

April 6, 2015

Paul Lozano, Chief
Shafter Modified Community Correctional Facility
1150 E. Ash Ave.
Shafter, CA, 93263

Dear Chief Lozano,

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 Shafter Modified Community Correctional Facility (SMCCF) between March 9 and 10, 2015. The purpose of this audit is to ensure that SMCCF is meeting the performance targets established based on the *Receiver's Turnaround Plan of Action* dated June 8, 2006.

Attached you will find the audit report in which SMCCF received an overall compliance rating of **94.8%**. The report contains an executive summary, an explanation of the methodology behind the audit, findings detailed by chapters of the *Contract Facility Health Care Monitoring Audit Instrument*, and a corrective action plan (CAP) request. 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.

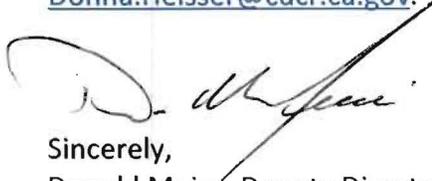
The audit findings reveal that overall SMCCF has made vast improvements in the three quantifiable operational areas: administration, daily clinical operations, and delivery of medical services. Although the current compliance rating of 94.8% is an improvement of 24.6 percentage points from the previous audit, several deficiencies were identified in the following program components and require facility's immediate attention and resolution:

- Access to Health Care Information
- Initial Intake Screening/Health Appraisal
- Medication Management
- Monitoring Logs
- Primary Care Provider's Performance

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 *Inmate Medical Services Policies and Procedures* guidelines. Additionally, The SMCCF is encouraged to work diligently in order to further 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
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Ada Rivera, M.D., Chief Medical Officer, Geo Group, Inc.
Catherine Murdoch, Correctional Administrator (A), Field Operations, Corrections Services, CCHCS
Patricia Matranga, R.N., Nursing Services, CCHCS



Donna Heisser, Health Program Manager II, PPCMU, Field Operations,
Corrections Services, CCHCS
Vera Lastovskiy, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS





CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Contract Facility Health Care Monitoring Audit



Shafter Modified Community Correctional Facility

March 9 – 10, 2015

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DATE OF REPORT

April 6, 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, Disability Placement Program (DPP) list, 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 audit conducted from March 9 through 10, 2015, at Shafter Modified Community Correctional Facility (SMCCF) which is located in Shafter, California. At the time of the audit, CDCR's *Weekly Population Count*, dated March 6, 2015, indicated that SMCCF had a design capacity of 640 beds, of which 542 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From March 9 through 10, 2015, Field Operations unit audit team conducted a health care monitoring audit at SMCCF. The audit team consisted of the following personnel:

V. Lastovskiy, Health Program Specialist I
S. Moulis, Regional Physician Advisor
P. Matranga, Registered Nurse

The audit included two primary components: a *quantitative* analysis of established performance measures, and a *qualitative* analysis of operational processes. The end product of the quantitative portion of the audit is a compliance percentage, while the end product of the qualitative analysis is a narrative summary of findings.

Table 1 on the following page illustrates the overall compliance rating achieved during this audit, as well as how the ratings are calculated. The overall rating represents the percentage of the total points awarded out of the total points possible. Points are awarded in three categories; Administration, Delivery, and Operations, which are broken down further into the individual chapters of the audit.

Based on the quantitative portion of this audit, SMCCF achieved an **overall compliance rating of 94.8%** with a rating of 92.5% in Administration, 95.8% in Delivery, and 95.0% in Operations. Comparatively

speaking, during the previous audit (conducted August 19 through 21, 2015) the overall quantitative score for SMCCF was 70.1%, indicating an improvement of 24.7 percentage points. Table 2 on the following page provides a comparative overview of facility's performance during the initial and follow-up audits, as well as a trend measurement to show improvement, decline, or sustainability.

The completed quantitative audit, summary of qualitative findings, and Corrective Action Plan (CAP) request are attached for your review.

Table 1

Quantitative Compliance Ratings	Points Possible	Points Awarded	Score	CAP Required
Administration				
1. Administration	180.0	170.0	94.4%	Yes
2. Access to Health Care Information	110.0	90.0	81.8%	Yes
6. Continuous Quality Improvement (CQI)	60.0	60.0	100.0%	No
13. Licensure and Training	160.0	160.0	100.0%	No
15. Monitoring Logs	150.0	124.0	82.7%	Yes
20. Staffing	90.0	90.0	100.0%	No
Administration Sub Score:	750.0	694.0	92.5%	
Delivery				
5. Chronic Care	60.0	55.0	91.7%	Yes
7. Diagnostic Services	120.0	112.5	93.8%	Yes
8. Medical Emergency Services/Drills	270.0	270.0	100.0%	No
9. Medical Emergency Equipment	290.0	280.0	96.6%	Yes
14. Medication Management	250.0	208.8	83.5%	Yes
17. Patient Refusal of Medical Treatment	20.0	20.0	100.0%	No
18. Sick Call	350.0	350.0	100.0%	No
19. Specialty/Hospital Services	180.0	180.0	100.0%	No
Delivery Sub-Score:	1,540.0	1,476.3	95.9%	
Operations				
3. ADA Compliance	60.0	60.0	100.0%	No
4. Chemical Agent Exposure	N/A	N/A	N/A	N/A
10. Grievance/Appeal Procedure	50.0	50.0	100.0%	No
11. Infection Control	160.0	160.0	100.0%	No
12. Initial Intake Screening/Health Appraisal	330.0	300.0	90.9%	Yes
16. Observation Unit	N/A	N/A	N/A	N/A
Operations Sub-Score:	600.0	570.0	95.0%	
21. Inmate Interviews (not rated)				
Final Score:	2,890.0	2,740.3	94.8%	

NOTE: For specific information regarding any non-compliance findings indicated in the chart above, please refer to the CAP request (located on page 8 of this report), or to the detailed quantitative findings (located on page 9).

Table 2

Quantitative Performance Comparison	August 2014 Audit	March 2015 Audit	Variance Increase/(Decrease)
1. Administration	100.0%	94.4%	-5.6%
2. Access to Health Care Information	75.0%	81.8%	6.8%
3. ADA Compliance	100.0%	100.0%	0.0%
4. Chemical Agent Exposure	N/A	N/A	N/A
5. Chronic Care	0.0%	91.7%	91.7%
6. Continuous Quality Improvement (CQI)	0.0%	100.0%	100.0%
7. Diagnostic Services	33.3%	93.8%	60.5%
8. Medical Emergency Services/Drills	5.9%	100.0%	94.1%
9. Medical Emergency Equipment	80.8%	96.6%	15.8%
10. Grievance/Appeal Procedure	80.0%	100.0%	20.0%
11. Infection Control	100.0%	100.0%	0.0%
12. Initial Intake Screening/Health Appraisal	87.5%	90.9%	3.4%
13. Licensure and Training	100.0%	100.0%	0.0%
14. Medication Management	60.0%	83.5%	23.5%
15. Monitoring Logs	25.0%	82.7%	57.7%
16. Observation Unit	N/A	N/A	N/A
17. Patient Refusal of Health Care Treatment/ No Show	25.0%	100.0%	75.0%
18. Sick Call	89.2%	100.0%	10.8%
19. Specialty/Hospital Services	66.7%	100.0%	33.3%
20. Staffing	100.0%	100.0%	0.0%
Overall Score:	70.1%	94.8%	24.7%

METHODOLOGY

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

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

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. Some examples of such areas are collaboration between entities, and efficiency of processes. This portion of the audit is primarily accomplished via interviews of key facility personnel, which also includes medical staff for the overall purpose of identifying staffing practices which may be adversely affecting clinical performance. The overall end product of the qualitative analysis is a summary of qualitative findings, which identifies any areas of concern, as well as any available data supporting the concern(s).

The audit utilizes the *Inmate Medical Services Policies and Procedures (IMSP&P)* as a means to identify a standard from which to measure health care delivery at contracted facilities. The audit consists of 20 chapters to gauge performance within the facility. Target performance benchmark for clinical access and the provision of clinically appropriate care are defined as follows:

- 85% for each chapter within the audit instrument.

Compliance and non-compliance are defined as follows:

- Compliance - the facility is fully meeting the requirement.
- Non-compliance - the facility is *not* fully meeting the requirement.

The methodology utilized by the audit team for determining compliance with each standard measure in the audit is described in detail in the *Instruction Guide for the Contracted Facilities Health Care Monitoring Audit*.

