July 10, 2015

Fred Figueroa, Warden
Tallahatchie County Correctional Facility
415 U.S. Highway 49 North
Tutwiler, MS 38963

Dear Warden Figueroa,

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 Tallahatchie County Correctional Facility (TCCF) between May 12 and 15, 2015. The purpose of this audit is to ensure that TCCF is meeting the performance targets established based on the *Receiver's Turnaround Plan of Action* dated June 8, 2006.

Subsequent to the previous audit, major revisions and updates have been made to the *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide* and assessment processes. These revisions are intended to align with changes in policies which took place during the previous several years, increase sample sizes where appropriate to 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.

Attached you will find the audit report in which TCCF received an overall compliance rating of **73.1%.** 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 TCCF'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). Please submit a CAP, as detailed in the attached report, to

Vera Lastovskiy, Health Program Specialist I (HPS I), PPCMU, Field Operations, Corrections Services, CCHCS, via e-mail at Vera.Lastovskiy@cdcr.ca.gov within 30 days of the date of this letter.

The audit findings reveal that the facility is struggling to provide adequate health care to CDCR inmate-patients housed at TCCF. The access and quality of medical care provided to the CDCR inmate-patient population at TCCF is undesirable and not meeting the target performance benchmark of 85.0% compliance. A number of deficiencies were identified in the following program components and require facility's immediate attention and resolution:

- Administrative Operations (Policies and Procedures)
- Continuous Quality Improvement
- Monitoring Logs
- Americans with Disabilities Act Compliance (Policy and Procedures)
- Chemical Agents/Use of Force
- Chronic Care Management
- Health Appraisal/Health Care Transfer Process
- Preventive Services
- Sick Call

The deficient program areas listed above can be brought to compliance by the facility's strict adherence to the established policies and procedures outlined in the contract, in addition to meeting IMSP&P guidelines. The facility is encouraged to work diligently in order to improve the quality of medical services provided to the CDCR inmate population and to expediently resolve the concerns and deficiencies identified in the attached report.

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

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

Enclosure

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 (A), Division of Adult Institutions (DAI), CDCR
Steven F. Ritter, D.O., Deputy Director, Medical Services, CCHCS
Roscoe L. Barrow, Chief Counsel, CCHCS
Ricki Barnett, M.D., Deputy Medical Executive, Utilization Management, CCHCS
Cheryl Schutt, R.N., B.S.N., CCHP, Statewide Chief Nurse Executive, Nursing Services, CCHCS
Grace Song, M.D., Physician Advisor, Southern Region, Utilization Management, 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
Ann Diggs, R.N., Regional Director, Health Services, California Contract Facilities, 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
Vera Lastovskiy, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS
Christopher Troughton, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT

Tallahatchie County Correctional Facility

May 12 – 15, 2015

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DATE OF REPORT

July 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's policy and procedure, and court ordered mandates are provided.

As one of several means to ensure the prescribed health care standards are provided, CCHCS staff developed a tool to evaluate 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 May 12 and 15, 2015, at Tallahatchie County Correctional Facility (TCCF) located in Tutwiler, Mississippi, 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 8, 2015, indicated a budgeted bed capacity of 8,988 out-of-state beds. The TCCF has a design capacity of 2,682 general population beds, of which 2,313 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From May 12 through 15, 2015, the CCHCS audit team conducted a health care monitoring audit at TCCF. The audit team consisted of the following personnel:

R. Delgado - Medical Doctor
G. Hughes - Nurse Consultant Program Review (NCPR)
L. Pareja - NCPR
V. Lastovskiy - Health Program Specialist I (HPS I)
C. Troughton - 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 TCCF consisting of Sections 3, 4, and 5. The end product of the quantitative analysis is an overall compliance percentage, while the end product of the qualitative analysis is a summary of findings for each section of the qualitative component (Sections 3, 4, and 5) and is included in this report for information purposes only. The qualitative component will not be utilized at this time as a factor for determining an overall rating of compliance or proficiency. However, it should be noted that audits conducted from the 2015/2016 Fiscal Year forward, will factor in the findings of the clinical case study component, in arriving at an overall rating.

An overall total compliance score of 85.0% or above for the quantitative portion must be achieved during the current round in order for the facility to pass the audit and meet the compliance requirements per the contractual agreement. Based on the findings of the quantitative audit, TCCF achieved an overall compliance rating of **73.1%,** with a rating of 63.0% in *Administration and Governance* and 81.2% 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	36.8%
2. Continuous Quality Improvement	62.5%
3. Monitoring Logs	70.3%
4. Access to Health Care Information	100.0%
5. Americans with Disabilities Act Compliance	16.7%
6. Health Care Grievane/Appeal Procedure	90.6%
7. Licensure and Training	85.7%
8. Staffing	100.0%
Section 1 Overall Score:	**63.0%**
Section 2 - Medical Services	
1. Chemical Agents/Use of Force	31.3%
2. Chronic Care Management	25.1%
3. Diagnostic Services	92.1%
4. Medical Emergency Management	85.5%
5. Community Hospital Discharge	100.0%
6. Infection Control	96.7%
7. Health Appraisal & Health Care Transfer Process	78.8%
8. Medication Management	86.5%
9. Observation Cells	93.4%
10. Inmate-Patient Refusal/No-Show for Medical Services	95.0%
11. Preventive Services	49.8%
12. Sick Call	84.7%
13. Specialty Services	97.8%
Section 2 Overall Score:	**81.2%**
Final Score	**73.1%**
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 37).

BACKGROUND AND PROCESS CHANGES

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

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

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

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

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

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

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

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

OBJECTIVES, SCOPE, AND METHODOLOGY

In designing *Private Prison Compliance and Monitoring Unit - Contract Facility Health Care Monitoring Audit Instruction Guide*, CCHCS reviewed the Office of the Inspector General's medical inspection program and the IMSP&P to develop a process to evaluate 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 perform 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 Not Applicable (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 TCCF 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 **August 10, 2015.**

Corrective Action Items – Tallahatchie County Correctional Facility	
Question 1.1.2	Although the facility has a written local policy and procedure that addresses the maintenance/management of inmate-patient medical records, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.3	Although the facility has a written local policy and procedure that addresses the requirements for the release of medical information, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.4	Although the facility has a written local policy and procedure related to the Chemical Agent/Use of Force process, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.5	Although the facility has a written local policy and procedure related to the chronic care management, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.6	Although the facility has a written local policy and procedure related to the health care transfer process, the policy is not fully compliant with IMSP&P guidelines
Question 1.1.7	Although the facility has a written local policy and procedure related to medication management process, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.8	Although the facility has a written local policy and procedure related to the Access to Care (Sick Call) process, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.9	Although the facility has a written local policy and procedure related to the Specialty Services, the policy is not fully compliant 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 TCCF.
Question 1.1.13	Although the facility has a written local policy and procedure related to the health care staff licensure and training requirements, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.14	Although the facility has a written local policy and procedure related to the emergency medical response process, the policy is not fully compliant with IMSP&P guidelines.
Question 1.1.18	The facility's inmate-patient orientation handbook/manual does not address the health care grievance/appeal process.
Question 1.2.1	Although the facility has a written local policy and procedure related to Continuous Quality Improvement process, the policy is not fully compliant with IMSP&P guidelines.
Question 1.2.2	The facility is not consistent in holding Quality Improvement Committee meetings monthly.
Question 1.3.1	The facility does not consistently submit the sick call monitoring logs timely.

Question 1.3.4	The facility does not consistently submit the specialty care monitoring logs timely.
Question 1.3.6	The facility does not accurately document all the dates on the specialty care monitoring log(s).
Question 1.3.7	The facility does not consistently submit the hospital stay/emergency department monitoring logs timely.
Question 1.3.10	The facility does not consistently submit the chronic care monitoring logs timely.
Question 1.3.12	The facility does not accurately document all the dates on the chronic care monitoring log(s).
Question 1.3.13	The facility does not consistently submit the initial intake screening monitoring logs timely.
Question 1.3.15	The facility does not accurately document all the dates on the initial intake screening monitoring log(s).
Question 1.5.1	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 1.7.7	The facility does not consistently provide training to its health care staff on the new and/or revised policies based on the IMSP&P guidelines.
Question 2.1.1	Following the exposure to chemical agents and refusing decontamination, the inmate-patient is not being monitored by health care staff every 15 minutes for not less than a total of 45 minutes.
Question 2.1.2	Following exposure to chemical agents, the facility providers do not consistently assess and medically clear the medically unstable inmate-patients prior to their return to the housing unit.
Question 2.2.2	The inmate-patient's chronic care keep on person medications are not consistently being received by the inmate-patient without interruption.
Question 2.2.3	The nursing staff does not document the inmate-patient's refusal of keep on person chronic care medications on the CDCR Form 7225, or similar form.
Question 2.2.4	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 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 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 being referred to the provider for medication non-compliance.
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 has two crash carts; however the crash cart located in Main Medical Main Medical clinic is not inventoried monthly.
Question 2.4.16	The facility's crash carts do not contain all the required medications as listed in the IMSP&P.
Question 2.4.17	The facility's crash carts do not contain all the supplies identified on the facility's crash cart checklist.
Question 2.4.20	One of the facility's portable oxygen systems was missing a required piece of equipment.
Question 2.6.8	The environmental cleaning of facility's Administrative Segregation Unit clinic/exam room is not completed daily.
Question 2.7.6	The inmate-patients arriving at the facility with existing medication orders are not consistently receiving their NA/DOT and/or KOP medication without interruption.
Question 2.7.7	The inmate-patients arriving at the facility with an existing referral or a scheduled medical, dental, or mental health appointment are not seen by the facility's provider within the specified time frame.
Question 2.7.8	The providers do not consistently complete a Health Appraisal within fourteen calendar days of inmate-patient's arrival at the facility.
Question 2.7.11	The facility does not consistently document on CDCR Form 7371 any scheduled specialty appointments for those inmate-patient's transferring out of the facility.
Question 2.8.1	The providers do not consistently educate the inmate-patients on the newly prescribed medications.
Question 2.8.2	The nursing staff does not consistently administer the initial dose of the newly prescribed medication to the inmate-patient as ordered by the provider.
Question 2.8.8	The facility's nurses that distribute medication are not totally versed on the process of documenting medication errors.
Question 2.9.1	The inmate-patients housed in observation cells are not consistently being checked by nursing staff at the beginning of each shift within two hours or as ordered by the provider.
Question 2.11.1	The inmate-patients prescribed anti-TB medication are not consistently receiving the medication as prescribed by provider.

