

August 19, 2015

Brian Koehn, Warden
Florence Correctional Center
1100 Bowling Road
Florence, AZ 85132

Dear Warden Koehn,

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 Florence Correctional Center (FCC) between June 17 and 19, 2015. The purpose of this audit is to ensure that FCC 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.

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 the facility's perusal two months prior to the onsite audit. This transparency afforded the facility the opportunity to make the necessary adjustments within their existing processes to become familiar with the new criteria being used to evaluate performance. Although the audit tool was provided to the facility within a reasonable timeframe, FCC 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 FCC received an overall compliance rating of **63.8%**. 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 Clinical Case Review and a Physician Chart 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, any 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 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 FCC. 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 FCC. 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 Licensed Independent Provider (LIP).
- The prescribing LIP is not documenting that they explained the medication to the inmate-patient.
- Inmate-patient refusals of their KOP chronic care medications are not being documented on a CDCR Form 7225, *Refusal of Examination and/or Treatment*, or similar form.
- Inmate-patients are not consistently receiving written notification of their diagnostic test results within two business days of receipt of results.
- The nursing staff is not consistently reviewing the sick call slips within one day of receipt.
- Inmate-patients are not consistently being seen and evaluated by the registered nurse (RN)/LIP within the specified timeframe if the sick call request indicates a non-emergent health care need.
- When inmate-patients are referred for a follow-up appointment by the LIP, they are not consistently being seen within the specified timeframe.
- The provider is not documenting 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.
- The oxygen tanks are not consistently maintained to be fully operational for emergency medical response.
- 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 LIP within 14 calendar days of their arrival at the facility.
- The inmate-patients are not consistently screened for tuberculosis (TB) signs and symptoms annually.
- Inmate-patients 50 to 75 of age are not consistently offered colorectal cancer screening.
- The facility health care staff are not consistently utilizing universal and/or standard precautions for hand hygiene.



- Reusable non invasive medical equipment is not consistently disinfected between each inmate-patient use and upon exposure to blood-borne pathogens as per facility's established policy.
- 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 receive training for new and revised policies that are based on Inmate Medical Services Policies and Procedures.

The lack of commitment and follow-through by FCC 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 FCC 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 were identified in the following program components and require the facility's immediate attention and resolution:



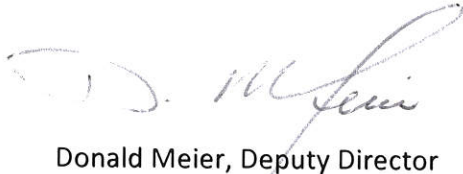
- Administrative Operations (Policies and Procedures)
- Continuous Quality Improvement
- Monitoring Logs
- Access to Health Care Information
- Americans with Disabilities Act Compliance (Policy and Procedures)
- Health Care Grievance/Appeal Procedure
- Licensure and Training
- Chronic Care Management
- Diagnostic Services
- Medical Emergency Management
- Observation Cells
- Preventive Services
- Sick Call

The deficient program areas have been consistently out of compliance and will require immediate attention if the facility intends to improve their performance. However, strict adherence to contract requirements and established policies and procedures, will aid in attaining the established benchmark of 85.0%.

The attached FCC'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,



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

Enclosure



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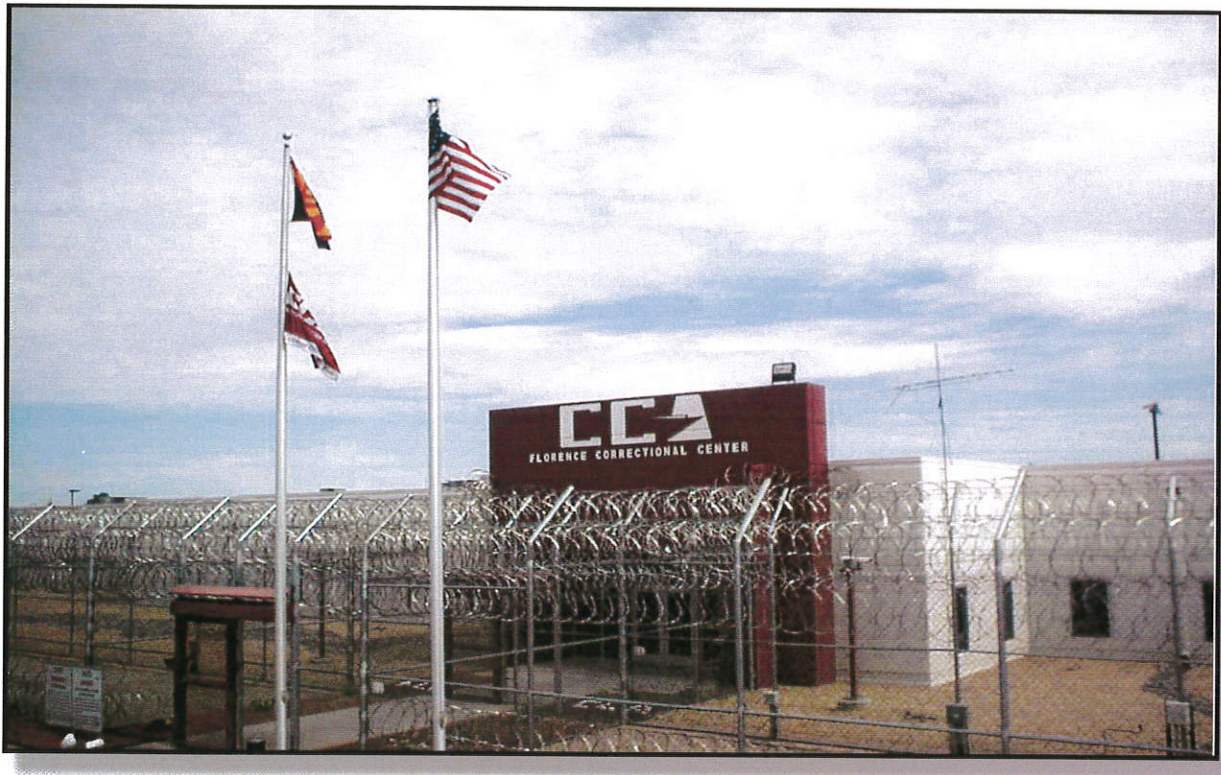
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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT



Florence Correctional Center

June 17-19, 2015

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DATE OF REPORT

August 19, 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 June 17 and 19, 2015, at Florence Correctional Center (FCC) located in Florence, Arizona, in addition to the findings associated with the review of various documents and inmate-patient medical records for the audit review period of January through May 2015. At the time of the audit, CDCR's *Weekly Population Count*, dated June 12, 2015, indicated a budgeted bed capacity of 8,988 out-of-state beds. The FCC has a design capacity of 600 general population beds, of which 575 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From June 17 through 19, 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. Pareja - Nurse Consultant Program Review (NCPR)
- G. Hughes - NCPR
- C. Troughton - Health Program Specialist I (HPS 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, FCC achieved an overall compliance rating of **63.8%**, with a rating of 53.0% in *Administration and Governance* and 79.0% in *Medical Services*.

The completed quantitative audit, a summary of clinical case and physician chart reviews, a summary of qualitative and quantitative findings, and the Corrective Action Plan (CAP) request 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		31.6%
2. Continuous Quality Improvement		65.0%
3. Monitoring Logs		65.4%
4. Access to Health Care Information		64.0%
5. Americans with Disabilities Act Compliance		16.7%
6. Health Care Grievance/Appeal Procedure		66.7%
7. Licensure and Training		63.6%
8. Staffing		97.1%
Section 1 Overall Score:		53.0%
Section 2 - Medical Services		
1. Chemical Agents/Use of Force		N/A
2. Chronic Care Management		45.4%
3. Diagnostic Services		79.2%
4. Medical Emergency Management		77.5%
5. Community Hospital Discharge		N/A
6. Infection Control		88.1%
7. Health Appraisal & Health Care Transfer Process		85.2%
8. Medication Management		90.4%
9. Observation Cells		41.7%
10. Inmate-Patient Refusal/No-Show for Medical Services		100.0%
11. Preventive Services		51.7%
12. Sick Call		80.8%
13. Specialty Services		94.4%
Section 2 Overall Score:		79.0%
Final Score		63.8%
Qualitative Audit		
Section 3 - Nurse Case Review		Information Only
Section 4 - Clinical Case Review		Information Only
Section 5 - Physician Chart 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 40).

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 'Yes' / 17 (13 'Yes' + 4 'No') = .764 x 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 sum of all the compliance scores in that section. The resultant numbers (of Section 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 sum of all the compliance scores in Section 1 equates to 50.00 and the sum of all the compliance scores in Section 2 equates to 80.00:

Section 1 - 50.00 multiplied by 38.1% yields 19.05%

Section 2 – 80.00 multiplied by 61.9% yields 49.52%

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 $19.05 + 49.52 = 68.6\%$.

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. Clinical Case Review

The clinical case reviews are viewed as a stress test on the various components of the medical delivery system, rather than 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 clinician completes two detailed clinical case reviews in order to evaluate the quality and timeliness of care provided to the inmate-patient population housed at that facility.

3. Physician Chart Review

The CCHCS clinician reviews a predetermined number of inmate-patient medical records completed by each of the facility's providers (physician, nurse practitioner, physician assistant). The purpose of this review is to evaluate the standard of care provided by the facility's physicians/mid-level providers, which also serves as a peer review of the providers. The CCHCS clinician will assess the facility provider(s) on the six clinical competencies which include patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. This review consists of selecting predominantly the medical records of those inmate-patients with chronic care conditions. Up to 12 charts are reviewed for each facility physician/mid-level provider.

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 FCC require the facility to address and resolve all of the listed items identified as deficient.

Corrective Action Items – Florence Correctional Center	
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	Although the facility has a written policy and procedure that addresses the Americans with Disabilities Act (ADA) requirements and is in compliance with IMSP&P guidelines, the policy is not specific to FCC.
Question 1.1.13	Although the facility has a written local policy and procedure related to the health care staff licensure and training requirements, the policy is not in full compliance with IMSP&P guidelines.
Question 1.1.14	Although the facility has a written local policy and procedure related to the emergency medical response process, the policy is not in full compliance with IMSP&P guidelines.
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 process, the policy is not in full compliance with IMSP&P guidelines.

