

September 24, 2015

Raymond Smith, Warden
Desert View Modified Community Correctional Facility
10450 Rancho Rd.
Adelanto, CA 92301

Dear Warden Smith,

The staff from Private Prison Compliance and Monitoring Unit (PPCMU), Field Operations, Corrections Services, California Correctional Health Care Services (CCHCS) completed an onsite health care monitoring audit at Desert View Modified Community Correctional Facility (DVMCCF) between August 10 and 12, 2015. The purpose of this audit is to ensure that DVMCCF is meeting the performance targets established based on the *Receiver's Turnaround Plan of Action* dated June 8, 2006.

Subsequent to the previous audit, revisions and updates have been made to the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* and assessment processes. These revisions are intended to align with changes in policies which took place during the previous several years, increase sample sizes where appropriate, obtain a "snapshot" that more accurately represents typical facility health care operations, and to present the audit findings in the most fair and balanced format possible.

DVMCCF continues to face ongoing challenges with the ability to demonstrate the provision of adequate health care as evidenced by a number of systemic deficiencies that have been consistently substandard over the past several audits.

Attached you will find the audit report in which DVMCCF received an overall compliance rating of **64.4%**. The current audit incorporates both *quantitative* and *qualitative* analyses. The quantitative analysis consists of 13 medical and eight administrative components while the qualitative analysis consists of three case review sections: a Nurse Case Review, a Physician Case Review and Clinical Case Review. The three qualitative sections were added to the new audit instrument to better assess and evaluate the timeliness and quality of care provided by nurses and physicians at the contract facilities. It should be noted that the qualitative (case review) component was not utilized at this time as a factor for determining an overall rating of compliance or proficiency but was included in the report for the informational benefit of the facility. However, it should be noted that future audits will factor in the findings of the clinical case study component in arriving at an overall rating for the audit.

The audit findings reveal that the facility is continuing to struggle to provide adequate health care to CDCR inmate-patients housed at DVMCCF. The health and safety relating to the medical care provided to the inmate-patients has been seriously compromised creating grave concern for the inmate-patient population and their safety while being

housed at DVMCCF. Examples of the continued serious deficiencies as well as significant deficiencies identified during the current audit are as follows:

- Medications are not consistently administered to the inmate-patients as ordered by the Primary Care Provider (PCP).
- The prescribing PCP is not documenting that they explained the medication to the inmate-patient.
- The nursing staff is not directly observing the inmate-patient taking Direct Observation Therapy medications.
- Inmate-patients are not consistently receiving a follow-up Chronic Care appointment within the specified time frame.
- Inmate-patient refusals of their KOP chronic care medications are not being documented on the CDCR FORM 7225, *Refusal of Examination and/or Treatment*, or similar form.
- Inmate-patients are not receiving diagnostic tests within the specified time frame.
- The PCP is not consistently reviewing, signing and dating inmate-patients' diagnostic test results within the specified time frame.
- Inmate-patients are not consistently receiving written notification of their diagnostic test results within two business days of receipt of results.
- When inmate-patients are referred for a follow-up appointment by the PCP, they are not consistently being seen within the specified time frame.
- The nursing staff is not notifying the provider or public health nurse when the inmate-patient misses or refuses anti-TB medication.
- The inmate-patients are not consistently receiving a complete Health Appraisal by the PCP within 14 calendar days of their arrival at the facility.
- The inmate-patients are not consistently screened for tuberculosis (TB) signs and symptoms annually.
- The facility is not conducting Continuous Quality Improvement meetings monthly.
- The facility is not conducting emergency medical drills on a quarterly basis.
- The facility does not have a system in place to track health care staffs' licenses and certifications to ensure they are maintained current.
- The facility does not have a system in place to ensure that health care staff receives training for new and revised policies that are based on Inmate Medical Services Policies and Procedures.
- The PCP is not keeping consistent working hours.
- The PCP is not charting on the same day as the inmate-patient medical appointment.

The lack of commitment and follow-through by DVMCCF represents a serious threat to the health care of the inmates for whom they are being compensated. The access and quality of medical care provided to the CDCR inmate-patient population at DVMCCF is undesirable and does not meet the target performance benchmark of



85.0% compliance. A number of deficiencies involve direct patient care delivery and follow-up and require the facility's immediate attention and resolution.

The attached DVMCCF's audit report contains an executive summary, an explanation of the methodology behind the audit, findings detailed by chapters of the new audit tool, and a corrective action plan (CAP). The facility is encouraged to work diligently in order to improve the quality of medical services provided to the CDCR inmate population and to expediently resolve the concerns and deficiencies identified in the attached report.

Thank you for your assistance and please extend my gratitude to your staff for their professionalism and cooperation during this audit. Should you have any questions or concerns, you may contact Donna Heisser, Health Program Manager II, PPCMU, Field Operations, Corrections Services, CCHCS, at (916) 691-4849 or via email at Donna.Heisser@cdcr.ca.gov.

Sincerely,



A handwritten signature in blue ink, appearing to read 'Donald Meier'.

Donald Meier, Deputy Director
Field Operations, Corrections Services
California Correctional Health Care Services

Enclosure

cc: Richard Kirkland, Chief Deputy Receiver, CCHCS
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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT



Desert View Modified Community
Correctional Facility

August 10 – 12, 2015

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DATE OF REPORT

September 24, 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 policy and procedures, 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 the effectiveness, efficiency and compliance of the health care processes implemented at each contracted facility. This audit instrument is intended to measure the facility's compliance with various elements of inmate-patient access to health care and to assess the quality of health care services provided to the inmate-patient population housed in these facilities.

This report provides the findings associated with the audit conducted between August 10 and 12, 2015, at Desert View Modified Community Correctional Facility (DVMCCF) located in Adelanto, CA, in addition to the findings associated with the review of various documents and inmate-patient medical records for the audit review period of February through July 2015. At the time of the audit, CDCR's *Weekly Population Count*, dated August 7, 2015, indicated a budgeted bed capacity of 4,218 in-state beds. The DVMCCF has a design capacity of 700 general population beds, of which 672 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From August 10 through 12, 2015, the CCHCS audit team conducted a health care monitoring audit at FCC. The audit team consisted of the following personnel:

- G. Song - Medical Doctor
- L. Hughes - Nurse Consultant Program Review
- P. Matranga – Registered Nurse
- C. Troughton - Health Program Specialist I

The audit included two primary components: a *quantitative* analysis of established performance measures consisting of Sections 1 and 2, and a *qualitative* analysis of health care staff performance and quality of care provided to the inmate-patient population at FCC consisting of Sections 3, 4, and 5. The end product of the quantitative analysis is an overall compliance percentage, while the end product of the qualitative analysis is a summary of findings for each section of the qualitative component (Sections 3, 4, and 5) and is included in this report for information purposes only. The qualitative component will not be utilized at this time as a factor for determining an overall rating of compliance or proficiency. However, it should be noted that audits conducted from the 2015/2016 Fiscal Year forward, will factor in the findings of the clinical case study component, in arriving at an overall rating.

An overall total compliance score of 85.0% or above for the quantitative portion must be achieved during the current round in order for the facility to pass the audit and meet the compliance requirements per the contractual agreement. Based on the findings of the quantitative audit, DVMCCF achieved an overall compliance rating of **64.4%**, with a rating of 47.8% in *Administration and Governance* and 76.5% in *Medical Services*.

The completed quantitative audit, a summary of clinical case and physician chart reviews, a summary of qualitative and quantitative findings, and a list of the Corrective Action Plan (CAP) items are attached for your review. The following executive summary table below lists the program components the audit team assessed during the audit and provides the facility's overall rating in each section.

Executive Summary Table

Quantitative Audit Rollup	Compliance
Section 1 - Administration & Governance	
1. Administrative Operations	5.3%
2. Continuous Quality Improvement	54.2%
3. Monitoring Logs	84.1%
4. Access to Health Care Information	80.0%
5. Americans with Disabilities Act Compliance	13.9%
6. Health Care Grievance/Appeal Procedure	100.0%
7. Licensure and Training	42.9%
8. Staffing	100.0%
Section 1 Overall Score:	47.8%
Section 2 - Medical Services	
1. Chemical Agents/Use of Force	N/A
2. Chronic Care Management	38.1%
3. Diagnostic Services	46.5%
4. Medical Emergency Management	76.2%
5. Community Hospital Discharge	86.7%
6. Infection Control	83.3%
7. Health Appraisal & Health Care Transfer Process	69.0%
8. Medication Management	82.8%
9. Observation Cells	N/A
10. Inmate-Patient Refusal/No-Show for Medical Services	100.0%
11. Preventive Services	98.3%
12. Sick Call	79.3%
13. Specialty Services	56.1%
Section 2 Overall Score:	76.5%
Final Score	64.4%
Qualitative Audit	
Section 3 - Nurse Case Review	Information Only
Section 4 - Physician Case Review	Information Only
Section 5 - Clinical Case Review	Information Only

NOTE: For specific information regarding any non-compliance findings indicated in the tables above, please refer to the Items Requiring Corrective Action (located on page 10 of this report), to the detailed Quantitative Findings (located on page 15), or to the detailed Qualitative Findings (located on page 38).

BACKGROUND AND PROCESS CHANGES

In April of 2001, inmates, represented by the Prison Law Office, filed a class-action lawsuit, known as *Plata vs. Schwarzenegger*, alleging their constitutional rights had been violated as a result of the CDCR health care system's inability to properly care for and treat inmate-patients within its custody. In June of 2002, the parties entered into an agreement (Stipulation for Injunctive Relief) and CDCR agreed to implement comprehensive new health care policies and procedures at all institutions over the course of several years.

In October 2005 the Federal Court declared that California's health care delivery system was "broken beyond repair," and continued to violate inmates' constitutional rights. Thus, the court imposed a receivership to raise the delivery of health care in the prisons to a constitutionally adequate level. The court ordered the Receiver to manage CDCR's delivery of health care and restructure the existing day-to-day operations in order to develop a sustainable system that provides constitutionally adequate health care to inmates. The court's intent is to remove the receivership and return operational control to CDCR as soon as the health care delivery system is stable, sustainable and provides for constitutionally adequate levels of health care.

The *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* was developed by the CCHCS in an effort to evaluate the effectiveness, efficiency and compliance of the health care processes implemented at each contracted facility to facilitate inmate-patient access to health care. This audit instrument is intended to measure facility's compliance with various elements of inmate-patient access to health care, and also to identify areas of concern, if any, to be addressed by the facility.

The standards being audited within the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* are based upon relevant Department policies and court mandates, including, but not limited to, the following: *Inmate Medical Services Policies and Procedures* (IMSP&P); California Code of Regulations (CCR), Title 8 and Title 15; Department Operations Manual; court decisions and remedial plans in the *Plata* and *Armstrong* cases; and other relevant Department policies, guidelines, and standards or practices which the CCHCS has independently determined to be of value to health care delivery.

It should be noted that, subsequent to the previous audit, major revisions and updates have been made to the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* and assessment processes. These revisions are intended to (a) align with changes in policies which took place during the previous several years, (b) increase sample sizes where appropriate to obtain a "snapshot" that more accurately represents typical facility health care operations, and (c) to present the audit findings in the most fair and balanced format possible.

Several questions have been removed where clear policy support does not exist, or where related processes have changed making such questions immaterial to measuring quality of health care services provided to inmate-patients. A number of questions have also been added in order to separate multiple requirements previously measured by a single question, or to measure an area of health care services not previously audited.

Additionally, three qualitative sections have been added: a Nurse Case Review, a Clinical Case Review and a Physician Chart Review, to better assess and evaluate the timeliness and quality of care provided by nurses and physicians at the contract facilities.

The revisions to the instrument and the added case review processes will likely produce ratings that may appear inconsistent with previous ratings, and will require corrective action for areas not previously identified. Accordingly, prior audit scores should not be used as a baseline for current scores. If progress and improvement are to be measured, the best tools for doing so will be the CAP process, and the results of successive audits. In an effort to provide the contractors with ample time to become familiar with the new audit tool, a copy of the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* was provided for their perusal two months prior to the onsite audit. This transparency afforded each contract facility the opportunity to make the necessary adjustments within their existing processes to become familiar with the new criteria being used to evaluate their performance.

OBJECTIVES, SCOPE, AND METHODOLOGY

In designing the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide*, CCHCS reviewed the Office of the Inspector General's medical inspection program and the IMSP&P to develop a process that evaluates medical care delivery at all of the in-state modified community correctional facilities and California out-of-state correctional facilities. CCHCS also reviewed professional literature on correctional medical care, consulted with clinical experts, met with stakeholders from the court, the Receiver's office, and CDCR to discuss the nature and the scope of the audit program to determine its efficacy in evaluating health care delivery. With input from these stakeholders, CCHCS developed a health care monitoring program that evaluates medical care delivery by combining clinical case reviews of inmate-patient files, objective tests of compliance with policies and procedures, and an analysis of outcomes for certain population-based metrics.

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

Quantitative Analysis

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 for each of the two quantitative sections, as well as individual ratings for each chapter of the audit instrument. Additionally, a brief narrative is provided addressing each standard being measured which received less than a 100% compliance rating.

To maintain a metric-oriented monitoring program that evaluates medical care delivery consistently at each correctional facility, CCHCS identified 13 medical and 8 administrative components of health care to measure. The medical components cover clinical categories directly relating to the health care provided to inmate-patients, whereas the administrative components address the organizational functions that support a health care delivery system.

The 13 medical program components are: *Chemical Agents/Use of Force, Chronic Care Management, Diagnostic Services, Medical Emergency Management, Community Hospital Discharge, Infection Control, Health Appraisal and Health Care Transfer Process, Medication Management, Observation Cells, Inmate-Patient Refusal of/No-Show for Medical Services, Preventive Services, Sick Call, and Specialty Services*. The 8 administrative components are: *Administrative Operations, Continuous Quality Improvement, Monitoring Logs, Access to Health Care Information, ADA Compliance, Health Care Grievance/Appeal Procedure, Licensure and Training, and Staffing*.

Every question within the chapter for each program component is calculated as follows:

- Possible Score = the sum of all *Yes* and *No* answers
- Score Achieved = the sum of all *Yes* answers
- Compliance Score (Percentage) = Score Achieved/Possible Score

The compliance score for each question is expressed as a percentage rounded to the nearest tenth. For example, a question scored 13 'Yes', 3 'N/A', and 4 'No'.

Compliance Score = $13 \text{ 'Yes' } / 17 \text{ (13 'Yes' + 4 'No')} = .764 \times 100 = 76.47$ rounded up to 76.5%.

The chapter scores are calculated by taking the average of all the applicable compliance scores within that chapter. The outcome is expressed as a percentage rounded to the nearest tenth. The overall Section score is calculated in the same manner as the chapter scores. All the applicable questions within the *section* are averaged and the score expressed as a percentage rounded to the nearest tenth.

However, to derive an overall/final score for the quantitative portion of the audit, a weighting system is utilized where a weight percentage is assigned to each section. The weight percentage is derived from the number of chapters within each section, as shown below. This percentage is then multiplied by the Section score, which is the average of all the applicable compliance scores within that section. The resultant numbers (of Sections 1 and 2) are then combined to yield an overall/final score for the quantitative portion of the audit. The reason for doing so is to ensure more emphasis is placed upon the medical services component, which unlike the administrative operations component, directly affects inmate-patient care.