The scoring of each standard contained within the audit is weighted according to potential severity of impact should the facility be found out of compliance with the standard. The scoring standards are as follows:

Point Value	Weighting Criteria
50.0	Failing to meet the requirement poses <i>the greatest</i> medical risk to inmate-patients.
30.0	Failing to meet the requirement poses a <i>moderate</i> medical risk to inmate-patients.
10.0	Failing to meet the requirement poses <i>minimal</i> medical risk to inmate-patients.

At the conclusion of the audit, a compliance value is assigned to each question based on the data gathered during the audit. That value is expressed as a percentage. The total points possible for a given

question is then multiplied by the percentage of compliance to yield the total points awarded. The final scores for each question and the compliance value percentages are rounded to the nearest tenth. For example, for a question valued at 50.0 total possible points, where the compliance rating is 96.0%, the resultant score for that question becomes $50.0 \times 0.96 = \underline{48.0}$ points.

The full point value is awarded only in cases of 100% compliance. Any questions for which the facility demonstrates compliance of less than 100% are assigned partial compliance scores by the method shown above.

Chapter scores are calculated by dividing the total points assessed in each chapter by the total points possible for that chapter, and multiplying by 100 to yield an overall percentage. For example, a chapter with 10 questions may have a total of 180.0 possible points. If during an audit a facility earns 140.0 of those points, the chapter score will be calculated as follows: $140.0 \div 180.0 = 0.777 \times 100 = 77.8\%$.

A CAP will be required for all deficiencies within any chapter with a final score below 85.0%, as well as for qualitative concerns which rise to a level at which they are tangibly affecting clinical performance.

The 20 ratable chapters of the *Contract Facility Health Care Monitoring Audit* have been categorized into three major operational areas: administration, delivery, and operations. These overall operational areas are sub-totaled, and sub-scored, on the Qualitative Analysis Findings section of the final report. This is provided for the informational benefit of the facility. As with individual chapter scores, the compliance percentage for each operational area is calculated by dividing the total points earned by the total points available in that area, and multiplying by 100 to yield a percentage. The final overall quantitative score is calculated by the same method.

Scoring for Non-Applicable Questions and Double-Failures:

For questions that are not applicable to the facility being audited, or where a single deviation from policy would result in multiple question failures, the weighted values of such questions are subtracted from the applicable points for the component.

CORRECTIVE ACTION PLAN REQUEST

The chart 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 SMCCF 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 **May 6, 2015**.

Corrective Action Items – Shafter Modified Community Correctional Facility	
Chapter 2, Question 1	The facility's provider does not access the electronic Unit Health Record (eUHR).
Chapter 2, Question 8	The inmate-patient's written requests for release of health care information are not noted in the progress notes of the inmate-patient medical files.
Chapter 14, Question 2	The treating provider does not consistently document that education regarding the medication was provided to the inmate-patient.
Chapter 14, Question 10	The inmate-patients do not take all of their keep-on-person medications to the designated nurse prior to transferring out of the facility.
Chapter 15, Question 1	The facility's sick call monitoring logs lack documentation that inmate-patients are consistently seen within the specified time frames as set forth in the sick call policy.
Chapter 15, Question 2	The facility's specialty care monitoring logs lack documentation that inmate-patients are consistently seen within the specified time frames as set forth in the specialty care policy.
Chapter 15, Question 3	The facility's emergency/hospital services monitoring logs lack documentation that inmate-patients are consistently seen within the specified time frames as set forth in the emergency/hospital services policy.
*Qualitative Action Item #1 (Chapter 1, Question 3)	The facility's primary care provider is not knowledgeable on where and how to access the facility's health care policies and procedures, the <i>Inmate Medical Services Policies and Procedures</i> , and the California Correctional Health Care Services clinical guidelines.
*Qualitative Action Item #2 (Chapter 5, Question 1)	The inmate-patient chronic care follow-up visits are not consistently completed within the 90-day or less time frame, or as ordered by the provider.
*Qualitative Action Item #3 (Chapter 7, Question 1)	The diagnostic test results are not consistently being provided to the inmate-patients within the specified time frame.
*Qualitative Action Item #4 (Chapter 9, Question 10)	All of the facility's first aid kits contain medication.
*Qualitative Action Item #5 (Chapter 12, Question 8)	The facility's medical staff does not reorder current prescription medications within 8 hours of inmate-patient's arrival at the facility nor is the inmate-patient seen by the provider within 24 hours.
*Qualitative Action Item #6 (Chapter 12, Question 12)	During the initial intake screening process, the inmate-patients do not receive orientation regarding the procedures for accessing health care.

*Qualitative action items 1 through 6 are failed questions within the passing (85% or higher) quantitative chapters.

QUANTITATIVE FINDINGS - DETAILED BY CHAPTER

Chapter 1: Administration	Point Value	Points Awarded
1. Does all health care staff have access to the contractor's health care policies and procedures?	10.0	10.0
2. Does all health care staff have access to health care operational procedures?	10.0	10.0
3. Do health care staff know where and how to access the contractor's health care policies and procedures and health care operational procedures?	10.0	0.0
4. Does the facility have a written policy and/or procedure related to the maintenance/management of the Unit Health Records (UHR)?	10.0	10.0
5. Does the facility have a written policy that addresses the requirements for the release of medical information?	10.0	10.0
6. Does the facility have a written policy and/or procedure related to the Chemical Agent/Use of Force process?	10.0	10.0
7. Does the Chemical Agent/Use of Force policy and/or procedure contain a decontamination process?	10.0	10.0
8. Does the facility have a written policy and/or procedure related to Chronic Care?	10.0	10.0
9. Does the facility have a written policy and/or procedure related to Health Screening?	10.0	10.0
10. Does the facility have a written policy and/or procedure related to the History and Physical (H&P) examination?	10.0	10.0
11. Does the facility have a written policy and/or procedure related to medication management?	10.0	10.0
12. Does the facility have a written policy and/or procedure related to the sick call process?	10.0	10.0
13. Does the facility have a written policy and/or procedure related to specialty services?	10.0	10.0
14. Does the facility have a written policy and/or procedure related to ADA?	10.0	10.0
15. Does the facility have an Infection Control Plan?	10.0	10.0
16. Does the facility have a written policy and/or procedure related to Bloodborne Pathogen Exposure?	10.0	10.0
17. Does the facility have a written policy and/or procedure related to licensure and training?	10.0	10.0
18. Does the facility have a written policy and/or procedure related to Emergency Services?	10.0	10.0
Point Totals:	180.0	170.0
Final Score:		94.4%

CHAPTER 1 COMMENTS

1. Question 3 - The facility's PCP does not know where and how to access the facility's health care policies and procedures, IMSP&P, and CCHCS's clinical guidelines. This equates to 0.0% compliance. This is designated as a qualitative action item.

Chapter 2: Access to Health Care Information	Point Value	Points Awarded
1. Does the treating physician have access to the inmate-patient's CCHCS Electronic Unit Health Record (eUHR)?	10.0	0.0
2. Are loose documents filed and scanned into the health record daily?	10.0	10.0
3. Does the facility have and maintain a Release of Information (ROI) log?	10.0	10.0
4. Does the ROI log contain all required information?	10.0	10.0

5. Are all inmate-patient's written requests for Release of Health Care Information documented on the CDCR 7385, <i>Authorization for Release of Information</i> , form or similar form?	10.0	10.0
6. Are all written requests from inmate-patients documented on a ROI log?	10.0	10.0
7. Are all inmate-patient's written requests for health care information filed in the MCCF's shadow file and in the Medico-Legal or miscellaneous section of the eUHR?	10.0	10.0
8. Are all inmate-patient's written requests for release of health care information noted in a progress note in the MCCF's shadow file in the eUHR?	10.0	0.0
9. Are all written requests for release of health care information from a third party accompanied by a valid CDCR 7385, <i>Authorization for Release of Information</i> , form or similar form?	10.0	10.0
10. Are all written requests from third parties documented on a ROI log?	10.0	10.0
11. Are all written requests for release of health care information from a third party filed in the MCCF's shadow file and in the Medico-Legal or Miscellaneous section of the eUHR?	10.0	10.0
Point Totals:	110.0	90.0
Final Score:		81.8%

CHAPTER 2 COMMENTS

1. Question 1 – The PCP was granted access to the inmate-patient's electronic Unit Health Record (eUHR) in August 2014; however, the PCP was not able to demonstrate the ability to access the system when requested by the audit team. This equates to 0.0% compliance. This was identified as an issue during the previous two audits and remains unresolved.
2. Question 8 – The facility received nine inmate-patient requests for release of health care information during the audit review period; none of these requests were noted in the progress notes of the inmate-patient medical files. This equates to 0.0% compliance.