Question 1.2.2	The facility is not consistent in holding Quality Improvement Committee meetings monthly.
Question 1.3.1	The facility does not consistently submit the sick call monitoring logs timely.
Question 1.3.2	The sick call monitoring log(s) submitted by the facility does not consistently contain all the required information.
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 1.3.6	The facility does not accurately document all the dates on the specialty care monitoring log(s).
Question 1.3.7	The facility does not consistently submit the hospital stay/emergency department monitoring logs timely.
Question 1.3.8	The hospital stay/emergency department monitoring log(s) submitted by the facility does not consistently contain all the required information.
Question 1.3.9	The facility does not accurately document all the dates on the hospital stay/emergency department monitoring log(s).
Question 1.3.10	The facility does not consistently submit the chronic care monitoring logs timely.
Question 1.3.12	The facility does not accurately document all the dates on the chronic care monitoring log(s).
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 1.4.1	The facility staff are not all accessing the inmate-patient's CDCR electronic medical record.
Question 1.4.6	The facility is not documenting inmate-patients' written request for health care Information on the CDCR Form 7385, <i>Authorization for Release of Health Information</i> .
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 1.6.1	The facility's Administrative Segregation unit does not have CDCR-602 HC form available to the inmate-patient population.
Question 1.6.4	The facility does not maintain a First level Health Care appeals log.
Question 1.7.2	The facility does not have a proper centralized tracking system for tracking health care staff licenses.
Question 1.7.6	The facility does not have a proper centralized tracking system for tracking health care staff training.
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 2.2.7	The inmate-patients that do not show or refuse their insulin are not being referred to the provider for medication non-compliance.
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 2.4.3	The facility is not consistently conducting emergency medical responses (man-down) drills quarterly on each shift.
Question 2.4.4	The facility does not consistently document the response times of Basic Life Support (BLS) certified medical staff during emergency medical response and/or drills.
Question 2.4.5	The facility does not consistently document the response times of Advanced Cardiac Life Support (ACLS) certified medical staff during emergency medical response and/or drills.
Question 2.4.7	The Emergency Medical Response Review Committee does not consistently review/evaluate each medical response and/or emergency medical drill that is submitted to the committee for review.
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 2.4.17	The facility's crash carts do not contain all the supplies identified on the facility's crash cart checklist.
Question 2.4.20	One of the facility's portable oxygen systems was less than three-fourths full.
Question 2.6.4	The facility's medical staff do not practice proper hand hygiene.
Question 2.6.6	The facility's nursing staff is not consistently disinfecting reusable medical equipment after each inmate-patient use.
Question 2.6.12	The exam room in the Fox unit does not have a sharp container.
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 2.7.7	The inmate-patients arriving at the facility with an existing referral or a scheduled medical, dental, or mental health appointment are not seen by the facility's provider within the specified time frame.
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 2.7.11	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 2.8.10	The facility is not checking the refrigerator temperature twice a day.
Question 2.9.1	The facility does not consistently document that they are checking inmate-patients that are housed in the observation unit at the beginning of each shift or as ordered by the provider.
Question 2.9.2	The providers are not documenting the need for an inmate-patient's placement in the observation unit within the specified time frame.
Question 2.11.1	The inmate-patients with prescribed anti-TB medications are not consistently receiving the medications as prescribed by providers.
Question 2.11.2	The nursing staff does not consistently notify the provider when an inmate-patient misses or refuses his anti-TB medication.
Question 2.11.3	The facility does not consistently perform monthly TB monitoring of inmate-patient on anti-TB medications.
Question 2.11.4	The facility does not annually screen all the inmate-patients for signs and symptoms of tuberculosis.
Question 2.11.7	The facility does not consistently offer colorectal cancer screening to inmate-patients 50 to 75 years of age.
Question 2.12.1	The nursing staff does not consistently review all sick call requests within the specified time frame.
Question 2.12.2	The inmate-patients do not consistently have a face-to-face evaluation with a nurse within the next business day for non-emergent health care needs.
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 2.12.11	The inmate-patients are not consistently seen by a medical provider within the specified time frame when referred by a nurse.
Question 2.12.14	The inmate-patients are not consistently seen for a follow-up appointment within the specified time frame.
Question 2.12.16	The nursing staff do not consistently document daily rounds in the Administrative Segregation Unit.
Question 2.12.17	There is no evidence that the nursing staff conducts daily rounds in Administrative Segregation Units to pick-up sick call slips.

Question 2.12.18	The facility's Administrative Segregation unit does not have CDCR Forms 7362, <i>Health Care Services Request or similar forms</i> available to the inmate-patient population.
Question 2.12.20	The facility does not provide all the clinics with proper equipment, supplies, and accommodations for inmate-patient visits.
Question 2.12.21	The Fox unit exam room does not have shelves or cabinets to adequately store non-medication supplies.

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?	1	0	100%
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?	1	0	100%
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?	1	0	100%
1.1.16	Does the facility have a current contract for the repair, maintenance, inspection, and testing of biomedical equipment?	1	0	100%
1.1.17	Does the facility have a current contract for removal of hazardous waste?	1	0	100%
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:			31.6%	

Chapter 1 Comments:

1. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
2. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
3. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
4. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
5. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
6. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
7. Question 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. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
8. Question 9 – Although the facility has a written local policy and procedure related to the Specialty Services process, the policy is not in full compliance with IMSP&P guidelines. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.

9. Question 10 – Although the facility has a policy and procedure related to the Americans with Disabilities Act (ADA) that is in compliance with IMSP&P guidelines, this policy is not specific to FCC. This equates to 0.0% compliance.
10. Question 13 – Although the facility has a written local policy and procedure related to the health care staff licensure and training requirements, the policy is not in full compliance with IMSP&P guidelines. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
11. Question 14 – Although the facility has a written local policy and procedure related to the emergency medical response process, the policy is not in full compliance with IMSP&P guidelines. In April of 2015, PPCMU and CCA worked collaboratively to update CCA’s policies. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, the facility is rated as 0.0% compliant with this requirement.
12. Question 18 – The facility’s inmate orientation handbook does not address the health care grievance/appeal process. This equates to 0.0% compliance.
13. 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?	3	2	60.0%
1.2.3	Does the facility’s CQI review process include documented corrective action plan for the identified opportunities for improvement?	3	0	100%
1.2.4	Does the facility’s CQI review process include monitoring of defined aspects of care?	3	0	100%
Overall Score:			65.0%	

Chapter 2 Comments:

1. Question 1 – The facility does not have a written policy and procedure for CQI in compliance with IMSP&P. The IMSP&P requires that CQI meetings be held monthly. The FCC’s policy indicates CQI meetings are being held quarterly. This equates to 0.0% compliance.
2. Question 2 – During the audit review period, the facility’s CQI committee met in January, March, and May 2015; no meetings were held in February or April 2015. This equates to 60.0% 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?	10	11	47.6%
1.3.2	Does the facility’s sick call monitoring log contain all the required data?	262	67	79.6%

1.3.3	Are the dates documented on the sick call monitoring log accurate?	70	40	63.6%
1.3.4	Does the facility submit the specialty care monitoring log by the scheduled date per PPCMU program standards?	12	9	57.1%
1.3.5	Does the facility's specialty care monitoring log contain all the required data?	65	29	69.1%
1.3.6	Are the dates documented on the specialty care monitoring log accurate?	51	15	77.3%
1.3.7	Does the facility submit the hospital stay/emergency department monitoring log by the scheduled date per PPCMU program standards?	12	9	57.1%
1.3.8	Does the facility's hospital stay/emergency department monitoring log contain all the required data?	5	1	83.3%
1.3.9	Are the dates documented on the hospital stay/emergency department monitoring log accurate?	4	2	66.7%
1.3.10	Does the facility submit the chronic care monitoring log by the scheduled date per PPCMU program standards?	4	1	80.0%
1.3.11	Does the facility's chronic care monitoring log contain all the required data?	170	28	85.9%
1.3.12	Are the dates documented on the chronic care monitoring log accurate?	0	95	0.0%
1.3.13	Does the facility submit the initial intake screening monitoring log by the scheduled date per PPCMU program standards?	3	2	60.0%
1.3.14	Does the facility's initial intake screening monitoring log contain all the required data?	17	0	100%
1.3.15	Are the dates documented on the initial intake screening monitoring log accurate?	9	8	52.9%
Overall Score:			65.4%	

Chapter 3 Comments:

1. Question 1 – Out of the 21 sick call monitoring logs submitted by the facility for the audit review period, only 10 logs were submitted on time. This equates to 47.6% compliance.
2. Question 2 – Out of the 329 entries reviewed on the sick call logs for completeness, for the audit review period, 67 entries were found to be incomplete and/or missing the required data. This equates to 79.6% compliance.
3. Question 3 – A random sample of a total of 110 entries were selected from the weekly sick call monitoring logs to assess the accuracy of the dates reported on the log. Out of the 110 entries reviewed, 70 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. Discrepancies/inaccuracies were mostly identified with the dates the sick call request was received and the Licensed Independent Provider (LIP) appointment dates. This equates to 63.6% compliance.
4. Question 4 – Out of the 21 specialty care monitoring logs submitted by the facility for the audit review period, 12 logs were submitted on time. This equates to 57.1% compliance.
5. Question 5 – Out of the 94 entries reviewed on the specialty care monitoring logs for completeness, for the audit review period, 29 entries were found to be incomplete and/or missing the required data. This equates to 69.1% compliance.

6. Question 6 – A total of 66 entries were selected from the weekly specialty care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 66 entries reviewed, 51 were found to be accurate with dates matching the dates of service indicated in the inmate-patients’ medical records. Discrepancies/inaccuracies were mostly identified with the dates the LIP assessed the inmate-patient upon their return to the facility. This equates to 77.3% compliance.
7. Question 7 – Out of the 21 hospital stay/emergency department monitoring logs submitted by the facility for the audit review period, 12 logs were submitted on time. This equates to 57.1% compliance.
8. Question 8 – Out of the six entries reviewed on the hospital stay/emergency department monitoring logs for completeness for the audit review period, one entry was found to be incomplete and/or missing the required data. This equates to 83.3% compliance.
9. Question 9 – All six 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 six entries reviewed, four were found to be accurate with dates matching the dates of service indicated in the inmate-patients’ electronic medical records. The two discrepancies/inaccuracies were identified with the LIP assessment dates. This equates to 66.7% compliance.
10. Question 10 – Out of the five chronic care monitoring logs submitted by the facility for the audit review period, four logs were submitted on time. This equates to 80.0% compliance.
11. Question 11 – Out of the 198 entries reviewed on the chronic care monitoring logs for completeness for the audit review period, 28 entries were found to be incomplete and/or missing the required data. This equates to 85.9% compliance.
12. Question 12 – A review of the facility’s chronic care log reflects the facility does not correctly and accurately record the required data on the log. This equates to 0.0% compliance.
13. Question 13 - Out of the five initial intake screening monitoring logs submitted by the facility for the audit review period, three logs were submitted on time. This equates to 60.0% compliance.
14. Question 15 - All 17 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 17 entries reviewed, 9 were found to be accurate with dates matching the dates of service indicated in the inmate-patients’ electronic medical records. The discrepancies/inaccuracies were mostly identified within the initial health screening and health appraisal dates (most initial health screenings were off by one day). This equates to 52.9% 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?	1	4	20.0%
1.4.2	Are loose documents scanned into the facility’s Electronic Medical Record (EMR) within the required time frames? (COCF Only)	1	0	100%
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)			Not Applicable
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?	0	7	0.0%
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:				64.0%

