

November 25, 2015

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

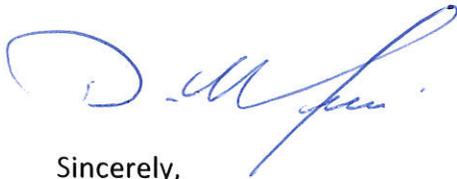
Dear Chief Lozano,

The staff from Private Prison Compliance and Monitoring Unit (PPCMU), Field Operations, Corrections Services, California Correctional Health Care Services (CCHCS) completed an onsite Corrective Action Plan (CAP) Review at Shafter Modified Community Correctional Facility (SMCCF) on November 2, 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 March 9 through 10, 2015.

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 SMCCF was able to effectively resolve 7 of 13 CAP items, with 6 remaining outstanding.

Be advised each unresolved CAP item will require your facility to take necessary action to bring the deficiency into compliance as it will be re-examined during the subsequent audit. The SMCCF is encouraged to work diligently in order to improve the quality of medical services provided to the CDCR inmate population and to expediently resolve the outstanding 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 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

cc: Richard Kirkland, Chief Deputy Receiver, CCHCS
Diana Toche, Undersecretary, Health Care Services, California Department of
Corrections and Rehabilitation (CDCR)
R. Steven Tharratt, M.D., M.P.V.M., F.A.C.P., Director, Health Care Operations,
CCHCS
John Dovey, Director, Corrections Services, CCHCS
Kelly Harrington, Director, Division of Adult Institutions (DAI), CDCR
Ricki Barnett, M.D., Assistant Statewide Medical Executive and Deputy
Director, Medical Services, CCHCS
Roscoe L. Barrow, Chief Counsel, CCHCS
Cheryl Schutt, R.N., B.S.N., CCHP, Statewide Chief Nurse Executive, Nursing
Services, CCHCS
Amy Miller, Associate Director, Reception Centers Mission, DAI, CDCR
Joseph W. Moss, Chief (A), Contract Beds Unit, California Out of State
Correctional Facility, DAI, CDCR
Michael J. Williams, Chief Deputy Administrator, Contract Beds Unit, COCF,
DAI, CDCR
Grace Song, M.D., Physician Advisor, Southern Region, Utilization
Management, CCHCS
Steven Moullos, D.O., Physician Advisor, Central Region, Utilization
Management, CCHCS
Joseph Williams, Correctional Administrator, Field Operations, Corrections
Services, CCHCS
Greg Hughes, Nurse Consultant, Program Review, Field Operations, Corrections
Services, CCHCS
Luzviminda Pareja, Nurse Consultant, Program Review, Field Operations,
Corrections Services, CCHCS
Patricia Matranga, R.N., Nursing Services, CCHCS
Donna Heisser, Health Program Manager II, PPCMU, Field Operations,
Corrections Services, CCHCS
Kala Srinivasan, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS
Vera Lastovskiy, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS
Christopher Troughton, HPS I, PPCMU, Field Operations, Corrections Services,
CCHCS
Susan Thomas, HPS I, PPCMU, Field Operations, Corrections Services, CCHCS





CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

CONTRACT FACILITY HEALTH CARE MONITORING AUDIT

Corrective Action Plan Review



Shafter Modified Community Correctional Facility

November 2, 2015

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DATE OF REPORT

November 25, 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 2, 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 October 30, 2015, indicated that SMCCF had a design capacity of 640 beds, of which 608 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

On November 2, 2015, the CCHCS audit team conducted a CAP Review at SMCCF. The audit team consisted of the following personnel:

- L. Pareja, Nurse Consultant Program Review
- C. Troughton, 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 SMCCF. 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 an assessment of all areas and processes that were identified to be deficient at the time of the previous monitoring audit conducted at SMCCF on March 9 through 10, 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 Review:** 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:** Three 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 observation 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 CAP review. 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 and unresolved during the CAP Review process.

