CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Contract Facility

Health Care Monitoring Audit

Golden State Modified Community

Correctional Facility

May 20-22, 2015

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DATE OF REPORT

June 23, 2015

INTRODUCTION

As a result of an increasing inmate population and a limited capacity to house inmates, the California Department of Corrections and Rehabilitation (CDCR) entered into contractual agreements with private prison vendors to house California inmates. Although these inmates are housed in a contracted facility, either in or out-of-state, the California Correctional Health Care Services (CCHCS) is responsible to ensure health care standards equivalent to California's regulations, CCHCS's policy and procedure, and court ordered mandates are provided.

As one of several means to ensure the prescribed health care standards are provided, CCHCS staff developed a tool to evaluate and monitor the delivery of health care services provided at the contracted facility through a standardized audit process. This process consists of a review of various documents obtained from the facility; including medical records, monitoring reports, staffing rosters, Disability Placement Program (DPP) list, and other relevant health care documents, as well as an onsite assessment involving staff and inmate interviews and a tour of all health care services points within the facility.

This report provides the findings associated with the audit conducted from May 20 through 22, 2015, at Golden State Modified Community Correctional Facility (GSMCCF) which is located in McFarland, California. At the time of the audit, CDCR's *Weekly Population Count*, dated April 3, 2015, indicated that TMCCF had a design capacity of 700 beds, of which 688 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From May 20 through 22, 2015, Field Operations unit audit team conducted a health care monitoring audit at GSMCCF. The audit team consisted of the following personnel:

Kala Srinivasan, Health Program Specialist I
Steven Moulios, Regional Physician Advisor
Patricia Matranga, Registered Nurse

The audit included two primary components: a *quantitative* analysis of established performance measures, and a *qualitative* analysis of operational processes. The end product of the quantitative portion of the audit is a compliance percentage, while the end product of the qualitative analysis is a narrative summary of findings.

Table 1 on the following page illustrates the overall compliance rating achieved during this audit, as well as how the ratings are calculated. The overall rating represents the percentage of the total points awarded out of the total points possible. Points are awarded in three categories; Administration, Delivery, and Operations, which are broken down further into the individual chapters of the audit.

Based on the quantitative portion of this audit, GSMCCF achieved an overall compliance rating of **93.7%** with a rating of **94.9%** in Administration, **92.6%** in Delivery, and **94.6%** in Operations**.** Comparatively

speaking, during the previous audit (conducted November 17 through 19, 2014) the overall quantitative score for GSMCCF was 83.5%, indicating a significant improvement of 10.2 percentage points. Table 2 on the following page provides a comparative overview of facility's performance during the initial and follow-up audits, as well as a trend measurement to show improvement, decline, or sustainability.

The completed quantitative audit, summary of qualitative findings, and Corrective Action Plan (CAP) request are attached for your review.

Table 1.

Quantitative Compliance Ratings	Points Possible	Points Awarded	Score	CAP Required
Administration				
1. Administration	180.0	170.0	94.4%	Yes
2. Access to Health Care Information	110.0	98.5	89.5%	Yes
6. Continuous Quality Improvement (CQI)	60.0	60.0	100.0%	No
13. Licensure and Training	160.0	160.0	100.0%	No
15. Monitoring Logs	150.0	133.3	88.9%	Yes
20. Staffing	90.0	90.0	100.0%	No
Administration Sub Score:	**750.0**	**711.8**	**94.9%**	
Delivery				
5. Chronic Care	60.0	55.0	91.7%	Yes
7. Diagnostic Services	120.0	120.0	100.0%	No
8. Medical Emergency Services/Drills	210.0	160.0	76.2%	Yes
9. Medical Emergency Equipment	320.0	315.7	98.7%	Yes
14. Medication Management	180.0	150.0	83.3%	Yes
17. Patient Refusal of Medical Treatment	20.0	20.0	100.0%	No
18. Sick Call	350.0	333.3	95.2%	Yes
19. Specialty/Hospital Services	180.0	180.0	100.0%	No
Delivery Sub-Score:	**1,440.0**	**1,334.0**	**92.6%**	
Operations				
3. ADA Compliance	60.0	60.0	100.0%	No
4. Chemical Agent Exposure	N/A	N/A	N/A	N/A
10. Grievance/Appeal Procedure	50.0	40.0	80.0%	Yes
11. Infection Control	160.0	160.0	100.0%	No
12. Initial Intake Screening/Health Appraisal	300.0	279.0	93.0%	Yes
16. Observation Unit	N/A	N/A	N/A	N/A
Operations Sub-Score:	**570.0**	**539.0**	**94.6%**	
21. Inmate Interviews (not rated)				
Final Score:	**2,760.0**	**2,584.8**	**93.7%**	

NOTE: For specific information regarding any non-compliance findings indicated in the chart above, please refer to the CAP request (located on page 8 of this report), or to the detailed quantitative findings (located on page 9).

Table 2.

Quantitative Performance Comparison	Audit I 11/2014	Audit II 05/2015	Variance Increase/(Decrease)
1. Administration	94.4%	94.4%	0.0%
2. Access to Health Care Information	87.5%	89.5%	2.0%
3. ADA Compliance	0.0%	100.0%	100.0%
4. Chemical Agent Exposure	100.0%	N/A	N/A
5. Chronic Care	100.0%	91.7%	-8.3%
6. Continuous Quality Improvement (CQI)	0.0%	100.0%	100.0%
7. Diagnostic Services	100.0%	100.0%	0.0%
8. Medical Emergency Services/Drills	82.6%	76.2%	-6.4%
9. Medical Emergency Equipment	58.6%	98.7%	40.1%
10. Grievance/Appeal Procedure	60.0%	80.0%	20.0%
11. Infection Control	100.0%	100.0%	0.0%
12. Initial Intake Screening/Health Appraisal	89.2%	93.0%	3.8%
13. Licensure and Training	81.3%	100.0%	18.7%
14. Medication Management	78.3%	83.3%	5.0%
15. Monitoring Logs	54.9%	88.9%	34.0%
16. Observation Unit	100.0%	N/A	N/A
17. Patient Refusal of Health Care Treatment/ No Show	100.0%	100.0%	0.0%
18. Sick Call	93.6%	95.2%	1.6%
19. Specialty/Hospital Services	100.0%	100.0%	0.0%
20. Staffing	100.0%	100.0%	0.0%
Overall Score:	**83.5%**	**93.7%**	**10.2%**

METHODOLOGY

The audit incorporates both *quantitative* and *qualitative* analyses.

The *quantitative* analysis uses a standardized audit instrument, which measures compliance against established standards at each facility. The audit instrument calculates an overall percentage score, as well as similar individual ratings for each chapter of the instrument. Additionally, a brief narrative is provided addressing each standard being measured which received less than a 100% compliance rating.

The *qualitative* portion of the audit evaluates areas of clinical access and the provision of clinically appropriate care which tends to defy numeric definition, but which nonetheless have a potentially significant impact on performance. Some examples of such areas are collaboration between entities, and efficiency of processes. This portion of the audit is primarily accomplished via interviews of key facility personnel, which also includes medical staff for the overall purpose of identifying staffing practices which may be adversely affecting clinical performance. The overall end product of the qualitative analysis is a summary of qualitative findings, which identifies any areas of concern, as well as any available data supporting the concern(s).

The audit utilizes the Inmate Medical Services Policies and Procedures (IMSP&P) as a means to identify a standard from which to measure health care delivery at contracted facilities. The audit consists of 20 chapters to gauge performance within the facility. Target performance benchmark for clinical access and the provision of clinically appropriate care are defined as follows:

- 85% for each chapter within the audit instrument.

Compliance and non-compliance are defined as follows:

- Compliance - the facility is fully meeting the requirement.
- Non-compliance - the facility is *not* fully meeting the requirement.

The methodology utilized by the audit team for determining compliance with each standard measure in the audit is described in detail in the *Instruction Guide for the Contracted Facilities Health Care Monitoring Audit*.

The scoring of each standard contained within the audit is weighted according to potential severity of impact should the facility be found out of compliance with the standard. The scoring standards are as follows:

Point Value	Weighting Criteria
50.0	Failing to meet the requirement poses *the greatest* medical risk to inmate-patients.
30.0	Failing to meet the requirement poses a *moderate* medical risk to inmate-patients.
10.0	Failing to meet the requirement poses *minimal* medical risk to inmate-patients.

At the conclusion of the audit, a compliance value is assigned to each question based on the data gathered during the audit. That value is expressed as a percentage. The total points possible for a given question is then multiplied by the percentage of compliance to yield the total points awarded. The final scores for each question and the compliance value percentages are rounded to the nearest tenth. For example, for a question valued at 50.0 total possible points, where the compliance rating is 96.0%, the resultant score for that question becomes 50.0 x 0.96 = 48.0 points.

The full point value is awarded only in cases of 100% compliance. Any questions for which the facility demonstrates compliance of less than 100% are assigned partial compliance scores by the method shown above.

Chapter scores are calculated by dividing the total points assessed in each chapter by the total points possible for that chapter, and multiplying by 100 to yield an overall percentage. For example, a chapter with 10 questions may have a total of 180.0 possible points. If during an audit a facility earns 140.0 of those points, the chapter score will be calculated as follows: 140.0 ÷ 180.0 = 0.777 × 100 = 77.8%.