Chapter 4 Comments:

1. Question 1 – Of the five health care staff that are required to have access to the CDCR's electronic Unit Health Record (eUHR), only one health care staff members was able to demonstrate access. The Clinical Nurse Supervisor (CNS) although was granted access, has never logged on to the eUHR, resulting in the revocation and closure of the account. The CQI nurse, having been in the position for over two months at the time of the audit, has never submitted paperwork to obtain access to the eUHR. The nurse practitioner (NP) and physician, when questioned, could not demonstrate the ability to access the eUHR. This equates to 20.0% compliance.
2. Question 3 – This question does not apply to out-of-state correctional facilities.
3. Question 6 - Of the seven requests for release of health care information received for the audit review period, none were documented on the CDCR Form 7385, *Authorization for Release of Protected Health Information*. This equates to 0.0% compliance.
4. 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	0	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	0	0.0%
1.5.6	Is health care staff knowledgeable on the process of establishing and documenting effective communication during each clinic encounter?	4	0	100%
Overall Score:				16.7%

Chapter 5 Comments:

1. Questions 1 through 5 – The facility does not have a local operating procedures specific to FCC that addresses these ADA procedures and requirements. Instead, all CCA facilities utilize the Contract Beds Unit Operational Procedure #613, *Americans with Disabilities Act (ADA)*. This equates to 0.0% 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?	2	1	66.7%
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?	1	0	100%
1.6.4	Are first level health care appeals being processed within the specified time frames?	0	1	0.0%
1.6.5	Does the Appeals Coordinator document all screened/rejected appeals in the Health Care Appeals tracking log?	Not Applicable.		
Overall Score:				66.7%

Chapter 6 Comments:

1. Question 1 – Of the three housing units surveyed during the onsite audit, one housing unit (ASU) did not have CDCR-602-HC forms available to the inmate-patients. This equates to 66.7% compliance.
2. Question 4 – The facility does not maintain a Health Care Appeals Tracking log, per se. All of the custody and health care appeals submitted from inmates of all jurisdictions within the facility, are being logged into one log, and screened by the facility’s Appeals Coordinator. All the health care appeals submitted by the CDCR inmate-patients are then forwarded to the Health Services Administrator (HSA) for further review and processing. The HSA does not maintain a log tracking all the health care appeals received, or such data as the date the response is due, disposition of the appeal, the staff responsible for the response and the date the response is delivered to the inmate-patient. This issue has been addressed and a template of the tracking log was provided to the facility during the previous audits; however, this has not been resolved by the facility. It is imperative the facility immediately implement a use of the Health Care Appeals tracking log, provided by PPCMU, to track all health care appeals received by CDCR inmate-patients to ensure timely response and that none of the health care appeals are lost in the process. As the facility does not maintain a Health Care Appeals tracking log, as instructed by PPCMU, the facility is rated as 0.0% compliant with this requirement.

- Question 5 – Not applicable. This question automatically fails as a result of the failure described in question 1.6.4. Under the double failure rule, the points for this question have therefore been removed from the total available points, and the question rendered not applicable.

Chapter 7. Licensure and Training		Yes	No	Compliance
1.7.1	Are all health care staff licenses/certifications current?	27	3	90.0%
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?	32	3	91.4%
1.7.4	Are the Advanced Cardiovascular Life Support certifications maintained current for the facility's medical providers?	2	0	100%
1.7.5	Is there a method in place to address expiring Basic Life Support and Advanced Cardiovascular Life Support certifications?	1	0	100%
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?	Not Applicable		
Overall Score:				63.6%

Chapter 7 Comments:

- Question 1 – Of the 30 health care staff members who are required to be licensed or certified, 27 licenses were verified to be current. Three of the 30 health care staff members do not have a copy of the current license on file at the facility, the license was verified by HPS I auditor through the Arizona State Board of Nursing. The copies of the three Certified Medical Assistant certifications were not provided to the audit team; therefore, the auditor is unable to determine the validity or the existence of the certification for the three CMA staff members. This equates to 90.0% compliance.
- Question 2 – The facility does not have a system in place to track licenses for all health care staff. Upon request the administrative clerk produced three binders as their tracking mechanism. The facility was not utilizing the tracking log that PPCMU provided. This equates to 0.0% compliance.
- Question 3 – Of the 30 health care staff and five random custody staff BLS certifications reviewed, copies of the three health care staff BLS certifications (two LPNs, one RN) were not provided to the audit team; therefore, unable to determine if the BLS certifications of two LPNs and one RN are current. This equates to 91.4% compliance.
- Question 6 – The facility does not have a centralized system in place to track training for all health care staff. Upon request, the administrative clerk produced three binders as their tracking mechanism. The facility was not utilizing the tracking log that PPCMU provided. This equates to 0.0% compliance.
- Question 7 – Not applicable. The audit team was unable to determine compliance with this requirement. In April of 2015, PPCMU and CCA worked collaboratively to update CCA's policies. As the policies were yet not updated at the time of the onsite audit, the training on the revised policies could not have been provided to health care staff.

Chapter 8. Staffing		Yes	No	Compliance
1.8.1	Does the facility have the required physician/primary care provider staffing per contractual requirement?	3	0	100%
1.8.2	Does the facility have the required management staffing per contractual requirement? (COCF only)	2	0	100%
1.8.3	Does the facility have the required registered nurse staffing per contractual requirement?	8	0	100%
1.8.4	Does the facility have the required licensed practical nurse staffing per contractual requirement? (COCF only)	12	2	85.7%
1.8.5	Does the facility have the required Certified Medical Assistant (CMA) staffing per contractual requirement? (COCF only)	3	0	100%
Overall Score:			97.1%	

Chapter 8 Comments:

1. Question 4 – Of the 14 licensed practical nurse (LPN) positions the facility is required to have per contractual agreement, two positions were found vacant at the time of the audit. This equates to 85.7% compliance.

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. Questions 1 and 2 – Not applicable. Of the 15 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients refused decontamination or were clinically unstable when exposed to a chemical agent. Therefore, these questions did not meet the criteria and could not be evaluated.

Chapter 2. Chronic Care Management		Yes	No	Compliance
2.2.1	Is the inmate-patient's chronic care follow-up visit completed as ordered?	23	2	92.0%
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?	8	15	34.8%
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	6	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?	2	0	100%
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?	0	2	0.0%
Overall Score:				45.4%

Chapter 2 Comments:

1. Question 1 – Of the 25 inmate-patient medical records reviewed for the audit review period, 23 were found compliant with this requirement. Of the two non-compliant cases, one was not seen and the other was seen the day after the scheduled chronic care appointment. This equates to 92.0% compliance.
2. Question 2 – Of the 25 inmate-patient medical records reviewed for the audit review period, 6 were found not applicable to this question. Of the remaining 19 cases, only 8 were found that met this requirement. The 11 non-compliant cases were mostly due to the delay in receiving or not receiving the prescribed medication or the delays in monthly refills of KOP medications. This equates to 34.8% compliance.
2. Question 3 – Of the 25 inmate-patient medical records reviewed for the audit review period, 19 were found not applicable to this question. The remaining six inmate-patient medical records reviewed indicate that when an inmate-patient refuses medication, the refusal form is not completed. This equates to 0.0% compliance.
3. Questions 5 and 6 – Not applicable. Of the 25 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients refused their 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.
4. Question 7 – Of the 25 inmate-patient medical records reviewed for the audit review period, 23 were found not applicable to this question. The review of the remaining two inmate-patient medical records indicates the inmate-patients are not being referred to the LIP for medication non-compliance. This equates to 0.0% compliance.

Chapter 3. Diagnostic Services		Yes	No	Compliance
2.3.1	Is the diagnostic test completed within the time frame specified by the provider?	19	1	95.0%
2.3.2	Does the provider review, sign, and date all inmate-patients' diagnostic test reports within two business days of receipt of results?	16	4	80.0%
2.3.3	Is the inmate-patient given written notification of the diagnostic test results within two business days of receipt of results?	10	10	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?	11	1	91.7%
Overall Score:			79.2%	

Chapter 3 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 included documentation that the diagnostic tests are being completed within the time frame specified by an LIP. This equates to 95.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 16 inmate-patient medical records included documentation that the LIP reviews, signs, and dates an inmate-patient's diagnostic test report within two business days of receipt of results. This equates to 80.0% compliance.

3. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 10 inmate-patient medical records included documentation that the inmate-patient was given written notification of the diagnostic test results within two business days of receipt of results. This equates to 50.0% compliance.
4. Question 4 – Of the 20 inmate-patient medical records reviewed for the audit review period, 8 were found not applicable to this question. Of the remaining 12 cases, 11 inmate-patient medical records included documentation of inmate-patient having been seen by an LIP for clinically significant diagnostic test results within 14 days of LIP's review of the results. This equates to 91.7% 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?	1	2	33.3%
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?	5	1	83.3%
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?	5	1	83.3%
2.4.6	Does the facility hold an emergency medical response review committee (EMRRC) a minimum of once per month?	5	0	100%
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?	0	6	0.0%
2.4.8	Is there documentation for each shift that all Emergency Medical Response Bags in each clinic are secured with a seal?	156	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?	2	0	100%
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?	3	0	100%
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)	62	0	100%

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)	3	0	100%
2.4.16	Does the facility's Crash Cart contain the medications as listed in IMSP&P policy? (COCF only)	1	0	100%
2.4.17	Does the facility's Crash Cart contain the supplies identified on the facility's Crash Cart Checklist? (COCF only)	0	1	0.0%
2.4.18	Does the facility have a functional 12 Lead electrocardiogram (ECG) machine with electrode pads? (COCF only)	1	0	100%
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	1	50.0%
2.4.21	Does the facility have their biomedical equipment serviced and calibrated annually?	12	0	100%
Overall Score:				77.5%

Chapter 4 Comments:

1. Question 3 – Of the three medical response (man-down) drills required for the quarter, FCC only conducted one drill. This equates to 33.3% compliance.
2. Questions 4 and 5 – Of the six emergency medical responses reviewed, one reflects that nursing staff failed to respond to the emergency within the specified timeframes of four minutes. The supporting documentation (Facility Emergency Anatomical Form CCA 13-34 A2) showed that there had been a delay for over 30 minutes. Per the EMRRC meeting minutes, on February 21, 2015 at 1915 hours, the medical staff were notified of a medical emergency; however, nursing staff did not respond until 1945 hours. On March 19, 2015, the EMRRC met and noted in the meeting minutes that all medical responses took place in less than four minutes. However, the EMRRC failed to document the delayed response times of the medical staff. This equates to 83.3% compliance.
3. Question 7 – Of the six EMRRC meeting minutes reviewed for the audit review period, all meeting minutes were missing the Emergency Medical Drills/Incident Report form (Form 837) or similar form from custody staff. This equates to 0.0% compliance.
4. Question 11 – The inspected EMR bag included all the required items on the checklist, however, there were extra supplies inside the EMR bag that were not identified on the checklist. This equates to 0.0% compliance.
5. Question 14 – Not applicable. Review of the documentation of the emergency response cases and drills reported in EMRRC indicated emergency services provided did not require the opening of the crash cart. Therefore, this question could not be evaluated.
6. Question 17 – The crash cart reviewed did not contain all the supplies identified on the facility's crash cart checklist. The crash cart has no par level for each item and was missing supplies such as mini trache, NGT, ACLS protocol and EKG electrodes. In addition to the missing supplies, the crash cart was supplied with items not on the checklist such as: syringes, nasopharyngeal airways, ambu bags, and IV start kits. This equates to 0.0% compliance.
7. Question 20 – Of the two portable oxygen tanks inspected, one oxygen tank was less than ¾ full. This equates to 50.0% 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? (COCF only)			Not Applicable
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)			Not Applicable
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)			Not Applicable
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)			Not Applicable
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)			Not Applicable
Overall Score:				N/A

Chapter 5 Comments:

1. Questions 1 through 4 – Of the six inmate-patients that were sent to the emergency room during the audit review period, none of the inmate-patients were admitted to the hospital. Therefore these questions could not be evaluated.
2. Questions 5 through 8 – These questions do not apply to out-of-state correctional facilities.

