

May 21, 2015

Craig Jones, City Manager
Taft Modified Community Correctional Facility
330 Commerce Way
Taft, CA, 93268

Dear Mr. Jones,

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 Taft Modified Community Correctional Facility (TMCCF) between April 7 and 8, 2015. The purpose of this audit is to ensure that TMCCF 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 TMCCF received an overall compliance rating of **90.8%**. 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 Christopher Troughton, Health Program Specialist I (HPS I), PPCMU, Field Operations, Corrections Services, CCHCS, via e-mail at christopher.troughton@cdcr.ca.gov within 30 days of the date of this letter.

The audit findings reveal that TMCCF has made improvements from the previous audit; vast improvements have been observed in administration and daily clinical operations. However, TMCCF struggled to meet compliance in the delivery of medical services, specifically in ADA compliance. TMCCF increased their overall compliance rating by 9.7 percentage points from the previous audit. Two deficient chapters have been identified and require facility's immediate attention and resolution:

- ADA Compliance
- Medical Emergency Services/Drills

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. TMCCF is encouraged to work diligently in order to improve the quality of medical services provided to the CDCR inmate population and to expediently resolve the concerns and deficiencies identified in the attached report.

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



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

Enclosure



cc: Richard Kirkland, Chief Deputy Receiver, CCHCS
Diana Toche, Undersecretary, Health Care Services, California Department of Corrections and Rehabilitation (CDCR)
R. Steven Tharratt, M.D., M.P.V.M., F.A.C.P., Director, Health Care Operations, CCHCS
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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

Christopher Troughton, HPS I, PPCMU, Field Operations, Corrections Services,
CCHCS





CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Contract Facility
Health Care Monitoring Audit



Taft Modified Community Correctional Facility

April 7-8, 2015

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DATE OF REPORT

May 21, 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 April 7 through 8, 2015, at Taft Modified Community Correctional Facility (TMCCF) which is located in Taft, California. At the time of the audit, CDCR's *Weekly Population Count*, dated April 3, 2015, indicated that TMCCF had a design capacity of 600 beds, of which 574 were occupied with CDCR inmates.

EXECUTIVE SUMMARY

From April 7 through 8, 2015, Field Operations unit audit team conducted a health care monitoring audit at TMCCF. The audit team consisted of the following personnel:

Christopher Troughton, Health Program Specialist I (HPS I)
Steven Moullos, Regional Physician Advisor
Arun Vasudeva, Regional Physician Advisor
Patricia 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, TMCCF achieved an **overall compliance rating of 90.8%** with a rating of 97.9% in Administration, 90.4% in Delivery, and 83.3% in Operations. Comparatively speaking, during the previous audit (conducted September 15 through 18, 2014) the overall quantitative score for TMCCF was 81.1%, indicating a slight improvement of 9.7 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	180.0	100.0%	No
2. Access to Health Care Information	80.0	80.0	100.0%	No
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	135.1	90.1%	No
20. Staffing	90.0	90.0	100.0%	No
Administration Sub Score:	720.0	705.1	97.9%	
Delivery				
5. Chronic Care	60.0	60.0	100.0%	No
7. Diagnostic Services	120.0	114.0	95.0%	No
8. Medical Emergency Services/Drills	270.0	210.0	77.8%	Yes
9. Medical Emergency Equipment	310.0	285.0	91.9%	No
14. Medication Management	210.0	210.0	100.0%	No
17. Patient Refusal of Medical Treatment	20.0	20.0	100.0%	No
18. Sick Call	380.0	345.0	90.8%	No
19. Specialty/Hospital Services	180.0	157.5	87.5%	No
Delivery Sub-Score:	1,550.0	1,401.5	90.4%	
Operations				
3. ADA Compliance	60.0	0.0	0.0%	Yes
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	150.0	93.8%	No
12. Initial Intake Screening/Health Appraisal	330.0	300.0	90.9%	No
16. Observation Unit	N/A	N/A	N/A	N/A
Operations Sub-Score:	600.0	500.0	83.3%	
21. Inmate Interviews (not rated)				
Final Score:	2,870.0	2,606.6	90.8%	

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 10).