Chapter 3: ADA Compliance	Point Value	Points Awarded
1. Is there a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodation(s) to ensure the needs of disabled inmate-patients are being addressed?	10.0	10.0
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?	10.0	10.0
3. Is there a local operating procedure for tracking the repair of health care appliances for all DPP inmate-patients to ensure health care appliances are provided in a timely manner?	10.0	10.0
4. Is there a local operating procedure to provide an interim accommodation while an appliance is ordered, repaired, or in the process of being replaced?	10.0	10.0
5. Is there a local operating procedure explaining how the facility adds or removes an inmate-patient from the DPP list?	10.0	10.0
6. Is there a local operating procedure explaining how the facility ensures and documents the establishment of effective communication between health care staff and an inmate-patient during each clinical encounter?	10.0	10.0
Point Totals:	60.0	60.0
Final Score:		100%

CHAPTER 3 COMMENTS

None.

Chapter 4: Chemical Agent Exposure	Point Value	Points Awarded
1. In the event of Chemical Agent Exposure, if an inmate-patient refuses decontamination, did the facility staff document that he/she was given direction on how to self-decontaminate?	10.0	N/A
2. In the event of Chemical Agent Exposure, if an inmate-patient refuses decontamination, did the health care staff monitor the inmate-patient every 15 minutes for a minimum of 45 minutes?	10.0	N/A
Point Totals:	20.0	N/A
Final Score:		N/A

CHAPTER 4 COMMENTS

- Questions 1 and 2 – Not applicable. None of the seven inmate-patients who were exposed to a chemical agent, during the audit review period, refused decontamination. Therefore, these questions could not be evaluated.

Chapter 5: Chronic Care	Point Value	Points Awarded
1. Was the inmate-patient’s chronic care follow-up visit completed within the 90-day or less time frame, or as ordered by the LIP?	30.0	25.0
2. Did the PCP provide health care education to inmate-patients regarding their chronic care condition during the last Chronic Care Clinic (CCC) follow-up visit?	30.0	30.0
3. If an inmate-patient refuses CCC services, is a Refusal of Treatment form completed?	30.0	N/A
4. If an inmate-patient refuses CCC services, is the inmate-patient referred to the PCP?	30.0	N/A
Point Totals:	120.0	55.0 (60.0)
Final Score:		91.7%

CHAPTER 5 COMMENTS

- Question 1 – Of the six inmate-patient medical files reviewed, five included documentation indicating the chronic care follow-up visit was completed within the 90-day or less time frame, or as ordered by the PCP. This equates to 83.3% compliance. This is designated as a qualitative action item.
- Questions 3 and 4 – Not applicable. Of the four inmate-patient medical files reviewed, none included documentation of an inmate-patient refusing CCC services. Therefore, these questions could not be evaluated.

Chapter 6: Continuous Quality Improvement (CQI)	Point Value	Points Awarded
1. Does the facility have an approved CQI Plan?	10.0	10.0
2. Does the facility CQI Committee ensure a quorum is established per the approved CQI Plan?	10.0	10.0
3. Is there documentation to support the CQI Committee meets at least quarterly?	10.0	10.0
4. Does the documentation of the CQI monitoring activity include the <i>Aspects of Care Monitoring</i> form, or similar form?	10.0	10.0
5. Does the facility complete an analysis for each identified “opportunity for improvement” as listed on the <i>Aspects of Care Monitoring</i> form, or similar form?	10.0	10.0

6. Is there a documented action and follow-up plan for each identified "opportunity for improvement"?	10.0	10.0
Point Totals:	60.0	60.0
Final Score:		100%

CHAPTER 6 COMMENTS

None.

Chapter 7: Diagnostic Services	Point Value	Points Awarded
1. Was the diagnostic test provided to the inmate-patient within the time frame specified by the PCP?	30.0	22.5
2. Does the PCP review, initial, and date an inmate-patient's diagnostic reports within two days of receipt?	30.0	30.0
3. Was the inmate-patient seen by a PCP for a follow-up visit for a clinically significant diagnostic test result within 14 days, or as clinically indicated, from the date the test results were reviewed by the PCP?	30.0	30.0
4. Was the inmate-patient given written notification of the diagnostic test results within two days of receipt?	30.0	30.0
Point Totals:	120.0	112.5
Final Score:		93.8%

CHAPTER 7 COMMENTS

- Question 1 – Of the four inmate-patient medical files reviewed, three included documentation that the inmate-patient was provided diagnostic tests within the time frame specified by the PCP. This equates to 75.0% compliance. This is designated as a qualitative action item.

Chapter 8: Medical Emergency Services/Drills	Point Value	Points Awarded
1. Does the facility have a current Medical Emergency Response procedure?	10.0	10.0
2. Does the facility's local operating procedure pertaining to medical emergencies/response contain instructions on how to communicate, respond, and transport inmate-patients during medical emergencies?	30.0	30.0
3. Does the facility's local operating procedure contain instructions on how to obtain Emergency Medical Services (EMS) transportation 24 hours a day, seven days a week?	30.0	30.0
4. When an inmate-patient returns from a community hospital emergency department, does an RN document their review of the inmate-patient's discharge plan?	30.0	30.0
5. When an inmate-patient returns from a community hospital emergency department, does an RN document the completion of a face-to-face evaluation of the inmate-patient?	30.0	30.0
6. When an inmate-patient returns from a community hospital emergency department, does the inmate-patient receive a follow-up appointment with a PCP within five calendar days of discharge, or sooner as clinically indicated, from the day of discharge?	30.0	30.0
7. Is there documentation that the Emergency Response Review Committee has met at least once a month?	10.0	10.0
8. In the documentation of the Emergency Response Review Committee meetings, does the committee discuss and/or implement a quality improvement action after reviewing the results of an emergency medical response and/or emergency medical response drill?	10.0	10.0

9. Does the facility conduct quarterly emergency medical response (man-down) drills on each shift?	30.0	30.0
10. During emergency medical response and/or drills, is a Basic Life Support (BLS) certified staff member on-site within four minutes of the emergency medical alarm?	30.0	30.0
11. During emergency medical response and/or drills, is an Advanced Cardiac Life Support (ACLS) certified health care staff member providing treatment within eight minutes of the emergency medical alarm?	30.0	30.0
Point Totals:	270.0	270.0
Final Score:		100%

CHAPTER 8 COMMENTS

1. None.

<i>Chapter 9: Medical Emergency Equipment</i>	Point Value	Points Awarded
1. For each shift, do staff document that all Emergency Medical Response Bags in each clinic are secured with a seal?	30.0	30.0
2. Is there documentation, after each medical emergency, that all Emergency Medical Response Bags in each clinic are re-supplied and re-sealed?	30.0	30.0
3. Does the facility have functional Portable suction?	50.0	50.0
4. Is there documentation that the Portable suction in each clinic is checked every shift for operational readiness?	30.0	N/A
5. Does the facility have oxygen tanks?	50.0	50.0
6. Is there documentation that the oxygen tanks in each clinic is checked every shift for operational readiness (at least three-quarters full)?	30.0	30.0
7. Does the facility have a contract for routine oxygen tank maintenance service?	30.0	30.0
8. Is there documentation that the Automated External Defibrillator (AED) in each clinic is checked every shift for operational readiness?	30.0	30.0
9. Are first aid kits located in designated areas?	10.0	10.0
10. Do the first aid kits contain all required items?	10.0	0.0
11. Are spill kits located in the designated areas?	10.0	10.0
12. Do the spill kits contain all required items?	10.0	10.0
Point Totals:	320.0	280.0 (290.0)
Final Score:		96.6%

CHAPTER 9 COMMENTS

1. Question 4 – Not applicable. The facility has a manual portable suction apparatus which is sealed in plastic and does not require checking for operational readiness. Therefore, this question could not be evaluated.
2. Question 10 – All of the 13 first aid kits inspected contained medication. The facility was instructed to remove all medications immediately and, in future, ensure the first aid kits do not contain medications of any kind. This equates to 0.0% compliance. This is designated as a qualitative action item.

Chapter 10: Grievance/Appeal Procedure	Point Value	Points Awarded
1. Does the inmate-patient handbook or similar document explain the grievance/appeal process?	10.0	10.0
2. Is CDCR Forms 602 HC, <i>Patient-Inmate Health Care Appeal</i> , readily available to inmate-patients while housed in all housing units?	10.0	10.0
3. Are inmate-patients able to submit the CDCR-602 HC forms on a daily basis in secured/locked boxes in all housing units?	10.0	10.0
4. Are the First Level Health Care Appeals being processed within specified time frames?	10.0	10.0
5. Does the Appeals Coordinator log all screened/rejected appeals?	10.0	10.0
Point Totals:	50.0	50.0
Final Score:		100%

CHAPTER 10 COMMENTS

None.

