August 10, 2015

Martin Frink, Warden
North Fork Correctional Facility
1605 East Main
Sayre, OK 73662

Dear Warden Frink,

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 North Fork Correctional Facility (NFCF) between June 1 and 4, 2015. The purpose of this audit is to ensure that NFCF 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, NFCF 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 NFCF received an overall compliance rating of **75.9%.** 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 attached NFCF'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 audit findings reveal that the facility continues to struggle to provide adequate health care to CDCR inmate-patients housed at NFCF. 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 NFCF. Examples of the continued serious deficiencies are as follows:

- Inmate-patients who refuse decontamination from chemical agents are not being monitored by health care staff every 15 minutes for a minimum of 45 minutes,
- Licensed Independent Providers (LIP) are not consistently reviewing, initialing and dating inmate-patient diagnostic reports within the specified timeframes,
- Environmental cleaning of high touch surfaces are not consistently being documented in all medical clinics,
- LIP are not documenting they explained newly prescribed medication to the inmate-patients,
- No documentation noting that inmate-patients who refuse their prescribed medication 50% of the time or more during the audit period were referred to an LIP,
- RNs do not contact the LIP to determine if an inmate-patient needs to be rescheduled if the inmate-patient does not appear for a scheduled medication appointment/treatment, and
- The facility does not have the required Licensed Practical Nurse complement.

The lack of commitment and follow-through by NFCF 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 NFCF 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
- Americans with Disabilities Act Compliance (Policy and Procedures)
- Staffing
- Chemical Agents/Use of Force
- Chronic Care Management

- Diagnostic Services
- Medical Emergency Management
- Observation Cells
- Inmate-Patient Refusals/No Show for Medical Services
- Preventive Services

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 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.

Please submit a CAP, as detailed in the attached report, to Susan Thomas, Health Program Specialist I (HPS I), PPCMU, Field Operations, Corrections Services, CCHCS, via e-mail at Susan.Thomas@cdcr.ca.gov within 30 days of the date of this letter.

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

cc: Richard Kirkland, Chief Deputy Receiver, CCHCS
Diana Toche, Undersecretary, Health Care Services, California Department of Corrections and Rehabilitation (CDCR)
R. Steven Tharratt, M.D., M.P.V.M., F.A.C.P., Director, Health Care Operations, CCHCS
John Dovey, Director, Corrections Services, CCHCS
Kelly Harrington, Director, Division of Adult Institutions (DAI), CDCR
Ricki Barnett, M.D., Deputy Director, Medical Services, CCHCS
Roscoe L. Barrow, Chief Counsel, CCHCS

Jeffrey Carrick, M.D., Deputy Medical Executive (A), Utilization Management, CCHCS
Cheryl Schutt, R.N., B.S.N., CCHP, Statewide Chief Nurse Executive, Nursing Services, CCHCS
Ralph Delgado, M.D., Utilization Management, CCHCS
John Baxter, Vice President, Health Services, California Contract Facilities, Corrections Corporations of America (CCA)
Susan Montford, Regional Director, Health Services, California Contract Facilities, CCA
Keith Ivens, M.D., Chief Medical Officer, CCA
William Crane, M.D., Regional Medical Director, California Compliance Physician, CCA
Joseph W. Moss, Chief (A), Contract Beds Unit, California Out of State Correctional Facility, DAI, CDCR
Joseph Williams, Correctional Administrator, Field Operations, Corrections Services, CCHCS
Linda Wong, Manager, Office of Audits and Court Compliance, CDCR
Greg Hughes, Nurse Consultant, Program Review, Field Operations, Corrections Services, CCHCS
Luzviminda Pareja, Nurse Consultant, Program Review, Field Operations, Corrections Services, CCHCS
Donna Heisser, Health Program Manager II, PPCMU, Field Operations, Corrections Services, CCHCS
Susan Thomas, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT

North Fork Correctional Facility

June 1 - 4, 2015

TABLE OF CONTENTS

DATE OF REPORT

August 10, 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 1 and 4, 2015, at North Fork Correctional Facility (NFCF) located in Sayre, Oklahoma, 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 April 2015. At the time of the audit, CDCR's *Weekly Population Count*, dated May 29, 2015, indicated a budgeted bed capacity of 8,988 out-of-state beds. The NFCF has a design capacity of 2,560 general population beds, of which 2,335 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From June 1 through 4, 2015, the CCHCS audit team conducted a health care monitoring audit at NFCF. The audit team consisted of the following personnel:

R. Delgado - Medical Doctor
G. Hughes - Nurse Consultant Program Review (NCPR)
L. Pareja - NCPR
S. Thomas - 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 NFCF consisting of Sections 3, 4, and 5. The end product of the quantitative sections 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, NFCF achieved an overall compliance rating of **75.9%,** with a rating of 66.5% in *Administration and Governance* and 81.1% 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	42.1%
2. Continuous Quality Improvement	56.3%
3. Monitoring Logs	77.6%
4. Access to Health Care Information	97.5%
5. Americans with Disabilities Act Compliance	16.7%
6. Health Care Grievance/Appeal Procedure	92.9%
7. Licensure and Training	100.0%
8. Staffing	89.0%
Section 1 Overall Score:	**66.5%**
Section 2 - Medical Services	
1. Chemical Agents/Use of Force	50.0%
2. Chronic Care Management	22.2%
3. Diagnostic Services	79.5%
4. Medical Emergency Management	83.9%
5. Community Hospital Discharge	92.3%
6. Infection Control	92.7%
7. Health Appraisal & Health Care Transfer Process	93.4%
8. Medication Management	88.0%
9. Observation Cells	50.0%
10. Inmate-Patient Refusal/No-Show for Medical Services	62.6%
11. Preventive Services	59.3%
12. Sick Call	94.5%
13. Specialty Services	95.0%
Section 2 Overall Score:	**81.1%**
Final Score	**75.9%**
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 Corrective Action Plan Request (located on page 10 of this report), to the detailed Quantitative Findings (located on page 14), or to the detailed Qualitative Findings (located on page 36).

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 *Contract Facility Health Care Monitoring Audit Tool and 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 *Contract Facility Health Care Audit Monitoring Tool* 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; 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 *Contract Facility Health Care Audit Monitoring Tool* 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 formerly 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 may 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 Health Care Monitoring Unit - Contract Facility 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's (PPCMU) *Contract Facility Health Care Monitoring Audit Tool*, CCHCS reviewed the Office of the Inspector General's (OIG) 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 provides, 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 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)

A CAP will be requested for standards rated by this audit which are deemed to have fallen below the 85.0% compliance requirement.

CORRECTIVE ACTION PLAN REQUEST

The table below reflects all quantitative analysis items where the facility was rated non-compliant, as well as any qualitative analysis items requiring a response from the facility. The audit results for NFCF require the facility to develop a CAP for the following specific items. The facility's response must be received no later than 30 days from the date of this report; specifically **September 10, 2015.**

Corrective Action Items – North Fork Correctional Facility	
Question 1.1.2	The facility does not have a written local policy and procedure that addresses the maintenance/management of inmate-patient medical records that is in compliance with IMSP&P guidelines.
Question 1.1.3	The facility does not have a written local policy and procedure that addresses the requirements for the release of medical information that is in compliance with IMSP&P guidelines.
Question 1.1.4	The facility does not have a written local policy and procedure that addresses the Chemical Agents/Use of Force process that is in compliance with IMSP&P guidelines.
Question 1.1.5	The facility does not have a written local policy and procedure that addresses the chronic care program that is in compliance with IMSP&P guidelines.
Question 1.1.6	The facility does not have a written local policy and procedure that addresses the health care transfer process that is in compliance with IMSP&P guidelines.
Question 1.1.7	The facility does not have a written local policy and procedure related to the medication management process that is in compliance with IMSP&P guidelines.
Question 1.1.8	The facility does not have a written local policy and procedure related to the Access to Care (Sick Call) process that is in compliance with IMSP&P guidelines.
Question 1.1.9	The facility does not have a written local policy and procedure related to the Specialty Services that is in 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 NFCF.
Question 1.1.13	The facility does not have a written local policy and procedure related to health care staff licensure and training requirements that is in compliance with IMSP&P guidelines.
Question 1.1.14	The facility does not have a written local policy and procedure related to the emergency medical response process that is in compliance with IMSP&P guidelines.
Question 1.2.1	The facility does not have a written local policy and procedure for Continuous Quality Improvement that is in compliance with IMSP&P requirements.
Question 1.2.2	The facility does not hold Continuous Quality Improvement Committee meetings monthly.
Question 1.3.1	The facility does not consistently submit the sick call monitoring log(s) timely.
Question 1.3.4	The facility does not consistently submit the specialty care monitoring log(s) timely.
Question 1.3.7	The facility does not consistently submit the hospital stay/emergency department monitoring log(s) timely.

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 log(s) timely.
Question 1.3.11	The chronic care monitoring log(s) submitted by the facility does not consistently contain all the required information.
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 log(s) timely.
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 1.6.4	The facility does not consistently process the first level health care appeals within the required time frame.
Question 1.8.3	The facility does not have the required registered nurse staffing per contractual requirement.
Question 1.8.4	The facility does not have the required licensed practical nurse staffing per contractual requirement.
Question 2.1.1	Following the exposure to chemical agents and refusing decontamination, the inmate-patient is not consistently being monitored by health care staff every 15 minutes for not less than a total of 45 minutes.
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 consistently document the inmate-patient's refusal of keep on person chronic care medications on the CDCR Form 7225, or similar form.
Question 2.2.4	The inmate-patient's chronic care Nurse Administered/Direct Observation Therapy (NA/DOT) medications are not consistently administered without interruption.
Question 2.2.5	The inmate-patients that do not show or refuse their NA/DOT chronic care medications for three consecutive days or 50% or more doses in a week are not consistently being referred to the provider for medication non-compliance.
Question 2.2.6	The inmate-patients that do not show or refuse their NA/DOT chronic care medications for three consecutive days or 50% or more doses in a week, are not consistently seen by a provider within seven calendar days of the referral for medication non-compliance.