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 monitor the inmate-patient prescribed anti-TB medication every month while the inmate-patient is on medication.
Question 2.11.4	The facility does not annually screen all the inmate-patients for signs and symptoms of tuberculosis.
Question 2.11.5	Not all the inmate-patients receive a Tuberculin Skin Test annually.
Question 2.11.6	Based upon inconsistent documentation in the medical chart, it cannot be determined if the influenza vaccination is not consistently offered to the inmate-patient population or if the inmate-patient refused the vaccination.
Question 2.11.7	The facility does not consistently offer colorectal cancer screening to inmate-patients 50 to 75 years of age.
Question 2.12.6	The nursing staff does not consistently conduct a focused subjective/objective assessment based upon the inmate-patient's chief complaint.
Question 2.12.9	The nursing staff do not consistently document that education was provided to the inmate-patient related to the treatment plan and that effective communication was established.
Question 2.12.14	The inmate-patients are not consistently seen for a follow-up appointment within the specified time frame.
Question 2.12.17	There is no evidence that the nursing staff conducts daily rounds in Administrative Segregation Units to pick-up sick call slips.
Question 2.12.20	The facility does not provide all the clinics with proper equipment, supplies, and accommodations for inmate-patient visits.

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?	0	1	0.0%

1.1.19	Does the inmate-patient handbook or similar document explain the sick call process?	1	0	100%
			Overall Score:	**36.8%**

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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. 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 TCCF. 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 fully in compliance with IMSP&P guidelines. 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 fully in compliance with IMSP&P guidelines. This equates to 0.0% compliance.
12. Question 18 – The facility's inmate orientation handbook/manual (Revised 08/2014) does not address the health care grievance/appeal process. This equates to 0.0% compliance.

Chapter 2. Continuous Quality Improvement (CQI)		Yes	No	Compliance
1.2.1	Does the facility have a written policy and procedure for CQI that is compliant with IMSP&P?	0	1	0.0%
1.2.2	Does the facility's CQI Committee meet monthly?	2	2	50.0%
1.2.3	Does the facility's CQI review process include documented corrective action plan for the identified opportunities for improvement?	2	0	100%
1.2.4	Does the facility's CQI review process include monitoring of defined aspects of care?	2	0	100%
			Overall Score:	**62.5%**

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 TCCF'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 January and April 2015; no meetings were held in February or March 2015. This equates to 50.0% 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?	6	11	35.3%
1.3.2	Does the facility's sick call monitoring log contain all the required data?	2339	5	99.8%
1.3.3	Are the dates documented on the sick call monitoring log accurate?	77	13	85.6%
1.3.4	Does the facility submit the specialty care monitoring log by the scheduled date per PPCMU program standards?	7	10	41.2%
1.3.5	Does the facility's specialty care monitoring log contain all the required data?	96	0	100%
1.3.6	Are the dates documented on the specialty care monitoring log accurate?	17	60	22.1%
1.3.7	Does the facility submit the hospital stay/emergency department monitoring log by the scheduled date per PPCMU program standards?	7	10	41.2%
1.3.8	Does the facility's hospital stay/emergency department monitoring log contain all the required data?	58	7	89.2%
1.3.9	Are the dates documented on the hospital stay/emergency department monitoring log accurate?	51	4	92.7%
1.3.10	Does the facility submit the chronic care monitoring log by the scheduled date per PPCMU program standards?	3	1	75.0%
1.3.11	Does the facility's chronic care monitoring log contain all the required data?	573	7	98.8%
1.3.12	Are the dates documented on the chronic care monitoring log accurate?	42	38	52.5%

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?	340	0	100%
1.3.15	Are the dates documented on the initial intake screening monitoring log accurate?	28	32	46.7%
			Overall Score:	**70.3%**

Chapter 3 Comments:

1. Question 1 – Out of the 17 sick call monitoring logs submitted by the facility for the audit review period, only 6 logs were submitted on time. This equates to 35.3% compliance.
2. Question 2 – Out of the 2,339 entries reviewed on the sick call logs for completeness, for the audit review period, 5 entries were found to be incomplete and/or missing the required data. This equates to 99.8% compliance.
3. Question 3 – A random sample of a total of 90 entries were selected from the weekly sick call monitoring logs to assess the accuracy of the dates reported on the log. Out of the 90 entries reviewed, 77 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. Discrepancies/inaccuracies identified within the remaining 13 entries were mostly within the dates the sick call request was received and the LIP appointment dates. This equates to 85.6% compliance.
4. Question 4 – Out of the 17 specialty care monitoring logs submitted by the facility for the audit review period, only 7 logs were submitted on time. This equates to 41.2% compliance.
5. Question 6 – A total of 77 entries were selected from the weekly specialty care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 77 entries reviewed, 17 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. Discrepancies/inaccuracies identified within the remaining 60 entries were mostly within the approval dates of utilization review (UR) and the LIP referral dates. It appears the facility records the LIP referral date as the date when the LIP sent a request to UR for approval instead of when the LIP referred the inmate-patient for specialty care services. This equates to 22.1% compliance.
6. Question 7 – Out of the 17 hospital stay/emergency department monitoring logs submitted by the facility for the audit review period, only 7 logs were submitted on time. This equates to 41.2% compliance.
7. Question 8 – Out of the 65 entries reviewed on the hospital stay/emergency department monitoring logs for completeness for the audit review period, 7 entries were found to be incomplete and/or missing the required data. This equates to 89.2% compliance.
8. Question 9 – A random sample of a total of 55 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 55 entries reviewed, 51 were found to be accurate with dates matching the dates of service indicated in the inmate-patient electronic medical record. The several discrepancies/inaccuracies identified within the remaining 4 entries were within the LIP assessment dates. This equates to 92.7% compliance.
9. Question 10 – Out of the four chronic care monitoring logs submitted by the facility for the audit review period, three logs were submitted on time. This equates to 75.0% compliance.
10. Question 11 – Out of the 580 entries reviewed on the chronic care monitoring logs for completeness for the audit review period, 7 entries were found to be incomplete and/or missing the required data. This equates to 98.8% compliance.

11. Question 12 – A random sample of a total of 80 entries were selected from the monthly chronic care monitoring logs to assess the accuracy of the dates reported on the log. Out of the 80 entries reviewed, 42 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. The discrepancies/inaccuracies identified within the remaining 38 entries were mostly within the enrollment and initial assessment dates. This equates to 52.5% compliance.
12. Question 13 – Out of the four initial intake screening monitoring logs submitted by the facility for the audit review period, three logs were submitted on time. This equates to 75.0% compliance.
13. Question 15 – There were no intakes for the month of April 2015, therefore, only three months of monitoring logs were evaluated. A random sample of a total of 60 entries were selected from the monthly initial intake screening monitoring logs to assess the accuracy of the dates reported on the log. Out of the 60 entries reviewed, 28 were found to be accurate with dates matching the dates of service indicated in the inmate-patients' electronic medical records. The discrepancies/inaccuracies identified within the remaining 32 entries were mostly within the initial health screening dates (most were off by one day). This equates to 46.7% 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?	6	0	100%
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?	20	0	100%
1.4.7	Are copies of all written requests for release of health care information from third parties scanned/filed into the inmate-patient's medical record?	Not Applicable		
1.4.8	Are all written requests for release of health care information from third parties accompanied by a CDCR Form 7385, *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:		**100%**

Chapter 4 Comments:

1. Question 3 – This question is not applicable to out-of-state correctional facilities.
2. Questions 7 and 8 – Not applicable. There were no third party requests for release of health care information received during the audit review period; therefore, these questions could not be evaluated.

Chapter 5. Americans with Disabilities Act (ADA) Compliance		Yes	No	Compliance
1.5.1	Is there a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodations to ensure DPP inmate-patient needs are addressed?	0	1	0.0%
1.5.2	Is there a local operating procedure for tracking the provision of health care appliances for all DPP inmate-patients to ensure health care appliances are provided in a timely manner?	0	1	0.0%
1.5.3	Is there a local operating procedure for tracking the order, repair, and/or replacement of health care appliances for all DPP inmate-patients?	0	1	0.0%
1.5.4	Does the local operating procedure provide directions on provision of interim accommodations while an appliance is being ordered, repaired, or replaced?	0	1	0.0 %
1.5.5	Is there a local operating procedure that provides directions to ensure effective communication is established and documented during each clinic encounter?	0	1	0.0%
1.5.6	Is health care staff knowledgeable on the process of establishing and documenting effective communication during each clinic encounter?	6	0	100%
			Overall Score:	**16.7%**

Chapter 5 Comments:

1. Questions 1 through 5 – The facility does not have a local operating procedures specific to TCCF 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?	19	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?	17	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?	2	0	100%
1.6.4	Are first level health care appeals being processed within the specified time frames?	9	8	52.9%
1.6.5	Does the Appeals Coordinator document all screened/rejected appeals in the Health Care Appeals tracking log?	17	0	100%
			Overall Score:	**90.6%**

Chapter 6 Comments:

1. Question 4 – Of the 17 first level health care appeals reviewed for the audit review period, only 9 were completed within 30 days. This equates to 52.9% compliance.

Chapter 7. Licensure and Training		Yes	No	Compliance
1.7.1	Are all health care staff licenses/certifications current?	45	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?	50	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	Do all the health care staff receive training for new or revised policies based on IMSP&P requirements?	0	45	0.0%
		Overall Score:		**85.7%**

Chapter 7 Comments:

1. Question 7 – The facility does not consistently provide training to its health care staff on the new and/or revised policies based on the IMSP&P guidelines. This equates to 0.0% compliance.

Chapter 8. Staffing		Yes	No	Compliance
1.8.1	Does the facility have the required physician/primary care provider staffing per contractual requirement?	4	0	100%
1.8.2	Does the facility have the required management staffing per contractual requirement? (COCF only)	4	0	100%
1.8.3	Does the facility have the required registered nurse staffing per contractual requirement?	13	0	100%
1.8.4	Does the facility have the required licensed practical nurse staffing per contractual requirement? (COCF only)	10	0	100%
1.8.5	Does the facility have the required Certified Medical Assistant (CMA) staffing per contractual requirement? (COCF only)	2	0	100%
		Overall Score:		**100%**

Chapter 8 Comments:

None.