A CAP will be required for all deficiencies within any chapter with a final score below 85.0%, as well as for qualitative concerns which rise to a level at which they are tangibly affecting clinical performance.

The 20 ratable chapters of the *Contract Facility Health Care Monitoring Audit* have been categorized into three major operational areas: administration, delivery, and operations. These overall operational areas are sub-totaled, and sub-scored, on the Qualitative Analysis Findings section of the final report. This is provided for the informational benefit of the facility. As with individual chapter scores, the compliance percentage for each operational area is calculated by dividing the total points earned by the total points available in that area, and multiplying by 100 to yield a percentage. The final overall quantitative score is calculated by the same method.

Scoring for Non-Applicable Questions and Double-Failures:
For questions that are not applicable to the facility being audited, or where a single deviation from policy would result in multiple question failures, the weighted values of such questions are subtracted from the applicable points for the component.

CORRECTIVE ACTION PLAN REQUEST

The chart below reflects all quantitative analysis items where the facility was rated non-compliant, as well as any qualitative analysis items requiring a response from the facility. The audit results for GSMCCF require the facility to develop a CAP for the following specific items. The facility's response must be received no later than 30 days from the date of this report; specifically **July 23, 2015.**

Corrective Action Items – Golden State Modified Community Correctional Facility	
Chapter 1, Question 5	The facility's written policy does not address all the documentation requirements for Release of Information.
Chapter 2, Question 4	The facility's Release of Information log does not contain all the required information.
Chapter 5, Question 1	The inmate-patients are not consistently seen for their chronic care appointments within the 90 day or less time frame or as ordered by the primary care provider.
Chapter 8, Question 5	The facility nursing staff does not consistently document the completion of a face-to-face evaluation of the inmate-patients upon their return from the community hospital emergency department.
Chapter 8, Question 6	The inmate-patients do not consistently receive a follow-up appointment with the primary care provider upon their return from the community hospital emergency department.
Chapter 8, Question 9	The facility does not conduct quarterly emergency medical response (man-down) drills.
Chapter 9, Question 10	Not all of the facility's first-aid kits contain all the required items.
Chapter 10, Question 1	The facility's inmate-patient orientation handbook/manual does not address the health care grievance/appeal (602 HC) process in detail.
Chapter 12, Question 8	The facility's nursing staff do not consistently identify the inmate-patients' current prescription medication orders within 24 hours of their arrival at the facility.
Chapter 12, Question 12	The inmate-patients are not consistently receiving orientation regarding the procedures for accessing health care at the time of initial intake screening.
Chapter 14, Question 10	The inmate-patients do not take their keep-on-person medications to the nursing staff prior to their transfer from the facility.
Chapter 15, Question 4	The documentation in the facility's chronic care log showed that inmate-patients scheduled for chronic care appointments are not consistently seen within the specified time frames.
Chapter 18, Question 1	The facility's inmate-patient orientation handbook/manual does not provide all details on the sick call (CDCR 7362) process.
Chapter 18, Question 6	The facility's nursing staff are not consistently completing the S.O.A.P.E (Subjective, Objective, Assessment, Plan, Education) notes on the CDCR Form 7362, *Health Care Services Request* and/or CDCR 7230, *Interdisciplinary Progress Notes*, or a similar MCCF form.

QUANTITATIVE FINDINGS - DETAILED BY CHAPTER

Chapter 1: Administration	Point Value	Points Awarded
1. Does all health care staff have access to the contractor's health care policies and procedures?	10.0	10.0
2. Does all health care staff have access to health care operational procedures?	10.0	10.0
3. Do health care staff know where and how to access the contractor's health care policies and procedures and health care operational procedures?	10.0	10.0
4. Does the facility have a written policy and/or procedure related to the maintenance/management of the Unit Health Records (UHR)?	10.0	10.0
5. Does the facility have a written policy that addresses the requirements for the release of medical information?	10.0	0.0
6. Does the facility have a written policy and/or procedure related to the Chemical Agent/Use of Force process?	10.0	10.0
7. Does the Chemical Agent/Use of Force policy and/or procedure contain a decontamination process?	10.0	10.0
8. Does the facility have a written policy and/or procedure related to Chronic Care?	10.0	10.0
9. Does the facility have a written policy and/or procedure related to Health Screening?	10.0	10.0
10. Does the facility have a written policy and/or procedure related to the History and Physical (H&P) examination?	10.0	10.0
11. Does the facility have a written policy and/or procedure related to medication management?	10.0	10.0
12. Does the facility have a written policy and/or procedure related to the sick call process?	10.0	10.0
13. Does the facility have a written policy and/or procedure related to specialty services?	10.0	10.0
14. Does the facility have a written policy and/or procedure related to ADA?	10.0	10.0
15. Does the facility have an Infection Control Plan?	10.0	10.0
16. Does the facility have a written policy and/or procedure related to Bloodborne Pathogen Exposure?	10.0	10.0
17. Does the facility have a written policy and/or procedure related to licensure and training?	10.0	10.0
18. Does the facility have a written policy and/or procedure related to Emergency Services?	10.0	10.0
Point Totals:	180.0	170.0
Final Score:		**94.4%**

CHAPTER 1 COMMENTS

1. Question 5 – The facility's policy and procedure for Release of Information (ROI) does not address the documentation of all written requests in the ROI log as stated in IMSP&P, Volume 6, Chapter 36. This equates to 0.0% compliance. This was identified as an issue during the previous audit and remains unresolved.

Chapter 2: Access to Health Care Information	Point Value	Points Awarded
1. Does the treating physician have access to the inmate-patient's CCHCS Electronic Unit Health Record (eUHR)?	10.0	10.0
2. Are loose documents filed and scanned into the health record daily?	10.0	10.0
3. Does the facility have and maintain a Release of Information (ROI) log?	10.0	10.0

4. Does the ROI log contain all required information?	10.0	0.0
5. Are all inmate-patient's written requests for Release of Health Care Information documented on the CDCR 7385, *Authorization for Release of Information,* form or similar form?	10.0	10.0
6. Are all written requests from inmate-patients documented on a ROI log?	10.0	10.0
7. Are all inmate-patient's written requests for health care information filed in the MCCF's shadow file and in the Medico-Legal or miscellaneous section of the eUHR?	10.0	8.5
8. Are all inmate-patient's written requests for release of health care information noted in a progress note in the MCCF's shadow file in the eUHR?	10.0	10.0
9. Are all written requests for release of health care information from a third party accompanied by a valid CDCR 7385, *Authorization for Release of Information,* form or similar form?	10.0	10.0
10. Are all written requests from third parties documented on a ROI log?	10.0	10.0
11. Are all written requests for release of health care information from a third party filed in the MCCF's shadow file and in the Medico-Legal or Miscellaneous section of the eUHR?	10.0	10.0
Point Totals:	110.0	98.5
Final Score:		**89.5%**

CHAPTER 2 COMMENTS

1. Questions 4 – The ROI log does not include information on the number of pages copied, amount charged for the copies, the date of completion of the request, and the name of the staff completing the request. This equates to 0.0% compliance.
2. Questions 7 – Out of 20 inmate-patient requests for ROI received, 17 requests were filed in the shadow files and in the Medico-Legal or miscellaneous section of the eUHR. This equates to 85.0% compliance.

Chapter 3: ADA Compliance	**Point Value**	**Points Awarded**
1. Is there a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodation(s) to ensure the needs of disabled inmate-patients are being addressed?	10.0	10.0
2. Is there a local operating procedure for tracking the provision of health care appliances for all DPP inmate-patients to ensure health care appliances are provided in a timely manner?	10.0	10.0
3. Is there a local operating procedure for tracking the repair of health care appliances for all DPP inmate-patients to ensure health care appliances are provided in a timely manner?	10.0	10.0
4. Is there a local operating procedure to provide an interim accommodation while an appliance is ordered, repaired, or in the process of being replaced?	10.0	10.0
5. Is there a local operating procedure explaining how the facility adds or removes an inmate-patient from the DPP list?	10.0	10.0
6. Is there a local operating procedure explaining how the facility ensures and documents the establishment of effective communication between health care staff and an inmate-patient during each clinical encounter?	10.0	10.0
Point Totals:	60.0	60.0
Final Score:		**100%**

CHAPTER 3 COMMENTS

None.

Chapter 4: Chemical Agent Exposure	Point Value	Points Awarded
1. In the event of Chemical Agent Exposure, if an inmate-patient refuses decontamination, did the facility staff document that he/she was given direction on how to self-decontaminate?	10.0	N/A
2. In the event of Chemical Agent Exposure, if an inmate-patient refuses decontamination, did the health care staff monitor the inmate-patient every 15 minutes for a minimum of 45 minutes?	10.0	N/A
Point Totals:	20.0	N/A
Final Score:		**N/A**

CHAPTER 4 COMMENTS

3. Questions 1 and 2 – Not applicable. During this audit review period there were no inmate-patients that were exposed to chemical agents; therefore, these questions could not be evaluated.