Table 2.

Quantitative Performance Comparison	Audit I 9/2014	Audit II 4/2015	Variance Increase/(Decrease)
1. Administration	100.0%	100.0%	0.0%
2. Access to Health Care Information	100.0%	100.0%	0.0%
3. ADA Compliance	100.0%	0.0%	-100.0%
4. Chemical Agent Exposure	N/A	N/A	N/A
5. Chronic Care	100.0%	100.0%	0.0%
6. Continuous Quality Improvement (CQI)	0.0%	100.0%	100.0%
7. Diagnostic Services	87.5%	95.0%	7.5%
8. Medical Emergency Services/Drills	56.5%	77.8%	21.3%
9. Medical Emergency Equipment	46.2%	91.9%	45.7%
10. Grievance/Appeal Procedure	88.0%	100.0%	12.0%
11. Infection Control	100.0%	93.8%	-6.2%
12. Initial Intake Screening/Health Appraisal	94.9%	90.9%	-4.0%
13. Licensure and Training	100.0%	100.0%	0.0%
14. Medication Management	69.0%	100.0%	31.0%
15. Monitoring Logs	62.3%	90.1%	27.8%
16. Observation Unit	N/A	N/A	N/A
17. Patient Refusal of Health Care Treatment/ No Show	58.5%	100.0%	41.5%
18. Sick Call	96.5%	90.8%	-5.7%
19. Specialty/Hospital Services	50.0%	87.5%	37.5%
20. Staffing	100.0%	100.0%	0.0%
Overall Score:	81.1%	90.8%	9.7%

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 $50.0 \times 0.96 = 48.0$ 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 TMCCF 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 **June 22, 2015**.

Corrective Action Items – Taft Modified Community Correctional Facility	
Chapter 3, Question 1	The facility does not have a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodation(s).
Chapter 3, Question 2	The facility does not have a local operating procedure to track the provision of health care appliances for all DPP inmate-patients.
Chapter 3, Question 3	The facility does not have a local operating procedure to track the repair of health care appliances for all DPP inmate-patients.
Chapter 3, Question 4	The facility does not have a local operating procedure that explains provision of interim accommodation to a DPP inmate-patient while an appliance is ordered, repaired, or is in the process of being replaced.
Chapter 3, Question 5	The facility does not have a local operating procedure that defines a process to add or remove an inmate-patient from the DPP list.
Chapter 3, Question 6	The facility does not have a local operating procedure defining the requirement to establish and document effective communication between health care staff and an inmate-patient during each clinical encounter.
Chapter 7, Question 2	The PCP does not consistently review, initial and date inmate-patients' diagnostic tests within the specified timeframe.
Chapter 8, Question 10	The facility does not document the response times of Basic Life Support (BLS) certified medical staff during emergency medical response and/or drills.
Chapter 8, Question 11	The facility does not document the response times of Advanced Cardiac Life Support (ACLS) certified medical staff during emergency medical response and/or drills.
Chapter 9, Question 6	The RNs are not consistently verifying oxygen tanks are three-fourths full when conducting operational readiness checks on each shift.
Chapter 9, Question 11	The facility does not have spill kits in any of the designated areas.
Chapter 11, Question 12	The RNs are not consistently accounting for all sharps at the end of each shift.
Chapter 12, Question 12	During the initial intake screening process, the inmate-patients do not receive orientation regarding the procedures for accessing health care.
Chapter 15, Question 3	The facility's emergency/hospital services monitoring logs lack documentation that inmate-patients are consistently seen within the specified timeframes as set forth in the emergency/hospital services policy.
Chapter 15, Question 4	The documentation in the facility's chronic care log showed that inmate-patients scheduled for chronic care appointments are not consistently seen within the specified timeframes.