Question 2.2.7	The inmate-patients that do not show or refuse their insulin are not consistently being referred to the provider for medication non-compliance.
Question 2.3.2	The LIP is not consistently reviewing, signing and dating all inmate-patient's diagnostic test results within two (2) business days of receipt of the results.
Question 2.3.3	The inmate-patients are not consistently given written notification of their diagnostic tests results within two (2) business days of receipt of the results.
Question 2.4.3	The facility is not conducting emergency medical response (man-down) drills quarterly on each shift when medical staff is present.
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 response bags (EMR) do not contain all the supplies identified on the facility's EMR bag checklist.
Question 2.4.15	The facility's crash carts are not inventoried monthly if not used for a medical emergency.
Question 2.4.20	One of the facility's portable oxygen systems was less than 3/4 full.
Question 2.5.1	The nursing staff is not consistently documenting review of the discharge plan upon the inmate-patient's discharge and return from a community hospital.
Question 2.6.4	The health care staff does not consistently utilize universal and/or standard precautions for hand hygiene.
Question 2.6.7	The facility does not consistently use a hospital grade disinfectant to clean common clinic areas with high foot traffic.
Question 2.6.8	The environmental cleaning of facility's Administrative Segregation Unit clinic/exam room is not completed daily.
Question 2.7.3	The nursing staff does not consistently refer the inmate-patient to medical, dental or mental health if the inmate-patient presents with emergent or urgent symptoms during intake screening.
Question 2.8.1	The providers do not consistently educate the inmate-patients on 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 health care staff does not monitor the temperature of the refrigerators used to store drugs and vaccines twice daily.
Question 2.9.1	The inmate-patients housed in observation cells are not consistently being checked by nursing staff within two hours of the beginning of each shift or as ordered by the provider.
Question 2.9.2	The providers do not consistently document the need for the inmate-patient's placement in the observation cell and complete a brief admission history and physical examination within 24 hours of placement.
Question 2.9.3	The licensed clinician does not consistently conduct daily face-to-face rounds on inmate-patients housed in observation cells for suicide precaution watch or awaiting transfer to a Mental Health Crisis Bed.
Question 2.10.2	The health care staff does not consistently document their discussion with the inmate-patient of the risks and consequences in refusing a scheduled health care

	service if the inmate refuses a scheduled medical appointment.
Question 2.10.3	The nursing staff does not consistently contact the housing unit supervisor to have the inmate-patient escorted to the clinic if the inmate-patient is a no-show for a scheduled RN face-to-face appointment.
Question 2.10.5	The nursing staff is not consistently contacting the provider to determine if/when the inmate-patient should be rescheduled if the inmate-patient is a no show for a medical appointment with the provider.
Question 2.11.1	The inmate-patients with prescribed anti-TB medications are not consistently receiving 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-patients on anti-TB medications.
Question 2.11.6	The facility does not consistently offer an influenza vaccination to its inmate-patients.
Question 2.11.7	The facility does not consistently offer colorectal cancer screening to inmate-patients 50 to 75 years of age.
Question 2.12.14	The inmate-patients are not consistently seen for a follow-up appointment within the specified time frame.
Question 2.12.17	There is no consistent documentation that the nursing staff conducts daily rounds in Administrative Segregation Units to pick-up sick call slips.

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

Chapter 1. Administrative Operations		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?	1	0	100.0%

1.1.19	Does the inmate-patient handbook or similar document explain the sick call process?	1	0	100%
			Overall Score:	**42.1%**

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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.
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 NFCF. 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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.

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. To date, PPCMU has not received any of the finalized policies. This equates to 0.0% compliance.

Chapter 2. Continuous Quality Improvement (CQI)		Yes	No	Compliance
1.2.1	Does the facility have a written policy and procedure for CQI that is compliant with IMSP&P?	0	1	0.0%
1.2.2	Does the facility's CQI Committee meet monthly?	1	3	25.0%
1.2.3	Does the facility's CQI review process include documented corrective action plan for the identified opportunities for improvement?	1	0	100%
1.2.4	Does the facility's CQI review process include monitoring of defined aspects of care?	1	0	100%
		Overall Score:		**56.3%**

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 NFCF's policy indicates CQI meeting 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 April 2015; no meetings were held in January, February or March 2015. This equates to 25.0% 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?	16	5	76.2%
1.3.2	Does the facility's sick call monitoring log contain all the required data?	2206	1	100%
1.3.3	Are the dates documented on the sick call monitoring log accurate?	74	11	87.1%
1.3.4	Does the facility submit the specialty care monitoring log by the scheduled date per PPCMU program standards?	14	7	66.7%
1.3.5	Does the facility's specialty care monitoring log contain all the required data?	106	0	100%
1.3.6	Are the dates documented on the specialty care monitoring log accurate?	80	3	96.4%
1.3.7	Does the facility submit the hospital stay/emergency department monitoring log by the scheduled date per PPCMU program standards?	17	4	81.0%
1.3.8	Does the facility's hospital stay/emergency department monitoring log contain all the required data?	66	0	100%
1.3.9	Are the dates documented on the hospital stay/emergency department monitoring log accurate?	54	12	81.8%

1.3.10	Does the facility submit the chronic care monitoring log by the scheduled date per PPCMU program standards?	2	3	40.0%
1.3.11	Does the facility's chronic care monitoring log contain all the required data?	0	1089	0.0%
1.3.12	Are the dates documented on the chronic care monitoring log accurate?	12	8	60.0
1.3.13	Does the facility submit the initial intake screening monitoring log by the scheduled date per PPCMU program standards?	3	1	75.0%
1.3.14	Does the facility's initial intake screening monitoring log contain all the required data?	206	0	100%
1.3.15	Are the dates documented on the initial intake screening monitoring log accurate?	18	0	100%
			Overall Score:	**77.6%**

Chapter 3 Comments:

1. Question 1 – Out of the 21 sick call monitoring logs submitted by the facility for the audit review period, 16 logs were submitted on time. This equates to 76.2% compliance.
2. Question 3 – A random sample of a total of 85 entries were selected from the weekly sick call monitoring logs to assess the accuracy of the dates reported on the log. Out of the 85 entries reviewed, 74 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 LIP appointment dates. This equates to 87.1% compliance.
3. Question 4 – Out of the 21 specialty care monitoring logs submitted by the facility for the audit review period, 14 logs were submitted on time. This equates to 66.7% compliance.
4. Question 6 – A total of 83 entries were selected from the weekly specialty care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 83 entries reviewed, 80 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 of the LIP seeing the inmate-patient upon his return from the specialty appointment. This equates to 96.4% compliance.
5. Question 7 – Out of the 21 hospital stay/emergency department monitoring logs submitted by the facility for the audit review period, 17 logs were submitted on time. This equates to 81.0% compliance.
6. Question 9 – A random sample of a total of 66 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 66 entries reviewed, 54 were found to be accurate with dates matching the dates of service indicated in the inmate-patient electronic medical record. The several discrepancies/inaccuracies were identified with the LIP assessment dates. This equates to 81.8% compliance.
7. Question 10 – Out of the five chronic care monitoring logs submitted by the facility for the audit review period, two logs were submitted on time. This equates to 40.0% compliance.
8. Question 11 – Out of the 1089 entries reviewed on the chronic care monitoring logs for completeness for the audit review period, all entries were found to be incomplete and/or missing the required data. The "actual date of LIP assessment" column was not completed for any entries. This equates to 0.0% compliance.
9. Question 12 – A random sample of a total of 20 entries were selected from the monthly chronic care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 20 entries reviewed,

12 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. This equates to 60.0% compliance.

10. Question 13 – Out of the four initial in-take screening monitoring logs submitted by the facility for the audit review period, three logs were submitted on time. This equates to 75.0% compliance.

Chapter 4. Access to Health Care Information		Yes	No	Compliance
1.4.1	Does the health care staff know how to access the inmate-patient's CDCR electronic medical record?	7	1	88.0%
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, *Authorization for Release of Protected Health Information*, or similar form and scanned/filed into the inmate-patient's medical record?	4	0	100%
1.4.7	Are copies of all written requests for release of health care information from third parties scanned/filed into the inmate-patient's medical record?	Not Applicable		
1.4.8	Are all written requests for release of health care information from third parties accompanied by a CDCR Form 7385, *Authorization for Release of Protected Health Information*, or similar form from the inmate-patient which is scanned/ filed into the inmate-patient's medical record?	Not Applicable		
		Overall Score:		**97.5%**

Chapter 4 Comments:

1. Question 1 – Of the eight health care staff interviewed, seven were able to access the inmate-patient's CDCR electronic medical record. The one non-compliant provider was asked to demonstrate the log on process for the CDCR electronic medical record and he replied, "I do not have access." The HPS I auditor told him that he had been given access to which he replied, "I don't use it." This equates to 88.0%.
2. Question 3 – This question is not applicable to out-of-state correctional facilities.
3. Questions 7 and 8 – Not applicable. There were no third party requests for release of health care information received during the audit review period; therefore, these questions could not be evaluated.