Chapter 5: Chronic Care	Point Value	Points Awarded
1. Was the inmate-patient's chronic care follow-up visit completed within the 90-day or less timeframe, or as ordered by the LIP?	30.0	25.0
2. Did the PCP provide health care education to inmate-patients regarding their chronic care condition during the last Chronic Care Clinic (CCC) follow-up visit?	30.0	30.0
3. If an inmate-patient refuses CCC services, is a Refusal of Treatment form completed?	30.0	N/A
4. If an inmate-patient refuses CCC services, is the inmate-patient referred to the PCP?	30.0	N/A
Point Totals:	120.0	55.0 (60.0)
Final Score:		**91.7%**

CHAPTER 5 COMMENTS

1. Question 1 – Of the six inmate-patients' medical files reviewed for chronic care follow-up visits, five included documentation that the chronic care follow-up was completed within the 90 day or less time frame or as ordered by the PCP. One medical record showed that the PCP had ordered a 90 day follow-up visit; however, the follow-up appointment was not completed until around 120 days. This equates to 83.3% compliance.
2. Questions 3 and 4 – Not applicable. Of the six inmate-patient medical files reviewed, none included documentation of an inmate-patient refusing CCC services; therefore, these questions could not be evaluated.

Chapter 6: Continuous Quality Improvement (CQI)	Point Value	Points Awarded
1. Does the facility have an approved CQI Plan?	10.0	10.0
2. Does the facility CQI Committee ensure a quorum is established per the approved CQI Plan?	10.0	10.0
3. Is there documentation to support the CQI Committee meets at least quarterly?	10.0	10.0
4. Does the documentation of the CQI monitoring activity include the *Aspects of Care Monitoring* form, or similar form?	10.0	10.0
5. Does the facility complete an analysis for each identified "opportunity for improvement" as listed on the *Aspects of Care Monitoring* form, or similar form?	10.0	10.0

6. Is there a documented action and follow-up plan for each identified "opportunity for improvement"?	10.0	10.0
Point Totals:	60.0	60.0
Final Score:		**100%**

CHAPTER 6 COMMENTS

None.

Chapter 7: Diagnostic Services	Point Value	Points Awarded
1. Was the diagnostic test provided to the inmate-patient within the timeframe specified by the LIP?	30.0	30.0
2. Does the PCP review, initial, and date an inmate-patient's diagnostic reports within two days of receipt?	30.0	30.0
3. Was the inmate-patient seen by a PCP for a follow-up visit for a clinically significant diagnostic test result within 14 days, or as clinically indicated, from the date the test results were reviewed by the PCP?	30.0	30.0
4. Was the inmate-patient given written notification of the diagnostic test results within two days of receipt?	30.0	30.0
Point Totals:	120.0	120.0
Final Score:		**100%**

CHAPTER 7 COMMENTS

None.

Chapter 8: Medical Emergency Services/Drills	Point Value	Points Awarded
1. Does the facility have a current Medical Emergency Response procedure?	10.0	10.0
2. Does the facility's local operating procedure pertaining to medical emergencies/response contain instructions on how to communicate, respond, and transport inmate-patients during medical emergencies?	30.0	30.0
3. Does the facility's local operating procedure contain instructions on how to obtain Emergency Medical Services (EMS) transportation 24 hours a day, seven days a week?	30.0	30.0
4. When an inmate-patient returns from a community hospital emergency department, does an RN document their review of the inmate-patient's discharge plan?	30.0	30.0
5. When an inmate-patient returns from a community hospital emergency department, does an RN document the completion of a face-to-face evaluation of the inmate-patient?	30.0	20.0
6. When an inmate-patient returns from a community hospital emergency department, does the inmate-patient receive a follow-up appointment with a PCP within five calendar days of discharge, or sooner as clinically indicated, from the day of discharge?	30.0	20.0
7. Is there documentation that the Emergency Response Review Committee has met at least once a month?	10.0	10.0
8. In the documentation of the Emergency Response Review Committee meetings, does the committee discuss and/or implement a quality improvement action after reviewing the results of an emergency medical response and/or emergency medical response drill?	10.0	10.0
9. Does the facility conduct quarterly emergency medical response (man-down) drills on each shift?	30.0	0.0

10. During emergency medical response and/or drills, is a Basic Life Support (BLS) certified staff member on-site within four minutes of the emergency medical alarm?	30.0	N/A
11. During emergency medical response and/or drills, is an Advanced Cardiac Life Support (ACLS) certified health care staff member providing treatment within eight minutes of the emergency medical alarm?	30.0	N/A
Point Totals:	270.0	160.0 (210.0)
Final Score:		**76.2%**

CHAPTER 8 COMMENTS

1. Question 5 – Of the four inmate-patients, who were sent out to the community hospital for an emergency visit, three inmate-patients returned to the facility and one inmate-patient remained at the hub. Of the three inmate-patients who returned to GSMCCF, two had a face-to-face evaluation with a RN. This equates to 66.7% compliance.
2. Question 6 – Of the four inmate-patients, who were sent out to the community hospital for an emergency visit, three inmate-patients returned to the facility and one inmate-patient remained at the hub. Of the three inmate-patients returning to GSMCCF, two inmate-patients had a follow-up appointment with the PCP within the specified time frame. This equates to 66.7% compliance.
3. Question 9 – Review of the Emergency Response Review Committee (EMRRC) meeting minutes showed that the facility only conducted monthly fire drills and did not conduct medical emergency response (man-down) drills quarterly. This equates to 0.0% compliance.
4. Questions 10 and 11 – Not applicable. These questions automatically fail as a result of the failure described in question 8.9. Under the double failure rule, the points for this question have therefore been removed from the total available points, and these questions rendered not applicable.

Chapter 9: Medical Emergency Equipment	**Point Value**	**Points Awarded**
1. For each shift, do staff document that all Emergency Medical Response Bags in each clinic are secured with a seal?	30.0	30.0
2. Is there documentation, after each medical emergency, that all Emergency Medical Response Bags in each clinic are re-supplied and re-sealed?	30.0	30.0
3. Does the facility have functional Portable suction?	50.0	50.0
4. Is there documentation that the Portable suction in each clinic is checked every shift for operational readiness?	30.0	30.0
5. Does the facility have oxygen tanks?	50.0	50.0
6. Is there documentation that the oxygen tanks in each clinic is checked every shift for operational readiness (at least three-quarters full)?	30.0	30.0
7. Does the facility have a contract for routine oxygen tank maintenance service?	30.0	30.0
8. Is there documentation that the Automated External Defibrillator (AED) in each clinic is checked every shift for operational readiness?	30.0	30.0
9. Are first aid kits located in designated areas?	10.0	10.0
10. Do the first aid kits contain all required items?	10.0	7.1
11. Are spill kits located in the designated areas?	10.0	8.6
12. Do the spill kits contain all required items?	10.0	10.0
Point Totals:	320.0	315.7
Final Score:		**98.7%**

CHAPTER 9 COMMENTS

1. Question 10 – Of the seven first aid kits inspected, two did not contain the cardiopulmonary resuscitation mask. This equates to 71.4% compliance.
2. Question 11 – Of the seven locations checked for spill kits, one did not have a spill kit. This equates to 85.7% compliance.

Chapter 10: Grievance/Appeal Procedure	**Point Value**	**Points Awarded**
1. Does the inmate-patient handbook or similar document explain the grievance/appeal process?	10.0	0.0
2. Is CDCR Forms 602 HC, *Patient-Inmate Health Care Appeal*, readily available to inmate-patients while housed in all housing units?	10.0	10.0
3. Are inmate-patients able to submit the CDCR-602 HC forms on a daily basis in secured/locked boxes in all housing units?	10.0	10.0
4. Are the First Level Health Care Appeals being processed within specified timeframes?	10.0	10.0
5. Does the Appeals Coordinator log all screened/rejected appeals?	10.0	10.0
Point Totals:	50.0	40.0
Final Score:		**80.0%**

CHAPTER 10 COMMENTS

1. Question 1 – The *Golden State Inmate Orientation Manual* does not clearly state the process for second and third level health care appeals, nor does it provide the addresses where second and third level health care appeals are to be sent. Additionally, the orientation manual does not mention the locations of the 602-HC boxes inside the housing units for submitting the completed health care appeal forms. This equates to 0.0% compliance.

Chapter 11: Infection Control	**Point Value**	**Points Awarded**
1. Are disposable instruments discarded after one use?	10.0	10.0
2. Are inmate-patients who come to the clinic with a potential communicable disease isolated from the rest of the inmate-patients in the clinic area?	10.0	10.0
3. Does the staff practice hand hygiene?	30.0	30.0
4. Is personal protective equipment (PPE) (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	10.0	10.0
5. Does the facility have hand sanitizers which are maintained and available for staff use?	10.0	10.0
6. Is the inmate-patient clinic area cleaned after each inmate-patient use?	10.0	10.0
7. Is environmental cleaning of "high touch surfaces" completed within the medical clinic at least once a day?	10.0	10.0
8. Are biohazard materials placed in biohazard material labeled containers?	10.0	10.0
9. Are biohazard material containers picked up from the central storage location on a regularly scheduled basis?	10.0	10.0
10. Is the central storage area for biohazard materials labeled and locked?	10.0	10.0
11. Are sharps placed into a puncture resistant, leak-proof container that is closeable, locked, and labeled with the biohazard symbol?	10.0	10.0
12. Does the facility account for all sharps (needles, scalpels, etc.) by documenting the number at the end of each shift?	10.0	10.0

13. Does the facility have a process to reconcile the sharp count if needed?	10.0	10.0
14. Does the facility secure sharps?	10.0	10.0
Point Totals:	160.0	160.0
Final Score:		**100%**

CHAPTER 11 COMMENTS

None.

