

December 3, 2015

Mark Bowen, Warden
Central Valley Modified Community Correctional Facility
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McFarland, CA, 93250

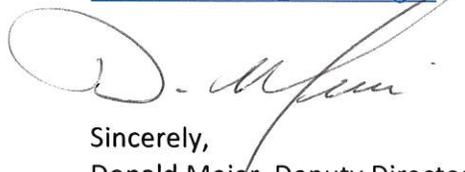
Dear Warden Bowen,

The staff from Private Prison Compliance and Monitoring Unit (PPCMU), Field Operations, Corrections Services, California Correctional Health Care Services (CCHCS) completed an onsite Corrective Action Plan (CAP) Review at Central Valley Modified Community Correctional Facility (CVMCCF) on November 3, 2015. The purpose of the CAP Review is to assess and measure your facility's compliance with the areas and processes that were identified to be deficient at the time of the previous health care audit conducted at your facility on January 26 through 27, 2015 of previous audit.

Attached you will find the CAP Review report which lists all the CAP items that were identified during the previous health care audit along with a brief narrative describing the facility's progress towards the resolution of each deficiency. The findings of the CAP Review reveal that CVMCCF was able to effectively resolve 13 of 21 CAP items, with 8 remaining outstanding. Of the eight outstanding CAP items identified during the July 2014 audit; five still remain unresolved. To have these issues unresolved for over 18 months is simply unacceptable.

The lack of commitment and follow through on the part of the supervisors and managers places doubt in the mind of CCHCS as to whether the facility can achieve and maintain the required standard and level of care. The resolution of these critical issues requires the facility's supervisors and managers to check the process on a daily basis and to hold staff accountable to ensure all necessary steps are being taken to bring these issues into full compliance. All unresolved CAP items mentioned in the attached report are all fixable and are within the management's scope of control to ensure compliance.

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



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

Enclosure

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

CONTRACT FACILITY HEALTH CARE MONITORING AUDIT

Corrective Action Plan Review



Central Valley

Modified Community Correctional Facility

November 3, 2015

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DATE OF REPORT

December 3, 2015

INTRODUCTION

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

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

This report provides the findings associated with the Corrective Action Plan (CAP) review conducted on November 3, 2015, at Central Valley Modified Community Correctional Facility (CVMCCF), which is located in McFarland, California. At the time of the audit, CDCR's *Weekly Population Count*, dated October 30, 2015, indicated that CVMCCF had a design capacity of 700 beds, of which 611 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

On November 3, 2015, the CCHCS audit team conducted a CAP review at CVMCCF. The audit team consisted of the following personnel:

Steven Moullos, Doctor of Osteopathic Medicine, Regional Physician Advisor
Patricia Matranga, Registered Nurse
Donna Heisser, Health Program Manager II
Susan Thomas, Health Program Specialist I

CCHCS was in the final development stages of completing the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* during the time the compliance monitoring audit was scheduled to be conducted at CVMCCF. The decision was made to conduct a CAP review in lieu of a comprehensive audit in order to complete the vetting process and to introduce the Modified Community Correctional Facilities (MCCF) executive staff to the new audit instrument and the changes to the methodology. Utilizing the new audit instrument without informing the MCCFs was not a consideration, as their lack of knowledge of the details included in the new guide, would have contributed to the MCCFs inability to meet the new expectations.

On October 1, 2015, CCHCS hosted an onsite meeting with the MCCF executives, during which time, a draft version of *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* was provided to the MCCF executive staff. The purpose of the meeting was to educate and provide insight to each MCCF executive staff member on CCHCS' expectations relating to the health care provided to CDCR inmate-patients housed at their facilities. CCHCS also wanted to afford the MCCFs an opportunity to clarify their understanding of the CCHCS health care delivery standards and discuss any issues or concerns regarding the methodologies listed in the new audit guide. The meeting was successful and the MCCFs were fully informed of the new audit instrument and program expectations. This mutual interaction was a show of good faith on behalf of CCHCS to provide the MCCFs with the knowledge and tools necessary to improve their overall performance during subsequent audits. The finalized version of the audit guide was distributed to the MCCFs on October 5, 2015.