Chapter 5. Americans with Disabilities Act (ADA) Compliance		Yes	No	Compliance
1.5.1	Is there a local operating procedure to track and monitor Disability	0	1	0.0%

	Placement Program (DPP) inmate-patients and their accommodations to ensure DPP inmate-patient needs are addressed?			
1.5.2	Is there a local operating procedure for tracking the provision of health care appliances for all DPP inmate-patients to ensure health care appliances are provided in a timely manner?	0	1	0.0%
1.5.3	Is there a local operating procedure for tracking the order, repair, and/or replacement of health care appliances for all DPP inmate-patients?	0	1	0.0%
1.5.4	Does the local operating procedure provide directions on provision of interim accommodations while an appliance is being ordered, repaired, or replaced?	0	1	0.0%
1.5.5	Is there a local operating procedure that provides directions to ensure effective communication is established and documented during each clinic encounter?	0	1	0.0%
1.5.6	Is health care staff knowledgeable on the process of establishing and documenting effective communication during each clinic encounter?	4	0	100%
			Overall Score:	**16.7%**

Chapter 5 Comments:

1. Questions 1 through 5 – The facility does not have a local operating procedure specific to NFCF that address these ADA procedures and requirements. Instead all the 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?	20	0	100%
1.6.2	Are inmate-patients able to submit the CDCR-602 HC forms on a daily basis in secured/locked boxes in all housing units?	19	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?	22	12	64.7
1.6.5	Does the Appeals Coordinator document all screened/rejected appeals in the Health Care Appeals tracking log?	34	0	100%
			Overall Score:	**92.9%**

Chapter 6 Comments:

1. Question 4 – Of the 34 first level health care appeals reviewed for the audit review period, 22 were completed within 30 days. This equates to 64.7% compliance.

Chapter 7. Licensure and Training		Yes	No	Compliance
1.7.1	Are all health care staff licenses/certifications current?	19	0	100%
1.7.2	Is there a centralized system for tracking licenses for all health care staff?	1	0	100%
1.7.3	Are the Basic Life Support certifications current for nursing and custody staff?	24	0	100%
1.7.4	Are the Advanced Cardiovascular Life Support certifications maintained current for the facility's medical providers?	4	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?	1	0	100%
1.7.7	Does all the health care staff receive training for new or revised policies based on IMSP&P requirements?	19	0	100%
		Overall Score:		100%

Chapter 7 Comments:

None

Chapter 8. Staffing		Yes	No	Compliance
1.8.1	Does the facility have the required physician/primary care provider staffing per contractual requirement?	4	0	100%
1.8.2	Does the facility have the required management staffing per contractual requirement? (COCF only)	3	0	100%
1.8.3	Does the facility have the required registered nurse staffing per contractual requirement?	7	4	63.6%
1.8.4	Does the facility have the required licensed practical nurse staffing per contractual requirement? (COCF only)	6	2	81.1%
1.8.5	Does the facility have the required Certified Medical Assistant (CMA) staffing per contractual requirement? (COCF only)	2	0	100%
		Overall Score:		89.0%

Chapter 8 Comments:

1. Question 3 – Of 11 RN positions at the facility, 7 positions are filled. This equates to 63.6% compliance.

2. Question 4 – Of 10.6 LPN positions at the facility, 8.6 positions are filled. This equates to 81.1% 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?	0	1	0.0%
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)	1	0	100%
			Overall Score:	**50.0%**

Chapter 1 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 were found not applicable to this question. The remaining applicable case where the inmate-patient refused decontamination, there was no documentation inmate-patient was monitored every 15 minutes for no less than a total of 45 minutes. This equates to 0.0% compliance.

Chapter 2. Chronic Care Management		Yes	No	Compliance
2.2.1	Is the inmate-patient's chronic care follow-up visit completed as ordered?	16	2	88.9%
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?	3	15	16.7%
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, *Refusal of Examination and/or Treatment*, or similar form?	0	7	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?	3	3	50.0%
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?	0	1	0.0%
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?	0	1	0.0%

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	4	0.0%
			Overall Score:	**22.2%**

Chapter 2 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 2 were found not applicable to this question. Of the 18 applicable inmate-patient medical records reviewed for the audit review period, 16 were found compliant with this requirement. The two non-compliant cases were due to the chronic care follow-up visit not having been completed as ordered by the physician. This equates to 88.9% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 2 were found not applicable to this question. Of the 18 applicable inmate-patient medical records reviewed for the audit review period, 3 were found compliant with this requirement. The 15 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 meds. This equates to 16.7% compliance.
3. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 13 were found not applicable to this question. The seven applicable 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.
4. Question 4 – Of the 20 inmate-patient medical records reviewed for the audit review period, 14 were found not applicable to this question. Of the remaining six inmate-patient medical records reviewed, three were found to be compliant with this requirement and three had incomplete documentation for no-shows/refusals, medication received or administered, and missed doses. This equates to 50.0% compliance.
5. Question 5 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 were found not applicable to this question. The review of the remaining one inmate-patient medical record indicates the inmate-patient was not being referred to the LIP. This equates to 0.0% compliance.
6. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 were found not applicable to this question. The review of the remaining one inmate-patient medical record indicates the inmate-patient was not seen by an LIP within seven calendar days of referral when the inmate-patient refused his NA/DOT medication for three consecutive days or more missed than 50% or more doses in a week period. This equates to 0.0% compliance.
7. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 16 were found not applicable to this question. The review of the remaining four inmate-patient medical records indicates that none of the inmate-patients were 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?	15	1	93.8%
2.3.2	Does the provider review, sign, and date all inmate-patients' diagnostic test reports within two business days of receipt of results?	9	6	60.0%

2.3.3	Is the inmate-patient given written notification of the diagnostic test results within two business days of receipt of results?	9	5	64.3%
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?	6	0	100%
			Overall Score:	**79.5%**

Chapter 3 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, four (4) were found not applicable to this question. For the 16 remaining inmate-patient medical records reviewed, 15 included documentation that the diagnostic tests are being completed within the time frame specified by an LIP. This equates to 93.8% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, five (5) were found not applicable to this question. Of the 15 applicable cases, 9 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 60.0% compliance.
3. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, six (6) were found not applicable to this question. Of the 14 applicable cases, 9 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 64.3% compliance.

Chapter 4. Medical Emergency Management		**Yes**	**No**	**Compliance**
2.4.1	Does the facility have a local/corporate operating procedure pertaining to medical emergencies/response that contains instructions for communication, response, and transportation of inmate-patients, during medical emergencies?	1	0	100%
2.4.2	Does the facility's local/corporate operating procedure contain instructions on how to obtain Emergency Medical Services (EMS) transportation 24/7?	1	0	100%
2.4.3	Does the facility conduct emergency medical response (man-down) drills quarterly on each shift when medical staff is present?	1	1	50.0%
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?	10	0	100%
2.4.5	Does a registered nurse respond within eight minutes after emergency medical alarm is sounded for an emergency medical response (man-down) and/or emergency medical response drills?	10	0	100%
2.4.6	Does the facility hold an emergency medical response review committee (EMRRC) a minimum of once per month?	4	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	4	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?	244	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?	10	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?	2	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	2	0.0%
2.4.12	Does the facility have a functional Automated External Defibrillator (AED) with electrode pads located in the medical clinic?	2	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)	10	0	100%
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)	2	2	50%
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)	1	0	100%
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?	2	1	66.7%
2.4.21	Does the facility have their biomedical equipment serviced and calibrated annually?	20	1	95.2%
		Overall Score:		**83.9%**

Chapter 4 Comments:

1. Question 3 – All emergency medical response drills were conducted in the Administrative Segregation Unit (ASU). No drills were conducted in the general population housing or other locations. One drill from the ASU unit will be considered; therefore one out of two shifts is considered compliant. This equates to 50.0% compliance.
2. Question 7 – Of the four EMRRC meeting minutes reviewed for the audit review period, the meeting minutes for all four months were missing the forms required to be submitted to the EMRRC with the emergency responses. This equates to 0.0% compliance.
3. Question 11 – Of the two EMR bags inspected, both bags contained extra items or supplies not identified on the Facility's EMR Bag checklist. During the November 2014 audit, the facility was informed any items included in the bag are required to be on the EMR bag checklist. This equates to 0.0% compliance.
4. Question 15 – The facility has one crash cart. The crash cart seals were changed in January and February, but not in March and April. This equates to 50.0% compliance.
5. Question 20 – Of the three oxygen tanks inspected, one tank was less than 3/4 full. This equates to 66.7% compliance.

6. Question 21 – Of the 21 biomedical equipment examined, 20 items were serviced and/or calibrated annually. There was no documentation the weight scale in the administrative segregation unit medical office was serviced/calibrated annually. This equates to 95.2% 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)	5	1	83.0%
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)	8	0	100%
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)	6	1	85.7%
2.5.4	Upon discharge and return from a community hospital admission, does the inmate-patient receive a follow-up with a provider within five calendar days of discharge? (COCF only)	8	0	100%
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:	**92.3%**		

Chapter 5 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 14 were found not applicable to this question. For the 6 remaining inmate-patient medical records reviewed, 5 included documentation that upon the inmate-patient's discharge and return from a community hospital, the RN reviewed the inmate-patient's discharge plan. This equates to 83.0% compliance.

2. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 13 were found not applicable to this question. For the 7 remaining inmate-patient medical records reviewed, 6 included documentation that upon the inmate-patient's discharge and return from a community hospital, all medications ordered by the LIP were administered or delivered to the inmate-patient as ordered. This equates to 85.7% compliance.