Chapter 18, Question 2	The RNs are not consistently reviewing sick call request forms within one business day of receipt.
Chapter 18, Question 6	The RNs are not completing the S.O.A.P.E notes on the CDCR Form 7362, Health Care Service Request and/or CDCR 7230, Interdisciplinary Progress Notes, or a similar MCCF form.
Chapter 19, Question 4	The RNs are not consistently completing face-to-face (FTF) evaluations upon inmate-patients' return from a specialty care appointment.
Chapter 19, Question 5	The RNs are not consistently notifying the PCP of any immediate medication orders or follow-up instructions from the specialty consultant, upon the inmate-patients' return from a specialty care appointments.

QUANTITATIVE FINDINGS - DETAILED BY CHAPTER

<i>Chapter 1: Administration</i>	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	10.0
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	180.0
Final Score:		100%

CHAPTER 1 COMMENTS

None.

<i>Chapter 2: Access to Health Care Information</i>	Point Value	Points Awarded
1. Does the treating physician have access to the inmate-patient's CCHCS Electronic Unit Health Record (eUHR)?	10.0	10.0
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	10.0
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	N/A
10. Are all written requests from third parties documented on a ROI log?	10.0	N/A
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	N/A
Point Totals:	110.0	80.0 (80.0)
Final Score:		100%

CHAPTER 2 COMMENTS

- Questions 9 through 11 – Not applicable. There were no third party release of information requests received during this audit review period.

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	0.0
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	0.0
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	0.0
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	0.0
5. Is there a local operating procedure explaining how the facility adds or removes an inmate-patient from the DPP list?	10.0	0.0
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	0.0
Point Totals:	60.0	0.0
Final Score:		0.0%

CHAPTER 3 COMMENTS

- Questions 1 through 6 - Although Taft has a corporate policy addressing the accommodation of inmate-patients with special needs, the facility does not have a local policy and procedure to track and monitor DPP inmate-patient needs per the Americans with Disabilities Act (ADA) guidelines. This equates to 0.0% compliance.

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. During this audit review period there were no inmate-patients that were exposed to chemical agents. 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 timeframe, or as ordered by the LIP?	30.0	30.0
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	60.0 (60.0)
Final Score:		100%

CHAPTER 5 COMMENTS

- Questions 3 and 4 – Not applicable. Of the eight 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.

<i>Chapter 7: Diagnostic Services</i>	Point Value	Points Awarded
1. Was the diagnostic test provided to the inmate-patient within the timeframe specified by the LIP?	30.0	30.0
2. Does the PCP review, initial, and date an inmate-patient's diagnostic reports within two days of receipt?	30.0	24.0
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	114.0
Final Score:		95.0%

CHAPTER 7 COMMENTS

- Question 2 – Of the five inmate-patient medical files reviewed, four included documentation that the PCP reviewed, initialed and dated the inmate-patient's diagnostic reports within two days of receipt. This equates to 80.0% compliance. This was identified as an issue during the previous audit and remains unresolved.

<i>Chapter 8: Medical Emergency Services/Drills</i>	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	0.0

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	0.0
Point Totals:	270.0	210.0
Final Score:	77.8%	

CHAPTER 8 COMMENTS

1. Question 10 - The facility's Emergency Response Review Committee (EMRRC) meeting minutes did not include documentation on the response times of BLS certified medical staff during emergency medical response and/or drills. This equates to 0.0% compliance.
2. Question 11 –The facility's EMRRC meeting minutes did not include documentation on the response times of ACLS certified medical staff during emergency medical response/or drills. This equates to 0.0% compliance.

<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	30.0
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	15.0
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	10.0
11. Are spill kits located in the designated areas?	10.0	0.0
12. Do the spill kits contain all required items?	10.0	N/A
Point Totals:	320.0	285.0 (310.0)
Final Score:	91.9%	

CHAPTER 9 COMMENTS

1. Question 6 – The facility maintains a log to ensure their two oxygen tanks are checked on every shift for operational readiness. Although both tanks were checked, one of the two oxygen tanks was only half full and did not meet the required level for operational readiness. This equates to 50.0% compliance. This was identified as an issue during the previous audit and remains unresolved
2. Question 11 – Spill kits are not located in any of the 20 designated areas within the facility. This equates to 0.0% compliance.