Section 1: *Administrative Operations* includes 8 chapters, while Section 2, *Medical Services*, includes 13. Therefore, based on the total number of quantitative chapters, Section 1 comprises 38.1% (8 chapters divided by 21 total quantitative chapters) of the quantitative audit. The weight assigned to Section 2 is accordingly 61.9%.

EXAMPLE: Assuming the average of all the compliance scores in Section 1 equates to 90.0% and the average of all the compliance scores in Section 2 equates to 80.0%, then:

Section 1 – 90.0% multiplied by 0.381 yields 34.3%

Section 2 – 80.0% multiplied by 0.619 yields 49.5%

The sum of the two resultant numbers is the overall/final compliance score of the quantitative component of the audit, which in this example is $34.3\% + 49.5\% = 83.8\%$.

It should be noted that the chapters and questions that are found not applicable to the facility being audited are excluded from these calculations.

Qualitative Analysis

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. The purpose of the *qualitative* review is to help understand and decipher the relative functional merit of the system. This type of review focuses on processes instead of outcomes. By its very nature, a qualitative review is flexible and evolving, even during the brief window of the review itself.

The *qualitative analysis* consists of the following three sections/components: Nurse Case Review, Clinical Case Review, and Physician Chart Review.

1. Nurse Case Review

The CCHCS nursing staff performs a retrospective chart review of selected inmate-patient files to evaluate the care given by the facility's nursing staff for approximately six months of medical care or for the audit review period. A majority of the inmate-patients selected for retrospective chart review are the ones with a high utilization of nursing services, as these inmate-patients are

most likely to be affected by timely appointment scheduling, medication management, and referrals to health care providers.

2. Physician Case Review

The CCHCS clinician performs a retrospective chart review of selected inmate-patient files to evaluate the standard of care performed by the facility's providers (physician, nurse practitioner, physician assistant) for approximately six months of medical care or for the audit review period. The CCHCS clinician will assess the facility provider(s) on the several clinical competencies which include patient care, medical knowledge, practice based learning and improvement, soundness of judgment, professionalism and systems-based practice. This review consists of selecting predominantly the medical records of those inmate-patients with chronic care conditions.

3. Clinical Case Review

The clinical case reviews are viewed as a stress test on the various components of the medical delivery system, and also includes an overall assessment of the quality of the medical delivery system. This methodology is useful for identifying systemic areas of concern that may compel further investigation and quality improvement. The CCHCS physicians and nursing staff complete five combined detailed clinical case reviews in order to evaluate the quality and timeliness of care provided to the inmate-patient population housed at that facility.

Scoring for Non-Applicable Questions and Double-Failures:

Questions not applicable to the facility are noted as Not Applicable (N/A). For the purpose of chapter and section compliance calculations. N/A questions have zero (0) points available.

Where a single deviation from policy would result in multiple question failures (i.e., "double-fail"), the question most closely identifying the primary policy deviation will be scored zero (0) points, and any resultant failing questions will be noted as (N/A).

Corrective Action Plan (CAP)

The facility will be required to address and resolve all items rated by this audit which are deemed to have fallen below the 85.0% compliance requirement.

ITEMS REQUIRING CORRECTIVE ACTION

The table below reflects all items from the quantitative findings section where the facility was rated non-compliant. The audit results for DVMCCF require the facility to address and resolve all of the listed items identified as deficient.

Corrective Action Items – Desert View Modified Community Correctional Facility	
Question 1.1.2	Although the facility has a written local policy and procedure that addresses the maintenance/management of inmate-patient medical records, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.3	Although the facility has a written local policy and procedure that addresses the requirements for the release of medical information, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.4	Although the facility has a written local policy and procedure related to the Chemical Agent/Use of Force process, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.5	Although the facility has a written local policy and procedure related to the chronic care management, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.6	Although the facility has a written local policy and procedure related to the health care transfer process, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.7	Although the facility has a written local policy and procedure related to medication management process, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.8	Although the facility has a written local policy and procedure related to the Access to Care (Sick Call) process, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.9	Although the facility has a written local policy and procedure related to the Specialty Services, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.10	The facility does not have a written policy and procedure that addresses the Americans with Disabilities Act (ADA) requirements and is in compliance with IMSP&P guidelines.
Question 1.1.11	Although the facility has a written Infection Control Plan, the policy is not in full compliance with the California Code of Regulations, Title 8.
Question 1.1.12	Although the facility has a written Blood-borne Control Plan, the policy is not in full compliance with the California Code of Regulations, Title 8.
Question 1.1.13	The facility does not have a written policy and procedure related to the health care staff licensure and training, which is in compliance with IMSP&P.
Question 1.1.14	Although the facility has a written local policy and procedure related to the Emergency Medical Response and Drills, the policy is not is full compliance with IMSP&P.
Question 1.1.15	The facility does not have a current contract for routine oxygen tank maintenance service.
Question 1.1.16	The facility does not have a current contract for the repair, maintenance, inspection and testing of biomedical equipment.
Question 1.1.17	The facility does not have a current contract for the removal of hazardous waste.
Question 1.1.18	The facility’s inmate-patient orientation handbook/manual does not address the health care grievance/appeal process

Question 1.1.19	The facility's inmate-patient orientation handbook/manual does not clearly address the sick call process.
Question 1.2.1	Although the facility has a written local policy and procedure related to Continuous Quality Improvement (CQI) process, the policy is not in full compliance with IMSP&P guidelines.
Question 1.2.2	The facility is not consistent in holding CQI meetings monthly.
Question 1.3.1	The facility does not consistently submit the sick call monitoring logs timely.
Question 1.3.3	The facility does not accurately document all the dates on the sick call monitoring log(s).
Question 1.3.4	The facility does not consistently submit the specialty care monitoring logs timely.
Question 1.3.5	The specialty care monitoring log(s) submitted by the facility does not consistently contain all the required information.
Question 1.3.7	The facility does not consistently submit the hospital stay/emergency department monitoring logs timely.
Question 1.3.10	The facility does not consistently submit the chronic care monitoring logs timely.
Question 1.3.13	The facility does not consistently submit the initial intake screening monitoring logs timely.
Question 1.3.15	The facility does not accurately document all the dates on the initial intake screening monitoring log(s).
Question 1.4.3	The facility does not consistently send loose documents to the hub to be scanned into the eUHR.
Question 1.5.1	The facility does not have a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodations to ensure DPP inmate-patient needs are addressed.
Question 1.5.2	The facility does not have 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.
Question 1.5.3	The facility does not have a local operating procedure for tracking the order, repair, and/or replacement of a health care appliance for the DPP inmate-patients.
Question 1.5.4	The facility does not have a local operating procedure that provides directions on provision of interim accommodations while an inmate-patient's health care appliance is being ordered, repaired, or replaced.
Question 1.5.5	The facility does not have a local operating procedure that provides directions on how to ensure effective communication is established and documented during each clinical encounter.
Question 1.5.6	The health care staff are not all knowledgeable on the process of establishing and documenting effective communication during inmate-patient health care encounters.
Question 1.7.2	The facility does not have a proper centralized tracking system for tracking health care staff licenses.
Question 1.7.5	The facility does not have a method in place to address the expiring Basic Life Support and Advanced Cardiovascular Life Support certifications.
Question 1.7.6	The facility does not have a proper centralized tracking system for tracking health care staff training.

Question 1.7.7	The health care staff have not received training for new or revised policies based on IMSP&P requirements.
Question 2.2.1	The inmate-patients are not consistently being seen for chronic care follow-up visits.
Question 2.2.2	The inmate-patient's chronic care keep on person medications are not consistently being received by the inmate-patient without interruption.
Question 2.2.3	The nursing staff does not document the inmate-patient's refusal of keep on person chronic care medications on the CDCR Form 7225, or similar form.
Question 2.3.1	The facility does not consistently complete inmate-patient diagnostic tests within the specified time frames.
Question 2.3.2	The facility is not consistently reviewing, signing and dating all inmate-patient diagnostic reports within the specified time frame.
Question 2.3.3	Inmate-patients do not consistently receive written notification of diagnostic tests within the specified time frame.
Question 2.3.4	The inmate-patients are not consistently seen by the provider for clinically significant/abnormal diagnostic test results within 14 days of provider's review of the test results.
Question 2.4.6	The facility is not holding Emergency Response Review Committee meetings once a month.
Question 2.4.9	The facility is not re-supplying and re-sealing the emergency medical response bag before the end of the shift when it has been opened.
Question 2.4.11	The emergency medical response (EMR) bags do not contain all the supplies identified on the facility's EMR bag checklist.
Question 2.4.21	The facility does not have their biomedical equipment serviced annually.
Question 2.5.3	The facility does not consistently administer or deliver all provider prescribed medications to the inmate-patients as ordered or per policy following their discharge and return from a community hospital.
Question 2.5.5	The facility nursing staff do not consistently review the inmate-patient's discharge plan upon their discharge and return from the community hospital and/or hub facility.
Question 2.5.7	The inmate-patients do not consistently receive a follow-up by the primary care provider within five calendar days of their discharge and return from a community hospital and/or hub facility.
Question 2.6.8	The facility is not documenting that cleaning of common clinic areas with high foot traffic is completed on a daily basis.
Question 2.6.10	The facility does not have their biohazard material containers emptied on a regular basis.
Question 2.7.2	The facility nursing staff do not consistently document an assessment of the inmate-patient if the inmate-patient answered "yes" to any of the questions on the Initial Intake Screening form.
Question 2.7.5	The inmate-patients arriving at the facility who are referred to medical, dental, or mental health provider by a nurse are not consistently seen by the facility's provider within the specified time frame.

Question 2.7.6	The inmate-patients arriving at the facility with existing medication orders are not consistently receiving their Nurse Administered/Direct Observation Therapy and/or Keep-on-Person medication without interruption.
Question 2.7.8	The providers do not consistently complete a health appraisal within fourteen calendar days of inmate-patient's arrival at the facility.
Question 2.7.9	The facility does not consistently document that inmate-patients enrolled in the chronic care program at a previous facility, were seen by the facility provider within the timeframe ordered by the sending facility's provider.
Question 2.7.10	The inmate-patients' are not receiving a complete screening for the signs and symptoms of tuberculosis upon their arrival to the facility.
Question 2.7.11	The facility does not consistently document on the CDCR Form 7371 any scheduled specialty appointments for those inmate-patients transferring out of the facility.
Question 2.8.1	The providers do not consistently educate the inmate-patients on the newly prescribed medications.
Question 2.8.2	The nursing staff does not consistently administer the initial dose of the newly prescribed medication to the inmate-patient as ordered by the provider.
Question 2.8.5	The medication nurse does not observe the inmate-patient taking his direct observation therapy medication.
Question 2.12.6	The nursing staff does not consistently document a focused subjective/objective assessment was conducted on the inmate-patients chief complaint.
Question 2.12.7	The nursing staff does not consistently document a nursing diagnosis related to/evidence from the documented subjective/objective assessment data.
Question 2.12.8	The nursing staff do not consistently implement a nursing diagnosis related the documented subjective/objective assessment data that is within the nurse's scope of practice.
Question 2.12.9	The nursing staff do not consistently document that education was provided to the inmate-patient related to the treatment plan and that effective communication was established.
Question 2.12.11	The inmate-patients are not consistently seen by a medical provider within the specified time frame when referred by a nurse.
Question 2.12.12	The nursing staff does not consistently document when they contact the hub facility when the inmate-patient health care needs are beyond the level of care at their facility.
Question 2.12.13	The nursing staff is not consistently referring inmate-patients to the primary care provider when they present to sick call three or more times for the same medical complaint.
Question 2.12.14	The inmate-patients are not consistently seen for a follow-up appointment within the specified time frame.
Question 2.13.8	The facility nursing staff do not consistently document that they complete a face-to-face assessment of the inmate-patient prior to being returned to his assigned housing unit, when an inmate-patient returns from a specialty consult appointment or a community hospital emergency department visit.

Question 2.13.10 The facility nursing staff do not consistently document that they notified the provider of any immediate medication orders or follow-up instructions by the specialty care consultant or community hospital provider when an inmate-patient returns from a specialty consult appointment or a community hospital emergency department visit.

Question 2.13.11 The primary care provider is not consistently documenting that they reviewed the specialty consultant's report, hub providers report or the community emergency provider's discharge summary and completed a follow-up appointment with the inmate-patient when inmate-patient returns from a specialty consult appointment or a community hospital emergency department visit.

NOTE: A discussion of the facility's progress toward resolution of all CAP items identified during *previous* health care monitoring audits is included in the summary narrative portion of this report.

QUANTITATIVE FINDINGS – DETAILED BY CHAPTER

Section 1 - Administration & Governance

<i>Chapter 1. Administrative Operations</i>		Yes	No	Compliance
1.1.1	Does health care staff have access to the facility's health care policies and procedures and know how to access them?	5	0	100%
1.1.2	Does the facility have a written policy and/or procedure that addresses the maintenance/management of inmate-patient medical records that is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.3	Does the facility have a written policy that addresses the requirements for the release of medical information that is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.4	Does the facility have a written policy related to the Chemical Agent/Use of Force process that is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.5	Does the facility have a written policy related to Chronic Care which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.6	Does the facility have a written policy related to Health Care Transfer Process which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.7	Does the facility have a written policy related to Medication Management which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.8	Does the facility have a written policy related to Access to Care (Sick Call) process which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.9	Does the facility have a written policy related to Specialty Services which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.10	Does the facility have a written policy related to Americans with Disabilities Act which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.11	Does the facility have a written Infection Control Plan that is compliant with the California Code of Regulations, Title 8?	0	1	0.0%
1.1.12	Does the facility have a written Blood-borne Pathogen Exposure Control Plan that is compliant with the California Code of Regulations, Title 8?	0	1	0.0%
1.1.13	Does the facility have a written policy related to the health care staff licensure and training which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.14	Does the facility have a written policy related to Emergency Medical Response and Drills which is compliant with IMSP&P guidelines?	0	1	0.0%
1.1.15	Does the facility have a current contract/agreement for routine oxygen tank maintenance service?	0	1	0.0%
1.1.16	Does the facility have a current contract for the repair, maintenance, inspection, and testing of biomedical equipment?	0	1	0.0%
1.1.17	Does the facility have a current contract for removal of hazardous waste?	0	1	0.0%
1.1.18	Does the inmate-patient handbook or similar document explain the health care grievance/appeal process?	0	1	0.0%

1.1.19	Does the inmate-patient handbook or similar document explain the sick call process?	0	1	0.0%
Overall Score:				5.3%

Chapter 1 Comments:

1. Questions 1 through 14 – In January 2014, the Private Prison Compliance and Monitoring Unit (PPCMU) provided the facility with an activation disc with all *Inmate Medical Services Policies and Procedures* (IMSP&P) and California Code of Regulations, Title 8. The GEO Corporation has yet to draft and submit their revised policies and procedures; which need to reflect IMSP&P to PPCMU for approval. This equates to 0.0% compliance. Subsequently, after the February 2015 audit, the facility requested another copy of the activation disc to update their policies and procedures as of August 2015 the policies and procedures have yet to be updated.
2. Question 15 – The facility does not have a current contract for routine oxygen tank maintenance service. This equates to 0.0% compliance.
3. Question 16 – The facility does not have a current contract for the repair, maintenance, inspection, and testing of biomedical equipment. This equates to 0.0% compliance.
4. Question 17 – The facility does not have a current contract for the removal of hazardous waste. This equates to 0.0% compliance.
5. Question 18 –The facility’s inmate orientation handbook does not accurately address the health care grievance/appeal process. This equates to 0.0% compliance.
6. Question 19 – The facility’s inmate orientation handbook does not accurately address the sick call process. This equates to 0.0% compliance.