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	3	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)	5	3	62.5%
			Overall Score:	**31.6%**

Chapter 1 Comments:

1. Question 1 – 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 cases applicable where the inmate-patients refused decontamination, none included documentation showing the inmate-patient was monitored every 15 minutes for no less than a total of 45 minutes. This equates to 0.0% compliance.
2. Question 2– Of the 20 inmate-patient medical records reviewed for the audit review period, 12 were found not applicable to this question. Of the eight applicable cases, five inmate-patient medical records indicate that after having been exposed to the chemical agents, the inmate-patient was medically cleared before returning to the housing unit. This equates to 62.5% 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?	18	2	90.0%
2.2.2	Is the inmate-patient's chronic care keep on person (KOP) medications received by the inmate-patient without interruption the previous six months?	5	9	35.7%
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	8	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	5	37.5%
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	4	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	4	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	2	0.0%
			Overall Score:	**25.1%**

Chapter 2 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 18 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 90.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 6 were found not applicable to this question. Of the remaining 14 cases, only 5 were found that met this requirement. The 9 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 35.7% compliance.
3. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 12 were found not applicable to this question. The remaining eight 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, 12 were found not applicable to this question. Of the remaining eight inmate-patient medical records reviewed, three were found to be compliant with this requirement and five had incomplete documentation for no-shows/refusals. This equates to 37.5% compliance.
5. Question 5 – 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 the inmate-patient is 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, 16 were found not applicable to this question. The review of the remaining four inmate-patient medical records indicates the inmate-patient is not being seen by an LIP within seven calendar days of referral. This equates to 0.0% compliance.
7. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 18 were found not applicable to this question. The review of the remaining two inmate-patient medical records indicates the inmate-patient is not being referred to the LIP for medication non-compliance. This equates to 0.0% compliance.

Chapter 3. Diagnostic Services		**Yes**	**No**	**Compliance**
2.3.1	Is the diagnostic test completed within the time frame specified by the provider?	17	2	89.5%
2.3.2	Does the provider review, sign, and date all inmate-patients' diagnostic test reports within two business days of receipt of results?	17	1	94.4%
2.3.3	Is the inmate-patient given written notification of the diagnostic test results within two business days of receipt of results?	17	1	94.4%

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?	9	1	90.0%
			Overall Score:	**92.1%**

Chapter 3 Comments:

1. Question 1 – Of the 19 inmate-patient medical records reviewed for the audit review period, 17 included documentation that the diagnostic tests are being completed within the time frame specified by an LIP. This equates to 89.5% compliance.
2. Question 2 – Of the 19 inmate-patient medical records reviewed for the audit review period, one (1) was found not applicable to this question. Of the 18 applicable cases, 17 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 94.4% compliance.
3. Question 3 – Of the 19 inmate-patient medical records reviewed for the audit review period, one (1) was found not applicable to this question. Of the 18 applicable cases, 17 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 94.4% compliance.
4. Question 4 – Of the 19 inmate-patient medical records reviewed for the audit review period, 9 were found not applicable to this question. Of the remaining 10 cases, 9 inmate-patient medical records included documentation of inmate-patient having been seen by an LIP for clinically significant diagnostic test results within 14 days of LIP's review of the results. This equates to 90.0% compliance.

Chapter 4A. 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?	4	0	100%
2.4.4	Does a Basic Life Support certified health care staff respond without delay after emergency medical alarm is sounded during an emergency medical response (man-down) and/or medical emergency response drill?	7	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?	7	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?	3	1	75.0%
2.4.8	**Is there documentation for each shift that all Emergency Medical**	**6**	**0**	**100%**

	Response Bags in each clinic are secured with a seal?			
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?	Not Applicable		
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?	6	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?	4	2	66.7%
2.4.12	Does the facility have a functional Automated External Defibrillator (AED) with electrode pads located in the medical clinic?	6	0	100%
2.4.13	Is there documentation, on each shift, that all Medical Emergency Crash Carts are secured with a seal? (COCF only)	120	0	100%
2.4.14	Is there documentation, after each emergency medical response and/or drill, that all Medical Emergency Crash Carts are re-supplied and re-sealed? (COCF only)	Not Applicable		
2.4.15	Is there documentation that all Crash Carts in each clinic are inventoried at least once a month, if they have not been used for a medical emergency? (COCF only)	4	4	50.0%
2.4.16	Does the facility's Crash Cart contain the medications as listed in IMSP&P policy? (COCF only)	1	1	50.0%
2.4.17	Does the facility's Crash Cart contain the supplies identified on the facility's Crash Cart Checklist? (COCF only)	0	2	0.0%
2.4.18	Does the facility have a functional 12 Lead electrocardiogram (ECG) machine with electrode pads? (COCF only)	2	0	100%
2.4.19	Does the facility have a functional portable suction device?	6	0	100%
2.4.20	Does the facility have a portable oxygen system?	5	1	83.3%
2.4.21	Does the facility have their biomedical equipment serviced and calibrated annually?	7	0	100%
			Overall Score:	**85.5%**

Chapter 4 Comments:

1. Question 7 – Of the four EMRRC meeting minutes reviewed for the audit review period, the meeting minutes for April 2015 were missing the emergency medical response evaluation component. This equates to 75.0% compliance.
2. Question 9 – Not applicable. Review of the documentation of the emergency response cases and drills reported in EMRRC indicated emergency services provided did not require the opening of the EMR bag. Therefore, this question could not be evaluated.
3. Question 11 – Of the six EMR bags inspected, two bags were missing required supplies identified on the facility's EMR Bag Checklist. In Main Medical, the EMR bag was missing non-latex gloves and in O building, the EMR bag was missing two airways. This equates to 66.7% compliance.
4. Question 14 – Not applicable. Review of the documentation of the emergency response cases and drills reported in EMRRC indicated emergency services provided did not require the opening of the crash cart. Therefore, this question could not be evaluated.
5. Question 15 – The facility has two crash carts; one located in Main Medical and another one located in P Clinic. The crash cart in Main Medical clinic is not inventoried once a month as the review of the crash

cart checking log reveals the seal number remained the same for three consecutive months. This equates to 50.0% compliance.

6. Question 16 – Of the two crash carts reviewed (Main Medical & P Clinic), the crash cart in the Main Medical was missing the following medications: one Clonidine, one Amiodarone, and three Atropine Sulfate. This equates to 50.0% compliance.

7. Question 17 – Of the two crash carts reviewed (Main Medical & P Clinic), neither of the crash carts contained all the supplies identified on the facility's crash cart checklist. The Main Medical crash cart did not have a roll of defibrillator paper and airways and the P Clinic crash cart had no CO2 detector, combitube, C Collar, IV NSS, and multiple Endotracheal Tube (ET) sizes. This equates to 0.0% compliance.

8. Question 20 – Of the six portable oxygen tanks inspected, the oxygen tank in O Clinic was missing nasal cannula. This equates to 83.3% 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)	14	0	100%
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)	14	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)	10	0	100%
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)	14	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:		**100%**

Chapter 5 Comments:

1. 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?	2	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?	4	0	100%
2.6.5	Is personal protective equipment (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	7	1	87.5%
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?	4	0	100%
2.6.7	Does the facility utilize a hospital grade disinfectant to clean common clinic areas with high foot traffic?	3	0	100%
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?	8	0	100%
2.6.10	Are the central storage biohazard material containers emptied on a regularly scheduled basis?	1	0	100%
2.6.11	Is the biohazard waste in each clinic bagged in a red moisture proof biohazard bag and properly secured in a labeled biohazard container which is locked or stored in a secured location?	1	0	100%
2.6.12	Are sharps/needles in each clinic, medication administration location and Receiving and Release disposed in a puncture resistant, leak-proof container that is closeable, locked, and labeled with the biohazard symbol?	6	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?	119	1	99.2%
			Overall Score:	**96.7%**

Chapter 6 Comments:

1. Question 5 – Of the eight exam rooms observed, the ASU exam room did not have personal protective equipment available for staff use. This equates to 87.5% compliance.
2. Question 8 – The cleaning logs for Main Medical and P Clinic were reviewed for the month of April 2015 indicating the clinic area is 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.

3. Question 14 – The April 2015 sharp logs for two clinics were reviewed. Of a total of 120 required sharp counts for the month between the two clinics, 119 counts took place. This equates to 99.2% 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?	15	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?	7	0	100%
2.7.3	If an inmate-patient presents with emergent or urgent symptoms during the intake screening, does the registered nurse refer the inmate-patient to medical, dental, or mental health provider? (emergent-immediately, urgent-within 24 hours)	Not Applicable		
2.7.4	If an inmate-patient is identified as having a chronic disease/illness (asthma, DM, HTN, Hep C, Seizures, etc) but is not enrolled in the chronic care program, does the registered nurse refer the inmate-patient to the provider to be seen within 30 days of arrival?	Not Applicable		
2.7.5	If an inmate-patient is referred to a medical, dental, or mental health provider by nursing staff during the Initial Intake Screening, is the inmate-patient seen within the specified time frame? (Emergent-Immediately, Urgent-within 24 hours, or within 30 days)	1	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?	3	3	50.0%
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?	0	1	0.0%
2.7.8	Does the inmate-patient receive a complete Health Appraisal performed by a provider within 14 calendar days of arrival?	1	3	25.0%
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?	1	0	100%
2.7.10	Does the inmate-patient receive a complete screening for the signs and symptoms of tuberculosis (TB) upon arrival?	15	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?	2	2	50.0%
2.7.12	Does the inmate-patient bring all keep on person medications to the designated nurse prior to inter-facility transfer?	1	0	100%

2.7.13	Does the designated nurse verify the keep on person medications against the current medication profile prior to inter-facility transfer?	1	0	100%
2.7.14	Does the Inter-Facility Transfer Envelope contain all the inmate-patient's Nurse Administered/Direct Observation Therapy medications, current Medication Administration Record (MAR), and Medication Profile?	1	0	100%
2.7.15	Is visual and auditory privacy maintained during the Initial Intake Health Screening?	1	0	100%
			Overall Score:	**78.8%**

Chapter 7 Comments:

