears catatonic / noted to have selective mutism in past / unkempt, keeps head down and does not assist in attempt to weigh him / weight on Hoyt lift was 193; on scale squatting 162 / my estimate is 167 / best estimate may be the average of two weights ie about 175 / has large hydrocele he has prev indicated he does not want repaired / I reviewed his MH and medical entries to 2014, essentially unchanged / there does not appear to be any acute problem
CO-PAYMENT ASSIGNMENT ONLY (Select procedure 99211-office visit and/or medication(s) for co-payment)

Encounter: SIMPLE NARRATIVE NOTE

Date/Time of Service: 03/27/19 03:22 PM

Location of Service: Oklahoma State Penitentiary

Provider: Dennis Deakins, MD, MD Authorizing Provider: Dennis Deakins, MD, MD

Signed Electronically by Dennis E. Deakins, MD, MD on 03/27/19 03:27 PM

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MENTAL HEALTH PROGRESS NOTE - SOAP - 04/03/17 07:29 PM

SUBJECTIVE DATA:

Reason for this visit: Follow-up;

Referral source: Medical staff;

Chief Complaint:

Other:

Extremely poor hygiene, hoarding his Kosher meals

Current signs or symptoms and/or responses to treatment:

Inmate refused to speak, or make eye contact, until physician discussed cutting his hair and beard because he was filthy, hair and beard extremely unkempt. Inmate resisted, and said, "Wash and comb, wash and comb." Physician reminded inmate he has promised to improve his hygiene without doing so. Inmate continued to repeat, "Wash and comb, sink and toilet," appearing to indicate he bathes in the toilet as well as the sink. Inmate placed in medical observation following refusal to cooperate in getting his weight, or work with physician or mental health staff in any way. Filthy socks were removed, and new ones were being obtained. When asked about the hoarded food inmate did not respond. When asked what he was eating if not his meals, and inmate responded, "canteen." Inmate was weighed utilizing wheelchair/scale but resisted being lifted out of the wheelchair so the chair could be weighed alone, attempting to lie on the floor, however officers assisted him onto the exam table. Subtracting the weight of the wheelchair it was determined that inmate Cole has not lost weight.

OBJECTIVE DATA:

Appearance: Dishelved;

Offender observed to have poor or declining health? No;

Behavior: Other; Uncooperative

Mood: Anxious;

Affect: Blunted;

Speech: Mumbled; Other; poverty of speech

Perception: Other; Unable to determine

Thought Process: Other; Unable to determine

Thought content: Other; Unable to determine

Suicidal thoughts or behavior: No;

Homicidal thoughts or behavior: No;

Self injury thoughts or behavior: No;

Insight and judgement intact: No;

Reliable history and information from Record: Yes;

ASSESSMENT:

Problems:

Problem	Code	Source	Status	Begin	Resolved	Notes
Diagnosis or Condition Deferred on Axis I	799.9	DSM IV	Suspected	01/26/2015		Offender has not cooperated with this QMHP to adequately assess for a diagnosis.

Vitals:

Measurement 01/18/17 09:40 AM

MH Level: B

EDUCATION:

Medication Education: Instructed offender on risks and benefits of medication adherence / non-adherence? Not applicable. Offender on no medications.;

PLAN:

Plan:

Consult policy for options regarding poor hygiene

Consult with Chief Mental Health Officer regarding possibility of 15 day O&E on the MHU

Consult with primary QMHP

Follow-up:

With primary QMHP

Signed Electronically by Patti Stern, Clinical Coordinator on 04/03/17 07:38 PM

Cosigned Electronically by Janna Morgan, Chief Mental Health Officer, PhD on 04/06/17 10:26 AM (requested by Patti Stern, Clinical Coordinator on 04/03/17 07:38 PM)

Cosigned Electronically by April Taylor, Behavioral Health Clinician on 04/04/17 09:47 AM (requested by Patti Stern, Clinical Coordinator on 04/03/17 07:38 PM)

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Mental Health Progress Note NARRATIVE - 04/03/17 04:50 PM

Progress Note:

Note:

Inmate had 147 kosher meals in his cell and canteen foods. He said that he has been eating canteen, when ask by the Medical Doctor, what has he been eating. His appearance and weight, doesn't show to have changed. His hair, beard and body needs bathing.

Signed Electronically by Bruce White, Behavioral Health Clinician on 04/03/17 04:58 PM

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Mental Health SOAP: Mental health level B - 03/11/14 10:15 AM

Subjective Data:

Reason for this visit: Follow-up;

Chief Complaint:

Other:

Assess mental status and physical status

Current signs or symptoms and/or responses to treatment:

Offender is a 48-yr-old white male with a mental health level of zero. Despite this mental health level, offender during rounds in Jan 2014 showed minor symptoms of mental illness: poor eye contact, mild looseness of association in his speech, and some unusual religious content. In addition, a document dated 27 Dec 2004 when the offender was 39 years old and scanned into the EHR on 12 Sep 2011 contains information about mental health level. The document was signed by Ann Boyd, PhD, who gave the offender a mental health level of B.

Offender was seen today with Dr. Marljar in the medical room on H unit. When offender came to the door, he shook his head and said "I refuse." He repeatedly refused to participate, and steadily walked toward the door. He would not step on the scales to be weighed. He finally consented to sign a document that he refused all treatment.

His affect was not angry or irritable. Despite his oppositional conduct, his mood was in the normal range; indeed, he seemed in a good mood. His speech was too limited to obtain much impression. He mostly said simple phrases such as "I refuse" and "I'm not talking to you guys." His one statement of more than a few words referred to the meals here as "pig food", and he said that he should be receiving kosher food.

He signed a medical refusal form, showing no problems with muscle control. His gait appeared normal. There was no evidence of breathing difficulties, and his skin tone was in the normal range. Orientation and memory could not be fully gauged, due to lack of cooperation, but he showed no obvious deficits.

Comments on Subjective Findings:

The mental health level of zero appears to be incorrect. He had a mental health level of B at age 39, so his mental health level at age 48 should not be zero. His mild symptoms of January 2014 suggest a diagnosis of a psychotic disorder. He was not floridly psychotic today; however, his refusal to speak and his oppositional behavior are consistent with the possibility of paranoid thinking; his conduct could also indicate the social isolation that is typical of schizophrenia. He was not obviously psychotic today, but his mental status should continue to be monitored.

Objective Data:

Behavior: Other; uncooperative

Mood: Normal;

Affect: Within Normal Limits;

Speech: Other; Limited speech due to refusal to cooperate

Perception: No Abnormalities;

Thought Process: Other; Difficult to assess due to lack of cooperation

Thought content: Other; Lack of cooperation could suggest the possibility of paranoid thinking

Suicidal thoughts or behavior: No;

Homicidal thoughts or behavior: No;

Self injury thoughts or behavior: No;

Assessment:

Plan:

Signed Electronically by Dave Kerby, PhD on 03/11/14 11:14 AM

Cosigned Electronically by Janna Morgan, Chief Mental Health Officer, PhD on 03/11/14 03:29 PM (requested by PattiStem, Clinical Coordinator on 03/11/14 11:22 AM)

Cosigned Electronically by Pat Sorrels, CHSA on 03/21/14 10:23 AM (requested by PattiStem, Clinical Coordinator on 03/20/14 04:14 PM)

Cosigned Electronically by Patti Stem, Clinical Coordinator on 03/11/14 11:21 AM (requested by DaveKerby, PhD on 03/11/14 11:14 AM)

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