It should be noted that there were numerous changes to the *Inmate Medical Services Policies and Procedures* (IMSP&P) that require the MCCFs to draft new policies or update their existing policies and procedures based on the changes. Additionally, the MCCFs are expected to provide training to all their health care staff on the new and updated requirements by the time of their next onsite health care monitoring audit, and as needed thereafter, and ensure staff's compliance with the policies and requirements.

During the CAP review process, the auditors conducted a brief assessment of all areas and processes that were identified to be deficient at the time of the previous monitoring audit conducted at CVMCCF on January 25-26, 2015. The deficient items included findings obtained from medical record reviews, pre-audit documentation reviews and onsite observations and interviews. Based on the type of CAP issue being reviewed, the auditors utilized the same methodology that was initially used to determine compliance with a specific standard/requirement. This helped the auditors maintain consistency during the reviews.

METHODOLOGY

The auditors predominantly utilized three methods to evaluate compliance during the CAP review process:

- i. **Medical Record Reviews:** All items that were previously found to be deficient following the health record reviews are evaluated by the nurse auditors. Auditors review five inmate-patient health records for each CAP item and compliance is determined based on the documentation found in the medical records. This review is completed both remotely by reviewing the electronic Unit Health Records and by an onsite review of the MCCF shadow files. The issues are determined to be resolved **ONLY** if all five records reviewed are compliant with the requirement. The issue is considered to be unresolved even if one out of five records is found to be deficient.
- ii. **Document Review:** The administrative items that were previously identified to be deficient related to the facility's lack of policies and procedures, absence of training logs, absence of mechanism to track release of information, health care appeals, licenses and certifications, and contracts are evaluated by the Health Program Specialists (HPS Is). The facilities are requested to submit the pertinent documentation to Private Prison Compliance and Monitoring Unit (PPCMU) prior to the

onsite CAP reviews. The HPS Is review the documents received from the MCCF and determine compliance.

- iii. Onsite observations and interviews with MCCF staff: The CAP items previously identified as a result of onsite inspections and observations of facility’s various medical processes and staff interviews are evaluated during the onsite visit. The nurse and HPS I auditors conduct inspections of various clinical and housing areas within the facility, interview key facility personnel which includes medical staff for the overall purpose of evaluating compliance of the identified issues and to identify any new issues.

Table 1.1 below lists the total number of CAP items that were identified in each chapter during the previous monitoring audit and the total number of CAP items that were found to be resolved or unresolved during the CAP Review process.

Table 1.1

CVMCCF CAP Review – November 3, 2015				
	Chapter	Total Number of CAP Items Identified	Number of Resolved Items	Number of Unresolved Items
1.	Administration	2	1	1
2.	Chronic Care	2	1	1
3.	Continuous Quality Improvement	1	1	0
4.	Diagnostic Services	3	1	2
5.	Infection Control	1	1	0
6.	Medical Emergency Services/Drills	2	2	0
7.	Medical Emergency Equipment	1	1	0
8.	Medication Management	2	1	1
9.	Monitoring Logs	2	0	2
10.	Sick Call	5	4	1
	Overall	21	13	8

The CAP items found unresolved during this CAP review process will remain active and will be monitored in subsequent audits. Each unresolved deficiency will require the MCCF to take the necessary action to bring the deficiency into compliance and will be re-examined during the facility’s next scheduled health care audit.

Table 1.2 below lists all new critical issues identified during the CAP Review process and Table 1.3 on the following page lists all the outstanding critical issues from the previous audit that remain unresolved.

LIST OF NEW CRITICAL ISSUES IDENTIFIED DURING THE CAP REVIEW

Table 1.2

Operational Area	Identified Critical Issues
N/A	There were no new critical issues identified during the CAP Review process.