1. Question 3 – Not applicable. Of the 15 inmate-patient medical records reviewed for the audit review period, none of the inmate-patients presented with emergent or urgent symptoms during the intake screening. Therefore, this question could not be evaluated.
2. Question 4 – Not applicable. Of the 15 inmate-patient medical records reviewed for the audit review period, one inmate-patient was already enrolled in chronic care program and the rest were not identified as having a chronic disease or illness requiring a referral to be seen by an LIP. Therefore, this question could not be evaluated.
3. Question 6 – Of the 15 inmate-patient medical records reviewed for the audit review period, 9 were found not applicable to this question. Of the remaining six, three were found to be compliant with this requirement. For the three non-compliant cases there was no documentation that the inmate-patient received his medication within the required time frame. This equates to 50.0% compliance.
4. Question 7 – Of the 15 inmate-patient medical records reviewed for the audit review period, 14 were found not applicable to this question. The one case applicable to this scenario was found non-compliant with this requirement as an inmate-patient was not seen within the time frame specified by the sending facility's provider. This equates to 0.0% compliance.
5. Question 8 – Of the 15 inmate-patient medical records reviewed for the audit review period, 11 were found not applicable to this question. Of the remaining four cases, one was found compliant with this requirement. The three cases were determined non-compliant due to no documentation having been found in the inmate-patient medical records indicating the health appraisal was completed either at La Palma Correctional Center or TCCF. This equates to 25.0% compliance.
6. Question 11 - Of the 15 inmate-patient medical records reviewed for the audit review period, 11 were found not applicable to this question as there were no pending appointments. Of the remaining four cases, two were found compliant with this requirement. The two non-compliant cases were a result of the inmate-patients' chronic care follow-up appointments not having been documented on the transfer form. This equates to 50.0% compliance.

Chapter 8. Medication Management		**Yes**	**No**	**Compliance**
2.8.1	Does the prescribing provider document that he/she provided inmate-patient education on the newly prescribed medication(s)?	10	10	50.0%
2.8.2	Is the initial dose of the newly prescribed medication administered to the inmate-patient as ordered by the provider?	10	10	50.0%

2.8.3	Does the nursing staff confirm the identity of the inmate-patient prior to delivery of keep on person medications and/or administration of Nurse Administered/Direct Observation Therapy medications?	7	1	87.5%
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?	8	0	100%
2.8.5	Does the nursing staff directly observe an inmate-patient taking Direct Observation Therapy (DOT) medication?	8	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?	8	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?	2	2	50.0%
2.8.9	Are refrigerated drugs and vaccines stored in a separate refrigerator which does not contain food and/or laboratory specimens?	2	0	100%
2.8.10	Does the health care staff monitor the temperature of the refrigerators used to store drugs and vaccines twice daily and maintain the temperature between 36^0 F (2^0 C) and 46^0 F (8^0 C)?	120	0	100%
2.8.11	Does the facility employ medication security controls over narcotic medication assigned to its clinic areas?	2	0	100%
2.8.12	Does the licensed health care staff inventory the narcotics at the beginning and end of each shift?	120	0	100%
2.8.13	Do inmate-patients housed in Administrative Segregation Units have immediate access to their Short Acting Beta agonist (SBA) inhalers and nitroglycerine tablets? (COCF only)	1	0	100%
		Overall Score:		**86.5%**

Chapter 8 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 10 included documentation that the LIP provided inmate-patient education on the newly prescribed medication. For the 10 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 50.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 10 included documentation that the initial dose of the newly prescribed medication was administered to the inmate-patient as ordered by the provider. For the 10 non-compliant cases, several were missing documentation that the medication was administered as ordered and several cases indicated there was a delay from two to five days in administering the medication to the inmate-patient. This equates to 50.0% compliance.
3. Question 3 – Of the eight nurses observed during the pill passes, one was found not confirming the identity of the inmate-patient prior to delivering/administering the medication. This equates to 87.5% compliance.

4. Question 7 – This question does not apply to out-of-state correctional facilities.
5. Question 8 – Of the four medication nurses interviewed regarding the process of documenting medication errors, only two were able to correctly identify the facility's process. 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?	14	5	73.7%
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?	19	0	100%
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?	3	0	100%
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?	8	0	100%
		Overall Score:		**93.4%**

Chapter 9 Comments:

1. Question 1 – Of the 19 inmate-patient medical records reviewed for the audit review period, 14 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 73.7% 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?	19	1	95.0%
2.10.3	If an inmate-patient is a "no-show" for a scheduled registered nurse (RN) face-to-face appointment, does the RN contact the housing unit supervisor to have the inmate-patient escorted to the clinic?	Not Applicable		
2.10.4	If an inmate-patient is a "no-show" for a scheduled registered nurse (RN) face-to-face appointment and refuses to be escorted to the clinic, does the RN complete a CDCR Form 7225, *Refusal of Examination and/or Treatment*, or similar form and document the refusal on a Progress Note (CDCR Form 7230)?	Not Applicable		

2.10.5	If an inmate-patient is a "no-nhow" for a medical appointment with the provider, does the nursing staff contact the provider to determine if/when the inmate-patient should be rescheduled?	Not Applicable
	Overall Score:	**95.0%**

Chapter 10 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 included documentation of nursing staff completing 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, 19 included include 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 95.0% compliance.
3. Questions 3, 4, and 5 – Not applicable. Of the 16 inmate-patient medical files reviewed for the audit review period, none were a "no-show" for their medical appointment; therefore, these questions could not be evaluated.

Chapter 11. Preventive Services		**Yes**	**No**	**Compliance**
2.11.1	*For inmate-patients prescribed anti-Tuberculosis (TB) medication(s):* Does the facility administer the medication(s) to the inmate-patient as prescribed?	11	9	55.0%
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?	1	8	11.1%
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)?	12	8	60.0%
2.11.4	Are the inmate-patients screened for tuberculosis (TB) signs and symptoms annually?	5	15	25.0%
2.11.5	Do the inmate-patients receive a Tuberculin Skin Test (TST) annually?	10	6	62.5%
2.11.6	Were inmate-patients offered an influenza vaccination for the most recent influenza season?	11	9	55.0%
2.11.7	*For inmate-patients 50 to 75 years of age*: Is the inmate-patient offered colorectal cancer screening?	16	4	80.0%
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:	**49.8%**		

Chapter 11 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, 11 included documentation the inmate-patients were administered anti-TB medication as prescribed by an LIP. This equates to 55.0% compliance.
2. Question 2 – Of the 20 inmate-patient medical records reviewed for the audit review period, 11 were not applicable as none of these 11 inmate-patients refused or missed any TB medications. Of the nine applicable cases, only one included documentation of nursing staff notifying the LIP when an inmate-patient refused his TB medication. This equates to 11.1% compliance.
3. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 12 included documentation that the facility monitored the inmate-patient monthly while he was on TB medication. This equates to 60.0% compliance.
4. Question 4 – Of the 20 inmate-patient medical records reviewed for the audit review period, 5 included documentation that the inmate-patients were screened for TB signs and symptoms within the past year. This equate to 25.0% compliance.
5. Question 5 – 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, 10 included documentation that the inmate-patients received a TST within the last year. This equates to 62.5% compliance.
6. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, 11 included documentation that the inmate-patients received flu vaccine for the most recent influenza season. The remaining 9 medical records contained no documentation to indicate the vaccine was offered to or refused by in the inmate-patients. This equates to 55.0% compliance.
7. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, 16 included documentation that the inmate-patients 50 to 75 years of age were offered colorectal cancer screening. This equates to 80.0% compliance.
8. 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?	18	1	94.7%
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?	12	0	100%
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?	7	0	100%
2.12.4	Does the registered nurse document the inmate-patient's chief complaint in the inmate-patient's own words?	19	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)	18	1	94.7%
2.12.6	Is a focused subjective/objective assessment conducted based upon the inmate-patient's chief complaint?	13	6	68.4%
2.12.7	Does the registered nurse document a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data?	17	2	89.5%
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?	18	1	94.7%
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?	16	3	84.2%
2.12.10	Does the registered nurse legibly sign and date the CDCR Form 7362, RN Encounter Form or progress note? (MCCF only)	Not Applicable		
2.12.11	If the inmate-patient was referred to the provider by the registered nurse, is the inmate-patient seen within the specified time frame? (Emergent=same day; Urgent=within 24 hours; Routine=within 14 days)	13	2	86.7%
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?	2	0	100%
2.12.14	If the provider orders a follow-up appointment, is the inmate-patient seen within the specified time frame?	7	4	63.6%
2.12.15	Does the sick call visit location ensure the inmate-patient's visual and auditory privacy?	3	0	100%
2.12.16	Does nursing staff conduct daily rounds in Administrative Segregation Unit? (COCF only)	60	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)	0	60	0.0%
2.12.18	Are the CDCR Forms 7362, *Health Care Services Request*, or similar forms readily available to inmate-patients in all housing units?	18	1	94.7%
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?	17	0	100%
2.12.20	Does the facility provide and maintain the clinics with proper equipment, supplies, and accommodations for inmate-patient visits?	3	5	37.5%
2.12.21	Does each clinic adequately store non-medication medical supplies?	8	0	100%
			Overall Score:	**84.7%**

Chapter 12 Comments:

1. Question 1 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 18 included documentation that the RN reviewed the inmate-patient's sick call request on the day it was received. This equates to 94.7% compliance.
2. Question 5 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 18 records included documentation that the face-to-face encounters with an inmate-patient were documented in the S.O.A.P.E. format. This equates to 94.7% compliance.
3. Question 6 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 13 records included documentation that a focused subjective/objective assessment was conducted based upon the inmate-patient's chief complaint. This equates to 68.4% compliance.
4. Question 7 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 17 records included documentation that the RN documented a nursing diagnosis related to/evidenced by the documented subjective/objective assessment data. This equates to 89.5% compliance.
5. Question 8 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 18 records included documentation that the RN implemented a plan based upon the documented subjective/objective assessment data. This equates to 94.7% compliance.
6. Question 9 – Of the 20 inmate-patient medical records reviewed for the audit review period, one was not applicable to this question. Of the 19 applicable cases, 16 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 84.2% compliance.
7. Question 10 – This question is not applicable to out-of-state correctional facilities.
8. Question 11 – Of the 20 inmate-patient medical records reviewed for the audit review period, 5 were found not applicable to this question. Of the remaining 15 cases, 13 included documentation that following the RN referral to the LIP, the inmate-patient was seen by an LIP within the specified time frame. This equates to 86.7% compliance.
9. Question 12 – This question is not applicable to out-of-state correctional facilities.
10. Question 14 – Of the 20 inmate-patient medical records reviewed for the audit review period, 9 were found not applicable to this question. Of the remaining 11 cases, 7 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 63.6% compliance.
11. Question 17 – During the onsite audit, a sign-in log was reviewed for facility's two ASUs for the month of April 2015. Although medical/mental health rounds were documented in the ASU log, there was no specific documentation of nursing staff conducting rounds to pick up sick call slips. This equates to 0.0% compliance.
12. Question 18 – Of the 19 housing unit reviewed during the onsite audit, one housing unit (ASU) did not have the English sick call forms available to the inmate-patients. This equates to 94.7% compliance.
13. Question 20 – Of the eight exams rooms inspected during the onsite audit, three had the proper equipment, supplies and accommodations for inmate-patient visits. The other five exams rooms were either missing the required equipment or the equipment was not functional. In Main Medical, exam room K-023 had a broken otoscope and exams rooms K-024 and K-033 were both missing otoscope and

ophthalmoscope. In P Clinic, one exam room was missing otoscope and ophthalmoscope and ASU exam room was missing PPE and tongue depressors. This equates to 37.5% 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)	8	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)	8	0	100%
2.13.3	Is the provider's request for routine specialty services approved or denied within seven calendar days of being requested? (COCF only)	19	1	95.0%
2.13.4	Is the inmate-patient seen by the specialist for a routine referral within 90 days of the provider's order? (COCF only)	18	0	100%
2.13.5	Upon return from a specialty consult appointment or community hospital emergency department visit, does the registered nurse complete a face-to-face assessment prior to the inmate-patient returning to his assigned housing unit? (COCF only)	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)	15	0	100%
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:	**97.8%**

Chapter 13 Comments:

1. Question 3 – Of the 20 inmate-patient medical records reviewed for the audit review period, 19 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 95.0% compliance.
2. Question 5 – Of the 20 inmate-patient medical records reviewed for the audit review period, one 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.
3. 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.
4. Questions 8 through 11 – These questions are not applicable to out-of-state correctional facilities.

QUALITATIVE FINDINGS

As indicated earlier in the report, CCHCS has added a clinical case study component, involving nurse and physician case studies, to the new Private Prison Compliance and Health Care Monitoring audit instrument. The respective auditors will evaluate selected cases in detail to determine the overall quality of health care provided to the inmate-patients, thereby providing a 360 degree snapshot of the facility's clinical performance. However, in the interest of good faith, and the demonstration of CCHCS's investment in a fair and objective evaluation process, the information compiled from the clinical case studies during this first round of audits will be included in the final audit report as an addendum, for the informational benefit of the facility. This component will not be utilized at this time as a factor for determining an overall rating of compliance or proficiency. However, it should be noted that audits conducted from the 2015/2016 Fiscal Year forward, will factor in the findings of the clinical case study component, in arriving at an overall rating. The associated methodology for capturing and evaluating the clinical case studies will be provided to each contracted facility prior to the next round of onsite audits.

Section 3: Nurse Case Review

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

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

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

2) *Did the RN conduct a timely and appropriate assessment; perform the appropriate nursing actions to address the inmate-patient's health care condition; provide LIP ordered nursing services; and complete all required documentation?*

For TCCF'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 TCCF.

Case Number	Deficiencies & Recommendations
Case 1	The inmate-patient has diagnoses of asthma, diabetes, dyslipidemia, hypertension, hepatitis C, and liver failure. 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 accucheck. Nursing should have referred the inmate-

	patient to the LIP regarding the refusals. 2) Nursing staff did not provide ordered nursing services such as accucheck weekly on multiple occasions. 3) Nursing staff did not ensure inmate-patient's timely receipt of all medications. There was a delay in the refill of a diabetic oral medication.
Case 2	The inmate-patient has diagnoses of allergic rhinitis, ankle pain, asthma, seizure, and asthma exacerbation. Although review of this case indicates adequate nursing care was provided, to further improve the quality of nursing care, the following is recommended: 1) Nursing staff to document the inmate-patient's response to new treatments especially if the inmate-patient is in distress prior to the treatments.
Case 3	The inmate-patient has diagnoses of abdominal pain, bilateral flank pain, chronic rectal pain, constipation, eczema, left knee pain, and weight loss. Review of this case indicates adequate nursing care was provided and no deficiencies were noted.
Case 4	The inmate-patient has diagnoses of multiple stab wounds, possible asthma, external nasal deformity, hearing loss (right side), latent TB (lung), and refractive error. Review of this case indicates adequate nursing care was provided and no deficiencies were noted.
Case 5	The inmate-patient has diagnoses of asthma, common cold, injury due to altercation, laceration of chin, scalp and temple, localized change in skin color, and tinea pedis. Although review of this case indicates adequate nursing care was provided, to further improve the quality of nursing care, the following is recommended: 1) Nursing staff to document the specific services and/or treatments being refused by the inmate-patient. 2) Nursing staff to refer the inmate-patient to an LIP if the inmate-patient missed medications for three consecutive days or 50% of the required doses for one week.

Section 4: Clinical Case Review

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

Clinical Case Review Results

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

- Cases 1 and 2 - The Chest Pain protocol is not consistently being followed by medical staff. The medical staff member must evaluate the EKG results or assess the inmate-patient immediately if the machine interprets the EKG results as abnormal. Absent that, the inmate-patient requires transport to emergency room for further evaluation and assessment.

- Case 2 - The EKG and hospital reports are not consistently filed timely. In this case, over a month following the emergency room visit, the hospital report was still not available in the inmate-patient's medical record.

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

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

Synopsis of Case 1

In Case 1, the inmate-patient developed acute hepatitis during his stay at TCCF, subsequently documented to be secondary to Hepatitis C infection by serology and liver biopsy results. This unusual case resulted in fulminant liver failure and multiple medical admissions to University Hospital. The overall quality of care surrounding his hepatitis and subsequent transfer back to California appears appropriate and no major deviations are noted. However, there were two issues identified during the review of this case:

1. Inmate-patient developed chest pain on 12/26/14 and was seen in Sick Call by an RN who appropriately completed the chest pain protocol. The EKG was obtained which was read by computer as borderline abnormal. The abnormal test results were not addressed by the RN or the provider during the follow-up appointment on 12/29/14. The EKG results were apparently reviewed and filed without note on 01/13/15. This process lends itself to missing cardiac causes of chest pain. The provider should have evaluated the inmate-patient at the initial presentation and this issue should have been addressed during follow-up evaluations.

2. The inmate-patient was labeled as being “asthmatic”; however, there are several notes in the chart about the inmate-patient denying the diagnosis and that he did not use his inhalers. The diagnosis was added to the problem list yet never questioned or documented.

Synopsis of Case 2

In Case 2, a basically healthy young man (22 years old), was seen appropriately for complaint of dizziness on 06/11/14; with care provided timely and without any quality issue. However, on 04/19/15, the inmate-patient presented with a chest pain in the morning and was quickly seen by an RN who appropriately completed the chest pain protocol. However, when an EKG was obtained, it showed abnormal results and moderately suspicious symptoms for a cardiac origin. When a supervising physician was consulted, Toradol was ordered along with an order to reassess in two hours. The inmate-patient was initially seen by the RN at 1029 hours and transferred to emergency room approximately two hours later. The inmate-patient returned to facility later that day with labs, CXR and EKG ok. Overall, there were two issues identified during the review of this case:

1. The facility does not file hospital and EKG reports timely. Over a month following the inmate-patient’s return from a community hospital to the facility, the CCHCS clinician auditor could not find the initial EKG in the chart nor the hospital records from the emergency room visit.

2. It appears with the timing of the episode that a provider should have seen the inmate-patient, reviewed the EKG and documented the findings. An “abnormal” EKG needs to be evaluated and not merely treated by Toradol.

On May 28, 2015 while at TCCF, the CCHCS clinician auditor reviewed this chart and the EKG report was found in the medical record; however, the hospital report was still not available.

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 completed by four providers at TCCF were reviewed and 15 provider encounters were directly observed. Of the 40 medical encounters reviewed, 21 were attributed to sick call, 15 were attributed to chronic care, three to follow-up appointments and one related to the Triage Treatment Area (TTA)/emergency department. Thirty two (80 percent) of the 40 provider encounters reviewed demonstrated adequate to proficient assessment and sound medical decision-making. However, the detailed analysis of the remaining eight encounters revealed the following deficiencies:

1. No documentation of physical exam appropriate for the presentation
2. Preventive care not addressed
3. No current medication and adherence addressed during encounter
4. No documentation of the dates of review of relevant diagnostic studies, reports, and consultations
5. No documentation of relevant past medical history (PMH) and surgical history
6. Lack of appropriate assessment and documentation of medical decision

At the time of the audit, TCCF had four providers on staff; one supervising physician, one licensed independent provider, and two nurse practitioners. Both of the nurse practitioners are relatively new to correctional medicine as both have been at TCCF for less than a year. The mid-level providers appear to be working well with their supervising physician and feel at ease asking for assistance when needed. The supervising physician likewise appears to enjoy working with the mid-level providers and directing medical care. Based on the chart reviews, the supervising physician's quality of care appears quite good and the chronic care visits are well documented. The supervising physician is an asset to TCCF and is well suited for his role. However, he should continue to improve his knowledge of CCR, Title XV and its application to medical necessity as it applies to the CDCR inmate-patients.

Overall, both providers have excellent communications and rapport with the inmate-patients and although the providers keep the visits quite brief and focused, they do to take time to address all questions posed by inmate-patients. However, it should be noted that one of the providers' chronic care visits with the inmate-patient, specifically as it relates to Diabetes Mellitus (DM), appear to be too superficial and basic elements are being missed. It was learned during the onsite audit that the mid-level providers currently do not service the chronic care clinic; they are mainly used to see the inmate-patients for sick call encounters and follow-up appointments. This practice provided them with a more focused responsibility and left the responsibility associated with the higher level of care to the licensed independent provider and the supervising physician, While the mid-level providers appear to enjoy their role and position, relate well with the nursing and custody staff, and appear well motivated to

succeed and continue improving their skills, they are strongly encouraged to continue developing skills in history taking and pathophysiology and to continue working closely with their supervising physician.