Chapter 2. Continuous Quality Improvement (CQI)		Yes	No	Compliance
1.2.1	Does the facility have a written policy and procedure for CQI that is compliant with IMSP&P?	0	1	0.0%
1.2.2	Does the facility’s CQI Committee meet monthly?	1	5	16.7%
1.2.3	Does the facility’s CQI review process include documented corrective action plan for the identified opportunities for improvement?	1	0	100%
1.2.4	Does the facility’s CQI review process include monitoring of defined aspects of care?	1	0	100%
Overall Score:				54.2%

Chapter 2 Comments:

1. Question 1 - In January 2014, the Private Prison Compliance and Monitoring Unit (PPCMU) provided the facility with an activation disc with all *Inmate Medical Services Policies and Procedures* (IMSP&P) and California Code of Regulations, Title 8. The GEO Corporation has yet to draft and submit their revised policies and procedures; which need to reflect IMSP&P to PPCMU for approval. This equates to 0.0% compliance. Subsequently, after the February 2015 audit, the facility requested another copy of the activation disc to update their policies and procedures as of August 2015 the policies and procedures have yet to be updated. The IMSP&P requires the Quality Management Committee meet on a monthly basis. The DVMCCF’s policy indicates meetings are to be held quarterly.

- Question 2 - During the audit review period, the facility's Quality Management Committee only met in April 2015; no meetings were held in February, March, May, June, or July 2015. This equates to 16.7% compliance.

Chapter 3. COCF/MCCF Monitoring Logs		Yes	No	Compliance
1.3.1	Does the facility submit the sick call monitoring log by the scheduled date per PPCMU program standards?	20	6	76.9%
1.3.2	Does the facility's sick call monitoring log contain all the required data?	1389	24	98.3%
1.3.3	Are the dates documented on the sick call monitoring log accurate?	39	13	75.0%
1.3.4	Does the facility submit the specialty care monitoring log by the scheduled date per PPCMU program standards?	20	6	76.9%
1.3.5	Does the facility's specialty care monitoring log contain all the required data?	16	3	84.2%
1.3.6	Are the dates documented on the specialty care monitoring log accurate?	14	2	87.5%
1.3.7	Does the facility submit the hospital stay/emergency department monitoring log by the scheduled date per PPCMU program standards?	20	6	76.9%
1.3.8	Does the facility's hospital stay/emergency department monitoring log contain all the required data?	22	0	100%
1.3.9	Are the dates documented on the hospital stay/emergency department monitoring log accurate?	17	2	89.5%
1.3.10	Does the facility submit the chronic care monitoring log by the scheduled date per PPCMU program standards?	4	2	66.7%
1.3.11	Does the facility's chronic care monitoring log contain all the required data?	56	8	87.5%
1.3.12	Are the dates documented on the chronic care monitoring log accurate?	46	6	88.5%
1.3.13	Does the facility submit the initial intake screening monitoring log by the scheduled date per PPCMU program standards?	5	1	83.3%
1.3.14	Does the facility's initial intake screening monitoring log contain all the required data?	203	0	100%
1.3.15	Are the dates documented on the initial intake screening monitoring log accurate?	31	13	70.5%
Overall Score:			84.1%	

Chapter 3 Comments:

- Question 1 – Out of the 26 sick call monitoring logs submitted by the facility for the audit review period, 20 logs were submitted on time. This equates to 76.9% compliance.
- Question 2 – Out of the 1,413 entries reviewed on the sick call logs for completeness, for the audit review period, 24 were found to be incomplete and/or missing the required data. This equates to 98.3% compliance.

3. Question 3 - A random sample of a total of 52 entries were selected from the weekly sick call monitoring logs to assess the accuracy of the dates reported on the log. Out of the 52 entries, 39 were found to be accurate with dates matching the dates of services indicated in the inmate-patient's medical records. One entry could not be verified as a result of no 7362, *Health Care Services Request*, or similar form available for viewing in the inmate-patient health records, six entries contained the wrong inmate-patient CDCR number on the sick call log, four entries contained the wrong dates of service on the sick call monitoring log and two CDCR Forms 7362 contained no dates confirming nurses received or triaged the sick call request. This equates to 75.0% compliance.
4. Question 4 - Out of the 26 specialty care monitoring logs submitted by the facility for the audit review period, 20 logs were submitted on time. This equates to 76.9% compliance.
5. Question 5 – Out of the 19 entries reviewed on the specialty care log for completeness, for the audit review period, 3 were found incomplete and/or missing the required data. This equates to 84.2% compliance.
6. Question 6 - A total of 16 entries were selected from the weekly specialty care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 16 entries, 14 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' medical records. Two discrepancies were identified; one was the result of no progress notes available for viewing in the inmate-patient health records and one entry included the wrong inmate-patient CDCR number. This equates to 87.5% compliance.
7. Question 7 – Out of the 26 hospital stay/emergency department monitoring logs submitted by the facility for the audit review period, 20 logs were submitted on time. This equates to 76.9% compliance.
8. Question 9 - A random sample of a total of 19 entries were selected from the weekly hospital stay/emergency department monitoring logs to assess the accuracy of the dates reported on the log. Out of the 19 entries reviewed, 17 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical record. Two discrepancies were identified as a result of the wrong inmate-patient CDCR number. This equates to 89.5% compliance.
9. Question 10 – Out of the six chronic care monitoring logs submitted by the facility for the audit review period, four were submitted on time. This equates to 66.7% compliance.
10. Question 11 - Out of the 64 entries reviewed on the sick call logs for completeness, for the audit review period, 8 were found to be incomplete and/or missing the required data. This equates to 87.5% compliance.
11. Question 12 - A random sample of a total of 52 entries were selected from the monthly chronic care monitoring log to assess the accuracy of the dates reported on the log. Out of the 52 entries, 46 were found to be accurate with dates matching the dates reported on the logs. Five discrepancies were identified as a result of the wrong inmate-patient CDCR number and one entry had an incorrect chronic care date. This equates to 88.5% compliance.
12. Question 13 – Out of the six initial intake monitoring logs submitted by the facility for the audit review period, five were submitted on time. This equates to 83.3% compliance.
13. Question 15 - A random sample of a total of 44 entries were selected from the monthly initial intake screening monitoring logs to assess the accuracy of the dates reported on the log. Out of the 44 entries reviewed, 31 entries were found to be accurate with the dates matching the dates of services indicated in the inmate-patients medical records. Thirteen discrepancies were identified; three entries could not be verified as a result of neither CDCR Form 7371, *Health Care Transfer Information Form* and CDCR Form 196 B were available for viewing in the inmate-patient medical record, two entries included the wrong inmate-patient CDCR number and eight health appraisals had incomplete documentation; therefore, the dates documented on the logs could not be verified. This equates to 70.5% compliance.

Chapter 4. Access to Health Care Information		Yes	No	Compliance
1.4.1	Does the health care staff know how to access the inmate-patient's CDCR electronic medical record?	7	0	100%
1.4.2	Are loose documents scanned into the facility's Electronic Medical Record (EMR) within the required time frames? (COCF Only)	Not Applicable		
1.4.3	Are copies of loose documents filed into shadow medical file and the originals sent to the hub facility weekly for uploading into the eUHR? (MCCF only)	0	1	0.0%
1.4.4	Does the facility maintain a release of information log?	1	0	100%
1.4.5	Does the release of information log contain all the required information?	1	0	100%
1.4.6	Are all inmate-patient's written requests for health care information documented on a CDCR Form 7385, <i>Authorization for Release of Protected Health Information</i> , or similar form and scanned/filed into the inmate-patient's medical record?	20	0	100%
1.4.7	Are copies of all written requests for release of health care information from third parties scanned/filed into the inmate-patient's medical record?	Not Applicable		
1.4.8	Are all written requests for release of health care information from third parties accompanied by a CDCR Form 7385, <i>Authorization for Release of Protected Health Information</i> , or similar form from the inmate-patient which is scanned/ filed into the inmate-patient's medical record?	Not Applicable		
Overall Score:				80.0%

Chapter 4 Comments:

1. Question 2 - This question does not apply to the Modified Community Correctional facilities.
2. Question 3 – This facility is not consistently forwarding loose documents to the hub facility for uploading into the eUHR. This equates to 0.0% compliance.
3. Questions 7 and 8 – Not applicable. There were no third party requests for release of health care information received during the audit review period; therefore, these questions could not be evaluated.

Chapter 5. Americans with Disabilities Act (ADA) Compliance		Yes	No	Compliance
1.5.1	Is there a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodations to ensure DPP inmate-patient needs are addressed?	0	1	0.0%
1.5.2	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?	0	1	0.0%
1.5.3	Is there a local operating procedure for tracking the order, repair, and/or replacement of health care appliances for all DPP inmate-patients?	0	1	0.0%

1.5.4	Does the local operating procedure provide directions on provision of interim accommodations while an appliance is being ordered, repaired, or replaced?	0	1	0.0%
1.5.5	Is there a local operating procedure that provides directions to ensure effective communication is established and documented during each clinic encounter?	0	1	0.0%
1.5.6	Is health care staff knowledgeable on the process of establishing and documenting effective communication during each clinic encounter?	5	1	83.3%
Overall Score:				13.9%

Chapter 5 Comments:

1. Questions 1 through 5 – Desert View do not have local policies and procedures to track and monitor DPP inmate-patient needs per the Americans with Disabilities Act (ADA) guidelines. This equates to 0.0% compliance.
2. Question 6 – Out of the six health care staff interviewed, five were knowledgeable of the process of establishing and documenting effective communication during inmate-patient encounters. This equates to 83.3% compliance.

Chapter 6. Health Care Grievance/Appeal Procedure		Yes	No	Compliance
1.6.1	Are the CDCR-602 HC forms readily available to inmate-patients in all housing units?	8	0	100%
1.6.2	Are inmate-patients able to submit the CDCR-602 HC forms on a daily basis in secured/locked boxes in all housing units?	8	0	100%
1.6.3	Are inmate-patients who are housed in Administrative Segregation Unit or are in housing units under lockdown, able to submit the CDCR 602-HC forms on a daily basis?	Not Applicable		
1.6.4	Are first level health care appeals being processed within the specified time frames?	8	0	100%
1.6.5	Does the Appeals Coordinator document all screened/rejected appeals in the Health Care Appeals tracking log?	1	0	100%
Overall Score:				100%

Chapter 6 Comments:

1. Question 3 – Not Applicable. This question does not apply to the Modified Community Correctional facilities as they do not have Administrative Segregation Units at their facilities.

Chapter 7. Licensure and Training		Yes	No	Compliance
1.7.1	Are all health care staff licenses/certifications current?	7	0	100%
1.7.2	Is there a centralized system for tracking licenses for all health care staff?	0	1	0.0%

1.7.3	Are the Basic Life Support certifications current for nursing and custody staff?	12	0	100%
1.7.4	Are the Advanced Cardiovascular Life Support certifications maintained current for the facility's medical providers?	1	0	100%
1.7.5	Is there a method in place to address expiring Basic Life Support and Advanced Cardiovascular Life Support certifications?	0	1	0.0%
1.7.6	Is there is a centralized system in place to track training provided to health care staff?	0	1	0.0%
1.7.7	Do all the health care staff receive training for new or revised policies based on IMSP&P requirements?	0	1	0.0%
Overall Score:				42.9%

Chapter 7 Comments:

1. Question 2 - The facility does not have a system in place to track licenses for all health care staff. Through interviews with the health care staff, it was learned that staff are responsible for tracking their own licenses. This equates to 0.0% compliance.
2. Question 5 - The facility does not have a system in place to track Basic Life Support and Advanced Cardiovascular Life Support certifications for all health care staff. Through interviews with the health care staff, it was learned that staff are responsible for tracking their own certifications. This equates to 0.0% compliance.
3. Question 6 - The facility does not have a system in place to track training for all health care staff. Through interviews with the health care staff, it was learned staff are responsible for tracking their own licenses. This equates to 0.0% compliance.
4. Question 7 – The audit team was unable to determine compliance with this requirement as the facility does not have a system in place to track training. During interviews with the health care staff, it was learned that the health care staff members had no knowledge of IMSP&P or what it stood for. This equates to 0.0% compliance.

Chapter 8. Staffing		Yes	No	Compliance
1.8.1	Does the facility have the required physician/primary care provider staffing per contractual requirement?	1	0	100%
1.8.2	Does the facility have the required management staffing per contractual requirement? (COCF only)	Not Applicable		
1.8.3	Does the facility have the required registered nurse staffing per contractual requirement?	5	0	100%
1.8.4	Does the facility have the required licensed practical nurse staffing per contractual requirement? (COCF only)	Not Applicable		
1.8.5	Does the facility have the required Certified Medical Assistant (CMA) staffing per contractual requirement? (COCF only)	Not Applicable		
Overall Score:				100%

Chapter 8 Comments:

1. Questions 2, 4 and 5 - These questions do not apply to the Modified Community Correctional facilities.

Section 2 – Medical Services

Chapter 1. Chemical Agents/Use of Force		Yes	No	Compliance
2.1.1	If the inmate-patient was exposed to chemical agents and refused decontamination, was the inmate-patient monitored by health care staff every 15 minutes and not less than a total of 45 minutes?			Not Applicable
2.1.2	If the inmate-patient was exposed to chemical agents and if the inmate-patient was clinically unstable, was he medically cleared by a provider before returning to the housing unit? (COCF only)			Not Applicable
Overall Score:				N/A

Chapter 1 Comments:

1. Question 1 – Not applicable. During the audit review period there were no documented incidents where inmate-patients were exposed to chemical agents. Therefore, this question could not be evaluated.
2. Question 2 - This question do not apply to the Modified Community Correctional facilities.