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?	1	0	100%
2.6.2	When autoclave sterilization is used, is there documentation showing weekly spore testing?	1	0	100%

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?	1	3	25.0%
2.6.5	Is personal protective equipment (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	3	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	2	33.3%
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?	48	0	100%
2.6.9	Is there a labeled biohazard materials container in each clinic?	3	0	100%
2.6.10	Are the central storage biohazard material containers emptied on a regularly scheduled basis?	1	0	100%
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?	3	1	75.0%
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?	96	0	100%
Overall Score:				88.1%

Chapter 6 Comments:

1. Question 4 – Of the four nurses observed providing medical services to inmate-patients; only one was observed utilizing universal and standard precautions after each inmate-patient encounter. This equates to 25.0% compliance.
2. Question 6 – Of the three nurses observed during sick call, only one nurse was observed cleaning all non-invasive medical equipment after each inmate-patient use. One nurse did not disinfect the blood pressure cuff, stethoscope and pulse oximeter and the other nurse did not sanitize the glucometer. This equates to 33.3% compliance.
3. Question 12 – Of the four exam rooms inspected during the onsite audit, three exam rooms contained the required biohazard container. The exam room in Fox unit did not have a sharp container. This equates to 75.0% 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?	17	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?	10	0	100%
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?	Not Applicable		
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)	1	1	50.0%
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?	5	1	83.3%
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	1	50.0%
2.7.8	Does the inmate-patient receive a complete Health Appraisal performed by a provider within 14 calendar days of arrival?	5	4	55.6%
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	0	100%
2.7.10	Does the inmate-patient receive a complete screening for the signs and symptoms of tuberculosis (TB) upon arrival?	16	1	94.1%
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?	3	1	75.0%
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:			85.2%	

Chapter 7 Comments:

1. Question 3 – Not applicable. Of the 17 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.
2. Question 4 – Not applicable. Of the 17 inmate-patient medical records reviewed for the audit review period, five inmate-patients were already enrolled in chronic care program and the rest were not identified as having a chronic disease or illness requiring a referral to be seen by an LIP. Therefore, this question could not be evaluated.
3. Question 5 – Of the 17 inmate-patient medical records reviewed for the audit review period, 15 were found not applicable to this question. Of the remaining two, one was found to be compliant. For the non complaint case, the inmate-patient was not seen by mental health within the 72 hour referral; however was seen after a 10 day delay. This equates to 50.0% compliance.
4. Question 6 – Of the 17 inmate-patient medical records reviewed for the audit review period, 11 were found not applicable to this question. Of the remaining six, five were found to be compliant with this requirement. For the one non-compliant case there was no documentation that the inmate-patient received his medication within the required time frame. This equates to 83.3% compliance.
5. Question 7 – Of the 17 inmate-patient medical records reviewed for the audit review period, 15 were found not applicable to this question. Of the remaining two, one was found compliant. For the non compliant case, the inmate-patient had a pre-scheduled optometry appointment and did not receive his appointment within the required time frame as specified by the sending facility. This equates to 50.0% compliance.
6. Question 8 – Of the 17 inmate-patient medical records reviewed for the audit review period, eight were found not applicable to this question. Of the remaining nine cases, five was found compliant with this requirement. Four cases were determined non-compliant due to no documentation having been found in the inmate-patient medical records indicating the health appraisal was completed either at La Palma Correctional Center or FCC. This equates to 55.6% compliance.
7. Question 10 – Of the 17 inmate-patient medical records reviewed for the audit review period, 16 were found compliant. The one case that was found non compliant, the TB and Annual screening form was left blank. This equates to 94.1% compliance.
8. Question 11 – Of the 19 inmate-patient medical records reviewed for the audit review period, 15 were found not applicable to this question as there were no pending appointments. Of the remaining four cases, three were found compliant with this requirement. The one non compliant case was a result of the inmate-patients' MRI appointment not having been documented on the transfer form. This equates to 75.0% 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)?	16	7	69.6%

2.8.2	Is the initial dose of the newly prescribed medication administered to the inmate-patient as ordered by the provider?	15	8	65.2%
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?	4	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?	4	0	100%
2.8.5	Does the nursing staff directly observe an inmate-patient taking Direct Observation Therapy (DOT) medication?	4	0	100%
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?	4	0	100%
2.8.7	Does the licensed nurse legibly sign the Nurse Administered/Direct Observation Therapy Medication Administration Record? (MCCF only)	Not Applicable		
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?	1	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° F (2° C) and 46° F (8° C)?	31	31	50.0%
2.8.11	Does the facility employ medication security controls over narcotic medication assigned to its clinic areas?	1	0	100%
2.8.12	Does the licensed health care staff inventory the narcotics at the beginning and end of each shift?	62	0	100%
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)	1	0	100%
Overall Score:				90.4%

Chapter 8 Comments:

1. Question 1 – Of the 23 inmate-patient medical records reviewed for the audit review period, 16 included documentation that the LIP provided inmate-patient education on the newly prescribed medication. For the seven non-compliant cases, there was no documentation in the inmate-patients' medical records confirming the LIP provided education on the newly prescribed medication. This equates to 69.6% compliance.
2. Question 2 – Of the 23 inmate-patient medical records reviewed for the audit review period, 15 included documentation that the initial dose of the newly prescribed medication was administered to the inmate-patient as ordered by the provider. For the eight non-compliant cases, four were missing documentation that the medication was administered as ordered and four cases indicated there was a delay in administering the medication to the inmate-patient. This equates to 65.2% compliance.
3. Question 7 – This question does not apply to out-of-state correctional facilities.

- Question 10 – The refrigerator log was reviewed for the month of May 2015, which indicated that medical staff are only checking the refrigerator temperature once a day, and not twice a day as required per policy. This equates to 50.0% compliance.

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?	1	3	25.0%
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?	0	4	0.0%
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?	5	0	100%
Overall Score:				41.7%

Chapter 9 Comments:

- Question 1 – Of the four inmate-patient medical records reviewed for the audit review period, one included documentation that the inmate-patient was checked by an RN at the beginning of each shift when housed in an observation cell. This equates to 25.0% compliance.
- Question 2 – Of the four inmate-patient medical records reviewed for the audit review period, none included documentation that the provider documented the need for inmate-patients placement in the observation cell within the 24 hours. Three cases indicated that the provider recorded on progress notes several days after the inmate-patients placement in a medical observation cell. The other case, no documentation was available in the EMR. This equates to 0.0% compliance.
- Question 3 – Not applicable. None of the four inmate-patient medical records reviewed for the audit review period indicated that the inmate-patient was housed in a medical observation cell for suicide precautions. Therefore, this question could not be evaluated.

Chapter 10. Inmate-Patient Refusal of / No-Show for Medical Services		Yes	No	Compliance
2.10.1	If an inmate-patient <u>refuses</u> 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?	8	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?	8	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. Of the 14 inmate-patient medical file reviewed for the audit review period, none were a “no-show” for their medical appointment. 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?	9	2	81.8%
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?	0	2	0.0%
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)?	6	5	54.5%
2.11.4	Are the inmate-patients screened for tuberculosis (TB) signs and symptoms annually?	4	16	20.0%
2.11.5	Do the inmate-patients receive a Tuberculin Skin Test (TST) annually?	15	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?	1	17	5.6%
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:				51.7%

Chapter 11 Comments:

1. Question 1 – Of the 15 inmate-patient medical records reviewed for the audit review period, four were not applicable. Of the 11 applicable cases, 9 included documentation the inmate-patients were administered anti-TB medication as prescribed by an LIP. This equates to 81.8% compliance.
2. Question 2 – Of the 15 inmate-patient medical records reviewed for the audit review period, 13 were not applicable as none of these 13 inmate-patients refused or missed any TB medications. Of the two applicable cases, none included documentation of nursing staff notifying the LIP or public health nurse when an inmate-patient refused his TB medication. This equates to 0.0% compliance.
3. Question 3 – Of the 15 inmate-patient medical records reviewed for the audit review period, four were not applicable. Of the 11 applicable cases, 6 included documentation that the facility monitored the inmate-patient monthly while he was on TB medication. This equates to 54.5% compliance.
4. Question 4 – Of the 20 inmate-patient medical records reviewed for the audit review period, four included documentation that the inmate-patients were screened for TB signs and symptoms within the past year. This equate to 20.0% compliance.
5. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, two were not applicable as the inmate-patients have been at the facility for less than a year. Of the 18 applicable cases, only one case included documentation that the inmate-patient 50 to 75 years of age was offered colorectal cancer screening. This equates to 5.6% compliance.
6. 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?	13	12	52.0%
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?	18	6	75.0%
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?	1	0	100%
2.12.4	Does the registered nurse document the inmate-patient's chief complaint in the inmate-patient's own words?	23	2	92.0%
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)	23	2	92.0%
2.12.6	Is a focused subjective/objective assessment conducted based upon the inmate-patient's chief complaint?	23	2	92.0%
2.12.7	Does the registered nurse document a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data?	19	6	76.0%

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?	22	3	88.0%
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?	22	3	88.0%
2.12.10	Does the registered nurse legibly sign and date the CDCR Form 7362, RN Encounter Form or progress note? (MCCF only)	Not Applicable		
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)	13	3	81.3%
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)	Not Applicable		
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?	1	0	100%
2.12.14	If the provider orders a follow-up appointment, is the inmate-patient seen within the specified time frame?	3	2	60.0%
2.12.15	Does the sick call visit location ensure the inmate-patient's visual and auditory privacy?	3	0	100%
2.12.16	Does nursing staff conduct daily rounds in Administrative Segregation Unit? (COCF only)	26	5	83.8%
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)	17	14	54.8%
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?	2	1	66.7%
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?	2	1	66.7%
2.12.21	Does each clinic adequately store non-medication medical supplies?	2	1	66.7%
Overall Score:			80.8%	

Chapter 12 Comments:

1. Question 1 – Of the 25 inmate-patient medical records reviewed for the audit review period, 13 included documentation that the RN reviewed the inmate-patient's sick call request on the day it was received. This equates to 52.0% compliance.
2. Question 2 – Of the 25 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 24 applicable cases, 18 included documentation that inmate-patient received a face-to-face evaluation by an RN within 24 hours. This equates to 75.0% compliance.