3. Question 12 – Not applicable. This question automatically fails as a result of the failure described in question 9.11. Under the double fail rule, the points for this question have therefore been removed from the total available points, and the question rendered not applicable.

<i>Chapter 10: Grievance/Appeal Procedure</i>	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 timeframes?	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.

<i>Chapter 11: Infection Control</i>	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	0.0
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	150.0
Final Score:		93.8%

CHAPTER 11 COMMENTS

1. Question 12 –The facility is not documenting that all sharps are checked on each shift. This equates to 0.0% compliance.

<i>Chapter 12: Initial Intake Screening/Health Appraisal</i>	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 timeframe? (Immediately, within 24 hours, or within 72 hours)	30.0	30.0
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	N/A
6. If an inmate-patient was referred for a follow-up medical, dental, or mental health appointment, was the appointment completed?	30.0	N/A
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	30.0
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 4 – Not applicable. None of the four 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.
2. Question 5 – Not applicable. During the audit review period there were no inmate-patients who presented with medical, dental or mental health symptoms upon arrival at the facility. Therefore; this question could not be evaluated.

3. Question 6 – Not applicable. During the audit review period there were no inmate-patients who were referred for a follow-up medical, dental or mental health appointment. Therefore; this question could not be evaluated.
4. Question 12 – Of the four inmate-patient medical files reviewed, none included documentation to show that the inmate-patients had received orientation regarding facility's procedures for accessing health care. 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 Tuberculin (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	30.0
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	N/A
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	N/A
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	30.0
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	210.0 (210.0)
Final Score:		100%

CHAPTER 14 COMMENTS

1. Question 3 – Not applicable. There were no inmate-patients who had missed medications during the audit review period.
2. Question 5 – Not applicable. There was no inmate-patient “no shows” for pill pass during the audit review period.
3. Question 6 – Not applicable. None of the inmate-patients refused their medications during the audit review period; therefore, this question could not be evaluated.
4. Question 7 – Not applicable. There were no documented instances of medication errors during the audit review period; therefore, this question could not be evaluated.

<i>Chapter 15: Monitoring Log</i>	Point Value	Points Awarded
1. Are inmate-patients seen within timeframes set forth in the sick call policy?	30.0	30.0
2. Are inmate-patients seen within the timeframes set forth in the specialty care policy?	30.0	30.0
3. Are inmate-patients seen within the timeframes set forth in the emergency/hospital services policy?	30.0	22.5
4. Are inmate-patients seen within timeframes as it relates to chronic care policy?	30.0	22.6
5. Are inmate-patients seen within timeframes set forth in the initial intake screening/health appraisal policy?	30.0	30.0
Point Totals:	150.0	135.1
Final Score:		90.1%

CHAPTER 15 COMMENTS

1. Question 3 – Based on the emergency/hospital services monitoring logs submitted by the facility staff for the audit review period, a total of six inmate-patients were transported offsite for emergency services. Post hospital services, two inmate-patients remained at the hub, the remaining four inmate-patients were returned to the MCCF from emergency department, three were seen within the specified timeframe. This equates to 75.0% compliance. This was identified as an issue during the previous audit and remains unresolved.
2. Question 4 – Based on the chronic care monitoring logs submitted by facility for the audit review period, of the 81 inmate-patients referred to chronic care clinic, 61 were seen by a provider within the specified timeframe. This equates to 75.3% compliance.

<i>Chapter 16: Observation Unit</i>	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.

<i>Chapter 17: Patient Refusal of Health Care Treatment/No Show</i>	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.