Table 1.1

SMCCF CAP Review – November 2, 2015			
Chapter	Total Number of CAP Items Identified	Number of Resolved Items	Number of Unresolved Items
1. Administration	1	1	0
2. Access to Health Care Information	2	1	1
3. Chronic Care	1	0	1
4. Diagnostic Services	1	0	1
5. Medical Emergency Equipment	1	1	0
6. Initial Intake Screening/Health Appraisal	2	2	0
7. Medication Management	2	1	1
8. Monitoring Log	3	1	2
Overall	13	7	6

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 lists all new deficiencies identified during the CAP Review process and Table 1.3 on the following page lists all the outstanding deficiencies from the previous audit that still remain unresolved.

LIST OF NEW CRITICAL ISSUES IDENTIFIED DURING THE CAP REVIEW

Table 1.2

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

IDENTIFIED AND OUTSTANDING CAP ITEMS – SMCCF

Table 1.3

Chapter/Question	Outstanding CAP item
Chapter 2, Question 8	The inmate-patients written requests for health care information are not noted in the progress notes of the inmate-patient medical files.
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.
Chapter 7, Question 1	The diagnostic test results are not consistently being provided to the inmate-patients within the specified time frame.
Chapter 14, Question 2	The treating provider does not consistently document that education regarding the medication was provided to the inmate-patient.
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 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.

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 SMCCF on March 9-10, 2015, resulted in the identification of 7 quantitative and 6 qualitative CAP items. During the CAP Review, auditors found 7 of the 13 items resolved, with the remaining 6 not resolved within acceptable standards. Below is a discussion of each CAP item.

1. Question 2.1 – THE FACILITY’S PROVIDER DOES NOT ACCESS THE ELECTRONIC UNIT HEALTH RECORD (EUHR).

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

During the previous audit, the Primary Care Provider (PCP) was unable to log into the eUHR. As the PCP was no longer employed at SMCCF during the CAP Review, he could not be reassessed for compliance with this requirement. However, during the CAP Review, the audit team observed the PCP reviewing inmate-patients’ medical records prior to the encounters. Subsequently, after the medical encounters the auditor had the PCP log into the eUHR to verify he was not utilizing another staff member’s log in. The PCP was able to demonstrate access by logging into the eUHR with his log in information. The findings show that SMCCF has been successful in addressing this deficiency; this CAP item is considered resolved.

2. Question 2.8 – 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.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	N/A	Unresolved

During the previous audit, not one of the nine inmate-patient requests for release of health care information were noted in the progress notes of the inmate-patients’ medical records. During the CAP Review, the auditors inquired if the facility has received any requests for release of health care information, there were no requests received since the March 2015 audit. As the audit team could not validate compliance with this requirement, this CAP item is considered unresolved. However, it should be noted that this question has been removed from the new audit instrument.

3. Question 14.2 – THE TREATING PROVIDER DOES NOT CONSISTENTLY DOCUMENT THAT EDUCATION REGARDING THE MEDICATION WAS PROVIDED TO THE INMATE-PATIENT.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
62.5%	80.0%	Unresolved

During the previous audit, eight inmate-patient medical records were reviewed, of which five included documentation that the prescribing PCP explained the medication to the inmate-patient, resulting in 62.5% compliance. During the CAP Review, five inmate-patient medical records were reviewed and one was found non-compliant as it did not contain documentation

that education regarding the medication was provided to the inmate-patient by the PCP. SMCCF has failed to resolve this issue to the acceptable standard, this item is considered unresolved and will be evaluated during subsequent audits.

4. Question 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.

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

During the previous audit, nursing staff were interviewed confirming that inmate-patients were not bringing their keep-on-person (KOP) medications to nursing staff prior to transferring to another facility. During the CAP Review, there were no scheduled transfers which would enable the auditors to observe the transfer and medication process for inmate-patients leaving the facility; However, nursing staff were interviewed and could clearly describe the medication process taken when an inmate-patient is transferred out of the facility. The interviewed staffs knowledge indicate that SMCCF has succeeded in addressing this deficiency; therefore, this item is considered resolved. Although this issue is considered resolved, based upon the inability to actually observe the process, this specific issue will be monitored in future audits.