4. Questions 5 through 8 – These questions are not applicable 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?	8	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?	2	1	66.7%
2.6.5	Is personal protective equipment (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	5	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?	2	0	100%
2.6.7	Does the facility utilize a hospital grade disinfectant to clean common clinic areas with high foot traffic?	2	1	66.7%
2.6.8	Is environmental cleaning of common clinic areas with high foot traffic completed at least once a day?	60	30	66.7%
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?	3	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?	4	0	100%
2.6.13	Does the facility store all sharps/needles in a secure location in each clinic, medication administration locations, and Receiving and Release?	2	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?	61	1	98.4%
			Overall Score:	**92.7%**

Chapter 6 Comments:

1. Question 4 – Of the three nurses observed, two nurses washed their hands before and/or after seeing inmate-patients. This equates to 66.7% compliance.

2. Question 7 – The facility uses a hospital grade disinfectant to clean common clinic areas with high foot traffic in two of the three clinic areas. The facility does not maintain a cleaning log for the Administrative Segregation Unit (ASU) medical examination room. The NCPR's noted the ASU examination room was

dusty and dirty and there was no cleaning log to document when the room was cleaned. This equates to 66.7% compliance.

3. Question 8 – The May 2015 cleaning logs for Main Medical, the Expansion Clinic and Administrative Segregation Unit (ASU) were reviewed. Main Medical and the Expansion Clinic areas are cleaned at least once a day. The facility does not maintain a cleaning log for the ASU exam room. This equates to 66.7% compliance.

4. Question 14 – The May 2015 sharp logs for Main Medical was reviewed. Of a total of 62 required sharp counts for the month, 61 counts took place. This equates to 98.4% 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?	12	1	92.3%
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)	1	2	33.3%
2.7.4	If an inmate-patient is identified as having a chronic disease/illness (asthma, DM, HTN, Hepatitis 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?	5	0	100%
2.7.5	If an inmate-patient is referred to a medical, dental, or mental health provider by nursing staff during the Initial Intake Screening, is the inmate-patient seen within the specified time frame? (Emergent-Immediately, Urgent-within 24 hours, or within 30 days)	3	0	100%
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?	8	1	88.9%
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?	Not Applicable		
2.7.8	Does the inmate-patient receive a complete Health Appraisal performed by a provider within 14 calendar days of arrival?	9	0	100%
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?	2	0	100%
2.7.10	Does the inmate-patient receive a complete screening for the signs and symptoms of tuberculosis (TB) upon arrival?	16	0	100%
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?	1	0	100%

2.7.12	Does the inmate-patient bring all keep on person medications to the designated nurse prior to inter-facility transfer?	Not Applicable		
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?	10	0	100%
2.7.15	Is visual and auditory privacy maintained during the Initial Intake Health Screening?	1	0	100%
		Overall Score:		**93.4**

Chapter 7 Comments:

1. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 7 were found not applicable to this question. Of the remaining 13, 12 had documentation of RN assessment of the inmate-patient. This equates to 92.3% compliance.
2. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 17 were found not applicable to this question. Of the remaining three, one had documentation of inmate-patient referral to a medical, dental or mental health provider for an emergent or urgent symptom. This equates to 33.3% compliance.
3. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 11 were found not applicable to this question. Of the remaining nine, eight 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 timeframe. This equates to 88.9% compliance.
4. Question 7 – Not applicable. Of the 20 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients presented with appointments scheduled by the sending facility's provider. Therefore, this question could not be evaluated.
5. Question 12 – Not applicable. At NFCF, nursing staff collects the medications from inmate-patients transferring. However, of the 10 inmate-patient transfer envelopes records reviewed during the audit for inmate-patients transferring on 6/2/15, all KOP medications were present. Therefore, this question could not be evaluated.

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)?	4	14	22.2%
2.8.2	Is the initial dose of the newly prescribed medication administered to the inmate-patient as ordered by the provider?	16	3	84.2%
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?	5	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?	5	0	100%
2.8.5	Does the nursing staff directly observe an inmate-patient taking Direct Observation Therapy (DOT) medication?	5	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?	5	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 36^0 F (2^0 C) and 46^0 F (8^0 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)	3	0	100%
	Overall Score:			**88.0%**

Chapter 8 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 2 were found not applicable to this question. For the remaining 18, 4 included documentation that the LIP provided inmate-patient education on the newly prescribed medication. For the 14 non-compliant cases, there was no documentation in the inmate-patient's medical records confirming the LIP provided education on the newly prescribed medication. This equates to 22.2% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 1 was found not applicable to this question. For the remaining 19, 16 included documentation that the initial dose of the newly prescribed medication was administered to the inmate-patient as ordered by the provider. This equates to 84.2% compliance.
3. Question 7 – Not Applicable. This question does not apply to out-of-state correctional facilities.
4. Question 10 – The facility has one refrigerator. The May 2015 refrigerator log was reviewed. Of a total of 62 required refrigerator checks for the month, 31 counts took place. The refrigerator was only checked on one shift rather than both shifts. 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?	10	10	50.0%
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?	10	10	50.0%
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?	0	1	0.0%
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?	1	0	100%
		Overall Score:		**50.0%**

Chapter 9 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 10 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 50.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 10 were found to be compliant with this requirement. For the 10 non-compliant cases there was no LIP documentation of the need for inmate-patient placement in the Observation Cell and/or a brief history and Physical examination was not completed within 24 hours of placement. This equates to 50.0% compliance.
3. Question 3 – Of the three inmate-patient medical records reviewed for the audit review period, two were found not applicable to this question. The one remaining case did not include documentation that the inmate-patient was seen by a licensed mental health clinician on daily rounds for suicide precaution/watch. This equates to 0.0% compliance.

Chapter 10. Inmate-Patient Refusal of / No-Show for Medical Services		Yes	No	Compliance
2.10.1	If an inmate-patient refuses a scheduled nurse face-to-face, provider appointment, chronic care, or specialty service appointment, does the health care staff complete the CDCR Form 7225, *Refusal of Examination and/or Treatment*, or similar form?	19	1	95.0%
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?	14	4	77.8%
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?	0	3	0.0%

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, *Refusal of Examination and/or Treatment*, or similar form and document the refusal on a Progress Note (CDCR Form 7230)?	3	0	100%
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?	2	3	40.0%
	Overall Score:			**62.6%**

Chapter 10 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 included documentation nursing staff completed a CDCR Form 7225 when an inmate-patient refused medical treatment and/or an examination. This equates to 95.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 2 were found not applicable to this question, 14 included documentation of health care staff's discussion with the inmate-patient of the risks and consequences of refusing a medical treatment/examination. This equates to 77.8% compliance.
3. Question 3 – Of the 16 inmate-patient medical records reviewed for the audit review period, 13 were found not applicable to this question. Of the remaining three cases reviewed, none included documentation that the RN contacted the housing unit supervisor to have the inmate-patient escorted to the clinic if the inmate-patient was a no show for a scheduled RN face-to-face appointment. This equates to 0.0% compliance.
4. Question 5 – Of the 18 inmate-patient medical records reviewed for the audit review period, 13 were found not applicable to this question. Of the remaining five cases, 2 included documentation that if the inmate-patient "no-showed" for their medical appointment with the LIP, the RN contacted the LIP to determine if/when the inmate-patient should be rescheduled. This equates to 40.0% compliance.

Chapter 11. Preventive Services		**Yes**	**No**	**Compliance**
2.11.1	*For inmate-patients prescribed anti-Tuberculosis (TB) medication(s):* Does the facility administer the medication(s) to the inmate-patient as prescribed?	9	11	45.0%
2.11.2	*For inmate-patients prescribed anti-Tuberculosis (TB) medication(s):* Does the nursing staff notify the provider or public health nurse when the inmate-patient misses or refuses anti-TB medication?	0	11	0.0%
2.11.3	*For inmate-patients prescribed anti-Tuberculosis (TB) medications:* Does the facility monitor the inmate-patient monthly while he/she is on the medication(s)?	14	6	70.0%
2.11.4	Are the inmate-patients screened for tuberculosis (TB) signs and symptoms annually?	20	0	100%
2.11.5	Do the inmate-patients receive a Tuberculin Skin Test (TST) annually?	20	0	100%
2.11.6	Were inmate-patients offered an influenza vaccination for the most recent influenza season?	16	4	80.0%

2.11.7	*For inmate-patients 50 to 75 years of age*: Is the inmate-patient offered colorectal cancer screening?	4	16	20.0%
2.11.8	*For female inmate-patients 50 to 74 years of age:* Is the inmate-patient offered a mammography at least every two years? (FEMALE MCCFs only)	Not Applicable		
2.11.9	*For female inmate-patients 21 to 65 years of age:* Is the inmate-patient offered a PAP (Papanicolaou test) smear at least every three years? (FEMALE MCCFs only)	Not Applicable		
	Overall Score:	**59.3%**		