Chapter 11: Infection Control	Point Value	Points Awarded
1. Are disposable instruments discarded after one use?	10.0	10.0
2. Are inmate-patients who come to the clinic with a potential communicable disease isolated from the rest of the inmate-patients in the clinic area?	10.0	10.0
3. Does the staff practice hand hygiene?	30.0	30.0
4. Is personal protective equipment (PPE) (i.e. gloves, masks, face shields, gowns, etc.) available for staff use?	10.0	10.0
5. Does the facility have hand sanitizers which are maintained and available for staff use?	10.0	10.0
6. Is the inmate-patient clinic area cleaned after each inmate-patient use?	10.0	10.0
7. Is environmental cleaning of "high touch surfaces" completed within the medical clinic at least once a day?	10.0	10.0
8. Are biohazard materials placed in biohazard material labeled containers?	10.0	10.0
9. Are biohazard material containers picked up from the central storage location on a regularly scheduled basis?	10.0	10.0
10. Is the central storage area for biohazard materials labeled and locked?	10.0	10.0
11. Are sharps placed into a puncture resistant, leak-proof container that is closeable, locked, and labeled with the biohazard symbol?	10.0	10.0
12. Does the facility account for all sharps (needles, scalpels, etc.) by documenting the number at the end of each shift?	10.0	10.0
13. Does the facility have a process to reconcile the sharp count if needed?	10.0	10.0
14. Does the facility secure sharps?	10.0	10.0
Point Totals:	160.0	160.0
Final Score:		100%

CHAPTER 11 COMMENTS

None.

Chapter 12: Initial Intake Screening/Health Appraisal	Point Value	Points Awarded
1. Did the inmate-patient receive an Initial Intake Screening upon arrival at the facility by licensed health care staff?	30.0	30.0
2. Did the inmate-patient receive a complete H&P exam by a PCP ≤ 14 calendar days of arrival at the facility?	30.0	30.0
3. If an inmate-patient was referred to a PCP by nursing staff during the Initial Intake Screening, was the inmate-patient seen in the specified time frame? (Immediately, within 24 hours, or within 72 hours)	30.0	N/A
4. Was the inmate-patient who presented with an urgent medical, dental or mental health symptoms upon arrival given an immediate referral to appropriate health care professionals for emergency care, prescription management, or modality authorization?	30.0	N/A
5. If an inmate-patient presents with medical, dental, or mental health symptoms upon arrival does the nurse contact the Hub?	30.0	30.0
6. If an inmate-patient was referred for a follow-up medical, dental, or mental health appointment, was the appointment completed?	30.0	30.0
7. Does the MCCF RN compare the medication profile received from the sending facility/institution with the medications the inmate-patient arrived with?	30.0	30.0
8. Did the nurse identify current prescription medication orders and have the medication re-ordered within 8 hours of arrival or was the inmate-patient seen by a PCP within 24 hours of arrival?	30.0	N/A
9. Does the MCCF RN consult with the Hub RN and/or specialty services schedulers to ensure the inmate-patient does or does not have any pending medical appointment?	30.0	30.0
10. Did the MCCF RN sign and date the CDCR 7371, Health Care Transfer Information form?	30.0	30.0
11. Did the PCP document the health appraisal/H&P on the intake H&P form, CDCR 196B?	30.0	30.0
12. At the initial intake screening, did all inmate-patients receive orientation regarding the procedures for accessing health care?	30.0	0.0
13. Did the inmate-patient receive a complete screening for the signs and symptoms of Tuberculosis (TB) upon arrival?	30.0	30.0
14. Did the inmate-patient receive a Tuberculin Skin Test (TS) evaluation upon arrival?	30.0	N/A
15. Does the initial intake screening take place in a manner that ensures inmate-patient confidentiality both visually and orally?	30.0	30.0
Point Totals:	450.0	300.0 (330.0)
Final Score:		90.9%

CHAPTER 12 COMMENTS

1. Question 3 – Not applicable. None of the three inmate-patient medical files reviewed, during the audit review period, indicate an inmate-patient was referred to a PCP during the intake. Therefore, this question could not be evaluated.
2. Question 4 – Not applicable. None of the inmate-patients presented with urgent medical, dental, or mental health symptoms upon their arrival at the facility during the audit review period; therefore, this question could not be evaluated.
3. Question 8 – Not applicable. Of the three inmate-patient medical files reviewed, none had existing prescription medication orders upon arrival at the facility. Therefore, this question could not be evaluated. This issue was initially identified during the July 2014 audit. However, during the August 2014 audit, this question could not be evaluated since none of the arriving inmate-patients had an existing prescription medication order. As during the current audit this question again could not be evaluated, it

will be designated as a qualitative action item until such time the audit team is able to verify/validate the facility's compliance with this requirement.

4. Question 12 – Of the three inmate-patient medical files reviewed, none included documentation of the inmate-patients receiving orientation regarding the facility's procedures for accessing health care services. This equates to 0.0% compliance.
5. Question 14 – Not applicable. Due to a change in departmental policy, inmate-patients are not required to receive a TB skin test evaluation upon arrival. Inmate-patients receive a TB skin test upon arrival at the CDCR Reception Center and then annually thereafter.

<i>Chapter 13: Licensure and Training</i>	Point Value	Points Awarded
1. Are copies of current licenses maintained for all health care staff?	30.0	30.0
2. Is there a centralized system for tracking expiration of license for all health care staff?	30.0	30.0
3. Are the ACLS certifications current for the Physician, Nurse Practitioner (NP), and/or Physician Assistant (PA)?	30.0	30.0
4. Are the BLS certifications current for the RN/Custody Staff?	30.0	30.0
5. Is there a method in place to address expired certifications/licenses?	10.0	10.0
6. Is there a centralized system in place to track training provided to health care staff?	10.0	10.0
7. Is there a system in place to ensure that health care staff receives training for new or revised policies that are based on Inmate Medical Services Policy and Procedures (IMSP&P) requirements?	10.0	10.0
8. Is annual training provided to medical staff?	10.0	10.0
Point Totals:	160.0	160.0
Final Score:		100%

CHAPTER 13 COMMENTS

None.

<i>Chapter 14: Medication Management</i>	Point Value	Points Awarded
1. Was the medication administered to the inmate-patient as ordered by the PCP?	30.0	30.0
2. Did the prescribing PCP document that they explained the medication to the inmate-patient?	30.0	18.8
3. Was a referral made to the PCP for a discussion for those inmate-patients who did not show for three consecutive days for medication administration or showed a pattern of missed doses?	30.0	30.0
4. Does the RN document the medication is administered on the Medication Administration Record (MAR) once the medication is given to the inmate-patient?	30.0	30.0
5. Are inmate-patient's no shows documented on the MAR?	10.0	10.0
6. Are inmate-patient's refusals for medication administration documented on the MAR?	10.0	N/A
7. Are medication errors documented on the Incident Report-Medication Error Form?	10.0	N/A
8. Does the RN directly observe an inmate-patient taking DOT medication?	30.0	30.0
9. Does the RN check every inmate-patient's mouth, hands and cup after administering DOT medications?	30.0	30.0

10. Does the inmate-patient take all keep on person (KOP) medications to the designated RN prior to transfer?	30.0	0.0
11. Does the RN verify the KOP medications against the current pharmacy medication profile prior to transfer?	30.0	30.0
Point Totals:	270.0	208.8 (250.0)
Final Score:		83.5%

CHAPTER 14 COMMENTS

1. Question 2 – Of the eight inmate-patient medical files reviewed, five included documentation showing the prescribing PCP explained the medication to the inmate-patient. This equates to 62.5% compliance.
2. Question 6 – Not applicable. None of the inmate-patients refused their medication during the audit review period; therefore, this question could not be evaluated.
3. Question 7 – Not applicable. There were no documented instances of medication errors during the audit review period; therefore, this question could not be evaluated.
4. Question 10 – Based on the nursing staff interview, the inmate-patients do not take all KOP medications to the designated RN prior to transferring to another facility. This equates to 0.0% compliance.