Chapter 2. Chronic Care Management		Yes	No	Compliance
2.2.1	Is the inmate-patient's chronic care follow-up visit completed as ordered?	19	8	70.4%
2.2.2	Is the inmate-patient's chronic care keep on person (KOP) medications received by the inmate-patient without interruption the previous six months?	11	14	44.0%
2.2.3	If an inmate-patient refuses his/her KOP chronic care medications, is there documentation of a refusal on the CDCR Form 7225, <i>Refusal of Examination and/or Treatment</i> , or similar form?	0	1	0.0%
2.2.4	Are the inmate-patient's chronic care Nurse Administered/Direct Observation Therapy (NA/DOT) medications administered without interruption during the previous six months?			Not Applicable
2.2.5	If an inmate-patient does not show for or refuses his/her NA/DOT chronic care medications for three consecutive days or 50% or more doses in one week, is the inmate-patient referred to a provider?			Not Applicable
2.2.6	If an inmate-patient does not show for or refuses his/her NA/DOT chronic care medication for three consecutive days or 50% or more doses in one week, does the provider see the inmate-patient within seven calendar days of the referral?			Not Applicable
2.2.7	If an inmate-patient does not show for or refuses his/her insulin medication, is the inmate-patient referred to the provider for medication non-compliance?			Not Applicable
Overall Score:				38.1%

Chapter 2 Comments:

1. Question 1 – Of the 28 inmate-patient medical records reviewed for the audit review period, one was found not applicable to this question. Of the 27 remaining cases, 19 were found compliant with this requirement. The eight non-compliant cases were a result of three inmate-patients having delayed appointments and five inmate-patients medical files did not contain documentation that their chronic care appointments were even completed. This equates to 70.4% compliance.
2. Question 2 – Of the 28 inmate-patient medical records reviewed for the audit review period, three were found not applicable to this question. Of the remaining 25 cases, only 11 met this requirement. The 14 non-compliant cases were the result of three inmate-patients not receiving their medications by the specified date and 11 inmate-patients not receiving their medications at all. This equates to 44.0% compliance.
3. Question 3 – Of the 28 inmate-patient medical records reviewed for the audit review, 27 were found not applicable to this question. Of the one remaining case, there was no refusal documented in the inmate-patient’s medical record notating that he refused his KOP medication. This equates to 0.0% compliance.
4. Question 4 – Not applicable. The nursing staff does not administer the NA/DOT medications at this facility; therefore, this question could not be evaluated.
5. Questions 5 and 6 – Not applicable. Of the 28 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients refused their NA/DOT chronic care medication for three consecutive days or 50% or more of the time in a one week period. Therefore, these questions could not be evaluated.
6. Question 7 – Not applicable. Of the 28 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients refused their insulin medication. Therefore, this question could not be evaluated.

Chapter 3. Diagnostic Services		Yes	No	Compliance
2.3.1	Is the diagnostic test completed within the time frame specified by the provider?	9	2	81.8%
2.3.2	Does the provider review, sign, and date all inmate-patients’ diagnostic test reports within two business days of receipt of results?	4	6	40.0%
2.3.3	Is the inmate-patient given written notification of the diagnostic test results within two business days of receipt of results?	5	5	50.0%
2.3.4	Is the inmate-patient seen by the provider for clinically significant/abnormal diagnostic test results within 14 days of the provider’s review of the test results?	1	6	14.3%
Overall Score:			46.5%	

Chapter 3 Comments:

1. Question 1 – Of the 11 inmate-patient medical records reviewed for the audit period, 9 included documentation that the diagnostic tests are being completed within the time frame specified by the primary care provider. This equates to 81.8% compliance.
2. Question 2 – Of the 11 inmate patient medical records reviewed for the audit review period, one was found not applicable to this question as the hub physician ordered the diagnostic tests. Of the remaining 10 records, four inmate-patient medical records included documentation that the primary care provider

reviews, signs, and dates an inmate-patient’s diagnostic test report within two business days of receipt of results. This equates to 40.0% compliance.

3. Question 3 – Of the 11 inmate patient medical records reviewed for the audit review period, one was found not applicable to this question as the hub physician ordered the diagnostic tests. Of the remaining 10 records, five inmate-patient medical records included documentation that the inmate-patient was given written notification of the diagnostic results within two business days of receipt of results. This equates to 50.0% compliance.
4. Question 4 – Of the 11 inmate patient medical records reviewed for the audit review period, four were found not applicable to this question. Of the remaining seven records, one inmate-patient medical record included documentation of the inmate-patient having been seen by the primary care provider for clinically significant diagnostic test results within 14 days of the primary care provider’s review of the results. This equates to 14.3% compliance.

Chapter 4. Medical Emergency Management		Yes	No	Compliance
2.4.1	Does the facility have a local/corporate operating procedure pertaining to medical emergencies/response that contains instructions for communication, response, and transportation of inmate-patients, during medical emergencies?	1	0	100%
2.4.2	Does the facility’s local/corporate operating procedure contain instructions on how to obtain Emergency Medical Services (EMS) transportation 24/7?	1	0	100%
2.4.3	Does the facility conduct emergency medical response (man-down) drills quarterly on each shift when medical staff is present?	6	0	100%
2.4.4	Does a Basic Life Support certified health care staff respond without delay after emergency medical alarm is sounded during an emergency medical response (man-down) and/or medical emergency response drill?	6	0	100%
2.4.5	Does a registered nurse respond within eight minutes after emergency medical alarm is sounded for an emergency medical response (man-down) and/or emergency medical response drills?	6	0	100%
2.4.6	Does the facility hold an emergency medical response review committee (EMRRC) a minimum of once per month?	4	2	66.7%
2.4.7	Do the EMRRC meeting minutes reflect a review of each emergency medical response and/or emergency medical drill that is submitted to the committee?	4	0	100%
2.4.8	Is there documentation for each shift that all Emergency Medical Response Bags in each clinic are secured with a seal?	90	0	100%
2.4.9	Is there documentation, after each emergency medical response and/or drill, that the Emergency Medical Response Bag(s) used are re-supplied and re-sealed before the end of the shift?	0	1	0.0%
2.4.10	Is there documentation that all Emergency Medical Response Bags in each clinic are inventoried at least once a month if they have not been used for an emergency medical response and/or drill?	Not Applicable		
2.4.11	Does the facility’s Emergency Medical Response (EMR) bag contain only the supplies identified on the facility’s EMR Bag Checklist?	0	1	0.0%

2.4.12	Does the facility have a functional Automated External Defibrillator (AED) with electrode pads located in the medical clinic?	1	0	100%
2.4.13	Is there documentation, on each shift, that all Medical Emergency Crash Carts are secured with a seal? (COCF only)	Not Applicable		
2.4.14	Is there documentation, after each emergency medical response and/or drill, that all Medical Emergency Crash Carts are re-supplied and re-sealed? (COCF only)	Not Applicable		
2.4.15	Is there documentation that all Crash Carts in each clinic are inventoried at least once a month, if they have not been used for a medical emergency? (COCF only)	Not Applicable		
2.4.16	Does the facility's Crash Cart contain the medications as listed in IMSP&P policy? (COCF only)	Not Applicable		
2.4.17	Does the facility's Crash Cart contain the supplies identified on the facility's Crash Cart Checklist? (COCF only)	Not Applicable		
2.4.18	Does the facility have a functional 12 Lead electrocardiogram (ECG) machine with electrode pads? (COCF only)	Not Applicable		
2.4.19	Does the facility have a functional portable suction device?	1	0	100%
2.4.20	Does the facility have a portable oxygen system?	1	0	100%
2.4.21	Does the facility have their biomedical equipment serviced and calibrated annually?	0	6	0.0%
Overall Score:				76.2%

Chapter 4 Comments:

1. Question 6 - During the audit review period, the facility's Emergency Medical Response Review Committee met in February, April, May, and June 2015; no meetings were held in March and July 2015. This equates to 66.7% compliance.
2. Question 9 - The facility does not document on a tracking log, when the emergency medical response bag seal has been replaced or when the bag is restocked. This equates to 0.0% compliance.
3. Question 10 - Not applicable. This question automatically fails as a result of the failure described in question 2.4.9. 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.
4. Question 11 - The emergency medical response bag was inspected for the supplies identified on the facility's emergency medical response bag checklist and was determined the hand held suction device and splint were missing. This equates to 0.0% compliance.
5. Questions 13 through 18 – Not applicable. These questions do not apply to the Modified Community Correctional facilities.
6. Question 21 – The facility does not have their biomedical equipment serviced annually. This equates to 0.0% compliance.

Chapter 5. Community Hospital Discharge		Yes	No	Compliance
2.5.1	Upon discharge and return from a community hospital admission, does the registered nurse document a review of the inmate-patient's discharge plan? (COCF only)			Not Applicable

2.5.2	Upon discharge and return from a community hospital admission, does the registered nurse document a face-to-face assessment prior to the inmate-patient being re-housed? (COCF only)	Not Applicable		
2.5.3	Upon the inmate-patient's discharge and return from a community hospital admission, are all provider prescribed medications administered or delivered to the inmate-patient as ordered or per policy?	4	2	66.7%
2.5.4	Upon discharge and return from a community hospital admission, does the inmate-patient receive a follow-up with a provider within five calendar days of discharge? (COCF only)	Not Applicable		
2.5.5	Upon return from the hub institution following the discharge from a community hospital admission, does the registered nurse document a review of the inmate-patient's discharge plan? (MCCF only)	5	1	83.3%
2.5.6	Upon the inmate-patient's return from the hub institution following the discharge from a community hospital admission, does the registered nurse document the face-to-face assessment prior to the inmate-patient being re-housed? (MCCF only)	6	0	100%
2.5.7	Following the discharge from a community hospital admission, does the inmate-patient receive a follow-up with a provider within five calendar days of inmate-patient's return from the hub institution? (MCCF only)	5	1	83.3%
2.5.8	Does the provider legibly sign the progress note or CDCR form used to document the inmate-patient's follow-up appointment following the discharge from a community hospital admission? (MCCF only)	2	0	100%
Overall Score:				86.7%

Chapter 5 Comments:

1. Questions 1 and 2 – Not applicable. - These questions do not apply to the Modified Community Correctional facilities.
2. Question 3 - Of the eight inmate-patient medical records reviewed for the audit review period, two were found not applicable to this question as a result of the inmate-patients remaining at the hub facility after their community hospital stay. Of the remaining six records, four included documentation that the inmate-patients received their prescribed medication as prescribed by the primary care provider. This equates to 66.7% compliance.
3. Question 4 - Not applicable. - This question does not apply to the Modified Community Correctional facilities.
4. Question 5 - Of the eight inmate-patient medical records reviewed for the audit review period, two were found not applicable to this question as a result of the inmate-patients remaining at the hub facility after their community hospital stay. Of the remaining six records, five included documentation that the registered nurse had reviewed the inmate-patients' discharge plans upon their return from the hub. This equates to 83.3% compliance.
5. Question 7 - Of the eight inmate-patient medical records reviewed for the audit review period, two were found not applicable to this question as a result of the inmate-patients remaining at the hub facility after their community hospital stay. Of the remaining six records, five included documentation that the inmate-patients had received a follow-up with a provider within five calendar days of their return from the hub. This equates to 83.3% compliance.

Chapter 6. Infection Control		Yes	No	Compliance
2.6.1	Are packaged sterilized reusable medical instruments within the expiration dates shown on the sterile packaging?			Not Applicable
2.6.2	When autoclave sterilization is used, is there documentation showing weekly spore testing?			Not Applicable
2.6.3	Are disposable medical instruments discarded after one use into the biohazard material containers? (excludes disposable needles and syringes)	1	0	100%
2.6.4	Does health care staff utilize universal and/or standard precautions for hand hygiene?	4	0	100%
2.6.5	Is personal protective equipment (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	1	0	100%
2.6.6	Is the reusable non invasive medical equipment disinfected between each inmate-patient use and upon exposure to blood-borne pathogens as per facility's established policy?	1	0	100%
2.6.7	Does the facility utilize a hospital grade disinfectant to clean common clinic areas with high foot traffic?	1	0	100%
2.6.8	Is environmental cleaning of common clinic areas with high foot traffic completed at least once a day?	0	30	0.0%
2.6.9	Is there a labeled biohazard materials container in each clinic?	1	0	100%
2.6.10	Are the central storage biohazard material containers emptied on a regularly scheduled basis?	0	1	0.0%
2.6.11	Is the biohazard waste in each clinic bagged in a red moisture proof biohazard bag and properly secured in a labeled biohazard container which is locked or stored in a secured location?	1	0	100%
2.6.12	Are sharps/needles in each clinic, medication administration location and Receiving and Release disposed in a puncture resistant, leak-proof container that is closeable, locked, and labeled with the biohazard symbol?	1	0	100%
2.6.13	Does the facility store all sharps/needles in a secure location in each clinic, medication administration locations, and Receiving and Release?	1	0	100%
2.6.14	Does the health care staff account for and reconcile all sharps (needles, scalpels, etc.) in each clinic, medication administration locations and Receiving and Release at the beginning and end of each shift?	90	0	100%
Overall Score:				83.3%

Chapter 6 Comments:

1. Questions 1 and 2 – Not applicable. This facility does not have reusable instruments nor does it have an autoclave system; therefore, these questions could not be evaluated.
2. Question 8 - This facility does not utilize a cleaning log to track environmental cleaning of common clinic areas. This equates to 0.0% compliance.
3. Question 10 – This facility does not have the biohazard material containers emptied on a regular basis. This equates to 0.0% compliance.

Chapter 7. Health Appraisal & Health Care Transfer Process		Yes	No	Compliance
2.7.1	Does the inmate-patient receive an Initial Intake Screening upon arrival at the receiving facility by a licensed health care staff?	20	0	100%
2.7.2	If "YES" is answered to any of the questions on the Initial Health Screening form (CDCR Form 7277/7277A or similar form), does the registered nurse document an assessment of the inmate-patient?	2	1	66.7%
2.7.3	If an inmate-patient presents with emergent or urgent symptoms during the intake screening, does the registered nurse refer the inmate-patient to medical, dental, or mental health provider? (emergent-immediately, urgent-within 24 hours)	Not Applicable		
2.7.4	If an inmate-patient is identified as having a chronic disease/illness (asthma, DM, HTN, Hep C, Seizures, etc) but is not enrolled in the chronic care program, does the registered nurse refer the inmate-patient to the provider to be seen within 30 days of arrival?	4	0	100%
2.7.5	If an inmate-patient is referred to a medical, dental, or mental health provider by nursing staff during the Initial Intake Screening, is the inmate-patient seen within the specified time frame? (Emergent-Immediately, Urgent-within 24 hours, or within 30 days)	2	1	66.7%
2.7.6	If the inmate-patient had an existing medication order upon arrival at the facility, are Nurse Administered/Direct Observation Therapy (NA/DOT) medications administered without interruption and KOP medications received within one calendar day of arrival?	4	5	44.4%
2.7.7	If the inmate-patient is referred or scheduled by the sending facility's provider for a medical, dental, or mental health appointment, is the inmate-patient seen within the time frame specified by the provider?	1	0	100%
2.7.8	Does the inmate-patient receive a complete Health Appraisal performed by a provider within 14 calendar days of arrival?	4	15	21.1%
2.7.9	If the inmate-patient was enrolled in a chronic care program at a previous facility, is the inmate-patient scheduled and seen by the receiving facility's chronic care provider within the time frame ordered by the sending facility's provider?	4	2	66.7%
2.7.10	Does the inmate-patient receive a complete screening for the signs and symptoms of tuberculosis (TB) upon arrival?	0	20	0.0%
2.7.11	When the inmate-patient is transferred out of the facility, are scheduled specialty service appointments that were not completed, documented on a Health Care Transfer Information Form (CDCR Form 7371) or similar form?	0	3	0.0%
2.7.12	Does the inmate-patient bring all keep on person medications to the designated nurse prior to inter-facility transfer?	1	0	100%
2.7.13	Does the designated nurse verify the keep on person medications against the current medication profile prior to inter-facility transfer?	1	0	100%
2.7.14	Does the Inter-Facility Transfer Envelope contain all the inmate-patient's Nurse Administered/Direct Observation Therapy medications, current Medication Administration Record (MAR), and Medication Profile?	1	0	100%
2.7.15	Is visual and auditory privacy maintained during the Initial Intake Health Screening?	1	0	100%
Overall Score:				69.0%