Chapter 11 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 9 included documentation the inmate-patients were administered anti-TB medication as prescribed by an LIP. This equates to 45.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 9 were not applicable as none of these 9 inmate-patients refused or missed any TB medications. Of the 11 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 20 inmate-patient medical records reviewed for the audit review period, 14 included documentation that the facility monitored the inmate-patient monthly while he was on TB medication. This equates to 70.0% compliance.
4. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 16 included documentation that the inmate-patients was offered and received flu vaccine for the most recent influenza season. This equates to 80.0% compliance.
5. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 4 included documentation that the inmate-patients 50 to 75 years of age were offered colorectal cancer screening. This equates to 20.0% 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, *Health Care Services Request*, or similar form, on the day it was received?	19	1	95.0%
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, *Health Care Services Request*, or similar form is reviewed, if the sick call request slip indicates a non-emergent health care need?	19	1	95.0%
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, *Health Care Services Request*, or similar form indicates an emergent health care need?	Not Applicable		
2.12.4	Does the registered nurse document the inmate-patient's chief complaint in the inmate-patient's own words?	20	0	100%

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)	20	0	100%
2.12.6	Is a focused subjective/objective assessment conducted based upon the inmate-patient's chief complaint?	19	1	95.0%
2.12.7	Does the registered nurse document a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data?	18	2	90.0%
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?	20	0	100%
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?	19	1	95.0%
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)	6	1	85.7%
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	1	75.0%
2.12.15	Does the sick call visit location ensure the inmate-patient's visual and auditory privacy?	5	0	100%
2.12.16	Does nursing staff conduct daily rounds in Administrative Segregation Unit? (COCF only)	30	0	100%
2.12.17	Does nursing staff conduct daily rounds in Administrative Segregation Units to pick-up CDCR Form 7362, *Health Care Services Request*, or similar forms? (COCF only)	21	9	70.0%
2.12.18	Are the CDCR Forms 7362, *Health Care Services Request*, or similar forms readily available to inmate-patients in all housing units?	20	0	100%
2.12.19	Are inmate-patients able to submit the CDCR Form 7362, *Health Care Services Request*, or similar forms on a daily basis in labeled/secured/locked boxes in all yards/building/housing units?	20	0	100%
2.12.20	Does the facility provide and maintain the clinics with proper equipment, supplies, and accommodations for inmate-patient visits?	5	0	100%
2.12.21	Does each clinic adequately store non-medication medical supplies?	5	0	100%
			Overall Score:	**94.5%**

Chapter 12 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 included documentation that the RN reviewed the inmate-patient's sick call request on the day it was received. This equates to 95.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 included documentation that the inmate-patient was seen by the RN for a face-to-face appointment by the next business day for non-emergent health care issues. This equates to 95.0% compliance.
3. Question 3 – Not Applicable. Of the 20 inmate-patient medical records reviewed for the audit review period, there were no emergent health care needs identified; therefore, this question could not be evaluated.
4. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 records included documentation that a focused subjective/objective assessment was conducted based upon the inmate-patient's chief complaint. This equates to 95.0% compliance.
5. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 18 records included documentation that the RN documented a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data. This equates to 90.0% compliance.
6. Question 9 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 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 95.0% compliance.
7. Question 10 – This question is not applicable to out-of-state correctional facilities.
8. Question 11 – Of the 19 inmate-patient medical records reviewed for the audit review period, 12 were found not applicable to this question. Of the remaining 7 cases, 6 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 85.7% compliance.
9. Question 12 – This question is not applicable to out-of-state correctional facilities.
10. Question 14 – Of the 19 inmate-patient medical records reviewed for the audit review period, 15 were found not applicable to this question. Of the remaining 4 cases, 3 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 75.0% compliance.
11. Question 17 – During the onsite audit, the sign-in log was reviewed for the facility's ASU for the month of April 2015. Of the 30 days on the log, 21 days had documentation of nursing staff conducting rounds to pick up sick call slips. This equates to 70.0% 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)	15	0	100%
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)	16	1	94.1%
2.13.3	Is the provider's request for routine specialty services approved or denied within seven calendar days of being requested? (COCF only)	15	1	93.8%

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)	17	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)	18	1	94.7%
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)	14	2	87.5%
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)	18	1	94.7%
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:		**95.0%**

Chapter 13 Comments:

1. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 3 were found not applicable to this question. Of the remaining 17 cases, 16 included documentation that the inmate patient was seen by the specialist within 14 days of his provider's urgent/high priority referral.. This equates to 94.1% compliance.
2. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 4 were found not applicable to this question, of the remaining 16 cases, 15 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 93.8% compliance.

3. Question 5 – Of the 20 inmate-patient medical records reviewed for the audit review period, 1 was found not applicable to this question. Of the remaining 19 cases, 18 included documentation of an RN completing a face-to-face assessment upon an inmate-patient's return from a specialty consult appointment or community emergency department visit, and prior to the inmate-patient returning to his assigned housing unit. This equates to 94.7% compliance.

4. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 4 were found not applicable to this question. Of the remaining 16 cases, 14 included documentation of an RN notifying the LIP of any immediate medication orders or follow-up instructions provided by the specialty consultant or community hospital emergency department provider upon an inmate-patient's return from a specialty consult appointment or community emergency department visit. This equates to 87.5% compliance.

5. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 1 was found not applicable to this question. Of the remaining 19 cases, 18 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 94.7% compliance.

6. 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. Auditors evaluated selected cases in detail to determine the overall quality of health care provided to the inmate-patients to provide a snapshot more complete review of the facility's clinical performance. As a demonstration of CCHCS's investment in a fair and objective evaluation process, the information compiled from the clinical case studies section has been included as an unrated addendum for the informational benefit of the facility. 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 NFCF'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 NFCF.

Case Number	Deficiencies & Recommendations
Case 1	The inmate-patient has diagnoses of acid reflux, borderline diabetes, hip fracture (R), hyperlipidemia, hypertension, hypothyroid, knee pain, osteopenia, and shortness of breath on exertion. Documentation for this inmate-patient does not support adequate nursing care due to the following: 1) Nursing staff did not take appropriate action in response to the inmate-patient's constant refusals of LIP's order of frequent blood pressure monitoring. Nursing

	should have referred the inmate-patient to the LIP regarding the constant refusals. 2) Nursing staff failed to consistently document medication administration accurately. KOP medications did not have records of administration for two months. Additionally, on some occasions more than 50% of medication doses in a week were missed by the inmate-patient but nursing did not make a referral to the LIP regarding the missed doses. Nursing documentation failed to clearly indicate the reason for missed doses on the medication sheet. 3) Nursing staff failed to consistently comply with the policy regarding inmate-patient's refusal to sign a refusal form. The form requires two staff signatures witnessing the inmate-patient refusal to sign a refusal form. Only one signature was reflected on the form.
Case 2	The inmate-patient has diagnoses of asthma, drug overdose, hepatitis C reactive, tinea pedis, and unresponsive state. No deficiencies noted.
Case 3	The inmate-patient has diagnoses of cardiomyopathy, dyslipidemia, hypertension, and thyroid enlargement. Documentation for this inmate-patient does not support adequate nursing care due to the following: 1) Nursing staff failed to consistently perform a complete nursing assessment when a significant change in the inmate-patient's medical condition occurred. 2) Nursing staff failed to accurately complete the Transfer Summary; nursing failed to reflect the cardiac chronic care appointment for the inmate-patient. Potential delay in service could occur if pending medical appointments are not reflected on the Transfer Summary Form. 3) Nursing staff failed to accurately document all medications on the medication administration record (MAR). One KOP medication was not reflected on the MAR as ordered.
Case 4	The inmate-patient has diagnoses of change in stool, dry skin, mandible fracture, multiple facial fractures, periodontitis, and exposure to hepatitis. No deficiencies noted.
Case 5	The inmate-patient has diagnoses of adenoid enlargement, back pain, chronic shoulder pain, dermatitis, exopthalmos, fatigue, history of heat stroke, closed head injury, headache, hypothyroidism, laceration and seizure. Documentation for this inmate-patient does not support adequate nursing care due to the following: 1) Nursing staff failed to timely notify the LIP of inmate-patient's non-compliance in taking his anti-seizure medication. The inmate-patient missed several doses of anti-seizure medication in six months but nursing only made a couple of referrals to the LIP during those months. Not taking anti-seizure medications as ordered could result in potential harm to the inmate-patient. Nursing should review missed medication doses weekly and refer inmate-patient to the LIP for doses missed for three consecutive days or missed doses 50% or more in a week. 2) Nursing staff failed to perform a complete nursing assessment when the inmate-patient complained of a headache post altercation. Nursing notes were brief and did not reflect a focused assessment related to the inmate-patient's complaint. 3) Nursing staff failed to document the inmate-patient's complaints adequately. The NCPR-auditor was unable to locate Health Care Request Forms in the EMR as well as Nursing Protocol Forms for significant inmate-patient complaints.

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 clinician completed clinical case reviews in order to evaluate the quality and timeliness of care provided to the inmate-patient population.

Clinical Case Review Results

During the current audit, clinical case reviews of two inmate-patients with high medical needs were conducted. The following deficiencies were identified:

- Case 1 – An inmate-patient with repeated episodes of chest pain was placed in an observation cell without a work-up or provider examination. The Facility's EKG machine was non-operational, yet the inmate-patient was not transported to an emergency room/hospital. During a follow-up chronic care appointment, the inmate-patient was noted to be hypertensive and his high blood pressure medication was increased and he was scheduled for a follow-up. During the follow-up appointment, his blood pressure was not documented and the increase of his high blood pressure and history of chest pain was not addressed. During a subsequent follow-up chronic care appointment, the inmate-patient complained of back pain and a lumbosacral series was ordered; however his history of chest pain was not addressed; it is unclear why the x-ray series was ordered.
- Case 2 – An inmate-patient with an ongoing history of intravaneous drug abuse and documented hepatitis C. While at NFCF, he had a drug overdose and went through withdrawal syndrome. He developed volume depletion, AKI, worsening cellulitis, and required hospitalization for several days. There appears to be no deviation from appropriate care with good chart documentation. The only noted deficiency is the Facility unnecessarily ordered and repeated an expensive laboratory test.