<i>Chapter 15: Monitoring Log</i>	Point Value	Points Awarded
1. Are inmate-patients seen within time frames set forth in the sick call policy?	30.0	24.7
2. Are inmate-patients seen within the time frames set forth in the specialty care policy?	30.0	20.5
3. Are inmate-patients seen within the time frames set forth in the emergency/hospital services policy?	30.0	18.6
4. Are inmate-patients seen within time frames as it relates to chronic care policy?	30.0	30.0
5. Are inmate-patients seen within time frames set forth in the initial intake screening/health appraisal policy?	30.0	30.0
Point Totals:	150.0	123.8
Final Score:		82.5%

CHAPTER 15 COMMENTS

1. Question 1 – Based on the sick call monitoring logs submitted by facility for the audit review period, a total of 279 sick call appointment requests were referred to PCP for follow-up, of which 230 inmate-patients were seen by a PCP within the specified time frame. This equates to 82.4% compliance.
2. Question 2 – Based on the specialty care monitoring logs submitted by facility for the audit review period, of the 19 inmate-patients approved for a specialty care appointment, 13 were seen by the specialist within the specified time frame. This equates to 68.4% compliance.
3. Question 3 – Based on the emergency/hospital services monitoring logs submitted by facility for the audit review period, of the eight inmate-patients who returned from emergency department, five were seen within the specified time frame. This equates to 62.5% compliance.

Chapter 16: Observation Unit	Point Value	Points Awarded
1. Are inmate-patients checked by the nursing staff every eight hours or more as ordered by a PCP?	30.0	N/A
2. Did the PCP document daily face-to-face encounters with all inmate-patients housed in the Observation Unit?	30.0	N/A
3. Is there a functioning call system in all Observation Unit rooms?	30.0	N/A
Point Totals:	90.0	N/A
Final Score:		N/A

CHAPTER 16 COMMENTS

- Questions 1 through 3 – Not applicable. This facility does not have an observation unit; therefore, this chapter could not be evaluated.

Chapter 17: Patient Refusal of Health Care Treatment/No Show	Point Value	Points Awarded
1. If an inmate-patient refuses a health care appointment/treatment, does an RN/PCP complete the CDCR Form 7225, <i>Refusal of Examination and/or Treatment Form</i> ?	10.0	10.0
2. If an inmate-patient refuses a health care appointment/treatment, does an RN/PCP document their discussion of risk and benefits of refusing the appointment/treatment in the inmate-patient's Progress Notes section of the Electronic Medical Record?	10.0	10.0
3. If an inmate-patient did not show for their medical appointment, did the RN/LIP contact the housing unit supervisor to have the inmate-patient escorted to medical to speak with health care staff?	10.0	N/A
4. If an inmate-patient was a no show for a medical appointment/treatment, did the RN contact the PCP to determine if/when the inmate-patient should be rescheduled?	10.0	N/A
5. If an inmate-patient did not show for their medical treatment appointment, did the RN document the reason why the inmate-patient did not show up for their medical treatment?	10.0	N/A
Point Totals:	50.0	20.0 (20.0)
Final Score:		100%

CHAPTER 17 COMMENTS

- Questions 3 through 5 – Not applicable. All inmate-patients showed for their medical appointments during this audit review period; therefore, these questions could not be evaluated.

Chapter 18: Sick Call	Point Value	Points Awarded
1. Does the inmate-patient handbook or similar document explain the sick call process?	10.0	10.0
2. Is an RN reviewing all sick call request forms within one day of receipt?	30.0	30.0
3. If the sick call request reflected inmate-patient symptoms, was it reviewed by an RN within one business day?	30.0	30.0
4. Are inmate-patients seen and evaluated face-to-face by an RN/PCP if the sick call request form indicates an emergent health care need?	30.0	30.0
5. Did the inmate-patient have a face-to-face (FTF) evaluation within the next business day if the health care request slip review indicates a non-emergent health care need?	30.0	30.0

6. Was the S.O.A.P.E. note on the CDCR Form 7362, <i>Request for Health Care Services</i> , and/or CDCR Form 7230, <i>Interdisciplinary Progress Note</i> , or a CCF similar form completed?	30.0	30.0
7. If an inmate-patient was referred to the Hub or MCCF PCP by the MCCF RN, was the inmate-patient seen within the specified time frame?	30.0	30.0
8. If an inmate-patient presented to sick call three or more times in a one month period for the same complaint, was the inmate-patient referred to the PCP?	30.0	N/A
9. Does the RN maintain accurate and confidential medical records/shadow files?	10.0	10.0
10. Does the RN administrator ensure compliance with the inmate co-payment requirement?	10.0	10.0
11. If the MCCF RN/PCP determined the inmate-patient's request for medical services are beyond the level available at the facility, does the RN contact the medical Hub institution immediately?	30.0	30.0
12. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN schedule a sick call appointment with the Hub for the inmate-patient and process the appropriate paperwork?	30.0	30.0
13. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN obtain approval/authorization for the Hub CME or designee?	30.0	30.0
14. If the MCCF RN/PCP determines the inmate-patient's request for medical services are beyond the level available at the facility, does the RN notify the appropriate MCCF staff to coordinate transportation?	30.0	30.0
15. Do the sick call visit locations provide for inmate-patient confidentiality both visually and orally in all housing units?	30.0	30.0
16. Are the sick call request forms readily available to inmate-patients in all housing units?	10.0	10.0
17. Are inmate-patients able to submit sick call request forms on a daily basis in secured/locked boxes in all housing units?	10.0	10.0
Point Totals:	410.0	380.0 (380.0)
Final Score:		100%

CHAPTER 18 COMMENTS

- Question 8 – Not applicable. During this audit review period, there were no inmate-patients who presented to sick call three or more times for the same complaint in a one month period. Therefore, this question could not be evaluated.

<i>Chapter 19: Specialty/Hospital Services</i>	Point Value	Points Awarded
1. Does pertinent information from the eUHR accompany the inmate-patient to the consultation appointment?	30.0	30.0
2. Does the MCCF RN follow utilization review procedures by seeking advance approval from the CME or designee at the Hub institution for any non-emergent care outside the facility?	30.0	30.0
3. Was the inmate-patient seen by the specialist within the time frame specified by the PCP?	30.0	30.0
4. Did the RN complete a FTF evaluation upon the inmate-patient's return from a specialty consultation appointment?	30.0	30.0
5. When inmate-patient returns from a specialty consult appointment, does an RN notify the PCP of any immediate medication orders or follow-up instructions provided by the specialty consultant?	30.0	30.0

6. Does a PCP review the consultant's report and see the inmate-patient for a follow-up appointment within the specified time frame? (≤ 3 days for emergent/urgent and ≤ 14 days for routine)	30.0	30.0
Point Totals:	180.0	180.0
Final Score:		100%

CHAPTER 19 COMMENTS

None.

<i>Chapter 20: Staffing</i>	Point Value	Points Awarded
1. Does the facility have the required PCP staffing complement?	30.0	30.0
2. Does the facility have the required management staffing complement?	30.0	30.0
3. Does the facility have the required RN staffing complement?	30.0	30.0
Point Totals:	90.0	90.0
Final Score:		100%

CHAPTER 20 COMMENTS

None.

QUALITATIVE FINDINGS

As stated earlier in the report, the qualitative analysis portion of this audit attempts to specifically explore the efficacy of the facility's processes for delivering health care services. 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 qualitative process may result in additional CAP items (see CAP request for further detail).

The audit team conducted the qualitative analysis primarily via interview of key facility personnel and through review of the electronic medical record. At SMCCF the personnel interviewed included the following:

- P. Lozano – Chief
- T. Martinelli – Medical Doctor
- C. Yeh – Medical Doctor
- C. Moudy – Administrative Lieutenant
- L. McMaster – Administrative Sergeant
- A. Thomas – Corrections Sergeant
- P. Brown – Registered Nurse
- M. Baca – Medical Records Clerk
- K. Ortega – Administrative Clerk

The following narrative represents a summary of the information gleaned through interviews of the above-listed personnel, as well as conclusions and inferences drawn from correlating observations and data collected during other portions of the audit. The findings are categorized into five areas: Prior CAP Resolution, Operations, Recent Operational Changes, Emergency Medical Response Drill, and New CAP Issues.

SUMMARY OF QUALITATIVE FINDINGS

Since the health care audit conducted at SMCCF in August 2014, the audit team found that the facility has made vast improvements in all operational areas and resolved most of the deficiencies identified during the previous audit. During the August 2014 audit, 11 out of 18 ratable chapters scored below the benchmark of 85.0% compliance, while during the current audit only 3 chapters scored below the required 85.0% compliance. Of the 29 CAP items identified during the previous audit, 20 were found to be resolved. The management staff should be commended for becoming actively involved in resolving the identified deficiencies and for being engaged in ensuring the health care operations at the facility are meeting the IMSP&P standards of care.