Chapter 12: Initial Intake Screening/Health Appraisal	**Point Value**	**Points Awarded**
1. Did the inmate-patient receive an Initial Intake Screening upon arrival at the facility by licensed health care staff?	30.0	30.0
2. Did the inmate-patient receive a complete H&P exam by a PCP ≤ 14 calendar days of arrival at the facility?	30.0	30.0
3. If an inmate-patient was referred to a PCP by nursing staff during the Initial Intake Screening, was the inmate-patient seen in the specified timeframe? (Immediately, within 24 hours, or within 72 hours)	30.0	N/A
4. Was the inmate-patient who presented with an urgent medical, dental or mental health symptoms upon arrival given an immediate referral to appropriate health care professionals for emergency care, prescription management, or modality authorization?	30.0	N/A
5. If an inmate-patient presents with medical, dental, or mental health symptoms upon arrival does the nurse contact the Hub?	30.0	N/A
6. If an inmate-patient was referred for a follow-up medical, dental, or mental health appointment, was the appointment completed?	30.0	N/A
7. Does the MCCF RN compare the medication profile received from the sending facility/institution with the medications the inmate-patient arrived with?	30.0	30.0
8. Did the nurse identify current prescription medication orders and have the medication re-ordered within 8 hours of arrival or was the inmate-patient seen by a PCP within 24 hours of arrival?	30.0	24.0
9. Does the MCCF RN consult with the Hub RN and/or specialty services schedulers to ensure the inmate-patient does or does not have any pending medical appointment?	30.0	30.0
10. Did the MCCF RN sign and date the CDCR 7371, Health Care Transfer Information form?	30.0	30.0
11. Did the PCP document the health appraisal/H&P on the intake H&P form, CDCR 196B?	30.0	30.0
12. At the initial intake screening, did all inmate-patients receive orientation regarding the procedures for accessing health care?	30.0	15.0
13. Did the inmate-patient receive a complete screening for the signs and symptoms of Tuberculosis (TB) upon arrival?	30.0	30.0
14. Did the inmate-patient receive a Tuberculin Skin Test (TS) evaluation upon arrival?	30.0	N/A
15. Does the initial intake screening take place in a manner that ensures inmate-patient confidentiality both visually and orally?	30.0	30.0
Point Totals:	450.0	279.0 (300.0)
Final Score:		**93.0%**

CHAPTER 12 COMMENTS

1. Question 3 – Not applicable. Of the eight inmate-patient medical files reviewed, none of the inmate-patients were referred to the PCP by nursing staff during initial intake screening; therefore, this question could not be evaluated.

2. Question 4 – Not applicable. Of the eight inmate-patient medical files reviewed, none presented with urgent medical, dental, or mental health symptoms upon their arrival at the facility; therefore, this question could not be evaluated.
3. Question 5 – Not applicable. There were no inmate-patients who presented with medical, dental, or mental health symptoms upon arrival at the facility during the audit review period; therefore, this question could not be evaluated.
4. Question 6 – Not applicable. There were no inmate-patients who were referred for a follow-up medical, dental, or mental health appointment during the audit review period; therefore, this question could not be evaluated.
5. Question 8 – Of the eight inmate-patient medical files reviewed, five inmate-patients had current prescription medications of which four were identified by the RN and re-ordered within eight hours of the inmate-patients' arrival at the facility. This equates to 80.0% compliance.
6. Question 12 – Of the eight inmate-patient medical files reviewed, four included documentation that the inmate-patients had received orientation regarding the facility's procedures for accessing health care. This equates to 50.0% compliance.
7. Question 14 – Not applicable. Due to a change in departmental policy, inmate-patients are not required to receive a Tuberculin (TB) skin test evaluation upon arrival. Inmate-patients receive a TB skin test upon arrival at the CDCR Reception Center and then annually thereafter.

Chapter 13: Licensure and Training	**Point Value**	**Points Awarded**
1. Are copies of current licenses maintained for all health care staff?	30.0	30.0
2. Is there a centralized system for tracking expiration of license for all health care staff?	30.0	30.0
3. Are the ACLS certifications current for the Physician, Nurse Practitioner (NP), and/or Physician Assistant (PA)?	30.0	30.0
4. Are the BLS certifications current for the RN/Custody Staff?	30.0	30.0
5. Is there a method in place to address expired certifications/licenses?	10.0	10.0
6. Is there a centralized system in place to track training provided to health care staff?	10.0	10.0
7. Is there a system in place to ensure that health care staff receives training for new or revised policies that are based on Inmate Medical Services Policy and Procedures (IMSP&P) requirements?	10.0	10.0
8. Is annual training provided to medical staff?	10.0	10.0
Point Totals:	160.0	160.0
Final Score:		**100%**

CHAPTER 13 COMMENTS

None.

Chapter 14: Medication Management	**Point Value**	**Points Awarded**
1. Was the medication administered to the inmate-patient as ordered by the PCP?	30.0	30.0
2. Did the prescribing PCP document that they explained the medication to the inmate-patient?	30.0	30.0

3. Was a referral made to the PCP for a discussion for those inmate-patients who did not show for three consecutive days for medication administration or showed a pattern of missed doses?	30.0	N/A
4. Does the RN document the medication is administered on the Medication Administration Record (MAR) once the medication is given to the inmate-patient?	30.0	30.0
5. Are inmate-patient's no shows documented on the MAR?	10.0	N/A
6. Are inmate-patient's refusals for medication administration documented on the MAR?	10.0	N/A
7. Are medication errors documented on the Incident Report-Medication Error Form?	10.0	N/A
8. Does the RN directly observe an inmate-patient taking DOT medication?	30.0	30.0
9. Does the RN check every inmate-patient's mouth, hands and cup after administering DOT medications?	30.0	30.0
10. Does the inmate-patient take all keep on person (KOP) medications to the designated RN prior to transfer?	30.0	0.0
11. Does the RN verify the KOP medications against the current pharmacy medication profile prior to transfer?	30.0	N/A
Point Totals:	270.0	150.0 (180.0)
Final Score:		**83.3%**

CHAPTER 14 COMMENTS

1. Question 3 – Not applicable. There were no inmate-patients who had missed medications during the audit review period; therefore, this question could not be evaluated.

2. Question 5 – Not applicable. There were no inmate-patient "no shows" for pill pass during the audit review period; therefore, this question could not be evaluated.

3. Question 6 – Not applicable. None of the inmate-patients refused their medications during the audit review period; therefore, this question could not be evaluated.

4. Question 7 – Not applicable. There were no documented instances of medication errors during the audit review period; therefore, this question could not be evaluated.

5. Question 10 – Since there were no inmate-patients who transferred from the facility at the time of the audit, the facility RN was interviewed regarding her knowledge of the transfer process. The facility RN stated that inmate-patients do not take their KOP medications to the nursing staff prior to transfer. This equates to 0.0% compliance.

6. Question 11 – Not applicable. This question automatically fails as a result of the failure described in question 14.10. Under the double failure rule, the points for this question have therefore been removed from the total available points, and the question rendered not applicable.

Chapter 15: Monitoring Log	**Point Value**	**Points Awarded**
1. Are inmate-patients seen within timeframes set forth in the sick call policy?	30.0	30.0
2. Are inmate-patients seen within the timeframes set forth in the specialty care policy?	30.0	30.0
3. Are inmate-patients seen within the timeframes set forth in the emergency/hospital services policy?	30.0	30.0
4. Are inmate-patients seen within timeframes as it relates to chronic care policy?	30.0	13.3

5. Are inmate-patients seen within timeframes set forth in the initial intake screening/health appraisal policy?	30.0	30.0
Point Totals:	150.0	133.3
Final Score:		**88.9%**

CHAPTER 15 COMMENTS

1. Question 4 – Based on the chronic care monitoring logs submitted by facility for the audit review period, of the 61 inmate-patients referred to chronic care clinic, 27 were seen by a provider within the specified time frame. This equates to 44.3% compliance.

Chapter 16: Observation Unit	**Point Value**	**Points Awarded**
1. Are inmate-patients checked by the nursing staff every eight hours or more as ordered by a PCP?	30.0	N/A
2. Did the PCP document daily face-to-face encounters with all inmate-patients housed in the Observation Unit?	30.0	N/A
3. Is there a functioning call system in all Observation Unit rooms?	30.0	N/A
Point Totals:	90.0	N/A
Final Score:		**N/A**

CHAPTER 16 COMMENTS

1. Questions 1 through 3 – Not applicable. This facility does not have an observation unit; therefore, this chapter could not be evaluated.