IDENTIFIED AND OUTSTANDING CRITICAL ISSUES – CVMCCF

Table 1.3

Chapter/Question	Outstanding CAP item
Chapter 5, Question 1	Chronic care follow-up visits are not consistently completed within the 90-day or less timeframe, or as ordered by the primary care provider.
Chapter 7, Question 2	The primary care provider does not consistently review, initial, and date the inmate-patient diagnostic reports within the specified time frame.
Chapter 7, Question 3	The primary care provider does not consistently see the inmate-patient for a follow-up visit for clinically significant diagnostic test results within the specified time frame.
Chapter 14, Question 2	The primary care provider does not consistently document the education was provided to the inmate-patient education on the newly prescribed medications.
Chapter 15, Question 1	Inmate-patients are not consistently being seen within the time frames set forth in the sick call policy.
Chapter 15, Question 2	Inmate-patients are not consistently being seen within the time frames set forth in the specialty care policy.
Qualitative Action Item 7	The inmate-patient is not being seen within the specified time frames when referred to the hub or MCCF primary care provider by the MCCF registered nurse.
Qualitative Action Item 8	A peer review of the facility's primary care provider is not conducted annually.

NOTE: A discussion of the facility's progress toward resolution of all CAP items identified during previous audit is included in the CAP Item Review portion of this report.

CAP ITEM REVIEW

The Contract Facility Health Care Monitoring Audit conducted at CVMCCF on January 26-27, 2015, resulted in the identification of 12 quantitative and 9 qualitative CAP items. During the CAP review, auditors found 13 of the 21 items resolved, with the 8 remaining unresolved to within acceptable standards. Below is a discussion of each CAP item.

1. Question 5.1 – CHRONIC CARE FOLLOW-UP VISITS ARE NOT CONSISTENTLY COMPLETED WITHIN THE 90-DAY OR LESS TIME FRAME, OR AS ORDERED BY THE PRIMARY CARE PROVIDER (PCP).

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
90.0%	60.0%	Unresolved

During the previous audit, 10 inmate-patient medical files were reviewed for compliance. Nine of the 10 files reviewed included documentation reflecting the inmate-patient was seen within the specified time frame, resulting in 90.0% compliance. Prior to the onsite CAP Review, five inmate-patient medical files were reviewed for compliance, three were found compliant with this requirement, resulting in a 60.0% rating. This represents a 30.0% decline. All five medical records reviewed are required to be compliant with the established standard; therefore, this deficiency is considered unresolved and will continue to be monitored during subsequent audits.

2. Question 5.2 – THE PHYSICIAN DOES NOT CONSISTENTLY DOCUMENT HEALTH CARE EDUCATION REGARDING THE INMATE-PATIENTS CHRONIC CARE CONDITION DURING THE CHRONIC CARE CLINIC.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
56.6%	100%	Resolved

The previous audit showed the physician failed to consistently document that health care education was provided to the inmate-patients regarding their chronic care condition. Prior to the current onsite audit, five chronic care inmate-patients' medical records were reviewed. All five medical records included documentation that the physician provided health care education to the inmate-patients during their chronic care visit. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

3. Question 6.1 – THE FACILITY DOES NOT HAVE AN APPROVED CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100%	Resolved

The facility did not have an approved CQI plan during the January 2015 health care audit. During the CAP Review, the facility presented the CQI plan and meeting minutes for review.

These documents show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

4. Question 7.2 – THE PCP DOES NOT CONSISTENTLY REVIEW, INITIAL, AND DATE ALL INMATE-PATIENT DIAGNOSTIC REPORTS WITHIN THE SPECIFIED TIME FRAME.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
72.7%	80.0%	Unresolved

The audit team reviewed 11 inmate-patient medical files, during the previous audit, to determine compliance with this requirement. Of the 11 medical files reviewed, eight included documentation the PCP had reviewed, initialed, and dated the inmate-patient’s diagnostic reports within the specified time frame, resulting in 72.7% compliance. Prior to the current onsite audit, five inmate-patient medical files were reviewed, four were found compliant with this requirement. All five medical records reviewed are required to be compliant with the established standard; therefore, this deficiency is considered unresolved and will continue to be monitored during subsequent audits.