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 provide insight on how the identified issues can be addressed and resolved.

<u>Synopsis of Case 1</u>

In Case 1, the inmate-patient was received by CCA at La Palma Correctional Center (LPCC) on 12/6/12. It was noted he was on sublingual nitroglycerin for chest pain which he reportedly took approximately once a month. Note is made that he had a negative cardiac perfusion test in California, although it could not be located in the chart. He complained on 12/21/12 that he had not received his glaucoma eye drops or his statin medication. These were dispensed on 12/23/12, 17 days after his arrival at LPCC. The inmate-patient transferred to NFCF on 2/17/13.

Repeated episodes of chest pain during his stay at NFCF were inadequately addressed. The three issues identified during the review of this case are below:

1. On 3/11/13, at a cardiac chronic care clinic, symptoms of palpitations, chest pain, and syncope are noted but not addressed.
2. On 11/23/14, the inmate-patient developed chest pain with left arm pain and lightheadedness. He reported the pain was seven out of ten on the pain scale and he was seen in Sick Call by an RN who appropriately contacted the on-call LIP. No EKG was completed as the "EKG machine was broken." He was placed in an observation cell and kept overnight.
3. On 2/12/15, the inmate-patient reported chest tightness, but stated he didn't have nitroglycerin tablets.
4. On 3/19/15, during his chronic care clinic appointment, the inmate-patient was noted to be hypertensive and his medication was increased and a follow-up appointment scheduled for one month. On the follow-up visit, he complained of back pain and a lumbosacral x-ray series was performed. His blood pressure was not checked and the increase in medication and history of chest pain was not addressed.

Synopsis of Case 2

In Case 2, a 32 years old man with an ongoing history of intravenous drug abuse and documented hepatitis C was received at NFCF in June 2014. He was seen appropriately for a chronic care clinic follow-up of hepatitis C and was symptom free. On 10/28/14, the inmate-patient was found to be under the influence and was transported to the community hospital emergency room. Upon return he was housed in the observation unit. While in the observation unit, he underwent withdrawal symptoms, developed volume depletion, acute kidney injury, and experienced worsening cellulitis which required hospitalization for several days. Overall, there appears no deviation from appropriate care. During this audit, while overall documentation in the majority of medical records reviewed was found to be deficient, documentation in this inmate-patient's medical record is good. The one issue identified during the review of this case is below:

1. The facility unnecessarily repeated an expensive laboratory test (genotype of HCV).

Section 5: 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 physicians/mid-level provides, 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

Forty inmate-patient medical encounters/charts were reviewed of four providers at NFCF, and 16 provider encounters were directly observed. Of the 40 medical encounters reviewed, 9 were attributed to sick call, 18 were attributed to chronic care, and 13 to follow-up appointments. Thirty three (82.5 percent) of the 40 provider encounters reviewed demonstrated adequate to proficient assessment and sound medical decision-making. However, the detailed analysis of the remaining seven encounters revealed the following deficiencies:

1. No documentation of:
    a. physical exam appropriate for the presentation
    b. dates of review of relevant diagnostic studies, reports, and consultations
    c. relevant past medical history (PMH) and surgical history
    d. history of present illness (relevant interval history, review of systems, and important subjective elements of acute or chronic condition(s)
    e. relevant vital signs addressed
    f. education provided
    g. coordination of care (when indicated)
    h. plan (for chronic care conditions, plans to achieve goals)
2. No current medication and adherence addressed during encounter
3. Lack of appropriate assessment and documentation of medical decision
4. Failure to update problem list
5. Appropriate follow-up not ordered

At the time of the audit, NFCF had four providers on staff; two physicians and one physician assistant onsite; a nurse practitioner provides chronic care services via telemedicine. The licensed independent providers appear to be working well with each other and the nursing staff. While the Facility's overall medical services score is below the adequate rating, based on the chart reviews, the supervising physician's quality of care appears adequate he provides solid documentation of each encounter. However, he should continue to improve his knowledge of California Code of Regulations (CCR), Title 15 and its application to medical necessity as it applies to the CDCR inmate-patients.

Overall, all providers have excellent communication and rapport with the inmate-patients and take the necessary time to address all of their questions. During the physician auditor's observation and chart review, it was identified that one of the providers would best be utilized by completing only chronic care visits and initial health appraisal encounters due to the provider's inadequate and poor documentation for sick call and unscheduled appointments.

All of the licensed independent providers relate well with administration, nursing staff and custody staff. The physician and mid-levels are strongly encouraged to continue developing skills in documentation of physical examination and appropriate assessment of medical decisions. The supervising physician, who is also the primary physician, is encouraged to provide more oversight to the mid-level providers and the physician to better monitor provider documentation and ensure diagnostic studies are being ordered appropriately.

The NFCF management staff is encouraged to review the deficiencies listed above and to address and resolve them. It is recommended the facility provide additional on the job training to its clinical and nursing staff regarding the policies and procedures related to the areas found deficient.

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 that 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 the qualitative analysis primarily via interview of key facility personnel. At NFCF the personnel interviewed included the following:

M. Frink – Warden
W. Crane – Regional Medical Director/Supervising Physician
R. Ringrose – Physician
L. Austin – Physician Assistant
R. Scobee – Nurse Practitioner
E. Sollis – Health Services Administrator
S. May – Clinical Nursing Supervisor
V. Hall – Clinical Nursing Supervisor
J. Robertson – ADA Coordinator
K. Cortez – Registered Nurse (CQI)
E. White, Certified Medication Aide
C. Mears – Health Information Specialist
D. Renfrow – 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 *Contract Facility Health Care Audit Monitoring Tool* 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

The audit team observed the clinic areas and the facility overall to be fairly clean and well maintained with the exception of the examination room in the Administrative Segregation Unit. Custody and health care staff were receptive, open and accommodating when approached by the audit team.

Administrative

With regards to the administrative aspect of this audit, the facility received a rating of 75.1% compliance which was primarily a direct result of the facility's local operating procedures not being in full compliance with IMSP&P guidelines. In April 2015, the CCA management team met with the Private Prison Compliance and Monitoring Unit (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 into compliance with IMSP&P guidelines. During the audit, the updated policies were not available to NFCF facility staff and PPCMU has not received the updated policies from CCA. Therefore, most of the policy related questions were rated as non-compliant.

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 not consistently submitting the logs on a timely basis and is not accurately recording the dates of service that was provided to the inmate-patient population at NFCF. This was validated via review of the various documents and reports filed in the facility's inmate-patient Electronic Medical Record (EMR) system. This will be monitored during subsequent audits to ensure improvements have been made in the accuracy of the data reported on these logs.

Lastly, at the time of the audit, the facility had a vacancy of four RN and two LVN staff. The audit team discussed this at the exit conference and the facility management advised the positions were advertised and several interviews were set up for the week following the audit. This will be monitored during subsequent audits to ensure compliance with the staffing requirement.

NFCF Health Care Staff – Nursing

The Nurse Consultant Program Reviewers (NCPR) evaluated delivery of health care at the facility's Main Medical, Expansion Clinic, Administrative Segregation Unit (ASU), and observation cells. The NCPRs also inspected five examination rooms and observed five pill passes, which were conducted at various times from 0400 hours to 1630 hours. Additionally, through observation and interviews of nursing staff, the NCPRs evaluated health care processes such as continuous quality improvement (CQI), medical emergency management/response, infection control, observation cell call system, medication management, sick call, and health care transfers.

The facility conducted several medical emergency drills during the audit period; however, these drills were all held in the ASU area. Since no drills were held in general population or other areas of the

facility, the NCPRs identified this as a significant deficiency in relation to the emergency medical management aspect. Medical emergency drills are required to be done at different areas of the facility. The Emergency Medical Response Review Committee (EMRRC) holds regular monthly meetings as required. However, when emergency medical responses are referred to the EMRRC for review, the required documents or forms necessary to render an adequate or comprehensive review are not submitted to the EMRRC.

The NCPRs noted the facility performed very well in re-supplying and re-sealing emergency bags and crash carts whenever emergency medical incidents occurred. However, the facility failed to perform a monthly inventory of the crash cart (if not used for emergency) as required in the IMSP&P, as the seal number remained the same for three consecutive months. The crash cart had all the listed items on the check-list; however the items did not have par levels. The crash cart was also padlocked and the health care staff had difficulty finding the key to unlock it. The NCPRs discussed this concern with the HSA who stated this is a custody-required procedure. The HSA assured the NCPRs that she would find a way to facilitate the process of finding the key. Additionally, one of the oxygen tanks was half-full, which is below the required level of at least three-quarters full.

With regards to the infection control process, the facility failed to comply with the required daily environmental cleaning of one of the three common clinic areas. During the last audit it was identified there was no daily cleaning log for the ASU examination room and there was no log found during the current audit. The ASU examination room appeared dusty with brown stains on the floor. This continues to be an unresolved CAP item.

The NCPRs also observed three nurses rendering sick call care and one of the three nurses was not compliant with hand washing between inmate-patients. The nurse utilized gloves; however she did not wash nor did she use hand sanitizer when changing gloves. She also touched surfaces before removing the dirty gloves.