Chapter 17: Patient Refusal of Health Care Treatment/No Show	**Point Value**	**Points Awarded**
1. If an inmate-patient refuses a health care appointment/treatment, does an RN/PCP complete the CDCR Form 7225, *Refusal of Examination and/or Treatment* Form?	10.0	10.0
2. If an inmate-patient refuses a health care appointment/treatment, does an RN/PCP document their discussion of risk and benefits of refusing the appointment/treatment in the inmate-patient's Progress Notes section of the Electronic Medical Record?	10.0	10.0
3. If an inmate-patient did not show for their medical appointment, did the RN/LIP contact the housing unit supervisor to have the inmate-patient escorted to medical to speak with health care staff?	10.0	N/A
4. If an inmate-patient was a no show for a medical appointment/treatment, did the RN contact the PCP to determine if/when the inmate-patient should be rescheduled?	10.0	N/A
5. If an inmate-patient did not show for their medical treatment appointment, did the RN document the reason why the inmate-patient did not show up for their medical treatment?	10.0	N/A
Point Totals:	50.0	20.0 (20.0)
Final Score:		**100%**

CHAPTER 17 COMMENTS

1. Questions 3 through 5 – Not applicable. All inmate-patients showed for their medical appointments during this audit review period; therefore, these questions could not be evaluated.

Chapter 18: Sick Call	Point Value	Points Awarded
1. Does the inmate-patient handbook or similar document explain the sick call process?	10.0	0.0
2. Is an RN reviewing all sick call request forms within one day of receipt?	30.0	30.0
3. If the sick call request reflected inmate-patient symptoms, was it reviewed by an RN within one business day?	30.0	30.0
4. Are inmate-patients seen and evaluated face-to-face by an RN/PCP if the sick call request form indicates an emergent health care need?	30.0	N/A
5. Did the inmate-patient have a face-to-face (FTF) evaluation within the next business day if the health care request slip review indicates a non-emergent health care need?	30.0	30.0
6. Was the S.O.A.P.E. note on the CDCR Form 7362, *Request for Health Care Services*, and/or CDCR Form 7230, *Interdisciplinary Progress Note*, or a CCF similar form completed?	30.0	23.3
7. If an inmate-patient was referred to the Hub or MCCF PCP by the MCCF RN, was the inmate-patient seen within the specified timeframe?	30.0	30.0
8. If an inmate-patient presented to sick call three or more times in a one month period for the same complaint, was the inmate-patient referred to the PCP?	30.0	N/A
9. Does the RN maintain accurate and confidential medical records/shadow files?	10.0	10.0
10. Does the RN administrator ensure compliance with the inmate co-payment requirement?	10.0	10.0
11. If the MCCF RN/PCP determined the inmate-patient's request for medical services are beyond the level available at the facility, does the RN contact the medical Hub institution immediately?	30.0	30.0
12. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN schedule a sick call appointment with the Hub for the inmate-patient and process the appropriate paperwork?	30.0	30.0
13. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN obtain approval/authorization for the Hub CME or designee?	30.0	30.0
14. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN notify the appropriate MCCF staff to coordinate transportation?	30.0	30.0
15. Do the sick call visit locations provide for inmate-patient confidentiality both visually and orally in all housing units?	30.0	30.0
16. Are the sick call request forms readily available to inmate-patients in all housing units?	10.0	10.0
17. Are inmate-patients able to submit sick call request forms on a daily basis in secured/locked boxes in all housing units?	10.0	10.0
Point Totals:	410.0	333.3 (350.0)
Final Score:		**95.2%**

CHAPTER 18 COMMENTS

1. Question 1 – The *Golden State Inmate Orientation Manual* does not clearly state how to submit the completed sick call forms nor does it mention the locations of the sick call boxes inside the housing units for submitting the completed *CDCR 7362* (sick call) forms. This equates to 0.0% compliance.
2. Question 4 – Not applicable. Out of nine medical files reviewed, none indicated an emergent health care need; therefore, this question could not be evaluated.
3. Question 6 – Of the nine inmate-patient medical files reviewed, seven included fully completed S.O.A.P.E notes. This equates to 77.8% compliance.

4. Question 8 – Not applicable. Out of nine inmate-patient medical files reviewed, none of the inmate-patients had presented to sick call three or more times in a one month period for the same complaint, during the audit review period. Therefore, this question could not be evaluated.

Chapter 19: Specialty/Hospital Services	Point Value	Points Awarded
1. Does pertinent information from the eUHR accompany the inmate-patient to the consultation appointment?	30.0	30.0
2. Does the MCCF RN follow utilization review procedures by seeking advance approval from the CME or designee at the Hub institution for any non-emergent care outside the facility?	30.0	30.0
3. Was the inmate-patient seen by the specialist within the timeframe specified by the PCP?	30.0	30.0
4. Did the RN complete a FTF evaluation upon the inmate-patient's return from a specialty consultation appointment?	30.0	30.0
5. When inmate-patient returns from a specialty consult appointment, does an RN notify the PCP of any immediate medication orders or follow-up instructions provided by the specialty consultant?	30.0	30.0
6. Does a PCP review the consultant's report and see the inmate-patient for a follow-up appointment within the specified timeframe? (≤ 3 days for emergent/urgent and ≤ 14 days for routine)	30.0	30.0
Point Totals:	180.0	180.0
Final Score:		**100%**

CHAPTER 19 COMMENTS

None.

Chapter 20: Staffing	Point Value	Points Awarded
1. Does the facility have the required PCP staffing complement?	30.0	30.0
2. Does the facility have the required management staffing complement?	30.0	30.0
3. Does the facility have the required RN staffing complement?	30.0	30.0
Point Totals:	90.0	90.0
Final Score:		**100%**

CHAPTER 20 COMMENTS

None.

QUALITATIVE FINDINGS

As stated earlier in the report, the qualitative analysis portion of this audit attempts to specifically explore the efficacy of the facility's processes for delivering health care services. By their very nature, such processes often defy objective measurement, but are nonetheless worthy of attention and discussion. It bears repeating that although *this portion of the audit is not rated*, any concerning issues identified during the qualitative process may result in additional CAP items (see CAP request for further detail).

The audit team conducted the qualitative analysis primarily via interview of key facility personnel and through review of the electronic medical record. At GSMCCF the personnel interviewed included the following:

E. Pressley – Warden
K. Lo – Medical Doctor
L. Garibay – Registered Nurse, Lead/ Health Services Administrator (HSA)
C. Monique Valdez – Registered Nurse
L. Ramirez – Correctional Officer

The following narrative represents a summary of the information gleaned through interviews of the above-listed personnel, as well as conclusions and inferences drawn from correlating observations and data collected during other portions of the audit. The findings are categorized into five areas: Operations, Recent Operational Changes, Emergency Medical Response Drill, Prior CAP Resolution, and New CAP Issues.

SUMMARY OF QUALITATIVE FINDINGS

GSMCCF has worked diligently to address all CAP items that resulted from the November 2014 audit; this has resulted in a significant improvement in facility's overall performance and all three operational areas have met the benchmark of 85.0% compliance. However, the facility still remains to be consistently non-compliant for several individual CAP items within the three operational areas. Some of the previously identified issues should have been addressed more effectively since most of them can be easily brought to compliance with proper documentation practices, providing adequate staff training and referring to IMSP&P when drafting the facility's policies and procedures. The facility is urged to keep working at addressing all identified issues during the previous and current audits in order to gain full compliance.

OPERATIONS

The audit team observed the medical clinic and facility to be very clean and well maintained. The team observed and interviewed health care and custody staff on the daily operations of the facility. All employees were very accommodating to the team.

Personnel:

Administration

Prior to the onsite audit, the audit team reviewed policies and procedures remotely. During the audit conducted in November 2014, the facility did not have a local policy and procedure that addressed Americans with Disabilities Act (ADA) requirements; however, during the current audit, the facility was found to be fully compliant in this area. The facility has also developed a Continuous Quality Improvement (CQI) plan and has formed a CQI committee and Emergency Medical Response Review Committee (EMRRC). The facility has been conducting monthly CQI meetings. The EMRRC meetings are also being held monthly. The facility provided copies of the CQI and EMRRC meeting minutes for the auditor's review. The facility was found deficient in both of these areas during the previous audit. It was evident that the facility's HSA has taken the necessary steps to ensure compliance of all areas previously found to be deficient and has provided training to all medical staff on all of the facility's local operational procedures (LOPs). However, some of the facility's policies and procedures fail to include essential details on the processes as outlined in the IMSP&P. These are the policies that address release of information, sick call, chronic care, specialty care and emergency services. The auditors suggested the facility administration may wish to have these policies and procedures revised in order to be fully compliant with the IMSP&P guidelines. The auditors emphasized the importance of achieving full compliance for all LOPs and advised the facility management to ensure that all GSMCCF medical staff is trained on all modified LOPs. The facility was very receptive and agreed to provide Private Prison Compliance and Monitoring Unit (PPCMU) with the modified policies along with the facility's CAP.

Housing units were inspected to ensure sick call and health care grievance/appeal forms were readily available; all housing units were found to have a sufficient supply of both forms. When questioned, custody staff were knowledgeable about these forms and the associated processes. All the housing units have secured, labeled boxes installed for collecting sick call requests and health care grievance/appeal forms. Both of the abovementioned items were identified as CAP items during the previous audit with both successfully resolved as evidenced during the current audit.

The facility continues with timely submission of the sick call, chronic care, initial intake, hospital stay/emergency department, and specialty care monitoring logs to PPCMU on a weekly and monthly basis. Improvements were made on all logs with exception of the chronic care log. The auditors discussed with the HSA that several fields on the chronic care logs were missing dates and other required data. The auditor reviewed the chronic care logs with the HSA during the course of the audit and pointed out all the identified deficiencies and errors and urged the HSA to correct the errors and complete the vacant fields as applicable. The HSA corrected the errors and agreed to add the missing information in the logs. This will be monitored during subsequent audits to ensure compliance.