5. Question 7.3 – THE PCP DOES NOT SEE THE INMATE-PATIENT FOR A FOLLOW-UP VISIT FOR CLINICALLY SIGNIFICANT DIAGNOSTIC TEST RESULT CONSISTENTLY WITHIN THE SPECIFIED TIME FRAME.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
75.0%	60.0%	Unresolved

This issue was initially identified during the July 2014 audit and was found unresolved during the January 2015 audit. Prior to the current onsite audit, five inmate-patient medical files were reviewed for compliance. Three of the five medical files were found to be compliant with this requirement, resulting in a 60.0% rating. This represents a 15.0% decline in compliance. The PCP failed to document that the inmate-patient was seen for a follow-up visit for clinically significant diagnostic test results within the specified time frame. All five medical records reviewed are required to be compliant with the established standard; therefore, this deficiency is considered unresolved and will continue to be monitored during subsequent audits. The facility’s management team is strongly encouraged to take immediate action to address and resolve this critical issue as it has been outstanding for the past 18 months.

6. Question 7.4 – INMATE-PATIENTS DO NOT RECEIVE WRITTEN NOTIFICATION OF DIAGNOSTIC TEST RESULTS CONSISTENTLY WITHIN THE SPECIFIED TIME FRAME.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
81.8%	100%	Resolved

The findings of the previous audit showed inmate-patients did not consistently receive written notification of their diagnostic test results within the specified time frame. Of the 11 inmate-patient medical files reviewed, nine included documentation the inmate-patient received a written notification of the diagnostic test results, resulting in 81.8% compliance. During the CAP Review, five medical records of inmate-patients who had received diagnostic services were

reviewed. All five medical records contained documentation that the inmate-patient received written notification of their diagnostic test results within the specified time frame. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

7. Question 8.7 – THE FACILITY DOES NOT HAVE AN ESTABLISHED EMERGENCY MEDICAL RESPONSE REVIEW COMMITTEE (EMRRC).

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100%	Resolved

This issue was initially identified during the July 2014 audit and was found unresolved during the January 2015 audit. During the CAP Review, the facility presented the EMRRC meeting minutes for August, September, and October 2015 for review. Additionally, the facility Warden was interviewed and reported the facility holds monthly EMRRC meetings. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

8. Question 8.11 – THE PCP DOES NOT PARTICIPATE IN THE QUARTERLY EMERGENCY MEDICAL RESPONSE DRILLS, THE MINUTES DO NOT HAVE DOCUMENTATION THAT THE PCP RESPONDS TO THE EMERGENCY MEDICAL DRILL WITHIN EIGHT MINUTES OF THE EMERGENCY MEDICAL ALARM.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100%	Resolved

During the previous audit, the PCP did not participate in the drill performed during the onsite visit. Additionally, the minutes did not contain documentation reflecting the PCP responded to the emergency drill within eight minutes of the emergency medical alarm. As part of the pre-audit documentation review process, the emergency medical response (man-down) drill documentation for August, September, and October 2015 were reviewed. These documents reflected the PCP responded and participated in all drills. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

9. Question 14.2 – THE PCP DOES NOT CONSISTENTLY DOCUMENT THE INMATE-PATIENT EDUCATION FOR NEWLY PRESCRIBED MEDICATIONS.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
20.0%	80.0%	Unresolved

This issue was initially identified during the July 2014 audit and was found unresolved during the January 2015 audit. A review of five inmate-patient medical records showed the PCP did not consistently document that education for newly prescribed medications was provided to the inmate-patients. During the CAP Review, five medical records of inmate-patients who received medication(s) were reviewed. Four of the medical records reviewed had documentation that the PCP documented providing education for newly prescribed medications with the affected inmate-patient, resulting in 80.0% compliance. All five medical records reviewed are required to be compliant with the established standard; therefore, this deficiency is considered unresolved and will continue to be monitored during subsequent audits.