5. Question 15.1 – THE FACILITY’S SICK CALL MONITORING LOGS LACK DOCUMENTATION THAT INMATE-PATIENTS ARE CONSISTENTLY SEEN WITHIN THE SPECIFIED TIME FRAME AS SET FORTH IN THE SICK CALL POLICY.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
82.4%	28.1%	Unresolved

During the previous audit, the facility’s sick call monitoring logs indicated that a total of 279 sick call appointment requests were referred to the PCP for follow-up, of which 230 inmate-patients were seen by the PCP within the specified time frame. During the CAP Review, the sick call monitoring logs indicated that 29 of the 103 inmate-patients that were referred to the PCP for a follow-up visit were seen within the specified time frame, resulting in 28.1% compliance. This represents a 54.3% decline in compliance. It should be noted that this question has been removed from the new audit instrument and will be closed out during the subsequent audit. However, it bears mentioning that, although this specific question has been removed from the new audit instrument, the requirement to maintain the sick call log, to accurately record the dates of service on these logs and to submit the logs timely, remains the same. Based on the requirement to maintain and submit accurate logs, this critical issue will be monitored in future audits.

6. Question 15.2 – 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.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
68.4%	100%	Resolved

During the previous audit, the facility's specialty care monitoring logs indicated that of 19 inmate-patients that were approved for a specialty care appointment, 13 were seen by the specialist within the specified time frame. During the CAP Review, the specialty care monitoring logs indicated that only one inmate-patient was referred for a specialty care appointment and was seen within the specified timeframe, resulting in 100%. This represents a 31.6% increase in compliance. The findings show that SMCCF has succeeded in resolving this deficiency, this CAP item is considered resolved.

7. Question 15.3 –THE FACILITY'S EMERGENCY/HOSPITAL SERVICES MONITORING LOGS LACK DOCUMENTATION THAT INMATE-PATIENTS ARE CONSISTENLY SEEN WITHIN THE SPECIFIED TIME FRAMES AS SET FORTH IN THE EMERGENCY/HOSPITAL SERVICES POLICY.

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
62.5%	0.0%	Unresolved

During the previous audit, the facility's emergency/hospital services monitoring logs indicated that of eight inmate-patients who returned from a community emergency department, five were seen within the specified time frame, resulting in 62.5% compliance. During the CAP Review, the emergency/hospital services monitoring logs indicated that one inmate-patient returned from the community emergency department; however, he was not seen by a nurse or a PCP within the specified time frame, resulting in 0.0% compliance. This is a significant decline of 62.5% compliance. However, it bears mentioning that, although this specific question has been removed from the new audit instrument, the requirement to maintain the emergency/hospital services log, to accurately record the dates of service on these logs and to submit the logs timely, remains the same. Based on the requirement to maintain and submit accurate logs, this critical issue will be monitored in future audits.

8. 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 *INMATE MEDICAL SERVICES POLICIES AND PROCEDURES (IMSP&P)*, AND CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES CLINICAL GUIDELINES.

Status
Resolved

During the previous audit, the facility's PCP could not demonstrate an adequate knowledge of IMSP&P or CCHCS clinical guidelines nor did the PCP know where to locate them, resulting in 0.0% compliance. As mentioned above, since the previous audit the facility has hired a new PCP; therefore during the CAP Review, the auditors interviewed the new PCP pertaining to this requirement. Although the new PCP has only been at SMCCF for two months, he was able to demonstrate adequate knowledgeable of IMSP&P and CCHCS clinical guidelines and knew where to locate them. The findings show that SMCCF has been successful in addressing this deficiency, this CAP item is considered resolved.

9. 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 PCP.