3. Question 4 – Of the 25 inmate-patient medical records reviewed for the audit review period, 23 included documentation that the RN documented the inmate-patients chief complaint. This equates to 92.0% compliance.
4. Question 5 – Of the 25 inmate-patient medical records reviewed for the audit review period, 23 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 92.0% compliance.
5. Question 6 – Of the 25 inmate-patient medical records reviewed for the audit review period, 23 records included documentation that a focused subjective/objective assessment was conducted based upon the inmate-patient's chief complaint. This equates to 92.0% compliance.
6. Question 7 – Of the 25 inmate-patient medical records reviewed for the audit review period, 19 records included documentation that the RN documented a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data. This equates to 76.0% compliance.
7. Question 8 – Of the 25 inmate-patient medical records reviewed for the audit review period, 22 records included documentation that the RN implemented a plan based upon the documented subjective/objective assessment data. This equates to 88.0% compliance.
8. Question 9 – Of the 25 inmate-patient medical records reviewed for the audit review period, 22 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 88.0% compliance.
9. Question 10 – This question is not applicable to out-of-state correctional facilities.
10. Question 11 – Of the 25 inmate-patient medical records reviewed for the audit review period, 9 were found not applicable to this question. Of the remaining 16 cases, 13 included documentation that following the RN referral to the LIP, the inmate-patient was seen by an LIP within the specified time frame. This equates to 81.3% compliance.
11. Question 12 – This question is not applicable to out-of-state correctional facilities.
12. Question 14 – Of the 25 inmate-patient medical records reviewed for the audit review period, 20 were found not applicable to this question. Of the remaining five cases, three included documentation that the inmate-patient was seen within the specified time frame following a follow-up appointment ordered by an LIP. This equates to 60.0% compliance.
13. Question 16 – During the onsite audit, a sign-in log was reviewed for the facility's ASU for the month of May 2015. Nursing staff documented 26 daily rounds in the ASU. This equates to 83.9% compliance.
14. Question 17 – During the onsite audit, a sign-in log was reviewed for the facility's ASU for the month of May 2015. Nursing staff documented that they picked up sick call slips 17 days in the month of May 2015. This equates to 54.8% compliance.
15. Question 18 – Of the three housing unit surveyed during the onsite audit, one housing unit (ASU) did not have the English sick call forms available to the inmate-patients. This equates to 66.7% compliance.
16. Question 20 – Of the three exams rooms inspected during the onsite audit, two had the proper equipment, supplies and accommodations for inmate-patient visits. Fox unit exam room lacked a sharp container, tongue depressor and lubricant jelly. Fox unit weight scale was also not calibrated. This equates to 66.7% compliance.
17. Question 21 - Of the three exam rooms inspected during the onsite audit, two rooms are able to store non-medication supplies. The Fox Unit exam room does not have shelves and cabinets to store non-medication supplies. This equates to 66.7% compliance.

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)	18	1	94.7%
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)	18	0	100%
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)	16	0	100%
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)	9	1	90.0%
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)	14	2	87.5%
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)			Not Applicable
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)			Not Applicable
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)			Not Applicable
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)			Not Applicable
Overall Score:			94.4%%	

Chapter 13 Comments:

1. Questions 1 and 2 – Not applicable. Of the 21 inmate-patient medical records reviewed for the audit review period, none of the specialty care appointments were of the urgent/high priority need. Therefore, these questions could not be evaluated.
2. Question 3 – Of the 21 inmate-patient medical records reviewed for the audit review period, two were found not applicable to this question. Of the remaining 19 cases, 18 included documentation that the LIP's request for routine specialty services was approved or denied within seven calendar days of being requested. This equates to 94.7% compliance.
3. Question 6 – Of the 17 inmate-patient medical records reviewed for the audit review period, seven were found not applicable to this question. Of the remaining 10 cases, 9 included documentation of an RN notifying the medical provider of any immediate medication or specialty care follow-up orders upon the inmate-patient return to the facility. This equates to 90.0% compliance.
4. Question 7 – Of the 17 inmate-patient medical records reviewed for the audit review period, 1 was found not applicable to this question. Of the remaining 16 cases, 14 included documentation that the LIP reviewed the specialty consultant's report and completed a follow-up appointment with an inmate-patient within the specified time frame. This equates to 87.5% compliance.
5. Questions 8 through 11 – These questions are not applicable to out-of-state correctional facilities.

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 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. 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 FCC's nurse case reviews, an in-depth review/analysis of five 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 FCC.

Case Number	Deficiencies & Recommendations
Case 1	The inmate-patient has a diagnoses of atopic dermatitis, conjunctivitis, diabetes mellitus II, diabetic retinopathy, dyslipidemia, GERD, gout, hypertension, and inguinal hernia. Nursing care of this inmate-patient is deemed inadequate due to the following reasons: 1) Nursing did not perform an adequate assessment of the inmate-patient

regarding his complaint of abdominal pain. Nursing did not document pain scale and did not document whether inmate-patient was compliant with his medications or whether his medications were effective.

- 2) Nursing did not document on the Medication Administration Record (MAR) whether inmate-patient received his medications. For a six-month period, the MAR did not reflect eight medications ordered for the inmate-patient: Allopurinol, ASA, Atenolol, Enalapril, Glipizide, HCTZ, Metformin and Omeprazole.

Case 2 The inmate-patient has a diagnoses of Alopecia areata, ankle pain, back pain, bone pain (left middle finger), closed fracture of nasal bones, contusion of the left side of the face, dermatophytosis, fractured finger, headache, bilateral hypermetropia, bilateral astigmatism, migraine, joint pain (hand), scalp tissue injury laceration, seborrheic dermatitis, TB (lung), and tinea capitis and tinea pedis. Although nursing care for this inmate-patient is deemed adequate, the following is recommended:

- 1) Nursing staff should ensure the availability of sick call forms for inmate-patient use, whenever medical care is needed.
- 2) Nursing should identify and attempt to remove barriers resulting in inmate-patients "No Show" during pill calls.

Case 3 The inmate-patient has a diagnoses of Acquired absence of teeth, allergic rhinitis, asthma, at risk for self harm, cellulitis of buttock, cervical radiculopathy, chronic sinusitis, constipation, contusion, corneal degeneration, lumbago, migraine, myopia bilateral, peripheral neuropathy, cataract, pyoderma, varicose veins with pain, vitamin D insufficiency and vitreous floaters. Although nursing care for this inmate-patient is deemed adequate, the following is recommended:

- 1) Nursing should conduct an adequate physical assessment; take vital signs and document review of offsite consultation discharge orders upon inmate-patient's return to the facility.

Case 4 The inmate-patient has diagnoses of chronic viral hepatitis, latent TB (lung), tinea and acute Hepatitis C. Nursing care of this inmate-patient is deemed inadequate due to the following reasons:

- 1) For a six-month period, only two out of six ordered medications for the inmate-patient are documented on the MAR. There is no documentation in the EMR to determine whether the remaining four medications were administered to inmate-patient.

Case 5 The inmate-patient has a diagnoses of accidental laceration, dyslipidemia, headache, hypertension, low back pain, right knee pain, tooth abscess and vertigo. Although nursing care for this inmate-patient is deemed adequate, the following is recommended:

- 1) Nursing staff should ensure that inmate-patients receive notification of diagnostic test results.
- 2) Nursing staff should ensure that medication refills are received in a timely manner.

Section 4: Clinical Case Review

The clinical case reviews are viewed as a stress test on the various components of the medical delivery system, rather than an overall assessment of the quality of the medical delivery system. This methodology is useful for identifying system areas of concern that may be targets for further investigation and quality improvement. The CCHCS clinicians complete clinical case reviews in order to evaluate the quality and timeliness of care provided to the inmate-patient population.

Clinical Case Review Results

Clinical case reviews were conducted on two inmate-patients; selected from the CCA emergency hospital monitoring log; who required a higher level of medical care. The following deficiencies were identified:

- Cases 1 and 2 – Medical staff is not consistently or thoroughly documenting in the EMR. The health care staff members must clearly document all inmate-patient vitals when assessing inmate-patients. Medications need to be visibly documented in the EMR when inmate-patients receive medications; nursing staff are not consistently documenting when inmate-patients receive, refuse and when medications are discontinued. Nursing staff are not documenting the concerns expressed by the inmate-patients during the face-to-face evaluations.

Medication management is still an ongoing issue. Case 1 - A new medication was on the sick call plan per the RN but it did not appear on the MAR until 13 days later. Case 2 - Essential medication-eye drops could not be confirmed as being given for about one month's duration.

- Case 1 – A digital rectal exam (DRE) at the beginning of a febrile illness may be useful to distinguish diagnosis of acute prostatitis and chronic prostatitis. Documentation is unclear if this was considered as the etiology of the pyelonephritis. Acute prostatitis and chronic prostatitis are treated differently than pyelonephritis in regards to the length of antibiotic therapy.

The medical staff are not consistently contacting the emergency department to make sure cultures are done for follow-up and future use. The inmate-patient was sent to the emergency room via facility vehicle at which time the emergency room physician made the diagnosis of urinary tract infection (UTI). No urine culture was sent with this inmate-patient, who was suffering fever, flank pain, hematuria, pain, and nausea.

- Case 2 – Referrals for specialty services (MRI in this case) should only be created for those that are deemed medically necessary. Inmate-patients should not be allowed to dictate what services they need. Giving in to inmate demands increases the chances for health care appeals, unnecessary work up, and increased health care costs.

As indicated earlier in the report, although this section of the qualitative audit is not rated for the current audit, it is imperative the facility take immediate action in resolving the deficiencies listed above.

Below is a short summary of each clinical case reviewed along with any specific issues identified by the CCHCS clinician during the review. Additionally, if applicable, recommendations may be provided to offer insight on how the identified issues can be addressed and resolved.