During one (ASU pill pass) of the five pill passes observed by the NCPRs, the Certified Medication Aide (CMA) laid the medication cards on a dirty cart. The CMA also placed the medication into the inmate-patient's hands rather than putting the medication in medication cups. The CMA also failed to wash her hands or use sanitizer whenever she touched dirty surfaces during medication administration. During the general population medication pass, the facility met the required compliance rate for observing inmate-patients taking direct observed therapy medications; however, as an added quality measure, the CMA should have checked the medication cup to ensure it was empty.

The facility failed to comply with the required frequency for checking the temperature of the medication refrigerator. The requirement is for the temperature to be checked once on each shift; however, the facility only checked the temperature on one shift daily.

Lastly, the ASU isolation log showed nursing staff conducted daily rounds at the area, but only documented picking up sick call forms 21 out of the 30 days reviewed. The IMSP&P requires sick call forms/requests be picked up daily. The documentation (ASU log) available indicated medical/mental health rounds were conducted daily. However, there was no indication the sick call forms were being picked up at that time. When the auditors questioned the facility staff regarding this process, the facility administrators indicated that during pill passes in the ASU, the nurses pick up the completed sick call forms. As nurses were only documenting the "pill pass" and not the sick call forms pick up, the NCPRs were unable to validate the sick call forms were picked up daily.

NFCF Health Care Staff – Physician

During the onsite audit, the audit team met with the Men's Advisory Council (MAC) members and specifically asked what issues are present regarding the availability or delivery of health care services, including medical services, pharmacy, optometry and dental. There was a consensus among the MAC members that it takes a long time (approximately 2 months) to get a routine optometric examination as well as dental examinations. The MAC members expressed no concern about the availability or quality of medical care, pharmacy, or referrals to outside services, and expressed satisfaction with access to and the delivery of health care at NFCF.

During the audit, the physician auditor observed the LIP's lines. Inmate-patients appear to be treated for conditions which exceed Title XV requirements. The HSA reported referrals for services are rarely denied and reported only one denial during this calendar year. Providers are able to order any lab/tests without oversight. During the physician chart reviews, the physician auditor documented routine lab studies ordered with little or no oversight and without medical necessity. The physician assistant has been granted the right to interpret EKGs without oversight, which is outside the scope of PA duties.

The providers reported that offsite consultations often return with handwritten recommendations on the request form and a dictated consultation is not the standard and may never arrive. The physician auditor spoke with the medical record supervisor who reported the scanning of medical records is cleared before the end of each business day. The medical record supervisor also oversees the scheduling of specialty appointments and reported the only specialty with a prolonged wait time is neurology/neurosurgery, but inmate-patients are still able to be seen within 2 months.

The physician auditor observed providers caring for inmate-patients with solid doors closed with no security officer in close proximity. Providers should leave doors open during their examination of the inmate-patient for safety reasons.

The physician auditor interviewed the laboratory technician who has developed an Excel spreadsheet tracking log for laboratory services. She enters all the ordered lab work, documents when they were drawn, when the results return, and whether or not the provider signed off on the results within 2 working days. The results for laboratory tests drawn at the facility are electronically deposited into the facility's electronic medical record via interface with the laboratory. The laboratory technician reports that if the lab is a send out from a local hospital, and the results are not received in a timely manner, she calls to get the results. She reports that typically the lab results return promptly into the medical record.

RECENT OPERATIONAL CHANGES

No operational changes during this audit.

PRIOR CAP RESOLUTION

During the November 2014 audit, NFCF received an overall compliance rating of 90.3% resulting in a total of 26 CAP items. The November 2014 audit CAP items are as follows:

1. ***INMATE-PATIENTS WHO REFUSED DECONTAMINATION FROM CHEMICAL AGENTS WERE NOT BEING MONITORED BY HEALTH CARE STAFF EVERY 15 MINUTES FOR A MINIMUM OF 45 MINUTES. (Formerly Chapter 4, Question #4)*** **This issue was initially identified during the November 2014 audit where the facility received a rating of 0.0% compliance. During the current audit, the facility received a compliance rating of 0.0%. 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.**

2. *THE LIP WAS NOT 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 Contract Facility Health Care Monitoring Audits.

3. *THE FACILITY CQI MEETING MINUTES DID 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. ***THE LICENSED INDEPENDENT PROVIDER (LIP) IS NOT CONSISTENTLY REVIEWING, INITIALING AND DATING ALL INMATE-PATIENT DIAGNOSTIC REPORTS WITHIN THE SPECIFIED TIMEFRAME. (Formerly Chapter 7, Question 2)*** **This issue was initially identified during the November 2013 audit and has been a continued deficiency in subsequent audits. The facility received compliance ratings of 38.9% for the June 2014 and 22.9% for the November 2014 audits. During the current audit the facility received a compliance rating of 60.0%; the LIPs continue to not consistently review, initial and date all inmate-patient diagnostic tests within the specified timeframe. 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. *THE INMATE-PATIENT ARE NOT CONSISTENTLY SEEN BY THE LIP FOR A FOLLOW-UP VISIT FOR CLINICALLY SIGNIFICANT DIAGNOSTIC TEST RESULTS WITHIN 14 DAYS, OR AS CLINICALLY INDICATED, FROM THE DATE THE TEST RESULTS ARE REVIEWED BY THE LIP. (Formerly Chapter 7, Question #3)* This issue was initially identified during the June 2014 audit. The facility received a compliance rating of 0.0% for both the June and November 2014 audits for this issue. During the current audit, the facility received a compliance rating of 100% for this issue. This corrective action item is considered resolved.

6. ***INMATE-PATIENTS ARE NOT CONSISTENTLY RECEIVING WRITTEN NOTIFICATION OF DIAGNOSTIC TESTS WITHIN THE SPECIFIED TIMEFRAME. (Formerly Chapter 7, Question #4)*** **This issue was initially identified during the June 2014 audit where the facility received a compliance rating of 44.4%. During the November 2014 audit, the facility's rating increased to 95.2% compliance for this issue. However, during the current audit, the facility again scored**

deficient with a 64.3% compliance rating. This issue has again fallen below an acceptable level of compliance, this corrective action item is considered unresolved and will continue to be monitored in subsequent audits.

7. *THE INMATE-PATIENT CLINIC AREAS ARE NOT CONSISTENTLY BEING CLEANED AFTER EACH INMATE-PATIENT USE. (Formerly Chapter 11, Question #11)* During the previous audit in November 2014, the facility received a compliance rating of 0.0% in this area. During the current audit, the facility received a compliance rating of 100% for this area. During the onsite audit, NCPRs observed nursing staff cleaning the medical equipment, and examination room surfaces, such as examination table and chair, between inmate-patient visits. This corrective action item is considered resolved.

8. ***ENVIRONMENTAL CLEANING OF HIGH TOUCH SURFACES IS NOT CONSISTENTLY BEING DOCUMENTED IN ALL MEDICAL CLINICS. (Formerly Chapter 11, Question #12)*** **This issue was initially identified during the June 2014 audit. This continued to be a deficiency in the November 2014 audit and again during the current audit. The facility received a compliance rating of 66.9% during the current audit for this issue. The ASU medical examination room does not have a log documenting daily cleaning of high touch surfaces. 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.**

9. ***THE LIP IS NOT CONSISTENTLY DOCUMENTING IN THE INMATE-PATIENT'S MEDICAL RECORD TO SHOW THAT HE/SHE EXPLAINED NEWLY PRESCRIBED MEDICATIONS AND THEIR SIDE-EFFECTS TO THE INMATE-PATIENTS. (Formerly Chapter 14, Question #2)*** **This issue was initially identified during the November 2013 audit and has been a deficiency in subsequent audits. The facility received a compliance rating of 25% for both the June and November 2014 audits for this issue. During the current audit, the facility received a compliance rating of 84.2 for this issue. While this is a substantial improvement, the score is still below the compliance benchmark/threshold of 85.0%. 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.**

10. ***THERE IS NO DOCUMENTATION IN THE MEDICAL RECORD NOTING THAT INMATE-PATIENTS WHO DID NOT SHOW FOR OR REFUSED THEIR PRESCRIBED MEDICATION 50% OF THE TIME OR MORE DURING THE AUDIT PERIOD WERE REFERRED TO AN LIP. (Formerly Chapter 14, Question #3)*** **During the previous audit in November 2014, the facility received a compliance rating of 0.0% in this area. During the current audit, the facility again received a compliance rating of 0.0%. 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.**

11. *THE LPN/RN DOES NOT DIRECTLY OBSERVE AN INMATE-PATIENT TAKING DOT MEDICATION. (Formerly Chapter 14. Question #9)* During the previous audit in November 2014, the facility received a compliance rating of 0.0% in this area. During the current audit, the facility received a compliance rating of 100% for this requirement. This corrective action item is considered resolved.

12. *HEALTH CARE STAFF DOES NOT CHECK EVERY INMATE-PATIENT'S MOUTH, HANDS AND CUP AFTER ADMINISTERING DOT MEDICATIONS. (Formerly Chapter 14, Question #10)* During the previous audit the facility received a compliance rating of 0.0% in this area. The question has been modified in the current audit too to read "Does the nursing staff directly observe an inmate-patient taking Direct Observation Therapy (DOT) medication?" During the current audit, the facility received a compliance rating of 100% for this question. This corrective action item is considered resolved.

13. *THE SICK CALL MONITORING LOG DID NOT INCLUDE DOCUMENTATION THAT THE INMATE-PATIENTS WERE CONSISTENTLY SEEN WITHIN THE SPECIFIED TIMEFRAMES SET FORTH IN THE SICK CALL POLICY. (Formerly Chapter 15, Question #1)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

14. *THE FACILITY SUBMITS THE 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.