10. Question 14.9 – THE REGISTERED NURSE (RN) DOES NOT CONSISTENTLY CHECK THE INMATE-PATIENT’S MOUTH, HANDS AND CUP AFTER ADMINISTERING DIRECTLY OBSERVED THERAPY (DOT) MEDICATIONS.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100%	Resolved

During the onsite observation of the medication administration process during the January 2015 audit, the RN failed to consistently check the inmate-patient’s mouth, hands and cup after administering DOT medications. During the CAP Review onsite visit, the RN was observed administering DOT medications to three inmate-patients. The RN checked each inmate-patient’s mouth, hands and cup after administering medication. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

11. Question 15.1 – INMATE-PATIENTS ARE NOT CONSISTENTLY BEING SEEN WITHIN THE TIME FRAMES SET FORTH IN THE SICK CALL POLICY.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
37.1%	13.2%	Unresolved

This issue was initially identified during the July 2014 audit and was found unresolved during the January 2015 audit. A review of the data reported on the Sick Call Monitoring Log showed inmate-patients were not consistently being seen within the time frames set forth in the sick call policy. During the CAP Review, a quantitative review of the data on the Sick Call Monitoring Log showed that of the 204 sick call requests referred to the PCP, 27 inmate-patients were seen within the specified time frame, resulting in 13.2% compliance. This represents a 23.8% decline in compliance. It should be noted that this question has been removed from the new audit instrument and will be closed out during subsequent audits. Although this specific question has been removed from the new audit instrument, the requirement to accurately record the dates of service and to submit the logs in a timely manner remains the same. Additionally, this requirement will be evaluated by nursing staff in other components of the audit instrument and verification of timely inmate-patient sick call appointments will be validated and assessed during future case reviews.

12. Question 15.2 – INMATE-PATIENTS ARE NOT CONSISTENTLY BEING SEEN WITHIN THE TIME FRAMES SET FORTH IN THE SPECIALTY CARE POLICY.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	75.0%	Unresolved

This issue was initially identified during the July 2014 audit and was found unresolved during the January 2015 audit as facility was found not maintaining the Specialty Care Monitoring Log. During the CAP Review, a review of the Specialty Care Monitoring Log revealed that out of the three inmate-patients that were referred for specialty services, two were seen within the time frames set forth in the specialty care policy; one was found non-compliant which resulted in 75.0% compliance rating. It should be noted that this question has been removed from the new

audit instrument and will be closed out during subsequent audits. Although this specific question has been removed from the new audit instrument, the requirement to accurately record the dates of service and to submit the logs in a timely manner remains the same. Additionally this requirement will be evaluated by nursing staff in other components of the audit instrument and verification of timely inmate-patient specialty care visits will be validated and assessed during future case reviews.

13. Qualitative Action Item #1 – EMERGENCY MEDICAL RESPONSE BAGS ARE NOT BEING INSPECTED ON EACH SHIFT TO ENSURE THE SEAL IS SECURE.

Status
Resolved

This issue was initially identified during the July 2014 audit. The review of the documentation during the July 2015 onsite audit again showed emergency medical response bags were not being inspected on each shift to ensure the seal is secure. During the CAP Review onsite visit, the facility's emergency medical response bag checklist was reviewed. The documentation reflected that health care staff inspects the seal on the emergency medical response bag on each shift (three times a day). The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

14. Qualitative Action Item #2 – THE INMATE-PATIENT CLINIC AREA (CHAIR) USED DURING THE INMATE-PATIENT EXAMINATION IS NOT CLEANED AFTER EACH INMATE-PATIENT USE.

Status
Resolved

During the previous audit's onsite visit, it was found the inmate-patient clinic area (chair) used during each inmate-patient examination was not consistently cleaned. During the CAP Review's onsite visit, the auditors observed health care staff cleaning the chair and medical equipment used for blood pressure checks after each inmate-patient use. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

15. Qualitative Action Item #3 – INMATE-PATIENTS ARE NOT CONSISTENTLY RECEIVING ORIENTATION REGARDING THE PROCEDURES FOR ACCESSING HEALTH CARE AT THE INITIAL INTAKE SCREENING.

Status
Resolved

During the January 2015 audit, a review of inmate-patient medical records showed inmate-patients did not consistently receive orientation regarding the procedures for accessing health care at the time of initial intake screening. During the CAP Review, five medical records of newly arrived inmate-patients were reviewed. All five medical records had documentation reflecting the inmate-patient received orientation pertaining to the procedures for accessing health care at CVMCCF. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

16. Qualitative Action Item #4 – THE RN IS NOT REVIEWING SICK CALL REQUEST FORMS ON THE SAME DAY OF RECEIPT.

Status
Resolved

The findings of the January 2015 audit showed the RN did not review sick call request forms on the day of receipt. During the CAP Review, five inmate-patient medical records were reviewed for compliance. All five medical records had documentation reflecting that the RN reviewed the inmate-patient's sick call request form on the day of receipt. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

17. Qualitative Action Item #5 – THE RN IS NOT CONSISTENTLY PERFORMING A FACE-TO-FACE EVALUATION WITHIN THE NEXT BUSINESS DAY IF THE HEALTH CARE REQUEST SLIP INDICATED A NON-EMERGENT HEALTH CARE NEED.