Chapter 7 Comments:

1. Question 2 - Of the 20 inmate patient medical records reviewed for the audit review period, 17 were found not applicable to this question. Of the remaining three records, two had documentation of the registered nurse assessment of the inmate-patient. This equates to 66.7% compliance.
2. Question 3 - Not applicable. Of the 20 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients presented with emergent or urgent symptoms during the intake screening. Therefore, this question could not be evaluated.
3. Question 5 - Of the 20 inmate-patient medical records reviewed for the audit review period, 17 were found not applicable to this question. Of the remaining three, two were found compliant. For the non-compliant case the inmate-patient was scheduled for a diagnostic test, however no documentation was present in the medical records confirming the test was given to the inmate-patient. This equates to 66.7% compliance.
4. Question 6 - Of the 20 inmate-patient medical records reviewed, 11 were found not applicable to this question. Of the remaining nine cases, four were found compliant with this requirement. Of the five non compliant cases there was no documentation that the inmate-patients received their medications within the specified time frame. This equates to 44.4% compliance.
5. Question 8 - Of the 20 inmate-patient medical records reviewed, one was found not applicable to this question. Of the remaining 19 cases, four were found compliant with this requirement. Of the non-compliant cases, 10 cases were completed after the specified time frame and five records reflected that the inmate-patient never received a health appraisal. The one case that was deemed not applicable was a result of the inmate-patient being transferred to the hub facility. This equates to 21.1% compliance.
6. Question 9 - Of the 20 inmate-patient medical records reviewed for the audit review period, 14 were found not applicable to this question. Of the remaining six, four inmate-patients were seen by a primary care provider in a chronic care clinic as specified by the sending facility. This equates to 66.7% compliance.
7. Question 10 - Of the 20 inmate-patient medical records reviewed, none included documentation that the inmate-patients received a complete screening for the signs and symptoms of tuberculosis. This equates to 0.0% compliance.
8. Question 11 - Of the three inmate-patient medical records reviewed, none were found compliant with this requirement. No specialty care appointments were notated on the transfer forms. This equates to 0.0% compliance.

Chapter 8. Medication Management		Yes	No	Compliance
2.8.1	Does the prescribing provider document that he/she provided inmate-patient education on the newly prescribed medication(s)?	14	4	77.8%
2.8.2	Is the initial dose of the newly prescribed medication administered to the inmate-patient as ordered by the provider?	9	9	50.0%
2.8.3	Does the nursing staff confirm the identity of the inmate-patient prior to delivery of keep on person medications and/or administration of Nurse Administered/Direct Observation Therapy medications?	3	0	100%
2.8.4	Does the same nursing staff who administers the Nurse Administered/Direct Observation Therapy (NA/DOT) medication prepare the inmate-patient NA/DOT medication just prior to administration?	1	0	100%

2.8.5	Does the nursing staff directly observe an inmate-patient taking Direct Observation Therapy (DOT) medication?	0	1	0.0%
2.8.6	Does the nursing staff document the administration of Nurse Administered/Direct Observation Therapy medications on the Medication Administration Record once the medication is given to the inmate-patient?	1	0	100%
2.8.7	Does the licensed nurse legibly sign the Nurse Administered/Direct Observation Therapy Medication Administration Record? (MCCF only)	1	0	100%
2.8.8	Are medication errors documented on the Medication Error Report form?	1	0	100%
2.8.9	Are refrigerated drugs and vaccines stored in a separate refrigerator which does not contain food and/or laboratory specimens?	2	0	100%
2.8.10	Does the health care staff monitor the temperature of the refrigerators used to store drugs and vaccines twice daily and maintain the temperature between 36 ⁰ F (2 ⁰ C) and 46 ⁰ F (8 ⁰ C)?	120	0	100%
2.8.11	Does the facility employ medication security controls over narcotic medication assigned to its clinic areas?	Not Applicable		
2.8.12	Does the licensed health care staff inventory the narcotics at the beginning and end of each shift?	Not Applicable		
2.8.13	Do inmate-patients housed in Administrative Segregation Units have immediate access to their Short Acting Beta agonist (SBA) inhalers and nitroglycerine tablets? (COCF only)	Not Applicable		
Overall Score:				82.8%

Chapter 8 Comments:

1. Question 1 - Of the 18 inmate-patient medical records reviewed for the audit review period, 14 included documentation that the PCP provided inmate-patient education on the newly prescribed medication. For the four non-compliant cases, there was no documentation in the inmate-patients' medical records confirming that the PCP provided education on the newly prescribed medication. This equates to 77.8% compliance.
2. Question 2 - Of the 18 inmate-patient medical records reviewed for the audit review period, nine included documentation that the initial dose of the newly prescribed medication was administered to the inmate-patient as ordered by the PCP. For the nine non-compliant cases, one was missing documentation that the medication was administered as ordered and eight cases indicated that there was a delay in administering the medications to the inmate-patient. This equates to 50.0% compliance.
3. Question 5 - During the onsite audit, one nurse was observed during the medication administration process. The nurse did not follow proper nursing protocols when administering DOT medication to the inmate-patient. The nurse was observed not placing the medication in the inmate-patient's hands nor was the inmate-patient's mouth checked after taking the medication. This equates to 0.0% compliance.
4. Questions 11 and 12 - Not applicable. This facility does not store narcotic medications at this facility. Therefore, these questions could not be rated.
5. Question 13 - This question does not apply to the Modified Community Correctional facilities.

Chapter 9. Observation Cells (COCF only)		Yes	No	Compliance
2.9.1	Is the inmate-patient checked by a registered nurse at the beginning of each shift within two hours, or more frequently as ordered by the provider, when housed in an observation cell?			Not Applicable
2.9.2	Does the provider document the need for the inmate-patient's placement in the Observation cell and a brief admission history and physical examination within 24 hours of placement?			Not Applicable
2.9.3	Does a licensed clinician conduct daily face-to-face rounds on inmate-patients housed in observation cell for suicide precaution watch or awaiting transfer to a Mental Health Crisis Bed?			Not Applicable
2.9.4	Is there a functioning call system in all observation cells and if not, does the facility have a procedure in place that the inmate-patient has the ability to get the attention of health care staff immediately?			Not Applicable
Overall Score:				N/A

Chapter 9 Comments:

1. Questions 1 through 4 - These questions do not apply to the Modified Community Correctional facilities.

Chapter 10. Inmate-Patient Refusal of / No-Show for Medical Services		Yes	No	Compliance
2.10.1	If an inmate-patient refuses a scheduled nurse face-to-face, provider appointment, chronic care, or specialty service appointment, does the health care staff complete the CDCR Form 7225, <i>Refusal of Examination and/or Treatment</i> , or similar form?	1	0	100%
2.10.2	If an inmate-patient refuses a scheduled medical appointment, does the health care staff document their discussion of the risks and consequences in refusing the scheduled health care service?	1	0	100%
2.10.3	If an inmate-patient is a "no-show" for a scheduled registered nurse (RN) face-to-face appointment, does the RN contact the housing unit supervisor to have the inmate-patient escorted to the clinic?			Not Applicable
2.10.4	If an inmate-patient is a "no-show" for a scheduled registered nurse (RN) face-to-face appointment and refuses to be escorted to the clinic, does the RN complete a CDCR Form 7225, <i>Refusal of Examination and/or Treatment</i> , or similar form and document the refusal on a Progress Note (CDCR Form 7230)?			Not Applicable
2.10.5	If an inmate-patient is a "no-show" for a medical appointment with the provider, does the nursing staff contact the provider to determine if/when the inmate-patient should be rescheduled?			Not Applicable
Overall Score:				100%

Chapter 10 Comments:

1. Questions 3 through 5 – Not applicable. During the audit review period there were no inmate-patient medical "no shows." Therefore, these questions could not be evaluated.

Chapter 11. Preventive Services		Yes	No	Compliance
2.11.1	<i>For inmate-patients prescribed anti-Tuberculosis (TB) medication(s):</i> Does the facility administer the medication(s) to the inmate-patient as prescribed?	3	0	100%
2.11.2	<i>For inmate-patients prescribed anti-Tuberculosis (TB) medication(s):</i> Does the nursing staff notify the provider or public health nurse when the inmate-patient misses or refuses anti-TB medication?			Not Applicable
2.11.3	<i>For inmate-patients prescribed anti-Tuberculosis (TB) medications:</i> Does the facility monitor the inmate-patient monthly while he/she is on the medication(s)?	3	0	100%
2.11.4	Are the inmate-patients screened for tuberculosis (TB) signs and symptoms annually?	3	0	100%
2.11.5	Do the inmate-patients receive a Tuberculin Skin Test (TST) annually?	1	0	100%
2.11.6	Were inmate-patients offered an influenza vaccination for the most recent influenza season?	20	0	100%
2.11.7	<i>For inmate-patients 50 to 75 years of age:</i> Is the inmate-patient offered colorectal cancer screening?	9	1	90.0%
2.11.8	<i>For female inmate-patients 50 to 74 years of age:</i> Is the inmate-patient offered a mammography at least every two years? (FEMALE MCCFs only)			Not Applicable
2.11.9	<i>For female inmate-patients 21 to 65 years of age:</i> Is the inmate-patient offered a PAP (Papanicolaou test) smear at least every three years? (FEMALE MCCFs only)			Not Applicable
Overall Score:			98.3%	

Chapter 11 Comments:

1. Question 2 – Not Applicable. During the audit review period, there were no inmate-patients that refused their anti-Tuberculosis medications. Therefore, this question could not be evaluated.
1. Question 7 - Of the 10 inmate-patient medical records reviewed for the audit review period, 9 included documentation that the inmate-patients 50 to 75 years of age were offered colorectal cancer screening. This equates to 90.0% compliance.
2. Questions 8 and 9 - These questions are not applicable to correctional facilities housing male inmate-patients.

Chapter 12. Sick Call		Yes	No	Compliance
2.12.1	Does the registered nurse review the inmate-patient’s CDCR Form 7362, <i>Health Care Services Request</i> , or similar form, on the day it was received?	27	1	96.4%
2.12.2	Does the inmate-patient have a face-to-face evaluation by the registered nurse within the next business day after the CDCR Form 7362, <i>Health Care Services Request</i> , or similar form is reviewed, if the sick call request slip indicates a non-emergent health care need?	22	2	91.7%

2.12.3	Does the inmate-patient have a face-to-face evaluation by the registered nurse within the same day if the CDCR Form 7362, <i>Health Care Services Request</i> , or similar form indicates an emergent health care need?	4	0	100%
2.12.4	Does the registered nurse document the inmate-patient's chief complaint in the inmate-patient's own words?	25	3	89.3%
2.12.5	Is the registered nurses face-to-face encounter documented in the S.O.A.P.E format? (S=Subjective, O=Objective, A=Assessment, P=Plan and E=Education)	25	3	89.3%
2.12.6	Is a focused subjective/objective assessment conducted based upon the inmate-patient's chief complaint?	21	7	75.0%
2.12.7	Does the registered nurse document a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data?	17	11	60.7%
2.12.8	Does the registered nurse implement a plan based upon the documented subjective/objective assessment data that was within the nursing scope of practice or supported by the Nurse Sick Call protocols?	23	5	82.1%
2.12.9	Does the registered nurse document education was provided to the inmate-patient related to the treatment plan and effective communication was established?	23	5	82.1%
2.12.10	Does the registered nurse legibly sign and date the CDCR Form 7362, RN Encounter Form or progress note? (MCCF only)	28	0	100%
2.12.11	If the inmate-patient was referred to the provider by the registered nurse, is the inmate-patient seen within the specified time frame? (Emergent=same day; Urgent=within 24 hours; Routine=within 14 days)	1	6	14.3%
2.12.12	If the registered nurse (RN) determines the inmate-patient's health care needs are beyond the level of care available at the MCCF, does the RN contact or refer the inmate-patient to the hub institution? (MCCF only)	1	1	50.0%
2.12.13	If the inmate-patient presents to sick call three or more times for the same medical complaint, is the inmate-patient referred to the provider by the registered nurse?	2	2	50.0%
2.12.14	If the provider orders a follow-up appointment, is the inmate-patient seen within the specified time frame?	1	3	25.0%
2.12.15	Does the sick call visit location ensure the inmate-patient's visual and auditory privacy?	1	0	100%
2.12.16	Does nursing staff conduct daily rounds in Administrative Segregation Unit? (COCF only)	Not Applicable		
2.12.17	Does nursing staff conduct daily rounds in Administrative Segregation Units to pick-up CDCR Form 7362, <i>Health Care Services Request</i> , or similar forms? (COCF only)	Not Applicable		
2.12.18	Are the CDCR Forms 7362, <i>Health Care Services Request</i> , or similar forms readily available to inmate-patients in all housing units?	8	0	100%
2.12.19	Are inmate-patients able to submit the CDCR Form 7362, <i>Health Care Services Request</i> , or similar forms on a daily basis in labeled/secured/locked boxes in all yards/building/housing units?	8	0	100%

2.12.20	Does the facility provide and maintain the clinics with proper equipment, supplies, and accommodations for inmate-patient visits?	12	0	100%
2.12.21	Does each clinic adequately store non-medication medical supplies?	1	0	100%
Overall Score:				79.3%

Chapter 12 Comments:

1. Question 1 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 27 included documentation that the RN reviewed the inmate-patient's sick call request on the day it was received. This equates to 96.4% compliance.
2. Question 2 - Of the 29 inmate-patient medical records reviewed for the audit review period, five were not applicable to this question. Of the 24 applicable cases, 22 included documentation that inmate-patient received a face-to-face evaluation by an RN within the specified time frame. This equates to 91.7% compliance.
3. Question 4 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 25 included documentation that the RN documented the inmate-patient's chief complaint in the inmate-patient's own words. This equates to 89.3% compliance.
4. Question 5 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 25 records included documentation that the face-to-face encounters with an inmate-patient were documented in the S.O.A.P.E. format. This equates to 89.3% compliance.
5. Question 6 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 21 records included documentation that a focused subjective/objective assessment was conducted based upon the inmate-patient's chief complaint. This equates to 75.0% compliance.
6. Question 7 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 17 records included documentation that the RN documented a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data. This equates to 60.7% compliance.
7. Question 8 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 applicable cases, 23 records included documentation that the RN implemented a plan based upon the documented subjective/objective assessment data. This equates to 82.1% compliance.
8. Question 9 - Of the 29 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 28 remaining cases, 23 records included documentation that the RN provided education to the inmate-patient related to the treatment plan and effective communication was established. This equates to 82.1% compliance.
9. Question 11 - Of the 29 inmate-patient medical records reviewed for the audit review period, 22 were not applicable to this question. Of the remaining seven cases, one included documentation that following the RN referral to the PCP, the inmate-patient was seen by a PCP within the specified time frame. This equates to 14.3% compliance.
10. Question 12 - Of the 29 inmate-patient medical records reviewed for the audit review period, 27 were found not applicable to this question. Of the remaining two cases, one included documentation that the RN contacted the hub institution for a higher level of care. This equates to 50.0% compliance.
11. Question 13 - Of the 29 inmate-patient medical records reviewed for the audit review period, 25 were found not applicable to this question. Of the remaining four cases, two included documentation that the

RN referred the inmate-patient to the PCP when the inmate-patient presented to sick call three or more times with the same medical complaint. This equates to 50.0% compliance.