15. *THE INITIAL INTAKE SCREENING/HEALTH APPRAISAL MONITORING LOG DID NOT 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.

16. *THE FACILITY DOES NOT HAVE A FUNCTIONING CALL SYSTEM IN THE OBSERVATION ROOMS. (Formerly Chapter 16, Question #3)* The NFCF observation rooms do not currently have a functioning call system; however, the facility has a procedure in place to address the medical needs of inmate-patients while in the observation rooms. The *CCA Policy 13-63, Observation Beds*, requires "A correctional officer to be within sight or sound at all times" when an inmate-patient is placed in an observation room. NFCF posts a correctional officer in the observation unit when an inmate-patient is housed in the observation room. This corrective action item is considered resolved.

17. ***THE RNs DO NOT CONTACT THE LIP TO DETERMINE IF AN INMATE-PATIENT NEEDS TO BE RESCHEDULED IF THE INMATE-PATIENT DOES NOT APPEAR FOR A SCHEDULED MEDICAL APPOINTMENT/TREATMENT. (Formerly Chapter 17, Question #4)*** **During the November 2014 audit, the facility received a compliance rating of 0.0% this area. During the current audit, the facility continues to be deficient in this area having received a compliance rating of 40.0%. While this is an improvement, the score is still below the compliance benchmark/threshold of 85.0%. 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.**

18. *THE FACILITY DOES NOT HAVE THE CONTRACTUALLY REQUIRED MANAGEMENT (CLINICAL NURSING SUPERVISOR) STAFFING COMPLEMENT. (Formerly Chapter 20, Question #2)* Since the previous November 2014 audit, the facility has hired a Clinical Nursing Supervisor and is now fully staffed for this position. This corrective action item is considered resolved.

19. ***THE FACILITY DOES NOT HAVE THE CONTRACTUALLY REQUIRED LICENSED PRACTICAL NURSE (LPN) STAFFING COMPLEMENT. (Formerly Chapter 20, Question #4).*** **During the November**

2014 audit, the facility did not meet the contractual requirement for LPN staffing. During the current audit, the facility continues to be deficient in this area with a 55.2% compliance rating. CCA's Field Support Center continues to advertise via mass mailings, social medial, job recruiting websites, and local media. 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.

20. *THE FACILITY DOES NOT DOCUMENT CUSTODY CONSULTATION WITH HEALTH CARE STAFF PRIOR TO A CONTROLLED USE OF CHEMICAL AGENT. (Formerly Qualitative Action Item #1, Chapter 4, Question 1)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

21. ***THE EMERGENCY RESPONSE BAG CHECK LIST DOES NOT LIST ALL ITEMS CONTAINED IN THE EMERGENCY RESPONSE BAGS. (Formerly Qualitative Action Item 2, Chapter 9, Question #2)*** **This CAP item is a qualitative finding from the NCPR's review of the facility's Emergency Medical Response (EMR) Bags and the EMR checklist. During the November 2014 audit, the NCPRs reviewed the contents of the EMR Bags and found the bags contained additional items that were not on the checklist. During the current audit the facility received a compliance rating of 0.0%; the facility's EMR Bags again contained additional items not on the checklist and there were no par levels for the items on the checklist. This corrective action item is considered unresolved and will continue to be monitored in subsequent audits.**

22. *THE EMERGENCY RESPONSE BAGS ARE NOT CONSISTENTLY ORGANIZED IN THE SAME MANNER TO ENSURE EXPEDIENT ACCESS TO MEDICAL SUPPLIES DURING AN EMERGENCY. (Formerly Qualitative Action Item 3, Chapter 9, Question #2)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

23. *THE EMERGENCY RESPONSE BAGS DO NOT CONTAIN RED HAZARDOUS WASTE BAGS. (Formerly Qualitative Action Item 4, Chapter 9, Question #2)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

24. *THE FACILITY'S INMATE-PATIENT HANDBOOK'S TABLE OF CONTENTS DOES NOT LIST THE CORRECT PAGE NUMBERS FOR BOTH PROGRAMS AND HEALTH CARE IN THE PROGRAM AND SERVICES SECTION, OR GRIEVANCE PROCEDURES IN THE INMATE RIGHTS SECTION.* (Formerly Qualitative Action Item 5, Chapter 10, Question 1) During the audit in November 2014, the Facility's Inmate-Patient Handbook's Table of Contents referred to incorrect page numbers. During the current audit, the handbook was reviewed and found to have been revised and the page numbers are accurate. This corrective action item is considered resolved.

25. *WHEN INMATE-PATIENTS ARE REFERRED FOR A FOLLOW-UP MEDICAL, DENTAL, OR MENTAL HEALTH APPOINTMENT, THEY WERE NOT SEEN BY THE LIP WITHIN THE SPECIFIED TIMEFRAME. (Formerly Qualitative Action Item #6 – Chapter 12, Question #4)* During the November audit the facility received a 66.7% compliance rating for this issue. During the current audit the facility received a 100% compliance rating. This corrective action item is considered resolved.

26. *THE LIP DOES NOT REVIEW THE (OUTSIDE SPECIALTY) CONSULTANT'S REPORT AND DOES NOT SEE THE INMATE-PATIENT FOR A FOLLOW-UP APPOINTMENT WITHIN THE SPECIFIED*

TIMEFRAME. (Formerly Qualitative Action Item 8, Chapter 19, Question #7) During the November audit the facility received a 71.4% compliance rating for this issue. During the current audit the facility received a 94.7% compliance rating. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.

NEW CAP ISSUES

As stated earlier in the report, the current audit instrument applies a more targeted approach for many of the questions and both the sample sizes and compliance requirements have increased. As a result of the current audit, there are 64 new quantitative CAP items that are fully discussed where necessary in the comments of the relevant section(s) of this report, 9 CAP items are resolved, 9 CAP items remain unresolved from the previous audit, and 8 items that are no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

CONCLUSION

As indicated by the overall quantitative compliance score of 75.1% and several areas of concern identified on the nursing and clinical case reviews, NFCF has a number of deficiencies that will require immediate attention and resolution in a timely manner. The current findings are not acceptable. The audit revealed that NFCF is struggling to provide health care meeting IMSP&P standards as it relates to; chronic care; diagnostic services medical emergency management, preventative services, staffing, continuous quality improvement.

A number of repeat deficiencies have been systemic for the past four audits. As an example, there were a total of 26 corrective action requirements for the facility to follow up and resolve from the last audit. Of those 26 items, eight are no longer being measured, which means the facility had 18 items to follow-up on. Of those 18, more than half are still unresolved. The lack of commitment and follow-through by the vendor represents a serious threat to the health care of the inmates for whom they are being compensated. Many of these failures involve direct patient care delivery and follow-up.

Poor performance scores in numerous components areas is a direct result of the lack of standards to achieve substantial compliance, including the lack of documentation in the medical record, no documentation of daily environmental cleaning in all medical clinics and diagnostic services are not reviewed within specified timeframes.

The facility is encouraged to work diligently on improving the quality of health care services being provided to the CDCR inmate-patients, develop and implement all policies and/or procedures identified as deficient, timely address and resolve all CAP items, and strive to attain at least 85.0% compliance in all areas of the audit instrument.

STAFFING UTILIZATION

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

A review of the health care positions revealed the facility had four RN and two LPN vacancies during the audit review period. The following table is a summary of the staffing and findings of the review.

NFCF Total Population: 2,682

Primary Care	Contract FTE	Current Actual FTE
Senior Physician	0.0	0.0
Physician	2.0	2.0
ARNP/PA	2.0	2.0
ARNP/PA (contract)	0.0	0.0
Physician (contract)	0.5	(0.5)
Total Primary Care	**3.5**	**4.0**
CCA Management		
Deputy/Director/Senior Health Services Administrator	0.0	0.0
Health Services Administrator	1.0	1.0
Clinical Supervisor (RN)	2.0	2.0
Total CCA Management	**3.0**	**3.0**
Nursing Services		
Staff RN (7 day)	10.0	6.0
Staff RN (5 day)	1.0	1.0
Staff LPN/LVN (7 day)	9.6	7.6
Staff LPN/LVN (5 day)	1.0	1.0
Nursing Total	**21.6**	**15.6**
Clinical Support Staff		
RN, Continuous Quality Improvement	[1.0]	[1.0]
Coordinator, Infectious Disease	[0.0]	[0.0]
Pharmacy Tech/LPN	[2.0]	[2.0]
LPN, Health Information Specialist	[1.0]	[1.0]
Phlebotomist	[0.0]	[0.0]
Certified Medical Assistant	[0.0]	[0.0]
Clinical Support Staff Total	**[8.0]**	**[8.0]**
Total Nursing & Clinical Support	**22.6**	**27.6**

Note: Bracketed positions identify 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 Men's Advisory Council (MAC) 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 NFCF 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.

Inmate Interviews (not rated)
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?
Questions 9 through 21 are only applicable to ADA inmate-patients.
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. All of the 10 non-DPP inmate-patients were well aware of the sick call and grievance appeal processes. None of them voiced any concern regarding either process. On the contrary, the inmate-patients were quite pleased and content with the health care services that are provided to them by NFCF health care staff.

2. Regarding questions 9 through 21 – At the time of the audit, NFCF had 13 inmate-patients on the DPP list. Of the 13 DPP inmate-patients, 4 refused to be interviewed. The remaining 9 DPP inmate-patients interviewed did not voice any major concerns and expressed no issues with the health care services and accommodations provided to them.