GSMCCF Health Care Staff – Nursing

The medical clinic is staffed by a registered nurse on each watch, seven days a week. The nursing staff focus is on inmate intake processing, transfer of inmates, and providing general medical services. The GSMCCF does not have an Administrative Segregation Unit. However, the facility has several temporary holding cells adjacent to the clinic, where inmate-patients are detained for a variety of medical and

custodial reasons. These holding cells are also used to isolate inmate-patients with contagious illnesses. The holding cells are equipped with a shower which is used to decontaminate inmate-patients following their exposure to chemical agents. The audit team verified that nursing staff is conducting daily rounds in the area containing these holding cells. This verification was achieved through interviews and a review of the holding cell log.

The facility RNs collect the sick call forms from all housing units at the beginning of each shift (totaling three times daily). The requests are triaged and sorted based on routine, urgent, medication refill requests, and dental requests. The RN conducts a face-to-face evaluation of the inmate-patients with urgent requests on the same day. Inmate-patients who submit routine requests are triaged and seen by the facility RN the following day or on the same day based on the clinic schedule. The medication refill requests are faxed to the hub pharmacy. The refills are generally processed by the hub institution within two days of submitting the request. The facility has daily medication runs to the hub pharmacy, Monday through Friday.

During the audit, the facility's sick call process was closely examined to validate nursing staff are adhering to the established sick call protocols. The RN checks the inmate-patient's vital signs and conducts a complete physical assessment of the inmate-patient, verifying the primary complaint. When conducting sick call appointments, the facility RNs record each medical encounter on the CDCR 7362, *Health Care Services Request Form* or CDCR 7230, *Interdisciplinary Progress Note* or similar form. Based on review of the medical charts, it was determined that the facility nursing staff follow the nursing protocols as it relates to completing the required documentation using the S.O.A.P.E. format. However, it was found that some of the medical files had incomplete documentation for sick calls. This was also found during the previous audit as well. It is important to remind nursing staff that S.O.A.P.E notes must be sufficiently more detailed and complete and to exercise more diligence with the completion of documentation in the inmate-patient's medical chart.

Two pill passes were observed during the audit; nursing staff were following proper medication administration protocols while administering prescription and DOT medications to inmate-patients.

There have been no new inmate-patient arrivals to the facility since the preceding audit; therefore, it was not possible to make any observations of the intake screening process. Instead, the auditors interviewed the facility RN regarding the intake process. Based on the interview, it was determined that they have an excellent working knowledge base of established protocols. A review of the inmate-patient medical charts showed four medical charts were missing documentation by the RN. The medical charts did not indicate inmate-patients were educated on how to access health care services at the time of intake screening. All the charts had a GEO form signed by the inmate-patients acknowledging they had received this information at the time of intake screening. The facility RN was informed of the need to document this information in the progress notes or a similar GEO form once they have educated the inmate-patients on how to access medical services at the facility. The facility RN agreed to train all the RNs on this requirement.

GSMCCF Health Care Staff – Primary Care Provider

A total of ten inmate-patient medical charts were reviewed and observations were made as the PCP conducted three sick call appointments and three chronic care appointments. The PCP's subjective and objective assessment of the inmate-patients, diagnoses, treatment plans, and follow-up processes were

found to be adequate. Overall, review of the PCP's documentation in the medical charts and physical observation of the care provided to the inmate-patients was appropriate and medically sound. The physician auditor interviewed the PCP and found the PCP to be familiar with California Code of Regulations, Title 15 requirements and well informed about the CCHCS health care policies and procedures. Overall, no deviations in the care provided by the PCP at GSMCCF were noted.

RECENT OPERATIONAL CHANGES

Subsequent to the previous audit, GSMCCF entered into a contract with Quest Diagnostics, a health care diagnostic company, to provide clinical laboratory services for the facility. GSMCCF is currently procuring supplies (syringes and specimen vials) from Quest Diagnostics enabling the GSMCCF RNs to draw labs onsite. Laboratory services being drawn at the MCCF has eliminated the need to transport inmate-patients to the hub institution for these services and therefore reduced the number of inmate-patient transports. The GSMCCF is currently working with the hub to gain access to Care 360, Quest Diagnostics' online services.

EMERGENCY MEDICAL RESPONSE DRILL

An emergency medical response drill involving an inmate-patient in cardiac arrest was conducted during the onsite audit on May 21, 2015. The mock medical drill was staged in an outside area near the sally port with an officer assuming the role of the unresponsive, pulse-less, non-breathing victim. The facility RN assumed the lead role for the drill, while HSA and custody officers assisted in the drill. The PCP was present during the drill to offer guidance if needed.

The following deficiencies were identified by the audit team and these deficiencies were discussed with the staff involved in the drill:

- There was a delay of four minutes before CPR was initiated.
- Ventilations were not delivered using the Ambu bag. Although oxygen was being delivered, the victim was observed to be not breathing.

Responses to the emergency medical drills were found to be inadequate. The facility's EMRRC meeting minutes clearly showed the facility has been conducting only fire drills and not the emergency medical response drills. This could be the contributing factor for the RN's lack of familiarity in response procedures. The HSA and facility management have been advised of the requirement to hold emergency medical response drills at least quarterly and train their medical staff in order for them to effectively respond during real medical emergencies. It is recommended that all staff responding to a medical emergency scene assist the medical staff in administering CPR and provide any assistance as needed. The facility agreed to conduct medical emergency response drills and provide additional education/training to the RNs and custody staff on emergency medical response procedures.

PRIOR CAP RESOLUTION

During the November 2014 audit, GSMCCF received an overall rating of 83.5% compliance; resulting in a total of 31 CAP items. The November 2014 audit CAP items are as follows:

1. *THE FACILITY DOES NOT HAVE AN LOP TO TRACK AND MONITOR DISABILITY PLACEMENT PROGRAM (DPP) INMATE-PATIENTS AND THEIR ACCOMODATIONS.* (Chapter 3, Question 1) During the November 2014 audit, the facility received a rating of 0.0% compliance in this area. During the onsite audit, the facility provided the audit team with a copy of the LOP showing that the policy has been developed and implemented. The audit team found the facility has improved in this area and received a rating of 100% compliance. This corrective action is considered resolved.

2. *THE FACILITY DOES NOT HAVE AN LOP TO TRACK THE PROVISION OF HEALTH CARE APPLIANCES FOR ALL DPP INMATE-PATIENTS.* (Chapter 3, Question 2) During the November 2014 audit, the facility received a rating of 0.0% compliance. The facility's CAP stated they would develop a health care appliance log to track all DPP inmate-patients' health care appliances. During the current audit, facility staff provided a copy of the log showing this requirement has been completed. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

3. *THE FACILITY DOES NOT HAVE AN LOP TO TRACK THE REPAIR OF HEALTH CARE APPLIANCES FOR ALL DPP INMATE-PATIENTS.* (Chapter 3, Question 3) During the November 2014 audit, the facility received a rating of 0.0% compliance. The facility's CAP stated they would develop a health care appliance repair log to track the repairs of all DPP inmate-patients' health care appliances. As indicated above, facility staff provided a copy of the log showing this requirement has been completed. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

4. *THE FACILITY DOES NOT HAVE AN LOP THAT EXPLAINS PROVISION OF INTERIM ACCOMODATION TO THE DPP INMATE-PATIENT WHILE AN APPLIANCE IS ORDERED, REPAIRED OR IS IN THE PROCESS OF BEING REPLACED.* (Chapter 3, Question 4) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility produced a copy of the LOP showing this requirement has been completed. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

5. *THE FACILITY DOES NOT HAVE AN LOP THAT DEFINES A PROCESS TO ADD OR REMOVE AN INMATE-PATIENT FROM THE DPP LIST.* (Chapter 3, Question 5) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, a copy of a new LOP was produced, addressing this requirement. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

6. *THE FACILITY DOES NOT HAVE AN LOP DEFINING THE REQUIREMENT TO ESTABLISH AND DOCUMENT EFFECTIVE COMMUNICATION BETWEEN HEALTH CARE STAFF AND AN INMATE-PATIENT DURING EACH CLINICAL ENCOUNTER.* (Chapter 3, Question 6) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility produced a copy of a new LOP addressing the requirement for staff to document

effective communication during clinical encounters. In addition, several charts were randomly selected and audited for appropriate effective communication documentation by the medical staff after each inmate-patient encounter. All charts were found in compliance. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered to be resolved.