12. Question 14 - Of the 29 inmate-patient medical records reviewed for the audit review period, 25 were found not applicable to this question. Of the remaining four cases, only one included documentation that the inmate-patient received a follow-up appointment with the PCP within the specified time frame. This equates to 25.0% compliance.
13. Questions 16 and 17 – These questions do not apply to the Modified Community Correctional facilities.

Chapter 13. Specialty Services		Yes	No	Compliance
2.13.1	Is the provider's request for urgent/high priority specialty services approved or denied within two business days of being requested? (COCF only)		Not Applicable	
2.13.2	Is the inmate-patient seen by the specialist for an urgent/high priority referral within 14 days of the provider's order? (COCF only)		Not Applicable	
2.13.3	Is the provider's request for routine specialty services approved or denied within seven calendar days of being requested? (COCF only)		Not Applicable	
2.13.4	Is the inmate-patient seen by the specialist for a routine referral within 90 days of the provider's order? (COCF only)		Not Applicable	
2.13.5	Upon return from a specialty consult appointment or community hospital emergency department visit, does the registered nurse complete a face-to-face assessment prior to the inmate-patient returning to his assigned housing unit? (COCF only)		Not Applicable	
2.13.6	Upon return from a specialty consult appointment or community hospital emergency department (ED) visit, does the registered nurse notify the provider of any immediate medication orders or follow-up instructions provided by the specialty consultant, or community hospital ED provider? (COCF only)		Not Applicable	
2.13.7	Does the provider review the specialty consultant's report or the community hospital emergency department (ED) provider's discharge summary and complete a follow-up appointment with the inmate-patient within required time frame from the date of specialty services appointment or community hospital ED visit? (COCF only)		Not Applicable	
2.13.8	Upon return from the hub institution following a specialty consult appointment, urgent services provided at the hub, or community hospital emergency department visit, does the registered nurse complete a face-to-face assessment prior to the inmate-patient returning to his/her assigned housing unit? (MCCF only)	7	4	63.6%
2.13.9	Does the registered nurse legibly sign the progress note documenting the assessment of the inmate-patient following a specialty consultant appointment or urgent services provided at the hub or after a community hospital emergency department visit? (MCCF only)	11	0	100%

2.13.10	Upon return from the hub institution following a specialty consult appointment, urgent services provided at the hub, or community hospital emergency department (ED) visit, does the registered nurse notify the provider of any immediate medication orders or follow-up instructions provided by the specialty consultant, CCHCS provider, or community hospital ED provider? (MCCF only)	1	2	33.3%
2.13.11	Does the provider review the specialty consultant's report, CCHCS provider's report or the community hospital emergency department (ED) provider's discharge summary and complete a follow-up appointment with the inmate-patient within required time frame from the date of inmate-patient's return from the hub institution following a specialty services appointment, urgent services received at the hub, or community hospital ED visit? (MCCF only)	3	8	27.3%
Overall Score:				56.1%

Chapter 13 Comments:

1. Questions 1 through 7 - These questions do not apply to the Modified Community Correctional facilities.
2. Question 8 - Of the 11 inmate-patient medical records reviewed for the audit review period, seven included documentation the registered nurse completed a face-to face assessment of the inmate-patient prior to the inmate-patients return to his housing unit. This equates to 63.6% compliance.
3. Question 10 - Of the 11 inmate-patient medical records reviewed, eight were found not applicable to this question. Of the remaining three cases, one included documentation of the registered nurse notifying the medical provider of any immediate medication or specialty care follow-up orders upon the inmate-patients return to the facility. This equates to 33.3% compliance.
4. Question 11 - Of the 11 inmate-patient medical records reviewed, three included documentation that the PCP reviewed the specialty consultant's report and completed a follow-up with the inmate-patient within the specified time frame. This equates to 27.3% compliance.

QUALITATIVE FINDINGS

As indicated earlier in the report, CCHCS has added a clinical case study component, involving nurse and physician case studies, to the new Private Prison Compliance and Health Care Monitoring audit instrument. The respective auditors will evaluate selected cases in detail to determine the overall quality of health care provided to the inmate-patients, thereby providing a 360 degree snapshot of the facility's clinical performance. However, in the interest of good faith, and the demonstration of CCHCS's investment in a fair and objective evaluation process, the information compiled from the clinical case studies during this first round of audits will be included in the final audit report as an addendum, for the informational benefit of the facility. This component will not be utilized at this time as a factor for determining an overall rating of compliance or proficiency. However, it should be noted that future audits will factor in the findings of the clinical case study component, in arriving at an overall rating. The associated methodology for capturing and evaluating the clinical case studies will be provided to each contracted facility prior to the next round of onsite audits.

Section 3: Nurse Case Review

The goal of the nurse case review is to determine the overall quality of health care provided to the inmate-patients by the facility's nursing staff. A majority of the inmate-patients selected for retrospective chart review are the ones with high utilization of nursing services, as these inmate-patients are most likely to be affected by timely appointment scheduling, medication management, and referrals to health care providers.

For in-depth reviews, CCHCS nurses looked at all encounters occurring in approximately six months of medical care and focused on the following questions:

- 1) *Did nursing staff complete all required documentation; conduct appropriate assessment of the inmate-patient; provide nursing services as ordered by an LIP; and take appropriate action to avoid delay in health care services and trips to an outside hospital and/or patient death?*
- 2) *Did the RN conduct a timely and appropriate assessment; perform the appropriate nursing actions to address the inmate-patient's health care condition; provide LIP ordered nursing services; and complete all required documentation?*

For DVMCCF's nurse case reviews, an in-depth review/analysis of 10 inmate-patient medical records/charts was conducted. The table below lists the deficiencies identified during the review of each case along with recommendations on how to improve the quality of nursing care/services provided to the inmate-patients housed at DVMCCF.

Case Number	Deficiencies & Recommendations
Case 1	The inmate-patient was seen by the registered nurse on February 14, 2015, for chest pain. The registered nurse assessed the inmate-patient, and based on the nursing assessment; contacted the hub institution and was directed to send the inmate-patient to the emergency room via ACLS ambulance. The inmate-patient was assessed at an emergency room and discharged with atypical chest pain, hypertension, and costochondritis. The inmate-patient was discharged to

the hub institution on February 15, 2015, and was returned to the facility on the same day. Nursing care of this inmate-patient is deemed inadequate due to the following reasons:

- 1) The registered nurse failed to monitor the inmate-patient's vital signs every 5 minutes.
- 2) No documentation if ASA or oxygen was administered per the Chest Pain protocols.
- 3) The registered nurse failed to document the time ambulance was called, arrived, and departed.
- 4) The registered nurse failed to document the condition of the inmate-patient at the time of transfer to the emergency room.
- 5) The registered nurse did not refer the inmate-patient to the primary care provider with new symptoms of wheezing in right lung field and diminished breath sounds in the left lung field.

Case 2 The inmate-patient was diagnosed with hypertension and high cholesterol. The inmate-patient was sent to the emergency room on April 26, 2015, and remained at the hub institution after discharge from emergency room. Although nursing care for this inmate-patient is deemed adequate, the following is recommended:

- 1) The registered nurse failed to follow the Chest Pain protocol. The registered nurse did not apply oxygen nor obtain a 12-lead EKG.
- 2) The registered nurse failed to document how the inmate-patient arrived to the medical clinic, the time the registered nurse at the hub was called, the direction given by the hub registered nurse, the time 911 was called, time the paramedics arrived, services provided by the paramedics, condition of the inmate-patient at the time of transfer and the time the inmate-patient left the facility.

Case 3 The inmate-patient was seen for sick call in January and twice in March for complaints of headache and left ear pain. The registered nurse failed to refer the inmate-patient to the PCP for further assessment. On June 9, 2015, the inmate-patient was seen for headache and nausea and again on June 16, 2015, for headache and body ache. The registered nurse on June 9, 2015, failed to identify the inmate-patient was taking TB medications. The registered nurse on June 16, 2015, did identify the inmate-patient was taking TB medications and the symptoms occurred after taking TB medications. Both nurses failed to refer the inmate-patient to the PCP for further evaluation. The inmate-patient was seen by the RN and PCP on June 29, 2015, for hypotension, headache, and dizziness. The inmate-patient was transferred to an emergency room and admitted. The inmate-patient was discharged from the hospital on June 30, 2015, and returned to the facility on July 1, 2015. Inmate-patient was assessed upon return and seen by a PCP timely for post his hospitalization follow-up visit. Nursing care of this inmate-patient is deemed inadequate due to the following reasons:

- 1) Registered nurse altered the quantity of a protocol medication.
- 2) Registered nurse failed to assess the inmate-patient's ear when complaining of ear pain.
- 3) Registered nurse failed to assess the inmate-patient twice when complaining of tooth pain.
- 4) Registered nurse failed to identify the inmate-patient was receiving TB medication.
- 5) Registered nurse provided medication that was not in the RN Protocol.
- 6) Registered nurse failed to refer the inmate-patient to the PCP for symptoms of TB medication side effects.

Case 4 The inmate-patient was diagnosed with hypertension and enrolled in the chronic care program. Although nursing care for this inmate-patient is deemed adequate, the following is recommended:

- 1) The inmate-patient must receive KOP medications within three days of being issued. There was a delay in inmate-patient receiving his KOP medications.

Case 5 The inmate-patient was diagnosed with hypertension and GERD and is enrolled in the chronic care program. Although nursing care for this inmate-patient is deemed adequate, the following

is recommended:

- 1) Medications provided to the inmate-patient as a result of the registered nurse protocol need to be accurately documented on the protocol form and the KOP medication sheet.

Case 6 The inmate-patient was transferred to Wasco State Prison on March 24, 2015. The registered nurse completed the CDCR Form 7371, *Health Care Transfer Information*. Nursing care was deemed adequate with no recommendations.

Case 7 The inmate-patient was transferred to California State Prison, Corcoran on May 26, 2015. The registered nurse completed the CDCR Form 7371, *Health Care Transfer Information*. Nursing care was deemed adequate with no recommendations.

Case 8 The inmate-patient was received at facility on April 23, 2015. The sending institution, Ironwood State Prison, completed the CDCR Form 7371, *Health Care Transfer Information*, on April 22, 2015. The auditor was able to locate documentation regarding the Initial Health Care Assessment of the inmate-patient upon arrival at the facility. Nursing care was deemed proficient.

Case 9 The inmate-patient arrived at the facility on May 15, 2015. The sending institution, Avenal State Prison completed the CDCR Form 7371, *Health Care Transfer Information*, on May 14, 2015. There is no documentation of the registered nurse reviewing the CDCR Form 7371 upon the inmate-patient's arrival to the facility. The auditor was unable to locate documentation regarding the Initial Health Care Assessment of the inmate-patient upon arrival at the facility. Nursing care of this inmate-patient is deemed inadequate due to the following reasons:

- 1) No documentation that the registered nurse having reviewed and signed the CDCR Form 7371 upon the inmate-patient's arrival at the facility.

Case 10 The inmate-patient arrived at the facility on June 1, 2015. The sending institution, California Institution for Men, completed the CDCR Form 7371, *Health Care Transfer Information*, on May 29, 2015. . The auditor was able to locate documentation regarding the Initial Health Care Assessment of the inmate-patient upon arrival at the facility. Nursing care was deemed proficient..

Section 4: Physician Case Review

The CCHCS clinician performs a retrospective chart review of selected inmate-patient files to evaluate the standard of care performed by the facility's providers (physician, nurse practitioner, physician assistant) for approximately six months of medical care or for the audit review period. The CCHCS clinician will assess the facility provider(s) on the several clinical competencies which include patient care, medical knowledge, practice based learning and improvement, soundness of judgment, professionalism and systems-based practice. This review consists of selecting predominantly the medical records of those inmate-patients with chronic care conditions.

Case Number	Deficiencies & Recommendations
Case 1	<p>The inmate-patient was seen by the PCP for chronic care associated with benign prostatic hyperplasia. The provider care for this inmate-patient is deemed inadequate due to the following:</p> <ol style="list-style-type: none"> 1) The PCP needs to update the inmate-patient's problem list with current diagnoses, as well as addressing these during the chronic care visits. 2) The PCP needs to complete a through interview/examination of the inmate-patient prior to referring the inmate-patient to the hub institution. 3) The PCP should chart and write orders on the same day as the inmate-patient appointment. 4) The PCP is inadequately following-up on potential blood loss; potential missed diagnosing gastrointestinal cancer and uncontrolled rectal pain from hemorrhoids and/or fissures when diagnosing the inmate-patient with hematochezia.
Case 2	<p>The inmate-patient presented to sick call for chronic back pain, which flared up on March 4, 2015. The provider care for this inmate-patient is deemed inadequate due to the following:</p> <ol style="list-style-type: none"> 1) The PCP needs to complete a through exam of the inmate-patient by asking the right questions. The PCP did not ask the proper questions and could have potentially misdiagnosed, created unnecessary work up and added unnecessary provider appointments. 2) The PCP's inadequate back exam of the inmate-patient could have created a missed diagnosis for an urgent or emergent situation.
Case 3	<p>The inmate-patient is diagnosed with hypertension. The inmate-patient is enrolled in the chronic care program. Although provider care for this inmate-patient is deemed adequate, the following is recommended:</p> <ol style="list-style-type: none"> 1) The PCP needs to cease ordering unnecessary labs. The over utilization of labs did not cause harm to this inmate-patient; however, in the future the PCP should keep in mind that false positive tests could result in unnecessary tests.
Case 4	<p>The inmate-patient was sent to the emergency room on June 22, 2015 for shortness of breath. The inmate-patient was discharged from the hospital with a diagnosis of hiatal hernia and gastritis. The provider care is deemed inadequate due to the following:</p> <ol style="list-style-type: none"> 1) The facility needs to thoroughly document the reasons for sending the inmate-patient to the emergency room. 2) The PCP needs to follow inmate-patients more thoroughly, when inmate-patient is sent to the emergency room twice in a one year span for gastrointestinal symptoms. This will ensure that the inmate-patient is adhering to his dietary needs and can also give the PCP the opportunity to catch an increase in

symptoms that could lead to cancer of the gastrointestinal tract.