PRIOR CAP RESOLUTION

During the August 2014 audit, SMCCF received an overall compliance rating of 70.1% resulting in a total of 29 CAP items. However, administrative review discovered the following CAP items were inadvertently listed: Chapter 8, Question 1; Chapter 15, Question 5; Chapter 18, Question 6; and

Chapter 19, Question 5 and shall be considered closed for administrative reasons. The remaining August 2014 audit CAP items are as follows:

1. *LOOSE DOCUMENTS ARE NOT CONSISTENTLY COPIED AND FORWARDED TO (WASCO STATE PRISON), WHICH SERVES AS THE MEDICAL 'HUB' INSTITUTION, TO BE SCANNED INTO THE ELECTRONIC UNIT HEALTH RECORD (eUHR). (Chapter 2, Question 2)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. The facility's CAP indicated that all current records will be delivered to the hub daily for scanning into the eUHR. The audit team found the corrective action taken by SMCCF to resolve this issue yielded the desired effect and the facility has improved in this area and received a rating of 100% compliance. The corrective action is considered to have been effective and this issue is resolved.
2. *INMATE-PATIENTS ARE NOT SCHEDULED FOR FOLLOW-UP CHRONIC CARE APPOINTMENTS WITHIN THE 90-DAY OR LESS TIME FRAME, OR AS ORDERED BY THE PHYSICIAN. (Chapter 5, Question 1)* During the August 2014 audit, as the facility did not have a chronic care log in place to identify and track their chronic care inmate-patients, this question could not be evaluated. However, during the current audit, the review of inmate-patient medical files indicated that not all inmate-patients were seen within specified time frames, resulting in a rating of 83.3% compliance. Therefore, this issue is considered unresolved and will be the subject of monitoring during subsequent audits.
3. *THE PHYSICIAN DOES NOT PROVIDE HEALTH CARE EDUCATION TO INMATE-PATIENTS REGARDING THEIR CHRONIC CARE CONDITION DURING THEIR CHRONIC CARE APPOINTMENT. (Chapter 5, Question 2)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance as review of the inmate-patient medical files indicated that the PCP consistently provides health care education to inmate-patients regarding their chronic care condition during their chronic care follow-up appointment. This corrective action item is considered resolved.
4. *THE FACILITY DOES NOT HAVE AN APPROVED CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN. (Chapter 6, Question 1)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. The facility's CAP stated that SMCCF staff will develop, implement, and maintain a CQI plan. During the onsite audit, the facility provided the audit team with documentation to support proof of practice as it relates to conducting regular CQI meetings containing the required components: an established quorum, an Aspects of Care Monitoring form, identified opportunities for improvement, an action plan, and outcome monitoring. The audit team found the corrective action taken by SMCCF to resolve this issue yielded the desired effect and the facility has improved in this area and received a rating of 100% compliance. The corrective action is considered to have been effective and this issue is resolved.
5. *DIAGNOSTIC TESTS ARE NOT CONSISTENTLY PROVIDED TO THE INMATE-PATIENTS WITHIN THE SPECIFIED TIME FRAME BY THE PRIMARY CARE PROVIDER. (Chapter 7, Question 1)* This issue was initially identified during the July 2014 audit. During the August 2014 audit, this issue was inadvertently identified as a CAP item even though the facility was found to be 100% compliant on this requirement. However, it should be noted that during the current audit; the facility received a rating of 75.0% compliance. Of the four inmate-patient medical files reviewed; one medical file indicated a diagnostic test was not provided to the inmate-patient within the time

frame specified by the ordering PCP. Therefore, this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

6. *THE PCP DOES NOT REVIEW, INITIAL, AND DATE ALL INMATE-PATIENT DIAGNOSTIC REPORTS WITHIN THE SPECIFIED TIME FRAME. (Chapter 7, Question 2)* During the August 2014 audit, facility received a rating of 0.0% compliance in this area. The facility's CAP indicated that PCP will review, initial, and date all inmate-patient diagnostic results within all specified time frames by the PCP. The audit team found that the corrective action plan taken by SMCCF to resolve the issue yielded the desired effect and the facility has improved in this area and received a rating of 100% compliance. This corrective action is considered to have been effective and this issue is resolved.
7. *THE PCP DOES NOT SEE THE INMATE-PATIENT FOR A FOLLOW-UP VISIT FOR CLINICALLY SIGNIFICANT DIAGNOSTIC TEST RESULTS WITHIN THE SPECIFIED TIME FRAME. (Chapter 7, Question 3)* This issue was initially identified during the July 2014 audit. However, during the August 2014 audit, this question was rated not applicable as it could not be evaluated. During the current audit, SMCCF received a rating of 100% compliance as review of the inmate-patient medical files indicates this requirement is being met within the specified time frames. This corrective action item is considered resolved.
8. *THE INMATE-PATIENTS DO NOT RECEIVE WRITTEN NOTIFICATION OF DIAGNOSTIC TEST RESULTS WITHIN THE SPECIFIED TIME FRAME. (Chapter 7, Question 4)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. The facility's CAP indicated that inmate-patients will receive written notification of the diagnostic tests within the specified time frames. The audit team found that the corrective action plan taken by SMCCF to resolve the issue had yielded desired effect and the facility has improved in this area and received a rating of 100% compliance. The facility's corrective action is considered to have been effective and this issue is resolved.
9. *THE RN DOES NOT DOCUMENT THAT THEY REVIEWED THE INMATE-PATIENT'S DISCHARGE PLAN UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY EMERGENCY DEPARTMENT. (Chapter 8, Question 4)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance on this requirement. This corrective action item is considered resolved.
10. *THE RN DOES NOT DOCUMENT THEIR FACE-TO-FACE EVALUATION OF INMATE-PATIENTS UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY EMERGENCY DEPARTMENT. (Chapter 8, Question 5)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance on this requirement. This corrective action item is considered resolved.
11. *THE INMATE-PATIENTS DO NOT RECEIVE A FOLLOW-UP APPOINTMENT WITH A PCP WITHIN THE SPECIFIED TIME FRAME UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY HOSPITAL EMERGENCY DEPARTMENT. (Chapter 8, Question 6)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, review of the inmate-patient medical files indicates inmate-patients receive a follow-up appointment with a PCP within the specified time frame upon their return to the facility from the community

hospital emergency department, resulting in a rating of 100% compliance. This issue is considered resolved.

12. *THE FACILITY DOES NOT HAVE AN EMERGENCY RESPONSE REVIEW COMMITTEE (ERRC). (Chapter 8, Question 7)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. The facility's CAP indicated that the facility will implement an ERRC that will meet weekly to review emergency medical responses at the facility. The audit team found the corrective action taken by SMCCF to resolve this issue yielded the desired effect and the facility has improved in this area and received a rating of 100% compliance. The corrective action is considered to have been effective and this issue is resolved.

13. *THE FACILITY DOES NOT CONDUCT QUARTERLY EMERGENCY MEDICAL RESPONSE (MAN-DOWN) DRILLS ON EACH SHIFT. (Chapter 8, Question 9)* This issue was initially identified during the July 2014 audit. However, during the August 2014 audit, this question could not be evaluated as the onsite audit was conducted before a quarter was completed. During the current audit, SMCCF received a rating of 100% compliance in this area as the audit team was provided with documentation of quarterly emergency medical response drills conducted by the facility on each watch. This corrective action item is considered resolved.

THE FACILITY DOES NOT HAVE A PORTABLE SUCTION DEVICE. During the August, 2014 audit, the facility received a rating of 0.0% compliance on this requirement. *(Chapter 9, Question 3)* Subsequent to the audit, the facility purchased a portable suction apparatus and placed it in the emergency response bag, resulting in a rating of 100% compliance. This corrective action item is considered resolved.

14. *THE SHAFTER INMATE ORIENTATION MANUAL INMATE RULES AND REGULATIONS DOES NOT EXPLAIN THE GRIEVANCE/APPEAL PROCESS IN DETAIL. (Chapter 10, Question 1)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance as review of the Inmate Orientation Manual clearly explained the health care grievance/appeal process. This corrective action item is considered resolved.

15. *MEDICAL STAFF NEITHER REORDERED CURRENT PRESCRIPTION MEDICATION WITHIN 8 HOURS OF INMATE-PATIENTS' ARRIVAL AT THE FACILITY, NOR WERE THEY SEEN BY A PCP WITHIN 24 HOURS. (Chapter 12, Question 8)* This issue was initially identified during the July 2014 audit. However, during the August 2014 audit, this question could not be evaluated since none of the arriving inmate-patients had an existing prescription medication order. During the current audit, this question could not be evaluated again because there were no inmate-patients who had prescription medication orders at the time of their arrival to the facility. As facility's compliance with this requirement could not be evaluated at this time, this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

16. *THE PCP DOES NOT DOCUMENT THAT HE EXPLAINED THE NEW MEDICATIONS TO INMATE-PATIENTS. (Chapter 14, Question 2)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the facility received a rating of 62.5% compliance. Although a significant improvement from the previous audit, the compliance rating benchmark was not attained. As such, this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.