Status
Resolved

Of the 11 inmate-patient medical records reviewed during the previous audit, 9 included documentation that the inmate-patient had a face-to-face (FTF) evaluation within the next business day of receipt of the sick call request. During the CAP Review, five medical records of inmates who had submitted sick-call requests were reviewed. All five medical records contained documentation that the RN performed a FTF evaluation within the next business day if the carsick call request indicated a non-emergent health care need. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

18. Qualitative Action Item #6 – THE RN IS NOT CONSISTENTLY COMPLETING S.O.A.P.E NOTES ON THE CDCR FORM 7362, HEALTH CARE SERVICES REQUEST AND/OR CDCR FORM 7230, *INTERDISCIPLINARY PROGRESS NOTES* OR A SIMILAR MCCF FORM.

Status
Resolved

During the previous audit, review of 12 inmate-patient medical records showed the RN did not consistently complete the progress notes on the CDCR Form 7362, *Health Care Services Request*, and/or CDCR Form 7230, *Interdisciplinary Progress Notes*, in the S.O.A.P.E format. During the CAP Review, five inmate-patient medical files were reviewed and all were determined to be compliant with this requirement. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

19. Qualitative Action Item #7 – THE INMATE-PATIENT IS NOT BEING SEEN WITHIN THE SPECIFIED TIME FRAMES WHEN REFERRED TO THE HUB OR MCCF PCP BY THE MCCF RN.

Status
Unresolved

The findings of the previous audit showed the inmate-patient was not being seen within the specified time frames when referred to the Hub institution or MCCF PCP by the MCCF RN. During the current review, five inmate-patient medical files were reviewed for compliance with this requirement. One case was found non-compliant as the inmate-patient was not seen within the time frame specified when referred to the Hub institution or MCCF PCP by the MCCF RN, resulting in 80.0% compliance. All five medical records reviewed are required to be compliant with this established standard in order for the CAP item to be considered resolved; therefore, this deficiency is unresolved and will be evaluated and monitored during subsequent audits.

20. Qualitative Action Item #8 – A PEER REVIEW OF THE PCP IS NOT CONDUCTED ANNUALLY.

Status
Unresolved

During the staff interviews conducted during previous audit, it was found that a peer review was not being completed for the PCP annually. During the current review, auditors reviewed the 10 day peer review completed for the facility's PCP. The PCP was hired at CVMCCF in July 2015, and began providing health care services to the inmate-patients from July 21, 2015. The GEO Group Chief Medical Officer completed a 10 day peer review of the PCP on August 3, 2015. The GEO Group has failed to submit a 60 day peer review which was due on September 21, 2015. Additionally, the facility is required to complete a 120 day peer review and submit the report to CCHCS by November 21, 2015. After the initial six month probationary period, an annual review is required thereafter. The HSA was informed that the facility has been delinquent in conducting peer reviews. A copy of the IMSP&P, Volume 3, *Quality Management, Chapter 4B, and Primary Care Provider Mentoring – Proctoring Program and Clinical Performance Appraisal Process Procedure* was provided to the HSA. Since CVMCCF has failed to address this issue, this item is considered to be unresolved. This deficiency will be evaluated and monitored during subsequent audits.

21. Qualitative Action Item #9 – THE PCP IS NOT KNOWLEDGEABLE ON TITLE 15.

Status
Resolved

During the January 2015 onsite visit, auditors were able to observe and interview the PCP regarding his/her knowledge of the Title 15, this process reflected no identifiable knowledge. During the current onsite visit, the auditors observed and interviewed the PCP who demonstrated an excellent knowledge of Title 15. Additionally, the PCP has previous experience working in the California prison and jail systems. The findings show that CVMCCF has successfully addressed this deficiency, this item is considered resolved.