- Case 5 The inmate-patient has a history of hypothyroidism, dyslipidemia, and latent tuberculosis. The inmate-patient has a history of dizziness and was discontinued from his tuberculosis medication seven weeks of treatment due to symptoms. The inmate-patient is enrolled in the chronic care program. On June 29, 2015, the inmate-patient was sent to the emergency room for low blood pressure reading of 60/40 and pulse of 70. The provider care is deemed inadequate due to the following:
- 1) The reported vital signs do not match the clinical picture of the inmate-patient at the time of evaluation at the facility.
 - 2) The staff need to check the medical equipment used when assessing the inmate-patient to see if the readings are accurate; pulse oximeter.
 - 3) The facility did not discuss the discontinuance of the tuberculosis medication with the public health nurse at the hub institution.
- Case 6 The inmate-patient is a frequent sick user. The provider care is deemed inadequate due to the following:
- 1) The PCP needs to complete a thorough interview/examination of the inmate-patient prior to referring the inmate-patient to the hub institution.
 - 2) The PCP needs to cease ordering unnecessary labs
- Case 7 The inmate-patient was sent to the emergency room for a possible incarcerated hernia. There was no preventable health care before the emergency room visit. The provider care is deemed adequate with no recommendations.
- Case 8 The inmate-patient suffers from osteogenesis imperfect. The inmate-patient is primarily managed by the hub institution and an endocrinologist via telemedicine. The provider care is deemed inadequate due to the following:
- 1) The PCP should seek medical information from the off-site medical encounters and incorporate those findings in the medical charts.
 - 2) The PCP at the facility should be the PCP for the inmate-patient.
- Case 9 The inmate-patient was sent to the emergency room on February 14, 2015, for allergies. The inmate patient had suffered from lesions and swelling of his lower lip. The provider care is deemed inadequate due to the following:
- 1) The PCP did not see the inmate-patient within the specified time frame once the inmate-patient returned to the facility from the emergency room.
 - 2) The PCP should chart on the same day as the follow-up appointment with the inmate-patient. The PCP saw the inmate-patient on March 3, 2015; three weeks past the inmate-patient's return to the facility from the emergency room. As of August 12, 2015, the PCP has yet to chart her notes of this encounter.
- Case 10 The inmate-patient sustained an injury to his hand on May 12, 2015. The PCP scheduled a specialty care appointment to have an x-ray on the inmate-patient's hand; subsequently the inmate-patient refused the x-ray. The provider care is deemed inadequate due to the following:
- 1) The PCP should have ordered a follow-up appointment or a PRN (an as needed follow-up appointment) to evaluate the inmate-patient's hand. A missed hand fracture could lead to a permanent disability of the hand.

Section 5: Clinical Case Review

The clinical case reviews are viewed as a stress test on the various components of the medical delivery system, and also includes an overall assessment of the quality of the medical delivery system. This methodology is useful for identifying systemic areas of concern that may compel further investigation and quality improvement. The CCHCS physicians and nursing staff complete five combined detailed clinical case reviews in order to evaluate the quality and timeliness of care provided to the inmate-patient population housed at that facility.

Case Number	Deficiencies & Recommendations
Case 1	<p>The inmate-patient is not enrolled in the chronic care program and there is no documentation of chronic illness or disease or inmate-patient receiving prescribed medication. On April 15 2015, the inmate-patient was transported from facility to the emergency room. Upon discharge from the emergency room, the inmate-patient returned to the hub institution until his return to facility on May 18, 2015. Upon return to the facility, there is no documentation that the PCP reviewed the care that had transpired at the hub institution. The PCP saw the inmate-patient on June 20, 2015, for a physical but there was no mention to the April 15, 2015, emergency room visit. Although the provider care of this inmate-patient is deemed adequate, the nursing care is inadequate. The following are recommendations for this case:</p> <ol style="list-style-type: none"> 1) The provider should start following the inmate-patient after the return from the hub institution. 2) Nursing did not conduct a neurological assessment of the inmate-patient with complaints of dizziness, fainting and potential for falling. 3) Nursing should have monitored the inmate-patient's vital signs or attempted to conduct orthostatic blood pressure reads. 4) Nursing should have documented a description of emesis and the condition of the inmate-patient. 5) Nursing should have documented the time BLS ambulance was notified, the time BLS arrived, actions taken by BLS staff, condition of the inmate-patient at the time of transfer and the time the inmate-patient left the RN's care.
Case 2	<p>The inmate-patient was seen on May 16, 2015, at 1855 hours, by a registered nurse for red bumps on this right leg. The registered nurse assessed the inmate-patient and provided triple antibiotic ointment. Inmate-patient was seen at 2300 hours, by the PCP, who contacted the hub institution and was directed to send the inmate-patient to the emergency room. The inmate-patient was assessed and discharged to the hub with a diagnosis of cellulitis and abscess on right knee. Inmate-patient remained at the hub for oral antibiotic treatment and wound care. Both provider and nursing care for this inmate-patient is deemed adequate, however, the following is recommended:</p> <ol style="list-style-type: none"> 1) The physician should have followed through on the permethrin order and reduced the amount of isolation as much as possible. 2) The provider should start following the inmate-patient after the return from the hub institution. 3) The registered nurse did not document the time the inmate-patient left the facility, mode of transport or the condition of the inmate-patient at the time of transport.
Case 3	<p>The inmate-patient is diagnosed with adult onset diabetes, non-insulin dependent diabetic and morbid obesity. He is enrolled in the chronic care program. Both provider and nursing care for this inmate-patient is deemed adequate, however, the following is recommended:</p> <ol style="list-style-type: none"> 1) The provider needs to cease ordering unnecessary labs. 2) The registered nurse did not notify the provider of the inmate-patient's possible reaction to Tdap vaccine.

Case 4 The inmate-patient was diagnosed with hypertension and Hepatitis C and a non-insulin dependent diabetic. Inmate-patient is enrolled in the Chronic Care program. Although nursing care for this inmate-patient is deemed adequate, the provider care is inadequate. The following are recommendations for this case:

- 1) The registered nurse needed to document the reason for missed daily FSBS and if the PCP was notified.
- 2) The PCP should follow the guidelines for diabetes, hepatitis C, and hypertension.
- 3) The PCP needs to cease ordering unnecessary labs.
- 4) The PCP needs to follow the medication orders for inmate-patient. The inmate-patient went two month without his Metformin.
- 5) The PCP should log into the eUHR on a more regular basis, in order to obtain a complete medical history and medication list of the inmate-patient and to prevent the ordering of unnecessary lab orders.

Case 5 The inmate-patient was diagnosed with hypertension and Hepatitis C. The inmate-patient is enrolled in the Chronic Care program. Both provider and nursing care of this inmate-patient is deemed inadequate due to the following reasons:

- 1) The registered nurse provided antibiotic ointment without an order or per registered nurse protocol.
- 2) The register nurse failed to refer the inmate-patient to the PCP for symptoms of infection.
- 3) The PCP did not address the inmate-patient's hypertension during chronic care appointment.
- 4) The PCP is unaware of the inmate-patient's Hepatitis C status, which was likely cured in 2012.
- 5) The PCP needs to cease ordering unnecessary labs.

SUMMARY OF QUANTITATIVE AND QUALITATIVE FINDINGS

This portion of this audit is designed to specifically capture the efficiency of facility processes which impact access and quality of care. By their very nature, such processes often defy objective measurement, but are nonetheless worthy of attention and discussion. It bears repeating, although *this portion of the audit is not rated*, any concerning issues identified during the quantitative or qualitative process may result in additional CAP items.

The audit team conducted additional qualitative analysis primarily via interview of key facility personnel. At DVMCCF the personnel interviewed included the following:

- R. Smith – Warden
- E. Valdivia – Facility Captain
- D. Villanueva– Medical Doctor
- E. Watts– Health Services Administrator (HSA)
- J. Hicks – Registered Nurse
- J. White – Registered Nurse
- K. Brooks– Medical Records Clerk

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 four major areas: Operations, Recent Operational Changes, Prior CAP Resolution, and New CAP Items.

As stated earlier in the report, subsequent to the previous audit, major revisions and updates have been made to the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* and assessment processes. Several questions have been removed where clear policy support does not exist, or where related processes have changed making such questions immaterial to measuring the quality of health care services provided to inmate-patients. A number of questions have also been added in order to separate multiple requirements formerly measured by a single question, or to measure an area of health care services not previously audited. Additionally, case review sections have been added to better assess and evaluate the timeliness and quality of care provided by nurses and physicians at the contract facilities.

Taking into consideration the revisions to the audit instrument, this audit may produce ratings that appear inconsistent with previous ratings, and may require corrective action for areas not previously identified or addressed. As such, it is imperative that facility management staff and clinical supervisors thoroughly review the deficiencies and areas of non-compliance identified in this audit report and take action to expediently resolve the deficiencies.

OPERATIONS

During the onsite audit, the audit team observed the facility and medical clinic to be clean and well maintained. The custody and medical staff were accommodating to the audit team.

Administrative

The facility received failing scores in all six of the eight administrative chapters; largely based on their lack of, or inadequate policies which do not comply with IMSP&P. There were several contracts that were not current such as; oxygen tank maintenance/service, hazardous waste removal/inspection and testing of biomedical equipment, notwithstanding the facility was not conducting Quality Management meetings on a monthly basis as required, submitting monitoring logs, nor providing adequate training of medical staff on IMSP&P.

The facility is required to submit a total of five monitoring logs to PPCMU on a weekly and monthly basis; sick call, chronic care, specialty services, initial intake screening and hospital stay/emergency department. Review of the monitoring logs revealed lack of consistency in submission, late submission and inaccurate documentation. The auditors attempted to validate the information documented on the monitoring logs as a part of the pre-audit research, only to discover there was only minimal medical information scanned into the eUHR. There was not enough documentation in the eUHR to support or negate the accuracy of the dates recorded on the monitoring logs, resulting in the need for the auditors to revisit the facility to review the shadow files. Consequently, on August 31, 2015, the auditors returned to DVMCCF to review more than 130 shadow files to verify if the medical documents located in the inmate-patients shadow files supported the data documented on the monitoring logs. The second onsite visit resulted in the validation of the data documented on the logs. However, there was still the need to address the timely submission of documented clinical encounters to the hub institution for uploading into the eUHR. At the request of PPCMU, a conference call was held on September 1, 2015, between Contract Beds Unit, all of the MCCF executives, and the facility wardens to re-educate the facility staff on the requirement to submit all medical documentation to the hub institutions for uploading into the eUHR. During this call, the facility confirmed they were not consistently sending medical documentation to the hub but they would be more conscious of this requirement and ensure their staff was compliant. Currently, the facility medical records clerk is auditing all shadow files at the facility to ensure the information in the shadow file mirrors the information in the eUHR.

While onsite, the audit team requested to review the health care appeals log, licensure and training log and release of information log. The facility could not produce a log for the licensure and training of all health care staff. The auditors inquired as to whom tracks the licenses and training of medical staff, all medical staff responded that it was their responsibility to track their own training and expiration of licenses. As a result of the lack of shared knowledge; trained staff have routinely left prior to providing training to the new hires; the HSA has been in the position for such a short period that she is unaware of all job duties which fall under her privy.

Lastly, the facility is currently without contracts for oxygen tank maintenance service, hazardous waste removal and inspection and testing of biomedical equipment. The Health Services Administrator has been working to procure these contracts and is awaiting response from GEO corporate if the contracts have been signed. As of September 1, 2015 the facility has yet to procure the contracts.

FCC Health Care Staff – Nursing

During the onsite audit, sick call slips were collected on every shift from the secured locked boxes in all housing units and triaged by the nurse. Review of the medical records and interviews with nursing staff revealed the inmate-patients may be called to the clinic for routine and emergent sick call at the convenience of the primary care provider; which may occur anytime on any of the three shifts. Prior to

the onsite audit the auditor attempted to procure a clinic schedule, yet without success as the clinic schedule is run around the primary care provider's unpredictable work hours. Sick call appointments are conducted at all times of the day; sometimes as late as 0100 hours.

General cleaning of the clinic is conducted daily by inmate porters; however, the facility had not been logging the cleaning. The nurse auditor instructed the Health Services Administrator to begin documenting the cleaning of the high touch surfaces. While onsite, the nurse auditor witnessed the nurses cleaning the surfaces which had come into inmate-patient contact (blood pressure cuff, stethoscope, and chair) after each inmate-patient encounter. The nurse-auditor observed the facility nursing staff following good hand washing practices.

FCC Health Care Staff – Physician

During the month of May 2015, it was brought to the auditor's attention that the facility was severely behind in medical appointments due to the PCP's erratic schedule; the back log consisted of approximately 180 medical appointments; 110 History and Physicals, 26 Chronic Care appointments and 45 sick call appointments; all of which since have been completed. Although the PCP completed the backlog, she failed to complete the required charting from the clinical encounters.

During the current audit it was determined that the physician was not completing the required charting on the same day as the inmate-patient encounters. Documentation is a critical aspect for administering adequate medical care to inmate-patients and should be completed at the time of the encounter. The PCP is struggling significantly in the area of completing timely documentation of inmate-patient clinical encounters in the medical record. The auditors observed more than 50 inmate-patient medical charts stacked in the physician's office awaiting documentation. This raised concerns as numerous charts were lacking the physician's laboratory requests and medication orders for the inmate-patients. At the time of the audit the facility was staffed with one physician, who works inconsistent hours and conducts medical appointments between the hours of 2000 and 0130 hours, yet fails to document the results of the encounters. This practice is cause for concern as poor or unavailable documentation in the eUHR and inmate-patient shadow files can potentially result in the misdiagnosis of inmate-patients, ordering of unnecessary diagnostic tests and medications, or in extreme situations, deaths.

RECENT OPERATIONAL CHANGES

Since the February 2015 audit, DVMCCF has experienced a very high turnover in their medical positions, which include a new Health Services Administrator and several registered nurses.

PRIOR CAP RESOLUTION

During the February 2015 audit, DVMCCF received an overall compliance rating of 84.4% resulting in a total of 23 CAP items. The February 2015 audit CAP items are as follows:

1. *THE PRIMARY CARE PROVIDER (PCP) IS NOT MAINTAINING ACCESS TO THE EUHR. (Formerly Chapter 2, Question 1)* During the February 2015 audit, the facility received a rating of 0.0% compliance. During the current audit the PCP was able to log on to the eUHR, resulting in 100% compliance. This corrective action item is considered resolved.