17. *THE INMATE-PATIENTS AT THE FACILITY DO NOT TAKE ALL KEEP ON PERSON (KOP) MEDICATION TO THE DESIGNATED RN PRIOR TO TRANSFERRING OUT OF THE FACILITY. (Chapter 14, Question 10)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the interviewed RN stated that the inmate-patients do not take all their KOP medications to the designated RN prior to transferring out of the facility, again resulting in 0.0% compliance. This corrective action item remains unresolved and will be the subject of monitoring during subsequent audits.
18. *THE FACILITY SUBMITS SICK CALL MONITORING LOG WITH INCOMPLETE DATA. (Chapter 15, Question 1)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the facility's compliance rating increased to 82.4%. Although a significant improvement from the previous audit, the compliance rating benchmark was not attained. As such, this corrective action item remains unresolved and will be the subject of monitoring during subsequent audits.
19. *THE FACILITY SUBMITS SPECIALTY CARE MONITORING LOG WITH INCOMPLETE DATA. (Chapter 15, Question 2)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the facility's compliance rating increased to 68.4%. Although a significant improvement from the previous audit, the compliance rating benchmark was not attained. As such, this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.
20. *THE FACILITY SUBMITS EMERGENCY/HOSPITAL SERVICES MONITORING LOG WITH INCOMPLETE DATA. (Chapter 15, Question 3)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, the facility's compliance rating increased to 62.5%. Although a significant improvement from the previous audit, the compliance rating benchmark was not attained. As such, this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.
21. *THE FACILITY SUBMITS CHRONIC CARE MONITORING LOG WITH INCOMPLETE DATA. (Chapter 15, Question 4)* During the August 2014 audit, this question was rated not applicable as it could not be evaluated. The facility did not have the chronic care log in place to track the inmate-patient chronic care appointments. During the current audit, the audit team found the facility made significant improvements in this area, resulting in 100% compliance. This corrective action item is considered resolved.
22. *THE SHAFTER INMATE ORIENTATION MANUAL INMATE RULES AND REGULATIONS DOES NOT EXPLAIN THE SICK CALL PROCESS IN DETAIL. (Chapter 18, Question 1)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance as the review of the Inmate Orientation Manual clearly explained the sick call process. This corrective action item is considered resolved.
23. *THE FACILITY MEDICAL STAFF DO NOT MAINTAIN ACCURATE SHADOW FILES. (Chapter 18, Question 9)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, SMCCF received a rating of 100% compliance in this area as

review of the inmate-patient medical files indicate the facility staff maintain accurate shadow files that mirror the eUHR. This corrective action item is considered resolved.

24. *THE PCP DOES NOT REVIEW THE CONSULTANT'S REPORT AND SEE INMATE-PATIENTS WITHIN THE SPECIFIED TIME FRAME, UPON THEIR RETURN FROM A SPECIALTY CARE APPOINTMENT. (Chapter 19, Question 6)* During the August 2014 audit, the facility received a rating of 0.0% compliance in this area. During the current audit, review of the inmate-patient medical records revealed the PCP reviews the consultant's report and sees the inmate-patients within the specified time frame upon their return from a specialty care appointment, resulting in 100% compliance for this requirement. This corrective action item is considered resolved.

OPERATIONS

During the tour of the facility, the audit team observed the medical clinic and the facility overall to be very clean and well maintained. The audit team also observed and interviewed health care and custody staff with regards to the daily operations of the facility. Both custody and health care staff were receptive and accommodating when approached by the audit team.

Personnel:

Administration

With regards to the administrative aspect of this audit, the audit team noted that the facility has made significant improvements in the area since the previous audit. The facility should be commended for being very proactive in providing necessary training to its health care and custody staff. As an example, the revised *Durable Medical Equipment and Medical Supply* (IMSP&P, Volume 4, Chapter 32) and *Comprehensive Accommodation* (IMSP&P, Volume 4, Chapter 23) policies were implemented statewide on February 2, 2015. Within one week of the statewide implementation of these policies, the facility provided training to its health care staff to ensure all impacted staff were made aware of the new requirements and regulations. This was verified through the review of the training records the facility provided the audit team with during the onsite audit.

Prior to the onsite audit, the audit team reviewed the policies and procedures and the monitoring logs and noted improvement has been made in these areas as well. However, it should be noted that several policies were still not in compliance with the IMSP&P requirements. These deficiencies were relayed to the facility's management staff during the exit conference. Within three days following the completion of the onsite audit, the staff assigned to this task provided the audit team with the revised policies and procedures which adequately addressed the previously identified deficiencies.

As it relates to the monitoring logs, the facility submits the logs to PPCMU on a weekly and monthly basis as instructed. However, the audit team found that the Sick Call, the Specialty Care, and the Emergency/Hospital Services monitoring logs are not being consistently filled out accurately and completely. This issue was brought to the facility staff's attention. The facility's management staff assured the audit team that the employee assigned to this task will be more attentive when inputting data into the monitoring logs.

SMCCF Health Care Staff - Nursing

The audit team observed the nursing staff during the daily operations of the clinic. As stated earlier in the report, the audit team found the medical clinic to be very clean and well maintained. An inmate porter cleans the floor and other high touch surfaces three times a day. A daily cleaning log is maintained inside the clinic. During the onsite audit, a medical officer was observed wiping high touch surfaces between each inmate-patient encounter.

As it relates to the sick call process, the inmate-patient sick call requests are collected by nursing staff on first watch from the locked boxes in the housing units. The daily rounds to the temporary holding cells, located outside the clinic, are made by nursing staff during second watch. At the time of the audit, there were three inmate-patients housed in the temporary holding cells for disciplinary reasons. The audit team verified that nursing staff is making daily rounds. This verification was achieved through interviews and a review of the holding cell log.

As there were no new inmate-patient arrivals to the facility during the audit, the audit team interviewed the second watch nurse regarding the intake process to assess the nursing staff's knowledge of the process. The interviewed nurse was able to clearly articulate, with proficiency and in accordance with policy, the correct steps to take when processing new inmate-patient arrivals to their facility.

SMCCF Health Care Staff - Primary Care Provider

Overall, SMCCF has made improvements in medical services provided to its inmate-patient population since the previous audit. However, the audit team remains concerned with the performance of the facility's PCP. As identified during the previous two audits, the facility's PCP still does not access the eUHR to review inmate-patients' medical records prior to every clinical encounter. This practice may leave the PCP with incomplete medical information which could ultimately result in a negative impact on the treatment provided to the inmate-patients. Although the PCP was granted access to the eUHR in August 2014; the account was never utilized to log into the system. As such, per the eUHR system requirements, if the account is not accessed within six months, the account is purged from the system. It is imperative that the PCP routinely access the eUHR in order to review the inmate-patient's medical history and to maintain an active account at all times.

During the interview process and throughout the course of the audit, the facility's PCP could not demonstrate an adequate working knowledge of IMSP&P or CCHCS clinical guidelines nor did the PCP know where to locate them. Additionally, the PCP is still not aware of the California Code of Regulations (CCR), Title 15, and its application to medical necessity. While at a different facility and prior to SMCCF's onsite audit, the physician auditor provided a copy and discussed the CCR, Title 15 with this PCP. However, the facility's PCP did not take the time nor considered it important enough to familiarize himself with the CCR, Title 15 and its application to medical necessity as it applies to the CDCR inmate-patients, prior to this audit. A copy of the CCR, Title 15 was once again provided to the PCP for reference.

While onsite, the physician auditor observed the PCP during the clinical encounters and did not identify any major concerns or deficiencies. The auditor also reviewed eight inmate-patient medical files (four chronic care, two sick call, two history and physical) completed by the PCP to gauge the quality and

timeliness of the medical services provided to the inmate-patients and found the care provided to be adequate with no major departures noted.