7. *THE FACILITY DOES NOT HAVE AN APPROVED CONTINUOUS QUALITY IMPROVEMENT PLAN.* (Chapter 6, Question 1) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided a copy of the CQI plan and copies of the CQI meeting minutes. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

8. *WHEN INMATE-PATIENTS RETURN FROM A COMMUNITY HOSPITAL EMERGENCY DEPARTMENT, THE FACILITY RN DOES NOT DOCUMENT THE REVIEW OF THE INMATE_PATIENTS' DISCHARGE PLAN.* (Chapter 8, Question 4) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, an evaluation of the medical charts revealed that the facility RNs review the inmate-patients' discharge plan upon their return from the hub following a community hospital emergency visit. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

9. *THE FACILITY DID NOT HAVE DOCUMENTATION DEMONSTRATING THE FACILITY HAS AN EMERGENCY MEDICAL RESPONSE REVIEW COMMITTEE (EMRRC) THAT MEETS ON A MONTHLY BASIS.* (Chapter 8, Question 7) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided copies of the EMRRC meeting minutes, drill documentation and the LOP that addresses the EMRRC. The meeting minutes reflected discussion of quality improvement actions for each drill conducted. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

10. *THE FACILITY STAFF DO NOT INVENTORY THE EMERGENCY MEDICAL RESPONSE (EMR) BAG LOCATED IN THE CLINIC DURING EACH SHIFT TO ENSURE THE SECURITY SEAL IS INTACT.* (Chapter 9, Question 1) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided copies of the logs which were reviewed and reflected the facility RNs checked the EMR bags during each shift. In addition, the facility conducts monthly inventory checks for the content of the bag, emergency drugs, and documents the tag serial numbers during each count. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

11. *THE FACILITY STAFF DO NOT DOCUMENT THAT THE PORTABLE SUCTION EQUIPMENT IS CHECKED FOR OPERATIONAL READINESS DURING EACH SHIFT.* (Chapter 9, Question 4) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided copies of the EMR log which was examined and found to be in compliance. The logs clearly reflect the facility RNs checked the portable suction equipment for operational readiness during each shift. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

12. *THE FACILITY STAFF DO NOT DOCUMENT THAT THE OXYGEN TANK IS CHECKED ON EACH SHIFT FOR OPERATIONAL READINESS.* (Chapter 9, Question 6) During the November 2014 audit, the

facility received a rating of 0.0% compliance**.** During the current audit, the facility provided copies of the oxygen tank log which was carefully examined. The logs now contain documentation to demonstrate nursing staff have been checking the oxygen tank for operational readiness during each shift. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

13. *THE FACILITY STAFF DO NOT DOCUMENT THAT THE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IS CHECKED ON EACH SHIFT FOR OPERATIONAL READINESS.* (Chapter 9, Question 8) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided copies of the AED log. Again, the logs now reflect nursing staff are verifying and documenting the AED for operational readiness during each shift. The facility received a rating of 100% compliance. This corrective action item is considered resolved.

14. *THE FACILITY DOES NOT HAVE THE CDCR FORMS 602 HC, PATIENT-INMATE HEALTH CARE APPEALS, AVAILABLE IN ALL HOUSING UNITS.* (Chapter 10, Question 2) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, all housing units were inspected and found to have a sufficient supply of CDCR 602 HC forms. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

15. *THE FACILITY DOES NOT HAVE A CLEARLY LABELED AND LOCKED BOX FOR INMATE-PATIENTS TO SUBMIT CDCR FORM 602 HC, PATIENT-INMATE HEALTH CARE APPEALS ON A DAILY BASIS IN ALL HOUSING UNITS.* (Chapter 10, Question 3) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, all housing units were found to be in compliance. Each had a secure properly-labeled box for the inmate-patients to drop their completed health care grievance/appeal (602 HC) forms. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

16. *THE PCP DOES NOT HAVE A CURRENT ADVANCE CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION.* (Chapter 13, Question 3) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, the facility provided copy of ACLS certification for the PCP, which was determined to be current. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

17. *THE PCP DOES NOT DOCUMENT THAT THEY EXPLAINED THE NEWLY PRESCRIBED MEDICATION TO INMATE-PATIENTS*. (Chapter 14, Question 2) During the November 2014 audit, the facility received a rating of 70.0% compliance. During the current audit, a review of medical records showed that the PCP is explaining the newly prescribed medications to the inmate-patients. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

18. *THE RN DOES NOT CHECK EVERY INMATE-PATIENT'S MOUTH, HANDS AND CUP AFTER ADMINISTERING DOT MEDICATION.* (Chapter 14, Question 9) During the November 2014 audit**,** the facility received a rating of 0.0% compliance. During the current audit the facility RNs were observed administering DOT medications to the inmate-patients and the RNs followed established medication administration protocols for DOT medications. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

19. *THE FACILITY SUBMITTED INCOMPLETE SICK CALL LOGS DURING THE PREVIOUS QUARTER THAT WERE MISSING DATES FOR SICK CALL APPOINTMENTS.* (Chapter 15, Question 1) During the November 2014 audit, the facility received a rating of 0.01% compliance. During the current audit the facility received a rating of 100% compliance. This corrective action item is considered resolved.

20. *THE FACILITY SUBMITTED INCOMPLETE SPECIALTY CARE LOGS DURING THE PREVIOUS QUARTER THAT WERE MISSING DATES FOR SPECIALTY CARE APPOINTMENTS.* (Chapter 15, Question 2) During the November 2014 audit, the facility received a rating of 67.7% compliance. During the current audit the facility received a rating of 100% compliance. This corrective action item is considered resolved.

21. *THE DOCUMENTATION IN THE FACILITY'S CHRONIC CARE LOG SHOWED THAT INAMTE-PATIENTS SCHEDULED FOR CHRONIC CARE APPOINTMENTS ARE NOT CONSISTENTLY SEEN WITHIN THE SPECIFIED TIMEFRAMES.* (Chapter 15, Question 4) During the November 2014 audit, the facility received a rating of 60.0% compliance. During the current audit, the facility received a 44.3% compliance and has failed to achieve the target compliance rating of 85.0%. This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

22. *THE DOCUMENTATION IN THE FACILITY'S INITIAL HEALTH APPRAISAL MONITORING LOG SHOWED THAT THE INMATE-PATIENTS DID NOT RECEIVE AN INITIAL HEALTH APPRAISAL WITHIN 14 CALENDAR DAYS OF ARRIVAL AT THE FACILITY.* (Chapter 15, Question 5) During the November 2014 audit, the facility received a rating of 46.7% compliance. During the current audit the facility received a rating of 100% compliance. This corrective action item is considered resolved.

23. *THE FACILITY DOES NOT HAVE A LOCAL OPERATING PROCEDURE (LOP) ADDRESSING RELEASE OF INFORMATION PURSUANT TO IMSP&P.* (Qualitative Action Item #1 - Chapter 1, Question 5) During the November 2014 audit, the facility received a rating of 0.0% compliance in this area. During the onsite audit, the facility produced a copy of the LOP; however, the auditor's review of the LOP showed the policy failed to include information regarding documentation of inmate-patient and third party requests in the release of information log. The facility has failed to address this CAP item effectively, as a result receiving a rating of 0.0% compliance. This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

24. *THE PRIMARY CARE PROVIDER (PCP) AND THE MEDICAL STAFF ARE NOT MAINTAINING LOG ON ACCESS TO THE E-UHR.* (Qualitative Action Item #2 - Chapter 2, Question 1) During the November 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the audit team requested the PCP and the facility medical staff to log on to the eUHR in the auditor's presence and it was found that all the medical staff and PCP currently maintain their log on access to the e-UHR. The facility has improved in this area and received a rating of 100% compliance. This corrective action is considered resolved.

25. *INMATE-PATIENTS ARE NOT RECEIVING A COMPLETE HEALTH CARE APPRAISAL BY A PCP WITHIN 14 DAYS OF THEIR ARRIVAL AT THE FACILITY.* (Qualitative Action Item #3 - Chapter 12, Question 2) During the November 2014 audit, the facility received a rating of 0.0% compliance.

During the current audit, review of the medical charts showed all the inmate-patients are currently receiving a complete health care appraisal by the PCP within 14 days of their arrival at the facility. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

26. *THE PCP IS NOT DOCUMENTING THE HEALTH APPRAISAL/H&P ON THE INTAKE H&P FORM, CDCR 196 B.* (Qualitative Action Item #4 - Chapter 12, Question 11) During the November 2014 audit, the facility received a rating of 28.6% compliance. During the current audit, review of the medical charts showed the PCP currently documents all inmate-patient health care appraisals on the intake H&P form, CDCR 196 B. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

27. *THE RN IS NOT REVIEWING SICK CALL REQUEST FORMS WITHIN ONE BUSINESS DAY OF RECEIPT.* (Qualitative Action Item #5 - Chapter 18, Question 2) During the November 2014 audit, the facility received a rating of 83.3% compliance. During the current audit, review of the medical charts showed the facility RNs are currently triaging all the sick call request forms within one day of receipt. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

28. *THE FACILITY RN IS NOT CONSISTENTLY COMPLETING S.O.A.P.E. NOTES ON THE CDCR FORM 7362, HEALTH CARE SERVICES REQUEST AND OR CDCR FORM 7230, INTERDISCIPLINARY PROGRESS NOTES OR SIMILAR MCCF FORM.* (Qualitative Action Item #7 - Chapter 18, Question 6) During the November 2014 audit, the facility received a rating of 75.0% compliance. During the current audit, nine inmate-patient medical charts were reviewed, of which seven were found in compliance with this requirement; resulting in a rating of 77.8% compliance. This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

29. *THE FACILITY DOES NOT HAVE THE CDCR FORMS 7362, HEALTH CARE SERVICES REQUEST FORM, AVAILABLE IN ALL HOUSING UNITS.* (Qualitative Action Item #7 - Chapter 18, Question 16) During the November 2014 audit, the facility received a rating of 0.0% compliance. During the current audit, all housing units were found to have sufficient supply of CDCR 7362 forms. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

30. *THE FACILITY RNs HAVE NOT RECEIVED PROPER TRAINING ON THE REQUIREMENTS FOR PROCESSING RELEASE OF INFORMATION*. (Qualitative Action Item #8) During the November 2014 audit, the facility medical staff was unable to explain how to process release of information requests received from inmate-patients and third parties. During the current audit, the audit team interviewed the facility medical staff to assess their knowledge about the process and all of the staff was able to explain the process. The facility also submitted copies of training logs to show that all medical staff was provided training on this process. The facility has improved in this area and received a rating of 100% compliance. This corrective action item is considered resolved.