Synopsis of Case 1

In Case 1, the inmate-patient presented to medical on a Saturday; after hours, with complaints of blood in his urine, nausea, abdominal pain (radiating to the left groin) and a history of kidney stones. The nurse assessing the inmate-patient took all the pertinent vitals and called the on-call physician for plan of action. The on-call physician did not consider giving the inmate-patient Tylenol or NSAID for the fever/increased heart rate. He decided to transport the inmate-patient to the emergency department for a medical workup. The inmate-patient was assessed at the emergency room receiving a CT scan and blood work. Upon discharge from the emergency room the inmate-patient was diagnosed with a UTI. The inmate-patient returned to the facility and was placed in medical observation, where he was monitored and returned to his housing unit within one day. A week after the inmate-patient returned to the facility, he had a follow-up evaluation with a mid level provider, who ordered labs to be rechecked within one month. Subsequently, the inmate-patient completed two sick call forms in a one month period; complaining of abdominal cramps and no bowel movement for four days. He was seen by a nurse and provider within one day of receiving sick call; a urology specialty care appointment was scheduled as a result. However, there were two issues identified during this case review:

1. On February 21, 2015, the inmate-patient was evaluated by FCC nursing staff and subsequently examined by medical providers at the emergency room. Documentation in the EMR does not support that the FCC nurse contacted the emergency room to see if a urine culture was completed for follow-up and future use. A DRE near the beginning of the febrile illness may have been useful to make a distinguished diagnosis. The inmate-patient had a follow-up appointment with a mid level provider on March 2, 2015 following his emergency room visit. The mid level provider reviewed the discharge plan and made a note to have labs redone in a month but there was no documentation for a recommendation of a DRE. Subsequently, on March 20, 2015, and April 6, 2015, the inmate-patient placed a sick call request and was seen within the same day, neither the doctor nor the mid level completed a DRE on the inmate-patient. However, a urology consult was scheduled for June 4, 2015.
2. During the inmate-patient's sick call appointment on March 20, 2015, he was prescribed Milk of Magnesia (MOM) three times a day for constipation. Documentation shows that the medication order was not documented in the plan but was available on the MAR for three days. On April 6, 2015, the inmate patient returned to the medical clinic for a different prescription since the MOM did not work. The inmate-patient was given Colace 100mg at bedtime. This prescription was notated in the plan but was not available in the MAR. It is unclear if this inmate-patient received his Colace, if there was a delay, or if the Colace was ordered at all.

Synopsis of Case 2

Inmate-patient was sent to the emergency room post altercation resulting in a head and eye injury. He lost vision in his right eye and was monitored in medical observation for two days.

1. Upon the inmate-patient's discharge from the emergency room and subsequent ophthalmology appointments, documentation in the EMR revealed that the inmate-patient was not using his prescribed topical steroid eye drops as prescribed.
2. Between December 30, 2014, and May 28, 2015, the inmate-patient submitted five sick call slips requesting new glasses. The inmate-patient was involved in an altercation on January 29, 2015, and as a result of this incident was referred to an optometrist for follow-up care. During his optometry follow-up appointments and sick call appointments it was never documented that the inmate-patient's requests for new glasses was addressed. This inmate-patient has since been returned to CDCR facility.

Section 5: Physician Chart Review

The CCHCS clinician reviews a set number of inmate-patient medical records completed by each of the facility's providers (physician, nurse practitioner, physician assistant). The purpose of this review is to evaluate the standard of care provided by the facility physicians/mid-level providers, which also serves as a peer review of the providers. The CCHCS clinician will assess the facility provider(s) on the six clinical competencies which include patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Physician Chart Review Results

Twenty inmate-patient medical encounters/charts completed by two providers at FCC were reviewed and 10 provider encounters were directly observed. Of the 20 medical encounters reviewed, seven were attributed to chronic care; seven were attributed to follow-up appointments, three to history and physical, two to medical observation and one to sick call. Eighteen (90 percent) of the 20 provider encounters reviewed demonstrated adequate to proficient assessment and sound medical decision-making. However, the detailed analysis of the remaining two encounters revealed the following deficiencies:

1. Current medication and adherence were not addressed during encounter.
2. Lack of documentation on appropriate assessment and plan.
3. No documentation justifying follow-up chronic care appointments.

At the time of the audit, FCC had two providers on staff; one LIP, and one NP. There is also another NP on staff that helps provide extra coverage if need arises. Both providers appear to be working well with each other. The LIP is a solid clinician, who exhibits the fundamental skills in interviewing, examining and assessing inmate-patients in order to create appropriate treatment plans. The NP solicits the advice from the LIP when the need arises. It should be noted that the NP exhibits the appropriate level of skills in history-taking, examining inmate-patients, making assessments and formulating treatment plans. Although the NP has a good rapport with the inmate-patients, improvement in several clinical areas is required. Below are recommendations:

- On June 17, 2015, the physician auditor observed the NP conduct various medical appointments (sick call, chronic care and follow-up appointments). Later that same day, the physician auditor logged into the EMR to review the NP's charting in the progress notes; however, there was no documentation to review. The NP did not complete the charting for the June 17, 2015, appointments until June 21, 2015. It is recommended that all charting is completed on the same day as the appointment date, as information may be forgotten when not completed on the same day.
- When conducting chronic care appointments on inmate-patients who are diagnosed with diabetes, more documentation is needed in the progress notes. There is no indication that a complete assessment to include performance of a foot examination has been conducted on diabetic inmate-patients during their chronic care appointments. More specifically, determining the sign of neuropathy and wounds.

- When treating inmate-patients with abscesses, it is recommended the facility send the material from the incision and drainage (I&D) to be tested prior to administering antibiotics for wound care treatment.
- While treating inmate-patients with confirmed peripheral artery disease, it is recommended providers start inmate-patients on statin based drugs.

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 FCC the personnel interviewed included the following:

- B. Koehn – Warden
- B. Nale– LIP
- K. Hakeman – NP
- M. Rheingold – HSA
- B. Goodman – CNS
- R. Mbuya – RN, CQI
- M. Bateman – LPN (Infection Control)
- R. Aguirre – Medical Records Clerk
- J. Byers – Administrative 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 two medical clinics to be clean and well maintained. The custody and medical staff were accommodating to the audit team.

Administrative

The administrative aspect of this audit, the facility received a rating of 53.5% compliance which was mostly a direct result of the facility's local operating procedures not being in full compliance with IMSP&P guidelines, the facility not maintaining the Health Care Appeals Tracking log, and not accurately recording the required information/dates on the monitoring logs. In April 2015, the Corrections Corporations of America (CCA) management team met with PPCMU, for the annual revision of CCA's corporate policies. A thorough review of CCA's policies was completed by PPCMU staff identifying any areas of non-compliance with IMSP&P guidelines. Subsequent to this meeting, PPCMU sent a letter to CCA listing the changes that CCA management needs to make to their corporate policies in order to bring the policies of CCA into compliance with IMSP&P guidelines. However, as PPCMU has not received any of the finalized policies by the completion of the onsite audit, most of the policy related questions were rated as noncompliant.

Prior to the onsite audit, the audit team reviewed the sick call, chronic care, specialty services, initial intake screening, and hospital stay/emergency department monitoring logs that the facility submits to PPCMU on a weekly and monthly basis. The review of these logs revealed the facility is recording inaccurate dates of service for medical services provided to the inmate-patient population at FCC. This information was validated through review of the range of documents and reports filed in the facility's inmate-patient EMR system. This will be monitored during subsequent audits to ensure improvements are made in the accuracy of the data reported on these logs. It should also be mentioned that the NCPRs utilize these monitoring logs to randomly select inmate-patient names when conducting chart reviews. For the month of February 2015, there were no inmate-patient refusals noted on any of the monitoring logs, however, when PPCMU staff contacted the HSA for confirmation, he responded with a list of 20 inmate-patients. This information authenticates that administrative clerks are not diligently completing the monitoring logs.

Neither the NP nor physician could access the eUHR at FCC. However, the same physician could access the eUHR at another facility. It should be noted that while the auditors were confirming whether the required staff were accessing the eUHR, the NP was abrasive and uncooperative with the audit team. The auditors discussed with the HSA the lack of staff ability to access the eUHR. It was brought to the audit team's attention that FCC recently updated their computer systems, possibly hampering the individual's ability to access the eUHR. It was recommended that the HSA work with the IT department to resolve this issue.

While onsite the audit team requested to review the health care appeal log, licensure and training log, and the release of information log. The facility was only able to produce the release of information log. While reviewing the release of information log, the auditors reviewed the EMR to verify that the CDCR Form 7385, *Authorization for Release of Health Information*, was scanned into the EMR. None of forms could be located in the EMR. The medical record clerks assumed that the CDCR Form 7385, *Authorization for Release of Health Information* did not need to be filled out as it is not a requirement for the other inmate-patient populations housed at this facility (ICE, US Customs and Vermont). During the previous onsite in December 2014, the auditors furnished the newly hired HSA with blank logs to track health care appeals and licensure and training information, however the facility had completely disregarded the recommendations given by the audit team as evidenced by their failing score.

FCC Health Care Staff – Nursing

Numerous health care components and processes were observed in the facility's two clinics, Main Medical and Fox Unit Medical. The NCPRs inspected a total of three examination rooms between the two clinics and observed five pill passes. Through observation, inspection, interview of nursing staff, and review of multiple logs, the NCPRs evaluated health care processes such as CQI, medical emergency management, infection control, health care transfer and health appraisal, observation cell system, medication management, and sick call. The NCPR's interviewed the nursing staff on the intake processes as there was no intake scheduled while onsite.

As it relates to the CQI meetings, the facility was only conducting the meeting quarterly and not monthly as required per IMSP&P. FCC conducted CQI meetings in January, March, and May and no meetings were held in February and April. The CNS questioned the frequency of the required CQI meetings, at which time the NCPR auditor informed the facility representatives of the requirement to hold the CQI meetings monthly. This requirement was not relayed to the facility staff in the past.

Emergency Medical Response Review Committee (EMRRC) holds regular monthly meetings as required by IMSP&P. However, all emergency medical responses reviewed by the EMRRC do not include the required form, CDCR Form 837, *Crime/Incident Report*. Additionally, one of the six emergency medical responses reviewed reflected that nursing staff failed to respond to a medical emergency within the specified time frame of four minutes and there was a delay of over 30 minutes. Specifically, on February 21, 2015 at 1915 hours a medical emergency was called; nursing staff did not respond until 1945 hours and subsequently called the on-call physician. On March 19, 2015, an EMRRC meeting was held and although the emergency response was noted in the meeting minutes, the delayed response was not. The EMRRC meeting minutes stated that all medical responses took place in less than four minutes. This case presents some major concerns such as:

- Medical staff not responding to the emergency within the appropriate time frames;
- EMRRC not addressing this delay in the meeting minutes;
- The meeting minutes falsely documenting that all responses took place in less than four minutes.