The TCCF management staff is strongly encouraged to review the deficiencies listed above and to proactively 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 additional qualitative analysis primarily via interview of key facility personnel. At TCCF the personnel interviewed included the following:

F. Figueroa – Warden
S. Pour – Supervising Physician
D. Thomas – Licensed Independent Provider
S. Burks - Nurse Practitioner
D. McDavis – Nurse Practitioner
S. Gurley – Health Services Administrator (HSA)
C. Stewart – Clinical Nursing Supervisor (CNS)
D. Strong - CNS/ADA Coordinator
D. Marshall – Registered Nurse (CQI)
R. Lawson – Health Information Specialist

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

During the tour of the facility, the audit team observed the clinic areas and the facility overall to be fairly clean and well maintained. Both custody and health care staff were receptive and accommodating when approached by the audit team.

Administrative

With regards to the administrative aspect of this audit, the facility received a rating of 63.0% compliance which was mostly a direct result of the facility's local operating procedures not being fully in compliance with IMSP&P guidelines. In April 2015, the Corrections Corporations of America (CCA) management team met with 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 of CCA into compliance with IMSP&P guidelines. To date, PPCMU has not received the updated policies from CCA and 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 continues to submit to PPCMU on a weekly and monthly basis. The review of these logs revealed the facility is not consistently recording accurate dates of service that were provided to the inmate-patient population at TCCF. 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, during the onsite audit, the audit team reviewed the first level health care appeals log, including the facility's responses to some of these appeals. It was noted the facility does not provide a response to the inmate-patient's health care appeal within 30 calendar days per policy. Furthermore, most of the facility's responses appear to be very vague and do not fully address the inmate-patient's complaint and/or sufficiently justify the facility's decision. This issue was brought forward by the audit team during the exit conference. The facility management assured the audit team they will look into this and ensure the Health Care Appeals Coordinator responds to the first level health care appeals within the specified time frame. This will be monitored during subsequent audit to ensure compliance with this requirement.

TCCF Health Care Staff – Nursing

Several health care components and processes in the facility's two major clinics, the Main Medical and P Medical were observed. The NCPRs also examined eight examination rooms and observed eight pill passes, which were conducted from 0330 hours to 2100 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, and sick call. There have been no new inmate-patient arrivals to the facility at the time of the onsite audit; therefore, it was not possible to make any observations of the intake screening process. Instead, the auditors interviewed the facility nursing staff regarding the intake process. Based on the interview, it was determined that they have an excellent working knowledge base of established protocols.

The CCHCS auditors noted vital deficiencies related to the facility's maintenance of emergency medical response (EMR) bags, crash carts, and emergency medication containers. The facility keeps two crash

carts and two emergency medication containers. Although the EMR bags were sealed and checked every shift, some items listed on the facility's EMR checklist were not in the EMR bags and the medication containers had several missing emergency medications. In addition, the facility did not comply with regular checking of crash carts as evidenced by missing supplies in its two crash carts. Likewise, one of the two crash carts was not inventoried once a month (if not used for emergency) as required in the IMSP&P, as the seal number remained the same for three consecutive months.

With regards to the infection control process, the facility health care staff showed much improvement in utilizing universal and/or standard precautions for hand hygiene. The deficiencies in this area identified during the last audit were not observed during the current audit as health care staff were observed to be washing their hands after each clinical encounter.

Although the facility has an existing policy on medication error reporting, the medication nurses are not very familiar with the medication error reporting process. Two of the four medication nurses interviewed could not describe the reporting process correctly. Though, per the HSA, there has been no reported medication error since the previous audit, the health care staff are required to know the correct process for reporting medication errors. On the same note, during one of the eight pill passes observed by the CCHCS nurses, one of the facility nurses did not confirm the identity of one inmate-patient receiving insulin shots. While all the other inmate-patients showed their identification cards, this one inmate-patient did not show his identification card and the medication nurse did not ask the inmate-patient his name or the CDCR number. Even though pictures of inmate-patients are displayed on the computer screen, confirming their identities is an IMSP&P requirement and an added precautionary step to preventing medication errors.

The auditors also inspected eight examination rooms to ensure proper equipment, supplies and accommodations were available for inmate-patient visits. Five of the eight examination rooms did not have the proper equipment and supplies such as otoscopes, ophtalmoscopes, protective personal equipment, and tongue depressors.

Lastly, in the ASU, there was no documentation specifically indicating sick call slips were picked up daily by nursing staff. The documentation (ASU log) available indicated medical/mental health rounds were conducted daily. However, there is no indication the sick call forms are 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. However, as nurses are only documenting the "pill pass" and not the sick call forms pick up, the audit team was unable to validate this process is actually occurring and being completed by nursing staff daily.

TCCF Health Care Staff – Physician

During the onsite audit, the CCHCS clinician found the medical staff quite engaged and eager to work and they all appear quite dedicated to providing adequate medical care to the inmate-patient population housed at TCCF. However, as already addressed in Section 5 of the report, there are some minor issues which the facility is strongly encouraged to address and resolve expediently. The nurse practitioners currently do not service chronic care clinics; their attention is focused on routine sick call and follow up appointments. However, they seem to have a good working relationship with their supervising physician and feel comfortable approaching him for help as needed.

During the previous audit, it was found the facility does not maintain a log to track the lab work ordered by the provider. Although TCCF attempted to resolve this issue, the solution is simply inadequate. During the onsite audit when the CCHCS clinician requested to see a log, the clinician was directed to a large ringed binder which was so full of pages that it could not close. It appears the lab technician is obtaining a copy of the lab order summary and checking off tests as they are done. These reports are then filed away and there is no log or documentation of which tests have been drawn, missed, refused, and/or completed. The facility is strongly encouraged to implement some kind of a tracking mechanism to log and track all provider ordered lab work. Additionally, the previous audit revealed the facility does not maintain a tracking log or have any tracking mechanism in place to ensure that inmate-patients whose request for services (RFS) have been denied by Utilization review are seen for a follow-up appointment within two weeks. No such log or tracking was found during the current onsite audit as well.

As mentioned previously in Section 5, the clinical case reviews revealed a situation with the Chest Pain protocol. Although nursing staff performed the initial evaluation properly and notified the provider of the inmate promptly, a delay in medical care is occurring. Even with a computer interpretation of the EKG that states "abnormal" the inmate-patient may sit in observation for hours waiting to see if an anti-inflammatory injection is going to be helpful. Even if an inmate-patients' pain improves or coincidentally resolves with an anti-inflammatory, acute coronary syndrome (ACS) is not ruled out. This is a risky approach and may lead to disaster one day. Furthermore, it was noted that EKG results are not scanned into the medical records promptly. The auditor was shown the "in box" where the EKG reports are stored until signed off by the providers. A quick check showed EKGs over two weeks old sitting in the box, uninterpreted and not signed.

Although the chronic care visit forms that providers complete provide room for adequate documentation, it would be helpful if some data could pre-populate from a database. There is no easy way, for example, to see when the next diabetic eye, monofilament, microalbumin, or A1C test is due. With today's information technology, this certainly is not unreasonable to expect. Absent that, relevant data could be easily missed.

With regards to the inmate-patient refusal of examination and/or medical treatment, the providers were advised by the auditor to not just settle for a "signed refusal" as a gold standard. It is imperative that medical leadership stress the importance of the provider obtaining "informed refusal" when potential life threatening procedures are involved.

Multiple inmates complained about necessary medications (e.g., statins, hypertensive meds, inhalers) running out and then having to wait for days to get refills. Apparently, the inmates are to request a refill seven days before medication expiration; but all too often the inmate-patients are not timely in submission of their refill request. When told of the policy, more than one inmate-patient expressed surprise.

In at least one instance there appears to be a delay getting reports from the outside services. The providers are all in the habit of calling for results, which might be avoided with a better transmission of data by the outside providers. However, once received by TCCF, the reports appear to be quickly uploaded into the inmate-patient's medical record. It is suggested that TCCF create an electronic log (perhaps by the scheduler) tracking all inmate-patients going out for specialty services and documenting receipt of reports. Trending and follow up with outside vendors, as appropriate, can then proceed. If

results do not improve, the facility is encouraged to bring this issue to the attention of CCA executive management for corporate resolution.

RECENT OPERATIONAL CHANGES

Nothing to report during this audit.

PRIOR CAP RESOLUTION

During the October 2014 audit, TCCF received an overall compliance rating of 93.5% resulting in a total of 16 CAP items. The October 2014 audit CAP items are as follows:

1. *IN THE CQI MEETING MINUTES, THE FACILITY DID NOT COMPLETE AN ANALYSIS FOR EACH IDENTIFIED "OPPORTUNITY FOR IMPROVEMENT" AS LISTED ON THE ASPECTS OF CARE MONITORING FORM, OR SIMILAR FORM. (Formerly Chapter 6, Question 5)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

2. *THE LICENSED INDEPENDENT PROVIDER (LIP) ON A CONSISTENT BASIS IS NOT REVIEWING, INITIALING AND DATING ALL INMATE-PATIENT DIAGNOSTIC REPORTS WITHIN THE SPECIFIED TIME FRAME. (Formerly Chapter 7, Question 2)* This issue was initially identified during the June 2014 audit where the facility received a rating of 73.7% compliance. During the October 2014 audit, the facility's rating slightly declined to 70.0% compliance in this area. The CAP produced by facility indicated that all the providers will be re-educated on the specific guidelines and requirements of reviewing the diagnostic reports within two days. To validate and ensure compliance, the CQI nurse will run reports for Unverified Diagnostic Labs daily for one month and three times weekly thereafter, and report any deficiencies to HSA for further action. These efforts proved effective as 17 of the 18 inmate-patient medical records reviewed during the current audit indicated that the provider reviews, initials, and dates the inmate-patient diagnostic results within two days, resulting in a rating of 94.4% compliance. This corrective action item is considered resolved.

3. *INMATE-PATIENTS ARE NOT CONSISTENTLY RECEIVING WRITTEN NOTIFICATION OF DIAGNOSTIC TEST WITHIN THE SPECIFIED TIME FRAME. (Formerly Chapter 7, Question 4)* This issue was initially identified during the June 2014 audit where the facility received a rating of 57.9% compliance. During the October 2014 audit, the facility's rating increased to 70.0% compliance in this area. The facility's CAP indicated that all medical staff will be instructed on the specific guidelines and requirements of providing inmate-patients with written notification within two days of receipt of results. To validate and ensure compliance, the CQI nurse will review and audit the Notification of Diagnostic Test Results reports for lab and x-ray results in Allscripts and will forward and deficiencies to HSA for further action. These efforts proved effective as 17 of the 18 inmate-patient medical records reviewed during the current audit showed that the inmate-patients received written notification of diagnostic test results within two business days, resulting in a rating of 94.4% compliance. This corrective action item is considered resolved.