<i>Chapter 18: Sick Call</i>	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	25.0
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	0.0

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 timeframe?	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	345.0 (380.0)
Final Score:		90.8%

CHAPTER 18 COMMENTS

1. Question 2 – Of the 12 sick call requests received during the audit review period, 10 requests were reviewed by the RN within one day of receipt. This equates to 83.3% compliance.
2. Question 6 – Of the 12 medical files reviewed, none included fully completed S.O.A.P.E notes. This equates to 0.0% compliance.
3. Question 8 – Not applicable. Out of 12 medical files reviewed, none of the inmate-patients had presented to sick call three or more times in a one month period for the same complaint, during the audit review 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 timeframe 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	22.5
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	15.0

6. Does a PCP review the consultant's report and see the inmate-patient for a follow-up appointment within the specified timeframe? (≤ 3 days for emergent/urgent and ≤ 14 days for routine)	30.0	30.0
Point Totals:	180.0	157.5
Final Score:		87.5%

CHAPTER 19 COMMENTS

1. Question 4 – Of the four inmate-patient medical files reviewed during the audit review period, three inmate-patients received FTF evaluation by an RN upon their return from a specialty consultation appointment. This equates to 75.0% compliance. This was identified as an issue during the previous audit and remains unresolved.
2. Question 5 – Of the four inmate-patient medical files reviewed for the audit review period, only two inmate-patients had follow-up instructions; of which the RN notified the PCP of only one inmate-patient. This equates to 50.0% compliance. This was identified as an issue during the previous audit and remains unresolved.

<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 TMCCF the personnel interviewed included the following:

Joseph Hamilton– Physician Assistant
Donna Warnock – Clerical Administrator, Westside Healthcare District
Kathie Green – Registered Nurse, Lead
Alissa Goodman – Registered Nurse
Cristina Paredes – Administrative Assistant

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: Operations, Recent Operational Changes, Emergency Medical Response Drill, Prior CAP Resolution, and New CAP Issues.

SUMMARY OF QUALITATIVE FINDINGS

There was a marked improvement in performance in the administration and delivery areas, however the overall performance in the operational areas has declined and thus failed to meet the benchmark of 85.0% compliance. The facility will have to re-establish local operating procedures for Americans with Disabilities Act (ADA) to become compliant in this area.

OPERATIONS

The audit team observed the medical clinic and facility to be very clean and well maintained. The team observed and interviewed health care and custody staff on the daily operations of the facility. All employees were very accommodating to the team. The team also interviewed the Inmate Advisory Council (IAC) to gain insight on their overall consensus of medical services is at the facility.

Personnel:

Administration

Prior to the onsite audit, the audit team reviewed policies and procedures remotely. During the audit conducted in September 2014, the facility had local policies and procedures that addressed ADA

requirements, but during the current audit, the facility was found to be deficient. This deficiency was relayed to the RN and the Clerical Administrator who stated that their hub facility, Wasco State Prison (WSP) had instructed them that they did not need local ADA polices and or procedures since they would not house DPP inmate-patients. The auditor attempted to validate the aforementioned statement and was advised by the hub institution that the information was inaccurate. The auditors instructed the facility administration of their need to have these policies and procedures in place, regardless of the fact that they may or may not house DPP inmate-patients. The auditors reiterated to the staff, that before eliminating any polices and or procedures that would impact State of California inmate-patients in the COCF program, the facility shall first consult with PPCMU staff. During the monthly Taft conference call on April 10, 2015 the Chief Deputy Warden, Contract Beds Unit restated the need for the facility to consult with PPCMU before eliminating any policies and procedures effecting the COCF program; the facility was very receptive and agreed to provide PPCMU with the modified polices along with the facility's CAP.

As it relates to monitoring logs, the facility continues with timely submission of the logs to PPCMU on a monthly and weekly basis. Improvements were made on all logs except chronic care and emergency services. The auditors discussed with the administrative assistant that several fields on the logs were not filled in with dates of services, the immediate response was to update the logs with the corrected information.

It should also be noted that the facility has corrected the deficiency of first level healthcare appeals, which are now being responded to by health care staff within the required timeframes.

TMCCF Health Care Staff – Nursing

Routinely, sick call is scheduled from 9:00 am to 11:00 am daily, and can take up to several hours to complete. Upon initial arrival at the facility the auditors notified the RNs of their intent to arrive at the facility early the next morning to observe the 8:00 am pill pass and the 9:00 am sick call. The auditors arrived at the facility at 7:30 a.m., only to find that the morning nursing staff collected, screened and triaged the sick call slips at 6:00 am, prior to their arrival. Due to the minimal number of sick call slips received on an ongoing basis, there were no sick call appointments listed for the third day of the audit, thereby eliminating the nurse auditor's ability to visibly observe sick call; however the auditor conducted a verbal audit of the facility nursing staff by asking very pointed questions regarding their processes, which was then verified by reviewing the facility nurses documentation in the medical chart.