2. *INMATE-PATIENTS' WRITTEN REQUESTS FOR RELEASE OF HEALTH CARE INFORMATION (ROI) ARE NOT CONSISTENTLY DOCUMENTED ON THE CDCR 7385, AUTHORIZATION FOR RELEASE OF INFORMATION FORM OR SIMILAR FORM. (Formerly Chapter 2, Question 5)* During the February 2015 audit, the facility received a rating of 25.0% compliance. During the current audit the auditors reviewed 20 inmate-patient medical records, resulting in 100% compliance. This corrective action item is considered resolved.
3. *THE RELEASE OF INFORMATION REQUESTS ARE NOT CONSISTENTLY BEING FILED IN THE IN THE MEDICO-LEGAL SECTION OF THE INMATE-PATIENTS' SHADOW MEDICAL FILES. (Formerly Chapter 2, Question 7)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
4. *INMATE-PATIENTS RELEASE OF INFORMATION REQUESTS ARE NOT CONSISTENTLY DOCUMENTED ON THE PROGRESS NOTES. (Formerly Chapter 2, Question 8)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
5. *ACTION AND FOLLOW-UP PLANS ON OPPORTUNITIES FOR IMPROVEMENT THAT HAVE BEEN IDENTIFIED IN THE CONTINUOUS QUALITY IMPROVEMENT MEETING MINUTES ARE NOT CONSISTENTLY DOCUMENTED. (Formerly Chapter 6, Question 6)* During the February 2015 audit, the facility received a rating of 0.0% compliance. During the current audit the auditors reviewed the April Quality Management meeting minutes, resulting in 100% compliance. This corrective action item is considered resolved.
6. *THE REGISTERED NURSE IS NOT DOCUMENTING THE REVIEW OF THE INMATE-PATIENT'S DISCHARGE PLAN UPON THE INMATE-PATIENT'S RETURN FROM A COMMUNITY HOSPITAL EMERGENCY DEPARTMENT. (Formerly Chapter 8, Question 4)* During the February 2015 audit, the facility received a rating of 0.0%. The facility's CAP indicated that the Health Services Administrator would train nursing staff on the proper way to document face-to-face encounters when inmate-patients return from a specialty care appointment. During the current audit, three inmate-patient medical records were reviewed; of which only one indicated that the registered nurse is documenting the review of the inmate-patient's discharge plan, resulting in a compliance rating of 33.3%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.
7. *THE REGISTERED NURSE IS NOT CONSISTENTLY DOCUMENTING THE FACE-TO-FACE EVALUATION UPON THE INMATE-PATIENT'S RETURN FROM THE A COMMUNITY HOSPITAL EMERGENCY DEPARTMENT. (Formerly Chapter 8, Question 5)* During the February 2015 audit, the facility received a rating of 25.0%. The facility's CAP indicated that the Health Services Administrator would train all registered nurses on the proper way to conduct face-to face evaluations on inmate-patients returning from the emergency department. During the current audit, 11 inmate-patient medical records were reviewed, of which 7 indicated that the registered nurse completed a face-to-face assessment of the inmate-patient, resulting in a compliance rating of 63.6%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.

8. *THE REGISTERED NURSE IS NOT CONSISTENTLY DOCUMENTING THE INSPECTION OF THE EMERGENCY MEDICAL RESPONSE BAG TO ENSURE IT IS SECURED WITH A SEAL ON EACH SHIFT.* (Formerly Chapter 9, Question 1) During the February 2015 audit the facility received a rating of 0.0% compliance. During the current audit documentation provided to the auditors validating that the registered nurses are documenting that the emergency response bag is secured with a lock and seal on each shift, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
9. *THE REGISTERED NURSE IS NOT CONSISTENTLY DOCUMENTING THE INSPECTION OF THE PORTABLE SUCTION ON EACH SHIFT FOR OPERATIONAL READINESS.* (Formerly Chapter 9, Question 4) During the February 2015 audit the facility received a rating of 0.0% compliance. During the current audit documentation was provided to the auditors validating that the registered nurses are documenting that the portable suction is being checked on each shift, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
10. *THE REGISTERED NURSE IS NOT CONSISTENTLY DOCUMENTING THE INSPECTION OF THE OXYGEN TANK ON EACH SHIFT FOR OPERATIONAL READINESS.* (Formerly Chapter 9, Question 6) During the February 2015 audit the facility received a rating of 0.0% compliance. During the current audit documentation was provided to the auditors validating that the registered nurses are documenting that oxygen tank is being checked on each shift for operational readiness, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
11. *THE REGISTERED NURSE IS NOT CONSISTENTLY DOCUMENTING THE INSPECTION OF THE AUTOMATED EXTERNAL DEFIBRILATOR (AED) ON EACH SHIFT FOR OPERATIONAL READINESS.* (Formerly Chapter 9, Question 8) During the February 2015 audit the facility received a rating of 0.0% compliance. During the current audit documentation was provided to the auditors validating that the registered nurses are documenting that the AED is being checked on each shift for operational readiness, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
12. *SPILL KITS ARE NOT LOCATED IN ALL DESIGNATED AREAS OF THE FACILITY.* (Formerly Chapter 9, Question 11) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
13. *INMATE-PATIENTS ARE NOT BEING SEEN WITHIN THE TIMEFRAMES SET FORTH IN THE SICK CALL POLICY.* (Formerly Chapter 15, Question 1) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
14. *INMATE-PATIENTS ARE NOT BEING SEEN WITHIN THE TIMEFRAMES SET FORTH IN THE SPECIALTY CARE POLICY.* (Formerly Chapter 15, Question 2) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
15. *INMATE-PATIENTS ARE NOT BEING SEEN WITHIN THE TIMEFRAMES SET FORTH IN THE EMERGENCY/HOSPITAL SERVICES POLICY.* (Formerly Chapter 15, Question 3) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

16. *INMATE-PATIENTS ARE NOT CONSISTENTLY BEING SEEN WITHIN THE TIMEFRAMES SET FORTH IN THE INITIAL INTAKESCREENING/HEALTH CARE APPRAISAL POLICY.* (Formerly Chapter 15, Question 5) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
17. *THE PRIMARY CARE PROVIDER (PCP) DOES NOT REVIEW THE CONSULTANT'S REPORT AND HAVE FOLLOW-UP APPOINTMENT WITH THE INMATE-PATIENTS WITHIN THE SPECIFIED TIMEFRAME, UPON THEIR RETURN FROM A SPECIALTY CARE APPOINTMENT.* (Formerly Chapter 19, Question 6) During the February 2015 audit, the facility received a rating of 0.0%. The facility's CAP indicated that the Health Services Administrator would complete training for all nursing and primary care providers regarding the time frames for conducting follow-up appointments for specialty care appointments. During the current audit, 11 inmate-patient medical records were reviewed; of which three included documentation that the primary care provider reviewed the inmate-patients discharge plan and say the inmate-patient in the specified timeframe, resulting in a compliance rating of 27.3%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.
18. *THE PRIMARY CARE PROVIDER DOES NOT CONSISTENTLY REVIEW, INITIAL AND DATE ALL INMATE-PATIENT DIAGNOSTIC REPORTS WITHIN THE SPECIFIED TIMEFRAME.* (Formerly Qualitative Action Item # 1 – Chapter 7, Question 2) During the February 2015 audit, the facility received a rating of 75.0%. The facility's CAP indicated that the medical records clerk will print out the laboratory results from the eUHR and give to the registered nurse to date stamp and sign, and then give to the primary care provider to review the results. During the current audit, 10 inmate-patient medical records were reviewed; of which four included documentation the primary care provider reviews, signs, and dates the inmate-patients diagnostic test within two business days, resulting in a compliance rating of 40.0%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.
19. *INMATE-PATIENTS ARE NOT CONSISTENTLY RECEIVING WRITTEN NOTIFICATION OF DIAGNOSTIC TEST RESULTS WITHIN THE SPECIFIED TIMEFRAME.* (Formerly Qualitative Action Item #2 – Chapter 7, Question 4) During the February 2015 audit, the facility received a rating of 66.7%. The facility's CAP indicated that the medical records clerk will print out the laboratory results from the eUHR and give to the registered nurse to date stamp and sign, and then give to the primary care provider to review the results and the inmate-patient would be called into medical and given his test results. During the current audit, 10 inmate-patient medical records were reviewed; of which five included documentation the inmate-patient was given written notification of his laboratory results, resulting in a compliance rating of 50.0%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.
20. *THE FACILITY DOES NOT HAVE THE CDCR FORMS 602 HC, PATIENT-INMATE HEALTH CARE APPEAL FORMS AVAILABLE IN ALL HOUSING UNITS.* (Formerly Qualitative Action Item #3 – Chapter 10, Question 2) During the February 2015 audit the facility received a rating of 75.0%. While onsite the auditors toured all eight housing units and confirmed the CDCR Forms 602 HC,

Patient-Inmate health care appeal forms are readily available to all inmate-patients, resulting in a compliance rating of 100%. This corrective action item is considered resolved.

21. *INMATE-PATIENTS ARE NOT CONSISTENLY DOCUMENTING THE HEALTH APPRAISAL /HISTORY PHYSICALON THE INTAKE HISTORY AND PHYSICAL FORM, CDCR 196B. (Formerly Qualitative Action Item #4 – Chapter 12, Question 11)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
22. *MEDICATIONS ARE NOT CONSISTENTLY BEING ADMINISTERED TO THE INMATE-PATIENTS WITHIN THESPECIFIED TIMEFRAME. (Formerly Qualitative Action Item #5 – Chapter 14, Question 1)* During the February 2015 audit, the facility received a rating of 75.0%. The facility's CAP indicated that the Health Services Administrator would provide training to all registered nurses on direct observation therapy medications. During the current audit, 18 inmate-patient medical records were reviewed, of which 9 included documentation that the initial dose of the newly prescribed medication was administered to the inmate-patient as ordered by the primary care provider, resulting in a compliance rating of 50.0%. As this item has not reached an acceptable level of compliance, this corrective item is considered unresolved and will continue to be monitored in subsequent audits.
23. *INMATE-PATIENTS ARE NOT CONSISRENTLY BEING SEEN WITHIN THE SPECIFIED TIMEFRAMES WHEN REFERRED TO THE HUB OR MODIFIED COMMUNITY CORRECTIONAL FACILITY PRIMRY CARE PROVIDER BY THE MODIFIED COMMUNITY CORRECTIONAL FACILITY REGISTERED NURSE. (Formerly Chapter 18, Question 7)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

NEW CAP ISSUES

As stated earlier in the report, the current audit instrument applies a more targeted approach for many of the questions and both the sample sizes and compliance requirements have increased. As a result of the current audit, there are 76 new quantitative CAP items that are fully discussed where necessary in the comments of the relevant section(s) of this report, six CAP items that remain unresolved from the previous audit, and nine items that are no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

CONCLUSION

As indicated by the overall performance in the quantitative section, the substandard compliance score of 64.4% raises grave concern of the medical care currently provided to the inmate-patient population housed at this facility. Numerous deficiencies were identified as a result of the nursing and clinical case reviews that will require immediate attention and resolution in a timely manner.

More specifically, this audit has revealed the facility's ineffective process for handling medication; chronic care follow-ups; completing, reviewing and providing results of diagnostic tests to the inmate-patients within the specified time frames; maintenance of emergency equipment and supplies; infection control procedures and documentation in inmate-patient medical records. As an example, there were a total of 23 corrective action items requiring follow up and resolution from the last audit dated February

2015. Of the 23 items listed, nine are no longer being measured due to reconstruction of the audit tool, leaving the facility with 14 corrective action items to complete. Of those 14 items, eight were corrected and six remain unresolved. The lack of assurance and follow-through by the vendor represents concern to the health care of the inmates. Many of these failures involve direct patient care delivery and follow-up. Inadequate performance scores in several operational areas is a direct result of the lack of the facility's ability to meet established standards and achieve compliance.

The onsite audit revealed that the PCP is in a critical need of improvement as witnessed by the over 50 incomplete medical charts left by the PCP with the intention of adding the documentation at a later date. As stated above inmate-patients have gone weeks without medication orders, follow-up appointments are not being scheduled and laboratory orders are not being completed, as a direct result of the PCP's lack of charting. This type of indifferent behavior is unacceptable and raises cause for concern as it relates to the expectation of integrity and accurate documentation. The current findings are intolerable and can only be corrected through the facility management conscientiously reviewing and adhering to the governing policies designed as a guide to assist contracted clinical staff to provide quality medical care to CDCR inmate-patients.

STAFFING UTILIZATION

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

Although the facility is fully staffed, there has been exceptionally high turnover which has made it almost impossible to ensure continuity of inmate-patient care. This high turnover has also made it difficult to reduce the numerous errors and deficiencies experienced at this facility as a result of the lack of shared knowledge; trained staff have routinely left prior to providing training to the new hires.

The following table is a summary of the staffing and findings of the review.

DVMCCF Total Population: 600

Primary Care	Original Contract FTE	Current FTE
Physician	.50	.50
Total Primary Care	.50	.50
Nursing Services		
Staff RN (7 day)	1.4	1.4
Staff RN (5 day)	2.8	2.8
Nursing Total	4.2	4.2

INMATE INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from the inmate population, 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. In general population facilities, this is accomplished via interview of the Inmate Advisory Council (IAC) executive body. In segregated or reception facilities, this is accomplished via interview of a random sampling of at least 10 inmates housed in those buildings. The results of the interviews conducted at DVMCCF are summarized in the table below.

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.

<i>Inmate Interviews (not rated)</i>
1. Are you aware of the sick call process?
2. Do you know how to obtain a CDCR 7362 or sick call form?
3. Do you know how and where to submit a completed sick call form?
4. Is assistance available if you have difficulty completing the sick call form?
5. Are you aware of the health care appeal/grievance process?
6. Do you know how to obtain a CDCR 602 HC or health care grievance/appeal form?
7. Do you know how and where to submit a completed health care grievance/appeal form?
8. Is assistance available if you have difficulty completing the health care grievance/appeal form?
<i>Questions 9 through 21 are only applicable to ADA inmate-patients.</i>
9. Are you aware of your current disability/DPP status?
10. Are you receiving any type of accommodation based on your disability? (Like housing accommodation, medical appliance, etc.)
11. Are you aware of the process to request reasonable accommodation?
12. Do you know where to obtain a reasonable accommodation request form?
13. Did you receive reasonable accommodation in a timely manner?
14. Have you used the medical appliance repair program? If yes, how long did the repair take?
15. Were you provided interim accommodation until repair was completed?
16. Are you aware of the grievance/appeal process for a disability related issue?
17. Can you explain where to find help if you need assistance for obtaining or completing a form, (i.e., CDCR 602-HC Inmate/Parolee Health Care Appeal Form, CDCR 1824 Reasonable Modification or Accommodation Request Form, or similar forms)?
18. Have you submitted an ADA grievance/appeal? If yes, how long did the process take?
19. Do you know who your ADA coordinator is?
20. Do you have access to licensed health care staff to address any issues regarding your disability?
21. During the contact with medical staff, do they explain things to you in a way you understand and take time to answer any question you may have?

Comments:

1. Regarding questions 1 through 8 – No negative responses. None of the 10 inmate-patients interviewed regarding the sick call and grievance appeal processes voiced any concern.
2. Regarding questions 9 through 21 – The facility houses one ADA inmate-patient. The inmate-patient suffers from learning disabilities and is diagnosed with bipolar disorder. The inmate-patient could not identify the ADA coordinator, and alleged that he had not been seen by any

medical staff for his disability. The inmate-patient stated that he utilizes the inmates from the Inmate Advisory Council and the clerks in the law library for assistance with filling out forms, typing legal responses and advice on how to obtain medical services at the facility.

Through an interview with the Health Services Administrator it was determined that she was unaware that there was an ADA inmate-patient at the facility or that she was the ADA coordinator. She also admitted that she did not know what ADA meant or where to find the associated policies. The auditors educated the Health Services Administrator on the roles and responsibilities of the ADA coordinator and advised her of the need to create policies and procedures outlining ADA.