4. *INMATE-PATIENTS WHO ARE REFERRED TO A LIP BY NURSING STAFF DURING THE INITIAL INTAKE SCREENING ARE NOT BEING SEEN WITHIN SPECIFIED TIME FRAMES. (Formerly Chapter 12, Question 2)* During the previous audit in October 2014, the facility received a rating of 0.0% compliance in this area. During the current audit, the facility received a rating of 100% compliance. This corrective action item is considered resolved.

5. *ON A CONSISTENT BASIS MEDICAL STAFF NEITHER REORDERED CURRENT PRESCRIPTION MEDICATIONS WITHIN 8 HOURS OF INMATE-PATIENTS' ARRIVAL AT THE FACILITY, NOR WERE THEY SEEN BY A PCP WITHIN 24 HOURS. (Formerly Chapter 12, Question 3)* During the October 2014 audit, the facility received a rating of 50.0% compliance in this area. The facility's CAP indicated that all medical staff will be trained on the guidelines and processes of reordering incoming inmate-patient's current prescription medication within eight hours of inmate-patient's arrival at the facility or be seen by an LIP within 24 hours. To ensure compliance, CQI nurse will audit initial intake screenings daily and weekly after all intakes to ensure all inmate-patients with current prescription medications are reordered within eight hours of arrival and collaborate with chronic care clinic nurse regarding the prescription medication orders. The CQI nurse will report any deficiencies identified during the review to the HSA and Clinical Nurse Supervisors for further action and accountability. These efforts proved effective as during the current audit, the facility received a rating of 100% compliance based on the review of the inmate-patient medical records. This corrective action item is considered resolved.

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

7. *THE CHRONIC CARE MONITORING LOG DID NOT INCLUDE DOCUMENTATION THAT THE INMATE-PATIENTS WERE CONSISTENTLY SEEN WITHIN THE SPECIFIED TIME FRAMES AS SET FORTH IN THE CHRONIC CARE POLICY. (Formerly Chapter 15, Question 4)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

8. *TCCF MID LEVEL PROVIDERS DID NOT SUBMIT THE NECESSARY PAPERWORK IN ORDER TO GAIN ACCESS TO THE ELECTRONIC UNIT HEALTH RECORD (EUHR). (Formerly Qualitative Action Item #1 – Chapter 2, Question 1)* During the October 2014 audit, the facility received a rating of 50.0% compliance in this area as two of the four providers could not demonstrate access to the electronic Unit Health Record (eUHR) at the time of the onsite audit. During the current audit, the providers and nursing staff interviewed had access to the eUHR, resulting in a rating of 100% compliance. This corrective action item is considered resolved.

9. *THE PHYSICIAN DOES NOT CONSISTENTLY PROVIDE HEALTH CARE EDUCATION TO INMATE-PATIENTS REGARDING THEIR CHRONIC CARE CONDITION DURING THE CHRONIC CARE CLINIC FOLLOW UP VISIT. (Formerly Qualitative Action Item #2 – Chapter 5, Question 2)* This specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits.

10. *LIP DOES NOT PROVIDE DIAGNOSTIC TEST RESULTS CONSISTENTLY TO THE INMATE-PATIENTS WITHIN THE SPECIFIED TIME FRAME. (Formerly Qualitative Action Item #3 – Chapter 7, Question*

1) During the October 2014 audit, the facility received a rating of 85.0.0% compliance in this area. The facility's CAP does not fully address how this issue will be resolved and monitored to ensure compliance. However, during the current audit, 17 of 19 inmate-patient medical records reviewed indicate the diagnostic tests are completed within the time frame specified by the provider, resulting in a compliance rating of 89.5%, a slight improvement from the previous audit. Due to this standard having been brought above the compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.

11. *THE RN DOES NOT DOCUMENT ON A CONSISTENT BASIS THAT THEY REVIEWED THE INMATE-PATIENT'S DISCHARGE PLAN UPON THE INMATE-PATIENTS' RETURN TO THE FACILITY FROM THE COMMUNITY HOSPITAL EMERGENCY DEPARTMENT. (Formerly Qualitative Action Item #4 – Chapter 8, Question 4)* During the October 2014 audit, the facility received a rating of 50.0% compliance on this standard. The facility's CAP indicated that nursing staff will be provided training regarding the requirement of reviewing the inmate-patient's discharge plans upon their return from a hospital emergency department. Further, to ensure compliance, the CQI nurse will review the RN documentation of return procedure and will report all compliance issues to the HSA and CNS for further review and action. During the current audit, the 14 inmate-patient medical records were reviewed and all included documentation of nursing staff conducting a review of the inmate-patient's discharge plan upon the inmate-patient's return from a community hospital admission. The facility has shown significant improvement during the current audit, receiving a rating of 100% compliance in this area. This corrective action item is considered resolved.

12. *MEDICAL STAFF DO NOT PRACTICE PROPER HAND HYGIENE. (Formerly Qualitative Action Item #5 – Chapter 11, Question 7)* During the October 2014 audit, the facility received a rating of 0.0% compliance on this standard as staff were observed not practicing proper hand hygiene. During the current onsite audit, health care staff were observed utilizing the universal and/or standard precautions for hand hygiene, resulting in a rating of 100% compliance in this area. This corrective action item is considered resolved.

13. *TCCF DOES NOT HAVE HAND SANITIZER AVAILABLE FOR STAFF USE. (Formerly Qualitative Action Item #6 – Chapter 11, Question 8)* Although this specific requirement is no longer rated by the Private Prison Compliance and Health Care Monitoring Audits, throughout the course of the onsite audit, the audit team observed the facility's health care staff utilizing the hand sanitizers now available in the clinic locations/areas.

14. *THE S.O.A.P.E NOTE IN THE PATIENT CARE PROTOCOL/PROGRESS NOTE IS NOT BEING COMPLETED BY MEDICAL STAFF. (Formerly Qualitative Action Item #7 – Chapter 18, Question 6)* During the October 2014 audit, the facility received a rating of 83.3% compliance on this standard. The facility's CAP indicated that nursing staff will be provided training regarding the requirement of documenting the face-to-face sick call encounter with inmate-patient in the S.O.A.P.E. format. Further, the CQI nurse will audit the patient care protocols and progress notes to ensure compliance with this requirement and report all issues of compliance to the HSA and CNS for further review and action. These efforts proved effective as during the current audit, 18 out of 19 inmate-patient medical records reviewed indicated that the nursing staff are documenting the face-to-face encounters with inmate-patients in the S.O.A.P.E format, resulting in a compliance rating of 94.7%. Due to this standard having been brought above the

compliance benchmark/threshold of 85.0% compliance, this corrective action item is considered resolved.

15. *WHEN INMATE-PATIENTS ARE REFERRED FOR A FOLLOW-UP APPOINTMENT BY THE LIP, THEY ARE NOT SEEN WITHIN THE SPECIFIED TIME FRAME. (Formerly Qualitative Action Item #8 – Chapter 18, Question 8)* During the October 2014 audit, the facility received a rating of 71.4% compliance on this standard. During the current audit, ten inmate-patient medical records were reviewed; of which only seven indicated that the inmate-patients are seen within the specified time frame for their LIP ordered follow-up appointments, resulting in a compliance rating of 70.0%. 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.

    MEDICAL PROVIDERS ARE NOT KNOWLEDGEABLE ON TITLE XV. (Formerly Qualitative Action Item #9) This was initially identified as an issue during the October 2014 audit. During the current audit, medical providers were interviewed and again were found not knowledgeable on the CCR Title XV requirements and its application to medical necessity. This corrective action item is considered unresolved and will continue to be monitored in subsequent audits.

NEW CAP ISSUES

As stated earlier in the report, the current audit instrument applies a more targeted approach for many of the questions and both the sample sizes and compliance requirements have increased. As a result of the current audit, there are 63 new quantitative CAP items that are fully discussed where necessary in the comments of the relevant section(s) of this report, one CAP item that remains unresolved from the previous audit, and four 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 73.1% and several areas of concern identified on the nursing and clinical case reviews, TCCF has a number of deficiencies that will require immediate attention and resolution in a timely manner. Again, it bears mention that significant changes have been made to the audit methodology, which directly impacted the overall quantitative and qualitative ratings. More importantly, these changes involve delving deeper into staff performance through a thorough review of medical charts to provide a more meaningful focus on health care operations within the control of the facility. Therefore, any effect on the quantitative score that might be had by methodology change should only sharpen the focus and provide the facility with the best representation of health care operations possible. With this in mind, the facility is strongly encouraged to proactively address the deficiencies and areas of concern identified in this report and to ensure compliance is consistently maintained once achieved.

STAFFING UTILIZATION

Prior to the onsite audit at TCCF, 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 no vacant positions during the audit review period. The following table is a summary of the staffing and findings of the review.

TCCF Total Population: 2,682

Primary Care	Original Contract FTE	Current Required FTE
Senior Physician	1.0	1.0
Physician	1.0	1.0
ARNP/PA	2.0	2.0
ARNP/PA (contract)	0.0	0.0
Total Primary Care	**4.0**	**4.0**
CCA Management		
Deputy Director/Senior Health Services Administrator	1.0	1.0
Health Services Administrator	1.0	1.0
Clinical Supervisor	2.0	2.0
Total CCA Management	**4.0**	**4.0**
Nursing Services		
Staff RN (7 day)	12.0	12.0
Staff RN (5 day)	1.0	1.0
Staff LPN/LVN (7 day)	7.0	7.0
Staff LPN/LVN (5 day)	3.0	3.0
Nursing Total	**23.0**	**23.0**
Clinical Support Staff		
RN, Continuous Quality Improvement	[1.0]	[1.0]
Coordinator, Infectious Disease	[1.0]	[1.0]
Pharmacy Tech/LPN	[2.0]	[2.0]
LPN, Health Information Specialist	[1.0]	[1.0]
Phlebotomist	[1.0]	[1.0]
Certified Medical Assistant	[2.0]	[2.0]
Clinical Support Staff Total	**[8.0]**	**[8.0]**
Total Nursing & Clinical Support	**23.0**	**23.0**

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

INMATE INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from the inmate population, by utilizing each question as a springboard for discussion, with appropriate follow up to identify any areas where barriers to health care access may potentially exist. In general population facilities, this is accomplished via interview of the Inmate Advisory Council (IAC) executive body. In segregated or reception facilities, this is accomplished via interview of a random sampling of at least 10 inmates housed in those buildings. The results of the interviews conducted at TCCF 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. None of the ten inmate-patients interviewed regarding the sick call and health care appeal processes voiced any concern. On the contrary, the inmate-patients were quite pleased and content with the health care services that are provided to them by TCCF health care staff.