Based on feedback provided by the facility RNs, the facility's sick call process consists of the RN checking the inmate-patient's vital signs and verifying the chief complaint, after which the PCP sees the inmate-patient and completes the assessment. This process seems to result in the inmate-patient receiving appropriate and timely care. The facility RNs do not conduct a complete physical assessment of each inmate-patient, as Taft's sick call policy requires all inmate-patients to have an evaluation by the PCP. Based on the auditor's review of the medical charts, it was determined that the facility nursing staff do not follow the nursing protocols as it relates to completing the required documentation using the S.O.A.P.E. format. There was no documentation of the physical assessment in the nursing notes. The nurse auditor admonished the facility nurse to exercise more diligence with the completion of documentation in the inmate-patient's medical chart.

At the time of the audit, since there were no new inmate-patient arrivals, the auditors were unable to observe the intake screening process. However, the auditors interviewed nursing staff about the intake process. It was determined by the auditors that medical staff are following all proper protocols.

While on site the auditors observed three pill calls; there were eight inmate-patients on Direct Observation Therapy medication, the RNs followed all medication administration protocols. As a result of the facility discovering contraband (narcotics) in liquid medication bottles just prior to the last onsite audit in September 2014, a “No Keep-on-Person” policy for liquid medication such as eye drops, oral rinses, and anti-fungal preparations was implemented and remains in place. Any inmate-patient who requires a liquid KOP can visit medical 24 hours a day to receive these medications. Additionally, prior to transferring from the facility, the inmate-patients take their medication to the nurse, who verifies the medications against the current pharmacy profile to assure the inmate-patient is not sent to another facility with discontinued and/or unordered medications.

TMCCF Health Care Staff – Primary Care Provider

The physician auditor completed a total of twelve chart reviews, four of which were completed by the Physician Oversight and eight were completed by the PA. While conducting the chart review on the PA and physician; two extreme departures were discovered in the charts completed by the PA. One asthmatic inmate-patient received his scheduled chronic care asthma appointment in March of 2015, however the PA did not take into consideration that the Asthma Control Assessment Tool (ACAT) had a score of 13 which indicates poor asthma control. Based on the ACAT, the PA should have checked the inmate-patient’s peak flow, which was not conducted nor was an order of inhaled steroids prescribed. The other extreme departure was for an inmate-patient who complained of constipation, abdominal pain and rectal bleeding for a two week time period. The PA did not perform a rectal or abdominal examination on this inmate-patient, he also failed to document that he had a discussion with the inmate-patient on his urinary frequency and hesitancy. However, after verbally conversing with the PA the physician-auditor determined that the treatment of the inmate-patient was appropriate based medical protocol yet improvements could be made in documentation.

The physician auditor observed the PA conduct five sick call appointments, one chronic care appointment and one post-operative follow up appointment. The auditor found the PA’s subjective and objective assessment of the inmate-patients, diagnoses, treatment plans, and follows up processes to be adequate. However, the auditor noticed that the PA deviated from established clinical protocols when ordering a PSA (Prostate Specific Antigen) screening test. The auditor educated the PA on the current established criteria for care, after which the PA acknowledged understanding of the information provided and agreed to follow the criteria for PSA tests. Overall, review of the PA’s documentation in the medical charts and physical observation of the care provided to the inmate-patients was appropriate and medically sound; however some of the PA’s chart documentation was scant and did not give a full representation of the encounter. The physician-auditor discussed with the PA the need to ensure his documentation provides enough detail to determine the adequacy of treatment. The physician-auditor will follow the PA’s progress by notifying the contract physician responsible for medical oversight and conducting periodic chart reviews over the next three months.