This practice is unacceptable and defeats the purpose of having an EMRRC, whose primary goal is to review the facility's emergency medical responses and address and remedy any identified deficiencies during these reviews. The facility's EMRCC has failed to conduct an effective review which is evident in above mentioned discrepancies noted in the meeting minutes and the supporting documentation. The facility management staff is strongly encouraged to immediately take action to address and resolve this issue. The related process and documentation will be closely monitored and scrutinized during the subsequent audits to ensure all medical emergency responses and/or drills are addressed during the EMRRC meetings and the required information is accurately recorded in the meeting minutes. Additionally, IMSP&P requires emergency drills be conducted at least quarterly, on each shift, and in all areas of the facility; however, the facility mostly conducts drills in the ASU as required by Contract Beds Unit. During the last quarter, only one of the three required medical emergency drills was conducted in a location other than ASU.

Furthermore, grave deficiencies were noted while observing inmate-patient encounters as it relates to infection control. Nursing staff were observed not washing hands after each inmate-patient encounter. Two RNs were observed not cleaning non-invasive medical equipment after each inmate-patient

medical encounter as required. Reusable non-invasive medical equipment (e.g., blood pressure cuff, stethoscope, pulse oximeter, glucometer) shall be properly cleaned after each patient use. During the previous audit in December 2014, the facility's health care staff did not have access to personal protective equipment. This is no longer a deficiency as health care staff now has access to protective personal equipment in all medical clinics. It should also be notated that the facility made improvements on logging daily environmental cleanings.

The nurse auditor inspected medical exam rooms in the facility's two medical clinics for sick call accommodations. The Fox unit medical exam room is not suitably equipped to thoroughly conduct sick call appointments. The Fox unit exam room does not have a sharps container, no cabinets or shelves to store non-medication supplies and there is no calibrated weight scale; all necessary equipment to conduct sick call appointments. In addition to the deficiencies found in the Fox medical unit, the nurse auditor found a number of deficiencies with the EMR bag and the crash cart. The facility requires improvement with the consistency of the crash cart and EMR bag checklists. Copious extra supplies not included on the EMR bag checklist were found in the bag. The crash cart also has no par level for each item and has missing supplies.

FCC Health Care Staff – Physician

During the current audit it was found that the clinicians are not completing their charting on the same day as the inmate-patient appointments. As stated above in Section 5, the NP is not completing her charting for several days or taking up to a week to complete the charts. This is a critical medical practice when administering adequate health care to the inmate-patient population. Poor or unavailable documentation in the EMR can result in misdiagnosing inmate-patients, ordering unnecessary diagnostic tests and medication or in extreme situations death.

Documentation is a critical aspect of administering adequate medical care to inmate-patients. FCC continues to be unsuccessful in this area as it relates to medication management. Auditors continue to observe this inconsistency while conducting chart reviews. Through chart reviews, auditors observed several instances where inmate-patients are not receiving medications in a timely manner or not receiving medications at all.

RECENT OPERATIONAL CHANGES

Since the December 2014 audit, FCC has experienced some turnover in their medical positions, which included the Clinical Nurse Supervisor, CQI nurse, as well as several RN and LPN positions.

PRIOR CAP RESOLUTION

During the December 2014 audit, FCC received an overall compliance rating of 92.5% resulting in a total of 23 CAP items. The December 2014 audit CAP items are as follows:

1. *INMATE-PATIENTS CHRONIC CARE FOLLOW-UP VISITS ARE NOT CONSISTENTLY COMPLETED WITHIN THE 90-DAY OR LESS TIMEFRAME, OR AS ORDERED BY THE LICENSED INDEPENDENT PROVIDER (LIP) (Formerly Chapter 5, Question 1)* During the December 2014 audit, the facility

received a rating of 66.7% compliance. The facility's CAP indicated that the provider scheduler will be trained by the HSA and the CNS to review every completed chronic care visit daily to determine if follow-up chronic care appointments have been ordered appropriately. The HSA and CNS will also train the provider scheduler to use a work list to schedule follow-up chronic care appointments. The efforts proved effective as observed during this current audit, 23 out of 25 inmate-patient medical records reviewed indicated that chronic care follow-up visits are being completed, resulting in a compliance rating of 92.0%. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.

2. *THE LIP IS NOT CONSISTENTLY PROVIDING HEALTH CARE EDUCATION TO INMATE-PATIENTS REGARDING THEIR CHRONIC CARE CONDITION DURING THE LAST CHRONIC CARE FOLLOW-UP VISIT.* (Formerly Chapter 5, Question 2) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
3. *THE FACILITY CONTINUOUS QUALITY IMPROVEMENT (CQI) COMMITTEE MEETING MINUTES DO NOT ESTABLISH WHETHER A QUORUM WAS MET PER THE APPROVED CQI PLAN.* (Formerly Chapter 6, Question 2) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
4. *INMATE-PATIENTS ARE NOT CONSISTENTLY ADMINISTERED THEIR MEDICATIONS AS ORDERED BY THE LIP.* (Formerly Chapter 14, Question 1) During the December 2014 audit, the facility received a rating of 50.0% compliance. The facility's CAP indicated that the CNS will retrain nursing staff and all missed medication lists will be printed daily and audited by the pharmacy and CNS. During the current audit, 23 inmate-patient medical records were reviewed; of which only 15 indicated that inmate-patients received their medications in the time specified by the LIP, resulting in a compliance rating of 65.2%. As this issue has not yet reached an acceptable level of compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits.
5. *DOCUMENTATION IS NOT CONSISTENT IN THE MEDICAL RECORD TO SUPPORT THAT THE LIP EXPLAINED NEWLY PRESCRIBED MEDICATIONS TO THE INMATE-PATIENTS.* (Formerly Chapter 14, Question 2) During the December 2014 audit, the facility received a rating of 50.0% compliance. The facility's CAP indicated that the CNS will provide training to the LIP on education when providing inmate-patients with newly proscribed medications. The LIP would also provide the HSA with a list of all inmate-patients, who have received new medications within the last 14 days. During the current audit, 23 inmate-patient medical records were reviewed; of which 16 included documentation that the LIP provided inmate-patients with education on the newly prescribed medications, resulting in a compliance rating of 69.6%. As this issue has not reached an acceptable level compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits. It should be noted that this question has not had a passing rating in the last three audits.
6. *MEDICATION ERRORS ARE NOT BEING DOCUMENTED ON THE INCIDENT REPORT MEDICATION ERROR FORM.* (Formerly Chapter 14, Question 8) During the December 2014 audit, the facility received a rating of 0.0% compliance. The facility's CAP indicated that the CNS will keep a log of all medication errors and all discrepancies will be reported to the HSA. During the current audit

the nurse auditor reviewed the Medication Error Report onsite, which resulted in a compliance rating of 100%. This corrective action item is considered resolved.

7. *THE SICK CALL MONITORING LOG DID NOT CONSISTENTLY DOCUMENT THAT THE INMATE-PATIENTS WERE SEEN WITHIN THE SPECIFIED TIME FRAMES 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.
8. *THE FACILITY SUBMITS CHRONIC CARE MONITORING LOGS WITH INCOMPLETE DATA.* (Formerly Chapter 15, Question 4). This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
9. *THE INITIAL HEALTH APPRAISAL MONITORING LOG DID NOT CONSISTENTLY DOCUMENT THAT THE INMATE-PATIENTS RECEIVED AN INITIAL HEALTH APPRAISAL WITHIN 14 CALENDAR DAYS OF ARRIVAL.* (Formerly Chapter 15, Question 5) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
10. *NURSING STAFF IS NOT CONSISTENTLY REVIEWING THE SICK CALL FORM WITHIN ONE BUSINESS DAY OF RECEIPT.* (Formerly Chapter 18, Question 2) During the December 2014 audit, the facility received a rating of 89.6% compliance; although this was a passing score the previous audit methodology stated that a CAP will be required for all deficiencies within a chapter with a final score below 85.0%. The facility's CAP indicated that the CNS would train nursing staff on the proper protocols of reviewing sick call slips. During the current audit, 25 inmate-patient medical records were reviewed, 13 included documentation that the RN reviews the inmate-patient sick call requests on the day it was received, resulting in a compliance rating of 52.0%. As this issue has not reached an acceptable level compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits.
11. *INMATE-PATIENTS SUBMITTING SICK CALL REQUESTS WITH AN EMERGENT HEALTH CARE NEED ARE NOT CONSISTENTLY SEEN OR EVALUATED FACE-TO-FACE BY AN RN/LIP.* (Formerly Chapter 18, Question 3) During the December 2014 audit, the facility received a rating of 0.0% compliance. The facility's CAP indicated that the CNS would train nursing staff on the proper protocols of reviewing sick call slips with emergent needs. The CNS was also going to review the Sick call monitoring log and compare the sick call request for consistency and timely review. During the current audit, one inmate-patient medical record was reviewed, which verified that the inmate-patient was seen for an emergent health care need the same day the sick call slip was reviewed, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
12. *INMATE-PATIENTS ARE NOT CONSISTENTLY BEING SEEN AND EVALUATED BY A RN/LIP WITHIN THE SPECIFIED TIME FRAME WHEN THE SICK CALL REQUEST INDICATES A NON-EMERGENT HEALTH CARE NEED.* (Formerly Chapter 18, Question 4) During the December 2014 audit, the facility received a rating of 97.6% compliance; although this was a passing score the previous audit methodology stated that a CAP will be required for all deficiencies within a chapter with a final score below 85.0%. The facility's CAP indicated that the CNS would train the nursing staff on Sick Call forms. During the current audit, 24 inmate-patient medical records were reviewed, 18 records indicated that inmate-patients were seen and evaluated by an RN/LIP within one

business day if the sick call request indicated a non-emergent health care need, resulting in a compliance rating of 75.0%. As this issue has not reached an acceptable level compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits.