Status
Unresolved

During the previous audit, six inmate-patient medical records were reviewed, five included documentation indicating the inmate-patients chronic care follow-up appointment was completed within the 90-day or less time frame or as specified by the PCP, resulting in 83.3% compliance. During the CAP Review, five inmate-patient medical records were reviewed and one was found non-compliant with this standard. SMCCF has failed to resolve this issue to the acceptable standard, this item is considered unresolved and will be evaluated during subsequent audits.

10. Qualitative Action Item #3 (Chapter 7, Question 1) – THE DIAGNOSTIC TEST RESULTS ARE NOT CONSISTENTLY BEING PROVIDED TO THE INMATE-PATIENT WITHIN THE SPECIFIED TIME FRAME.

Status
Unresolved

During the previous audit, four inmate-patient medical records were reviewed, three included documentation indicating the inmate-patients were provided diagnostic test results within the specified time frame as specified by the PCP, resulting in 75.0% compliance. During the CAP Review, five inmate-patient medical records were reviewed for compliance; two were found non-compliant as the inmate-patients were not provided with diagnostic test results within two days of facility's receipt of the results. All five medical records reviewed are required to be in compliance with this standard in order for the CAP item to be considered resolved; this deficiency will be evaluated during subsequent audits until resolved.

11. Qualitative Action Item #4 (Chapter 9, Question 10) – ALL OF THE FACILITY'S FIRST AID KITS CONTAIN MEDICATION.

Status
Resolved

During the previous audit, auditors inspected 13 first aid kits, which all contained medication, resulting in 0.0% compliance. During the CAP review, 13 first aid kits were re-inspected and were found to be without medication and contained all necessary supplies. The findings show that SMCCF has succeeded in addressing this deficiency in an effective manner, this CAP item is considered resolved.

12. 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.

Status
Resolved

During the previous audit, this question could not be evaluated, as there were no inmate-patients arriving into the facility; therefore this CAP item has remained opened since the facility’s initial audit in July 2014. During the CAP Review, five inmate-patient medical records were reviewed and all inmate-patient medical records contained documentation that the inmate-patients had their medications reordered within 8 hours of arrival at the facility and were seen by the PCP within 24 hours of arrival. The findings show that SMCCF has been successful in addressing this deficiency; this CAP item is considered resolved.

13. 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.

Status
Resolved

During the previous audit, auditors three inmate-patient medical records were reviewed and not one included documentation of the inmate-patients receiving orientation regarding the process to access health care at this facility. During the CAP review, five inmate-patient medical records were reviewed and all inmate-patients received information on accessing health care. The findings show that SMCCF has been successful in addressing this deficiency; this CAP item is considered resolved.

CONCLUSION

Shafter Modified Community Correctional Facility has resolved seven of the thirteen CAP items identified in the March 2015 audit. The remaining six unresolved CAP items will need to be addressed immediately; three of the unresolved CAP items, (monitoring logs and release of health care information) will not be audited in the future. Although the monitoring log questions will not be audited utilizing the existing methodology, PPCMU will continue to audit the monitoring logs using the newly developed methodology and guidelines during future audits.

The three remaining deficient CAP items were audited during the chart review, which reflected that SMCCF lacked documentation indicating the PCP educated the inmate-patient on newly ordered prescription medications. While onsite this issue was addressed with the PCP and he was aware of the CCHCS requirements on educating and documenting newly prescribed medication to inmate-patients. In addition, during the chart review it was discovered that SMCCF was delinquent in scheduling two inmate-patients for diagnostic services and one inmate-patient was delayed by one week for his chronic

care appointment. The auditors discussed these delinquencies with the nursing staff and the Administrative Lieutenant via telephone. The SMCCF staff assured the auditors that these delinquencies will be rectified immediately. Overall, SMCCF has resolved just over 50% of their CAP items. The facility management has discussed and put together a plan of action to address and rectify all the remaining CAP issues. Evidenced by the time and efforts of all the staff at the SMCCF to rectify past discrepancies, which resulted in a 180 degree turnaround in their efficiency and effectiveness, PPCMU is fully confident that SMCCF will be successful in correcting the remaining unresolved issues.