RECENT OPERATIONAL CHANGES

Subsequent to the previous audit, TMCCF entered into a contract with Quest Diagnostics, a health care diagnostic company, to provide clinical laboratory services for the facility. Currently, TMCCF is awaiting supplies (syringes and specimen vials) from Quest Diagnostics, upon receipt of the supplies TMCCF nurses are anticipating on drawing labs May 1, 2015. Laboratory services being drawn at the MCCF will eliminate the need to transport inmate-patients to the hub institution for these services and will reduce the number of inmate-patient transports to the hub.

EMERGENCY MEDICAL RESPONSE DRILL

An emergency medical response drill involving an inmate-patient in cardiac arrest was conducted during the onsite audit on April 8, 2015. The mock medical drill was staged in the chow hall with a voluntary inmate-patient assuming the role of the unresponsive, pulseless, non-breathing victim. The PA assumed the lead role of the drill, while nursing staff and custody officers assisted in the drill.

The audit team did not observe any deficiencies during the emergency response drill. It should be noted that the PA has been instrumental in the implementation of the EMRRC committee and in conducting emergency response drills on all shifts. This is a significant improvement from the previous audit.

PRIOR CAP RESOLUTION

During the September 2014 audit, TMCCF received an overall rating of 81.1% compliance; resulting in a total of 25 CAP items. The September 2014 audit CAP items are as follows:

1. *THE FACILITY DOES NOT HAVE AN APPROVED CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN.* (Chapter 6, Question 1) During the September 2014 audit, the facility received a rating of 0.0% compliance in this area. The facility's CAP stated that they would develop, implement and maintain a CQI plan. During the onsite audit, the facility provided the audit team with documentation showing that a CQI plan has been implemented. The audit team found that the corrective action taken by TMCCF has had 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. *THE RN'S DO NOT DOCUMENT THAT THEY REVIEWED THE INMATE-PATIENT'S DISCHARGE PLAN UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY HOSPITAL EMERGENCY DEPARTMENT.* (Chapter 8, Question 4) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***This corrective item is considered resolved.***
3. *THE RN'S DO NOT DOCUMENT THEIR FACE-TO-FACE EVALUATION OF INMATE-PATIENT'S UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY HOSPITAL EMERGENCY DEPARTMENT.* (Chapter 8, Question 5) During the September 2014 audit, the facility received a rating of 0.0%

compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***This corrective item is considered resolved.***

4. ***INMATE-PATIENTS DO NOT RECEIVE A FOLLOW-UP APPOINTMENT WITH A PCP WITHIN THE SPECIFIED TIMEFRAME UPON THEIR RETURN TO THE FACILITY FROM THE COMMUNITY HOSPITAL EMERGENCY DEPARTMENT.*** (Chapter 8, Question 6) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***This corrective item is considered resolved.***
5. ***THE FACILITY DOES NOT HAVE AN EMERGENCY MEDICAL RESPONSE REVIEW COMMITTEE (EMRRC).*** (Chapter 8, Question 7) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the onsite audit, the facility provided the audit team with documentation showing that a committee has been established. The audit team found that the corrective action taken by TMCCF has had 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.***
6. ***THE RN'S ARE NOT DOCUMENTING THAT THEY ARE CHECKING THAT THE EMERGENCY MEDICAL RESPONSE BAGS ARE SECURED WITH A SEAL ON EVERY SHIFT.*** (Chapter 9, Question 1) During the Septemeber 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor checked the emergency medical response bags and the facility received a rating of 100% compliance. ***The corrective item is considered resolved.***
7. ***THE FACILITY DOES NOT HAVE A PORTABLE SUCTION DEVICE.*** (Chapter 9, Question 3) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor checked the newly purchased portable suction device and the facility received a rating of 100% compliance. ***The corrective item is considered resolved.***
8. ***THE RN'S ARE NOT CHECKING OR DOCUMENTING THE FACT THE OXYGEN MACHINE IS CHECKED ON EACH SHIFT FOR OPERATIONAL READINESS.*** (Chapter 9, Question 6) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the facility received a rating of 50.0% compliance. Although a significant improvement in scores from the previous audit, the target compliance rating of 85.0% was not achieved. ***Therefore this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.***
9. ***THE RN'S ARE NOT CHECKING OR DOCUMENTING THE FACT THAT THE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IS CHECKED ON EACH SHIFT FOR OPERATIONAL READINESS.*** (Chapter 9, Question 8) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor checked the AED log as verification the facility was checking the AED daily. The facility received a rating of 100% compliance. ***The corrective action item is considered resolved.***
10. ***THE PCP IS NOT CONSISTENTLY DOCUMENT THAT THEY EXPLAINED THE NEWLY PRESCRIBED MEDICATION TO INMATE-PATIENTS.*** (Chapter 14, Question 2) During the September 2014 audit, the facility received a rating of 62.7% compliance. During the current audit the nurse