13. *RNs/LIPs ARE NOT CONSISTENTLY FOLLOWING THE PATIENT CARE PROTOCOL TO ADDRESS INMATE-PATIENT'S CHIEF COMPLAINTS NOR ARE THEY DOCUMENTING THE CHIEF COMPLAINT IN THE PROGRESS NOTE SECTION OF THE SICK CALL REQUEST FORM.* (Formerly Chapter 18, Question 5) During the December 2014 audit, the facility received a rating of 97.9% compliance; although this was a passing score the previous audit methodology stated that a CAP will be required for all deficiencies within a chapter with a final score below 85.0%. The facility's CAP indicated that the CNS would train the nursing staff on the proper S.O.A.P.E. documentation. The provider scheduler and CNS will monitor RN/LIP forms for four weeks for inconsistencies. During the current audit, 25 inmate-patient medical records were reviewed, 23 records indicated that the RN/LIP document the inmate-patients chief complaint on the progress notes, resulting in a compliance rating of 92.0%. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.
14. *THE FACILITY RNS ARE NOT CONSISTENTLY COMPLETING THE SUBJECTIVE-ASSESSMENT-PLAN-EDUCATION (S.O.A.P.E) SECTION OF THE PATIENT CARE PROTOCOL/PROGRESS NOTES ON THE INMATE-PATIENT SICK CALL ENCOUNTERS.* (Formerly Chapter 18, Question 6) During the December 2014, the facility received a rating of 79.2% compliance. The facility's CAP indicated that the CNS would train the nursing staff on the proper S.O.A.P.E. documentation. The provider scheduler and CNS will monitor RN/LIP forms for four weeks for inconsistencies by printing RN/LIP schedule and auditing the daily charting to ensure the chief complaints are addressed. During the current audit, 25 inmate-patient medical records were reviewed, 23 records indicated that the RN/LIP document the inmate-patients chief complaint on the progress notes, resulting in a compliance rating of 92.0%. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.
15. *WHEN INMATE-PATIENTS ARE REFERRED FOR A FOLLOW-UP APPOINTMENT BY THE LIP, THEY ARE NOT CONSISTENTLY SEEN WITHIN THE SPECIFIED TIME FRAME.* (Formerly Chapter 18, Question 8) During the December 2014, the facility received a rating of 90.0% compliance. The facility's CAP indicated that the CNS will train the LIP on the follow-up protocols. During the current audit five inmate-patient medical records were reviewed, three indicated that the LIP saw inmate-patients for a follow-up appointment in the specified timeframe, resulting in a compliance rating of 60.0%. As this issue has not reached an acceptable level compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits.
16. *THE ADMINISTRATIVE SEGERATION UNIT (ASU) DOES NOT HAVE AN AREA WHERE INMATE-PATIENTS CAN BE MEDICALLY EVALUATED WITH CONFIDENTIALITY.* (Formerly Chapter 18, Question 10) During the December audit the facility received a rating of 66.7% compliance. The facility's CAP indicated that the HSA instructed all ASU staff and medical staff that all CDCR inmate-patients will be required to be escorted to Main medical for medical services. While

- onsite the auditors observed inmate-patients being escorted to Main medical for medical services, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
17. *THE EMERGENCY RESPONSE REVIEW COMMITTEE DOES NOT DISCUSS OR IMPLEMENT A QUALITY IMPROVEMENT PLAN AFTER THEY REVIEW THE RESULTS FROM AN EMERGENCY MEDICAL RESPONSE/EMERGENCY MEDICAL RESPONSE DRILL.* (Formerly Qualitative Action Item #1 – Chapter 8, Question 8) This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.
 18. *THE FACILITY'S MEDICAL STAFF DO NOT HAVE ACCESS TO PERSONAL PROTECTIVE EQUIPMENT IN THE ASU* (Formerly Qualitative Action Item #2 – Chapter 11, Question 9) During the December 2014 audit the facility received a rating of 75.0% compliance. The facility's CAP indicated that the current PPE box will be placed in a more visible location. While onsite the nurse auditor verified that the PPE equipment was available for staff use in all housing units, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
 19. *ENVIRONMENTAL CLEANING OF HIGH TOUCH SURFACES IS NOT BEING CONSISTENTLY DOCUMENTED IN ALL MEDICAL CLINICS.* (Formerly Qualitative Action Item #3 – Chapter 11, Question 12) During the December 2014 audit the facility received a rating of 0.0% compliance. The facility's CAP indicated that the CQI nurse will instruct all medical porter staff to keep up with and document daily cleaning. Also, a high touch cleaning will be added to the cleaning schedule and a monitoring log will be placed in all satellite medical units and monitored daily by the AM pill call nurse. While onsite the nurse auditor reviewed the high touch cleaning logs, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
 20. *DURING THE INITIAL INTAKE SCREENING, RNS ARE NOT REFERRING INMATE-PATIENTS TO THE LIP FOR A FOLLOW-UP CHRONIC CARE APPOINTMENT IF THE INMATE-PATIENTS WERE PREVIOUSLY ENROLLED IN CHRONIC CARE CLINIC.* (Formerly Qualitative Action Item #4 – Chapter 12, Question 6) During the December 2014 audit the facility received a rating of 75.0% compliance. The facility's CAP indicated that CNS will train RNs to ensure that new CDCR inmate-patients who were previously enrolled in a chronic care clinic are tasked to the scheduler for a follow up appointment with a LIP. During the current audit, four inmate-patient medical records were reviewed; for inmate-patients who were previously enrolled in a chronic care program at a prior facility; all inmate-patients were referred to a LIP for a follow-up appointment, resulting in a compliance rating of 100%. This corrective action item is considered resolved.
 21. *THE FACILITY DOES NOT HAVE A SYSTEM IN PLACE ENSURING THAT HEALTH CARE STAFF RECEIVE TRAINING FOR NEW OR REVISED POLICIES, WHICH ARE BASED ON INMATE MEDICAL SERVICES POLICIES AND PROCEDURES.* (Formerly Qualitative Action Item #5 – Chapter 13, Question 7) During the December 2014 audit the facility received a rating of 0.0% compliance. The facility's CAP indicated that administrative clerk would utilize the licensure and training log that was provided by PPCMU. While onsite the auditors requested to review the log, however; the administrative could not produce the log, resulting in compliance rating 0.0%. This corrective action item is considered unresolved and will continue to be monitored in subsequent audits.

22. *THE FACILITY RNS ARE NOT NOTIFYING THE LIP OF THE MEDICATION ORDERS AND FOLLOW-UP INSTRUCTIONS WHEN INMATE-PATIENTS RETURN FROM A SPECIALTY CARE APPOINTMENT.* (Formerly Qualitative Action Item #6 – Chapter 19, Question 6) During the December 2014 audit the facility received a rating of 50.0% compliance. The facility's CAP indicated that the CNS would train nursing staff on the process of notifying the LIP of any medication orders and follow-up instructions when inmate-patients return from a specialty care appointment. During the current audit, 10 inmate-patient medical records were reviewed; nine records indicated that the RNs are notifying the LIP of any medication orders and follow-up instructions when an inmate-patient returns from a specialty care appointment, resulting in compliance rating of 90.0%. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.
23. *FCC SHALL IMPLEMENT A CONTRACT WITH A LOCAL PHARMACY TO PROCURE PRESCRIPTION MEDICATIONS FOR CDCR INMATE-PATIENTS HOUSED AT THEIR FACILITY.* This was erroneously identified as CAP item during the previous audit.

NEW CAP ISSUES

As stated previously, the current audit instrument applies a more targeted approach from many of the questions and both the sample sizes and compliance requirements have increased. As a result of the current audit 71 new quantitative CAP items have been fully covered in the quantitative chapters. Six CAP items remain deficient from the previous audit and six CAP items 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 63.8% raises grave concern with the medical care that is provided to the inmate-patient population housed at this facility. Several deficiencies were identified on the nursing and clinical case reviews; FCC has a number of deficiencies that will require immediate attention and resolution in a timely manner. The current findings are intolerable.

A number of repeat deficiencies have been identified during the past two audits, specifically the facility's process for handling medication; chronic care follow-ups; completing, reviewing and providing results of diagnostic tests to the inmate-patients within the specified timeframes; 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 December 2014. Of the 23 items listed, six are no longer being measured due to reconstruction of the audit tool, leaving the facility with 17 corrective action items to complete. Of those 17 items, six remain unresolved. The lack of assurance and follow-through by the vendor represents a grave threat 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.

As an aside, review of the EMRRC meeting minutes revealed a discrepancy in the documented response time and the actual arrival time of medical staff. The documentation in the report reflects an

appropriate arrival time of less than four minutes, however, the supporting documentation on the Facility Emergency Anatomical Form (CCA 13-34A2), notes that nursing did not arrive until 30 minutes after being notified of the emergency response. Suffice it to say the facility falsified the meeting minutes by stating that all medical responses took place in less than four minutes, which is clearly not the case. This type of egregious behavior is unacceptable and raises cause for concern as it relates to the expectation of integrity and accurate documentation. The facility is encouraged to work conscientiously towards improving the quality of health care services provided to CDCR inmate-patients, develop and implement all policies and/or procedures identified as deficient, address and resolve all CAP items in a timely manner, and strive to attain the minimum 85.0% compliance.

STAFFING UTILIZATION

Prior to the onsite audit at FCC, 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.

A review of the health care positions revealed that facility has 2.4 vacant LPN positions during the audit review period. The following table is a summary of the staffing and findings of the review.

FCC Total Population: 600

Primary Care	Original Contract FTE	Current FTE
Senior Physician	0.0	0.0
Physician	1.0	1.0
ARNP/PA	2.0	2.0
ARNP/PA (contract)	0.0	0.0
Total Primary Care	3.0	3.0
CCA Management		
Deputy Director/Senior Health Services Administrator	0.0	0.0
Health Services Administrator	1.0	1.0
Clinical Supervisor	1.0	1.0
Total CCA Management	2.0	2.0
Nursing Services		
Staff RN (7 day)	5.0	5.0
Staff RN (5 day)	3.0	3.0
Staff LPN/LVN (7 day)	14.0	12.0
Staff LPN/LVN (5 day)	4.4	4.0
Nursing Total	26.4	24.0
Clinical Support Staff		
RN, Continuous Quality Improvement	[1.0]	[1.0]
Coordinator, Infectious Disease	[0.0]	[0.0]
Radiology Tech	[0.5]	[0.5]
LPN, Health Information Specialist	[0.0]	[0.0]
Phlebotomist	[0.0]	[0.0]
Certified Medical Assistant	[3.0]	[3.0]
Clinical Support Staff Total	[4.5]	[4.5]
Total Nursing & Clinical Support	30.9	28.5

Note: Bracketed positions indicate additional nursing positions which are not providing direct patient care. These positions are not included in the total count of nursing and clinical support positions as these are not required positions per contract.

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 FCC 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. However, while conducting the IAC interviews two issues were voiced during this interview. One issue was that inmate-patients were not receiving copies of their copayment after completion of a medical appointment. The auditor relayed this information to the HSA, who

confirmed that medical staff were not consistently giving the inmate-patients receipts after medical appointments. The HSA stated he would train his staff on the proper sick call procedures.

The second issue was in regards to the submission of second level health care appeals. The inmate-patients, who submit second level health care appeals, are claiming they are not receiving responses to these appeals because they are sending them directly to the Contract Beds Unit. The inmate-patients complained their orientation manuals do not have clear instructions for submission of health care appeals. The auditor confirmed the inmate-patients complaints about the inmate-patient orientation manual and addressed this issue with the facility. The facility does not address the appeals process in their inmate-patient handbook.

Regarding questions 9 through 21 – There were no inmate-patients with qualifying disabilities at FCC during the audit.