31. *THE GEO CORPORATION IS NOT WITHIN CONTRACTUAL OBLIGATIONS FOR HAVING A PCP ONSITE FIVE DAYS A WEEK, FOUR HOURS A DAY.* (Qualitative Action Item #9) During the November 2014 audit, the facility was staffed with a PCP only three days a week, eight hours on

Mondays and Tuesdays, and four hours on Thursdays. Subsequent to the audit, the facility management informed the audit team that the PCP's schedule has changed. The PCP was available onsite five days a week, four hours per day. During the current audit, the audit team checked the staffing schedule and determined the PCP is currently scheduled to provide his services at the facility from 0800 hours to 1200 hours, Monday through Friday. The facility has improved in this area and is fully compliant with the current contractual obligations. This corrective action item is considered resolved.

CONCLUSION

The audit team found GSMCCF has taken significant steps in their efforts to improve the deficiencies identified during the November 2014 audit. Overall, compliance has increased by 10.2 percentage points. Although this is a significant improvement, GSMCCF will need to revise its LOPs that were identified as deficient. Since the facility's LOPs are intended to serve as a reference tool for all health care staff when providing health care services to the inmate-patients, it is imperative that the facility outline detailed processes when drafting their LOPs for administrative, operational and health care delivery areas to gain full compliance with the IMSP&P. In addition, nursing staff have been advised it is their responsibility to fully complete sick call documentation in the S.O.A.P.E. format. The facility's poor performance in some areas is a direct result of inadequate documentation. Although GSMCCF has established an EMRRC, it has failed to conduct emergency medical response drills, and the medical staff have not received adequate training. If the medical staff are incapable of responding in an effective manner during medical emergencies, it may place the inmate-patients' lives at risk. The audit team strongly advises the facility to conduct EMR drills and ensure the participation of all health care staff in these drills.

STAFFING UTILIZATION

Prior to the onsite audit at GSMCCF, the audit team conducted a review of all health care positions. The purpose of this review was not only to identify both budgeted (required) and filled positions on duty during this audit period, but also to provide talking points for subsequent qualitative interviews with staff during the onsite audit.

Effective September 1, 2014, the contract with CDCR was amended, requiring the facility to provide 24 hour nursing coverage seven days a week and to have physician coverage five days per week, four hours a day. The PCP is available onsite Monday through Friday 0800 hours to 1200 hours. The facility continues to maintain compliance with these requirements.

INMATE INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from a designated number of the inmate-patients, by utilizing each question as a springboard for discussion, with appropriate follow up to identify any areas where barriers to health care access may potentially exist.

Please note that while this chapter is not rated, audit team members made every attempt to determine with surety whether any claim of a negative nature could be supported by material data or observation. The results are briefly discussed in the "comments" section below.

Chapter 21: Inmate Interviews (not rated)
1. Are the inmate-patients aware of the sick call process?
2. Does the inmate-patient know where to get a Sick Call request form?
3. Does the inmate-patient know where to place the completed Sick Call request form?
4. Is there assistance available if you have difficulty in completing the Sick Call form?
5. Are inmate-patients aware of the grievance/appeal process?
6. Does the inmate-patient know where the CDCR-620 HC form can be found?
7. Does the inmate-patient know where and how to submit the CDCR-602 HC form?
8. Is assistance available if you have difficulty completing the CDCR 602-HC form?
9. Are you aware of your current disability/ADA status?
10. Are you receiving any type of accommodation based on your disability? (Housing Accommodation, Medical Appliance)
11. Are you aware of the process to request reasonable accommodation?
12. Do you know where to obtain a request for reasonable accommodation form?
13. Did you receive reasonable accommodation in a timely manner? If no, were interim accommodations provided?
14. Have you used the medical appliance repair program?
15. If yes, how long did the repair take?
16. If yes, were you provided an interim accommodation?
17. Are you aware of the grievance/appeal process for a disability related issue?
18. Can you explain where to find help if you need assistance obtaining or completing a form (i.e. CDCR 602-HC Inmate/Parolee Health Care Appeal Form, CDCR 1824 Reasonable Modification or Request for Reasonable Accommodation Form)
19. Have you submitted an ADA Grievance/Appeal?
20. If yes, how long did the process take?
21. Do you know the name of the ADA Coordinator at this facility?
22. Do you have access to license health care staff to address any issues regarding your disability?
23. During contact with medical staff do they explain things to you in a way you understand?

Comments:

1. Regarding questions 1 through 4 – No negative responses. None of the six inmate-patients interviewed voiced concerns for accessing or submitting the CDCR Form 7362, *Health Care Services Request.*

2. Regarding questions 5 through 8 – No negative responses. None of the six inmate-patients interviewed voiced concern for accessing or submitting the CDCR 602-HC forms. None of the inmate-patients interviewed stated that they had trouble filling out the forms but did identify that there are resources available for those inmate-patients who have trouble filling out the forms.

3. Regarding questions 9 through 23 – GSMCCF had two inmate-patients on the DPP list at the time of the audit. Both inmate-patients were interviewed; the inmate-patients were content with the accommodations and care provided by the facility medical staff. One inmate-patient required translator services to achieve effective communication as he did not speak English; one of the custody staff acted as a staff assistant/interpreter during the interview.

   One of the inmate-patients interviewed during the previous audit voiced a health care-related complaint about custody staff. He had mentioned that he was not receiving assistance from custody staff to fill out health care appeal and sick call forms. He also had stated that the custody staff mocked him because he spoke a foreign language and the inmates in his housing unit demanded money or items in return for assistance they provided to fill out his forms. The auditor followed up with the HSA and the inmate-patient regarding this issue. The inmate-patient stated that he is currently receiving all the assistance he needs when he has to fill out forms. He also profusely thanked the auditors for following up on his complaint and helping him to get assistance from all staff. The HSA informed the auditors that she educated all the custody and nursing staff on how to effectively communicate with inmate-patients with language barriers. The HSA also monitors each staff member individually during their encounters with inmate-patients in order to ensure that staff strictly adheres to effective communication guidelines and the medical staff documents establishment of effective communication after each inmate-patient encounter.

Golden State Community Correctional Facility
Health Care Monitoring Audit - Corrective Action Plan
Audit Dates: May 20-21, 2015
CAP Date: June 22, 2015

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Reference Chap/Q		Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
1	5	The facility's written policy does not address all the documentation requirements for Release of Information.				Not Completed / In Progress / Completed [DATE]
2	4	The facility's Release of Information log does not contain all the required information.				Not Completed / In Progress / Completed [DATE]
5	1	The inmate-patients are not consistently seen for their chronic care appointments within the 90 day or less time frame or as ordered by the primary care provider.				Not Completed / In Progress / Completed [DATE]
8	5	The facility nursing staff does not consistently document the completion of a face-to-face evaluation of the inmate-patients upon their return from the community hospital emergency department.				Not Completed / In Progress / Completed [DATE]
8	6	The inmate-patients do not consistently receive a follow-up appointment with the primary care provider upon their return from the community hospital emergency department.				Not Completed / In Progress / Completed [DATE]

Reference Chap/Q		Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
8	9	The facility does not conduct quarterly emergency medical response (man-down) drills.				Not Completed / In Progress / Completed [DATE]
9	10	Not all of the facility's first-aid kits contain all the required items.				Not Completed / In Progress / Completed [DATE]
10	1	The facility's inmate-patient orientation handbook/manual does not address the health care grievance/appeal (602 HC) process in detail.				Not Completed / In Progress / Completed [DATE]
12	8	The facility's nursing staff do not consistently identify the inmate-patients' current prescription medication orders within 24 hours of their arrival at the facility.				Not Completed / In Progress / Completed [DATE]
12	12	The inmate-patients are not consistently receiving orientation regarding the procedures for accessing health care at the time of initial intake screening.				Not Completed / In Progress / Completed [DATE]
14	10	The inmate-patients do not take their keep-on-person medications to the nursing staff prior to their transfer from the facility.				Not Completed / In Progress / Completed [DATE]

Reference Chap/Q		Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
15	4	The documentation in the facility's chronic care log showed that inmate-patients scheduled for chronic care appointments are not consistently seen within the specified time frames.				Not Completed / In Progress / Completed [DATE]
18	1	The facility's inmate-patient orientation handbook/manual does not provide all details on the sick call (CDCR 7362) process.				Not Completed / In Progress / Completed [DATE]
18	6	The facility's nursing staff are not consistently completing the S.O.A.P.E (Subjective, Objective, Assessment, Plan, Education) notes on the CDCR Form 7362, Health Care Services Request and/or CDCR 7230, Interdisciplinary Progress Notes, or a similar MCCF form.				Not Completed / In Progress / Completed [DATE]

E. Pressley, Warden
GSMCCF

L. Garibay, Health Services Administrator
GSMCCF