CONCLUSION

During the onsite CAP Review process, the audit team found that CVMCCF made considerable progress and resolved 13 out of 21 deficiencies identified in the previous audit. However, the facility has eight outstanding critical CAP issues that require immediate attention and resolution.

It should be noted, of the eight outstanding CAP items initially identified during the July 2014 monitoring audit, five CAP items have not been resolved by the facility. Specifically, the persistent issue of diagnostic test results not being reviewed, dated, and signed by the PCP within the specified time frame and the inmate-patients not being seen by the PCP timely for clinically significant diagnostic test results. In addition, review of the inmate-patient medical records reflected the PCP does not consistently document that education was provided to inmate-patient on the newly prescribed medications or that the inmate-patient was seen within the specified time frame when referred by an RN to the Hub or MCCF physician. The auditors suggested the facility address the evening shift health care staff to check the laboratory program on a daily basis and print all available results for the PCP's review the next working day. The HSA stated the LVN will complete chart reviews to ensure the PCP has reviewed, dated, and signed diagnostic test results within the specified time frame and will ensure the PCP is documenting that the education was provided to the inmate-patients when new medications are prescribed. Although having the LVN review the charts to ensure PCP's compliance with this requirement is a good self-auditing process; it should be noted the management and supervisory staff are ultimately responsible for ensuring the complete and effective resolution of this deficiency.

One of the other critical issues that remains unresolved since the July 2014 audit deals with the submission and completion of the monitoring logs. As part of the pre-audit documentation review process, it was discovered that the facility had neglected to submit all monitoring logs since September 22, 2015. The audit team addressed this issue with the Warden and the HSA, who stated prior to Correct Care Solutions taking over medical oversight at the facility, all health care staff were required to save their logs onto Google docs. As of October 9, 2015, the GEO Group disabled all health care staff GEO email and all logs at the facility were lost. On November 2, 2015, the HPS I auditor sent the last monitoring logs received by PPCMU (September 22, 2015) back to CVMCCF for imputing the last two months of missing data. As of November 17, 2015, all monitoring logs have been received by PPCMU. However, as the CAP Review process utilizes the methodology as previous audits, this issue remains unresolved and will be closely monitored to ensure the facility is submitting accurate and timely information. The facility's management is strongly encouraged to identify a process/mechanism of saving the required monitoring logs onto the facility's shared network as opposed to the public network. This will mitigate the risk of losing the documentation and third parties accessing the confidential information.

Additionally, during chart reviews, the auditors found that not all the documentation from chronic care appointments was uploaded into the eUHR. It was suggested the facility perform random checks of the eUHR on a regular basis in order to ensure the chronic care and other health care documentation has been uploaded into the eUHR. This critical issue will be assessed and validated via the clinical case review process in subsequent audits.

At the conclusion of the onsite visit on Tuesday, November 3, 2015, the audit team met with the Warden and the HSA to discuss the findings of the CAP Review and to provide feedback and

recommendation on the outstanding CAP items. It was learned that since the previous audit conducted in January 30-31, 2015, the facility had a significant turnover in licensed health care staffing. In July 2015, the facility hired a full time (40 hours/week) PCP who provides coverage at the facility Monday through Friday from 0800 to 1600 hours. Beginning October 9, 2015, the GEO Group has contracted with Correct Care Solutions to provide health care services at its facilities, which should help reduce the staffing turnover rate and provide some consistency in nurse staffing at CVMCCF.

It is evident the facility has worked diligently to resolve 13 of the 21 critical CAP items; however, it is critical that the management and supervisors of CVMCCF step up and hold their staff accountable to fix the five critical issues that remain unresolved since the July 2014 audit and three unresolved critical issues from the January 2015 audit. To have the issue unresolved for over 18 months is simply unacceptable. The lack of commitment and follow through on the part of the supervisors and managers places doubt in the mind of CCHCS as to whether the facility can achieve and maintain the required standard and level of care. It must be pointed out the unresolved CAP items mentioned above are fixable and are within the management's scope of control to ensure compliance.