Although no major departures were noted, the medical director providing oversight to the PCP, the nursing staff and custody staff all voiced concerns regarding the PCP. The medical director voiced his concern by stating that the PCP does not respond to suggestions, recommendations, or mentoring. Nursing staff stated they literally have to walk the PCP through his day to make sure everything gets done and appropriately documented. Custody staff echoed the fact that nursing staff appear to be doing everything for the PCP. All the issues identified by the audit team relative to the facility PCP's performance and non-compliance in several areas were discussed with the Chief. The audit team once again recommended to the Chief that the facility take the essential steps to recruit a new physician as soon as possible to mitigate all issues identified during the current and previous audits. The Chief informed the audit team that the facility has begun the recruitment process and intends to replace the current PCP with a new one as soon as a suitable replacement is found.

RECENT OPERATIONAL CHANGES

Subsequent to the previous audit, SMCCF has entered into a contract with Quest Diagnostics, a health care diagnostics company, to provide clinical laboratory services for the facility. This has eliminated the need to transport the inmate-patients to the hub institution for laboratory services and has significantly reduced the number of inmate-patient refusals for these types of appointments.

EMERGENCY MEDICAL RESPONSE DRILL

An emergency medical response drill involving a patient in cardiac arrest was conducted during the onsite audit on March 9, 2015. The mock medical emergency drill was staged in the outside visitor area with a custody officer assuming the role of an unresponsive, pulseless, non-breathing victim. Two PCPs attended and actively participated in the drill along with the nurse, custody officers, and other support staff.

The audit team did not note any deficiencies during the emergency medical response drill. Additionally, review of the documentation submitted by the facility indicates the facility conducts quarterly emergency medical response drills and holds ERRC meetings weekly to review the outcome of the emergencies and/or drills and present their findings to the CQI committee for further discussion and implementation of a corrective action. This is a significant improvement from the previous audit findings in this area.

NEW CAP ISSUES

As a result of the current audit, there are two new quantitative CAP items as identified previously in the "Quantitative Findings" section of this report, and three new qualitative CAP items resulting from the failed questions but which are within the passing chapters, also identified in the "Quantitative Findings" section of the report. The additional eight CAP items are unresolved issues from the previous audit.

CONCLUSION

The audit team found that SMCCF truly displays a desire to improve as evidenced by their continued increased compliance reflected within the scoring through the three audits conducted at this facility. The facility should be commended for achieving a laudable score increase from 70.1% to 94.8% between the previous audit (August 2014) and the current audit. Although a remarkable improvement overall, the results are somewhat overshadowed by poor primary care provider performance as well as the CAP items that remain unresolved from the previous two audits in addition to the new CAP items identified during this audit.

On balance, the audit team was impressed with the high expectations the Chief is presently setting, coupled with firm accountability being placed on supervisory and management staff to meet those expectations, as evidenced by the improvements and achievements noted in the current audit.

STAFFING UTILIZATION

Prior to the onsite audit at SMCCF, 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.

Effective September 1, 2014, the contract with CDCR was amended, requiring the facility to provide 24 hour nursing coverage seven days a week and to have physician coverage 20 hours a week, five days per week. The SMCCF's medical clinic is currently staffed with a registered nurse 24 hours a day, seven days a week. The facility also has a PCP onsite five days a week, from 1500 to 1700 hours on Mondays, Wednesdays, and Fridays, and from 0800 to 1500 hours on Tuesdays and Thursdays. Additionally, the facility has a medical director, who visits the facility two days per month, or as needed, to mentor and provide oversight to the facility's PCP. The SMCCF is currently operating within contractual staffing obligations to provide onsite physician and nursing coverage.

INMATE INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from a designated number of the inmate-patients, 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.

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.

Chapter 21: Inmate Interviews (not rated)

1. Are the inmate-patients aware of the sick call process?
2. Does the inmate-patient know where to get a Sick Call request form?
3. Does the inmate-patient know where to place the completed Sick Call request form?
4. Is there assistance available if you have difficulty in completing the Sick Call form?
5. Are inmate-patients aware of the grievance/appeal process?
6. Does the inmate-patient know where the CDCR-620 HC form can be found?
7. Does the inmate-patient know where and how to submit the CDCR-602 HC form?
8. Is assistance available if you have difficulty completing the CDCR 602-HC form?
9. Are you aware of your current disability/ADA status?
10. Are you receiving any type of accommodation based on your disability? (Housing Accommodation, Medical Appliance)
11. Are you aware of the process to request reasonable accommodation?
12. Do you know where to obtain a request for reasonable accommodation form?
13. Did you receive reasonable accommodation in a timely manner? If no, were interim accommodations provided?
14. Have you used the medical appliance repair program?
15. If yes, how long did the repair take?
16. If yes, were you provided an interim accommodation?
17. Are you aware of the grievance/appeal process for a disability related issue?
18. Can you explain where to find help if you need assistance obtaining or completing a form (i.e. CDCR 602-HC Inmate/Parolee Health Care Appeal Form, CDCR 1824 Reasonable Modification or Request for Reasonable Accommodation Form)
19. Have you submitted an ADA Grievance/Appeal?
20. If yes, how long did the process take?
21. Do you know the name of the ADA Coordinator at this facility?
22. Do you have access to license health care staff to address any issues regarding your disability?
23. During contact with medical staff do they explain things to you in a way you understand?

Comments:

1. Regarding questions 1 through 4 – No negative responses. None of the six inmate-patients interviewed had any concerns or issues either accessing or submitting the CDCR Forms 7362, *Health Care Services Request*.
2. Regarding questions 2 through 8 – No negative responses. None of the six inmate-patients interviewed had any concerns or issues with regards to accessing or submitting the CDCR 602-HC forms or obtaining help if they experienced difficulty completing the form.
3. Regarding questions 9 through 23 – Not applicable. The facility currently does not house any inmate-patients with qualifying disabilities.

**Shafter Modified Community Correctional Facility
Health Care Monitoring Audit - Corrective Action Plan**

Audit Dates: March 9-10, 2015

CAP Date: April 6, 2015



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

Reference Chap/Q		Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
2	1	The facility's provider does not access the electronic Unit Health Record (eUHR).				Not Completed / In Progress / Completed [DATE]
2	8	The inmate-patient's written requests for release of health care information are not noted by nursing staff in the progress notes of the inmate-patient medical files.				Not Completed / In Progress / Completed [DATE]
14	2	The treating provider does not consistently document that education regarding the medication was provided to the inmate-patient.				Not Completed / In Progress / Completed [DATE]
14	10	The inmate-patients do not take all of their keep-on-person medications to the designated nurse prior to transferring out of the facility.				Not Completed / In Progress / Completed [DATE]
15	1	The facility's sick call monitoring logs lack documentation that the inmate-patient's are consistently seen within the specified timeframes as set forth in the sick call policy.				Not Completed / In Progress / Completed [DATE]
15	2	The facility's specialty care monitoring logs lack documentation that the inmate-patient's are consistently seen within the specified timeframes as set forth in the specialty care policy.				Not Completed / In Progress / Completed [DATE]

Reference Chap/Q		Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
15	3	The facility's emergency/hospital services monitoring logs lack documentation that the inmate-patient's are consistently seen within the specified timeframes as set forth in the emergency/hospital services policy.				Not Completed / In Progress / Completed [DATE]
Qualitative Action Item #1 (Ch1, Q3)		The facility's primary care provider is not knowledgeable on where and how to access the facility's health care policies and procedures, the Inmate Medical Services Policies and Procedures, and the California Correctional Health Care Services clinical guidelines.				Not Completed / In Progress / Completed [DATE]
Qualitative Action Item #2 (Ch5, Q1)		The inmate-patient chronic care follow-up visits are not consistently completed within the 90-day or less timeframe, or as ordered by the provider.				Not Completed / In Progress / Completed [DATE]
Qualitative Action Item #3 (Ch7, Q1)		The diagnostic test results are not consistently being provided to the inmate-patients within the specified timeframe.				Not Completed / In Progress / Completed [DATE]
Qualitative Action Item #4 (Ch9, Q10)		All of the facility's first aid kits contain medication.				Not Completed / In Progress / Completed [DATE]
Qualitative Action Item #5 (Ch12, Q8)		The facility's medical staff does not reorder current prescription medications within 8 hours of inmate-patient's arrival at the facility nor is the inmate-patient seen by the provider within 24 hours.				Not Completed / In Progress / Completed [DATE]

Reference Chap/Q	Specific Nature of Non-Compliance	Facility's Proposed Action Plan	Anticipated Completion Date	Assigned Personnel	Action Plan Status
Qualitative Action Item #6 (Ch12, Q12)	During the initial intake screening process, the inmate-patients do not receive orientation regarding the procedures for accessing health care.				Not Completed / In Progress / Completed [DATE]
Paul Lozano, Chief Shafter Modified Community Correctional Facility		Health Care Representative Shafter Modified Community Correctional Facility			