2. Regarding questions 9 through 21 – At the time of the audit, TCCF had 15 inmate-patients on the DPP list. Of the 15 DPP inmate-patients, four refused to be interviewed and one already transferred out of the facility prior to the audit team's arrival at the facility. The remaining 10 DPP inmate-patients interviewed did not voice any major concerns and were quite content with the health care services and accommodations provided to them. Two inmate-patients required translator services to achieve effective communication as they did not speak English. The facility employs a full-time translator to assist those inmate-patients requiring these services.

   Although no concerns were raised by DPP inmate-patients on the status or their accommodations, several had questions on some of the health care policies and the first level health care appeal process. The review of the inmate-patient orientation handbook/manual revealed the facility does not address and provide information regarding the first, second, or third level appeal health care appeal processes. This issue was identified during the exit conference and the facility was strongly encouraged to update and revise the manual to include the information on this process so that inmate-patients are aware and knowledgeable on this process.

   It should be noted that all of the DPP inmate-patients knew who their ADA Coordinator is and spoke very highly of her. All stated that the ADA Coordinator sees them at least once a month to address any questions or concerns they may have and is always very helpful and approachable.

Tallahatchie County Correctional Facility
Health Care Monitoring Audit - Corrective Action Plan
Audit Dates: Month May 12-15, 2015
CAP Date: July 10, 2015

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
1.1.2	Although the facility has a written local policy and procedure that addresses the maintenance/management of inmate-patient medical records, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.3	Although the facility has a written local policy and procedure that addresses the requirements for the release of medical information, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.4	Although the facility has a written local policy and procedure related to the Chemical Agent/Use of Force process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.5	Although the facility has a written local policy and procedure related to the chronic care management, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.6	Although the facility has a written local policy and procedure related to the health care transfer process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.7	Although the facility has a written local policy and procedure related to medication management process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.8	Although the facility has a written local policy and procedure related to the Access to Care (Sick Call) process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
1.1.9	Although the facility has a written local policy and procedure related to the Specialty Services, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
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 TCCF.				Not Completed / In Progress / Completed [DATE]
1.1.13	Although the facility has a written local policy and procedure related to the health care staff licensure and training requirements, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.14	Although the facility has a written local policy and procedure related to the emergency medical response process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.1.18	The facility's inmate-patient orientation handbook/manual does not address the health care grievance/appeal process.				Not Completed / In Progress / Completed [DATE]
1.2.1	Although the facility has a written local policy and procedure related to Continuous Quality Improvement process, the policy is not fully compliant with IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
1.2.2	The facility is not consistent in holding Quality Improvement Committee meetings monthly.				Not Completed / In Progress / Completed [DATE]
1.3.1	The facility does not consistently submit the sick call monitoring logs timely.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
1.3.4	The facility does not consistently submit the specialty care monitoring logs timely.				Not Completed / In Progress / Completed [DATE]
1.3.6	The facility does not accurately document all the dates on the specialty care monitoring log(s).				Not Completed / In Progress / Completed [DATE]
1.3.7	The facility does not consistently submit the hospital stay/emergency department monitoring logs timely.				Not Completed / In Progress / Completed [DATE]
1.3.10	The facility does not consistently submit the chronic care monitoring logs timely.				Not Completed / In Progress / Completed [DATE]
1.3.12	The facility does not accurately document all the dates on the chronic care monitoring log(s).				Not Completed / In Progress / Completed [DATE]
1.3.13	The facility does not consistently submit the initial intake screening monitoring logs timely.				Not Completed / In Progress / Completed [DATE]
1.3.15	The facility does not accurately document all the dates on the initial intake screening monitoring log(s).				Not Completed / In Progress / Completed [DATE]
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.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
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.				Not Completed / In Progress / Completed [DATE]
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.				Not Completed / In Progress / Completed [DATE]
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.				Not Completed / In Progress / Completed [DATE]
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.				Not Completed / In Progress / Completed [DATE]
1.6.4	The facility does not consistently process the first level health care appeals within the required time frame.				Not Completed / In Progress / Completed [DATE]
1.7.7	The facility does not consistently provide training to its health care staff on the new and/or revised policies based on the IMSP&P guidelines.				Not Completed / In Progress / Completed [DATE]
2.1.1	Following the exposure to the chemical agents and refusing the decontamination, the inmate-patient is not being monitored by health care staff every 15 minutes for not less than a total of 45 minutes.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
2.1.2	Following the exposure to the chemical agents, the facility providers do not consistently assess and medically clear the medically unstable inmate-patients prior to their return to the housing unit.				Not Completed / In Progress / Completed [DATE]
2.2.2	The inmate-patient's chronic care keep on person medications are not consistently being received by an inmate-patient without interruption.				Not Completed / In Progress / Completed [DATE]
2.2.3	The nursing staff does not document the inmate-patient's refusal of keep on person chronic care medications on the CDCR Form 7225, or similar form.				Not Completed / In Progress / Completed [DATE]
2.2.4	The inmate-patient's chronic care Nurse Administered/Direct Observation Therapy (NA/DOT) medications are not consistently administered without interruption.				Not Completed / In Progress / Completed [DATE]
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 being referred to the provider for medication non-compliance.				Not Completed / In Progress / Completed [DATE]
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 seen by a provider within seven calendar days of the referral for medication non-compliance.				Not Completed / In Progress / Completed [DATE]
2.2.7	The inmate-patients that do not show or refuse their insulin are not being referred to the provider for medication non-compliance.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
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.				Not Completed / In Progress / Completed [DATE]
2.4.11	The emergency response bags (EMR) do not contain all the supplies identified on the facility's EMR bag checklist.				Not Completed / In Progress / Completed [DATE]
2.4.15	The facility's crash carts are not inventoried monthly.				Not Completed / In Progress / Completed [DATE]
2.4.16	The facility's crash carts do not contain all the required medications as listed in the IMSP&P.				Not Completed / In Progress / Completed [DATE]
2.4.17	The facility's crash carts do not contain all the supplies identified on the facility's crash cart checklist.				Not Completed / In Progress / Completed [DATE]
2.4.20	One of the facility's portable oxygen systems was missing a required piece of equipment.				Not Completed / In Progress / Completed [DATE]
2.6.8	The environmental cleaning of facility's Administrative Segregation Unit clinic/exam room is not completed daily.				Not Completed / In Progress / Completed [DATE]
2.7.6	The inmate-patients arriving at the facility with an existing medication order are not consistently receiving their NA/DOT and/or KOP medication without interruption.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
2.7.7	The inmate-patients arriving at the facility with an existing referral or a scheduled medical, dental, or mental health appointment are not seen by the facility's provider within the specified time frame.				Not Completed / In Progress / Completed [DATE]
2.7.8	The providers do not consistently complete a Health Appraisal within fourteen calendar days of inmate-patient's arrival at the facility.				Not Completed / In Progress / Completed [DATE]
2.7.11	The facility does not consistently document on CDCR Form 7371 any scheduled specialty appointments for those inmate-patient's transferring out of the facility.				Not Completed / In Progress / Completed [DATE]
2.8.1	The providers do not consistently educate the inmate-patients on the newly prescribed medications.				Not Completed / In Progress / Completed [DATE]
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.				Not Completed / In Progress / Completed [DATE]
2.8.8	The facility's medication nurses are not all knowledgeable on the process of documenting medication errors.				Not Completed / In Progress / Completed [DATE]
2.9.1	The inmate-patients housed in an observation cells are not consistently being checked by nursing staff at the beginning of each shift within two hours or as ordered by the provider.				Not Completed / In Progress / Completed [DATE]
2.11.1	The inmate-patients prescribed anti-TB medication are not consistently receiving the medication as prescribed by provider.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
2.11.2	The nursing staff does not consistently notify the provider when an inmate-patient misses or refuses his anti-TB medication.				Not Completed / In Progress / Completed [DATE]
2.11.3	The facility does not monitor the inmate-patient prescribed anti-TB medication every month while the inmate-patient is on medication.				Not Completed / In Progress / Completed [DATE]
2.11.4	The facility does not annually screen all the inmate-patients for signs and symptoms of tuberculosis (TB).				Not Completed / In Progress / Completed [DATE]
2.11.5	Not all the inmate-patients receive a Tuberculin Skin Test annually.				Not Completed / In Progress / Completed [DATE]
2.11.6	Based upon inconsistent documentation in the medical chart, it cannot be determined if the influenza vaccination is not consistently offered to the inmate-patient population or if the inmate-patient refused the vaccination.				Not Completed / In Progress / Completed [DATE]
2.11.7	The facility does not consistently offer colorectal cancer screening to inmate-patients 50 to 75 years of age.				Not Completed / In Progress / Completed [DATE]
2.12.6	The nursing staff does not consistently conduct a focused subjective/objective assessment based upon the inmate-patient's chief complaint.				Not Completed / In Progress / Completed [DATE]
2.12.9	The nursing staff do not consistently document the education was provided to the inmate-patient related to the treatment plan and that effective communication was established.				Not Completed / In Progress / Completed [DATE]

Reference/ Question	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
2.12.14	The inmate-patients are not consistently seen for a follow-up appointment within the specified time frame.				Not Completed / In Progress / Completed [DATE]
2.12.17	There is no evidence that the nursing staff conduct daily rounds in Administrative Segregation Units to pick-up sick call slips.				Not Completed / In Progress / Completed [DATE]
2.12.20	The facility does not provide all the clinics with proper equipment, supplies, and accommodations for inmate-patient visits.				Not Completed / In Progress / Completed [DATE]

F. Figueroa, Warden
TCCF

S. Gurley, Health Services Administrator
TCCF