auditor reviewed medical records which the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**

11. **THE INMATE-PATIENTS AT THE FACILITY DO NOT TAKE ALL KEEP ON PERSON (KOP) MEDICATIONS TO THE DESIGNATED RN PRIOR TO TRANSFERRING OUT OF THE FACILITY.** (Chapter 14, Question 10) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**
12. **THE RN'S ARE NOT VERIFYING THE INMATE-PATIENT'S CURRENT MEDICATION PROFILE PRIOR TO THE INMATE-PATIENT TRANSFERRING OUT OF THE FACILITY.** (Chapter 14, Question 11) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**
13. **THE SICK CALL MONITORING LOG DID NOT INCLUDE CONSISTENT DOCUMENTATION THAT THE INMATE-PATIENTS WERE SEEN WITHIN THE SPECIFIED TIMEFRAMES SET FORTH IN THE SICK CALL POLICY.** (Chapter 15, Question 1) During the September 2014 audit, the facility received a rating of 43.2% compliance. During the current audit the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**
14. **THE EMERGENCY ROOM/HOSPITAL MONITORING LOG DID NOT INCLUDE CONSISTENT DOCUMENTATION THAT THE INMATE-PATIENTS WERE SEEN WITHIN THE SPECIFIED TIMEFRAMES UPON RETURN FROM THEIR EMERGENCY ROOM/HOSPITAL VISIT.** (Chapter 15, Question 3) During the September 2014 audit, the facility received a rating of 20.0% compliance. During the current audit the facility received a rating of 75.0% compliance. Although a marginal improvement from the previous audit, the facility failed to achieve the target compliance rating of 85.0%. **Therefore this corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.**
15. **THE INITIAL HEALTH APPRAISAL MONITORING LOG DID NOT INCLUDE CONSISTENT DOCUMENTATION THAT THE INMATE-PATIENTS RECEIVED AN INITIAL HEALTH APPRAISAL WITHIN 14 CALENDAR DAYS OF ARRIVAL.** (Chapter 15, Question 5) During the September 2014 audit, the facility received a rating of 53.7% compliance. During the current audit the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**
16. **THE MEDICAL STAFF IS NOT CONSISTENTLY DOCUMENTAING THEIR DISCUSSION OF THE RISKS AND BENEFITS OF REFUSING A MEDICAL APPOINTMENT WITH INMATE-PATIENTS.** (Chapter 17, Question 2) During the September 2014 audit, the facility received a rating of 16.7% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. **The corrective action item is considered resolved.**
17. **THE FACILITY RN DOES NOT COMPLETE FACE-TO-FACE (FTF) EVALUATIONS UPON INMATE-PATIENTS' RETURN FROM A SPECIALTY CARE APPOINTMENT.** (Chapter 19, Question 4) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the facility received a rating of 75.0% compliance. Although a significant improvement

from the previous audit, the facility failed to achieve the target compliance rating of 85.0%. ***This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.***

18. ***THE FACILITY RN DOES NOT NOTIFY THE PCP OF ANY IMMEDIATE MEDICATION ORDERS OR FOLLOW-UP INSTRUCTIONS FROM THE SPECIALTY CONSULTANT, UPON THE INMATE-PATIENTS' RETURN FROM A SPECIALTY CARE APPOINTMENT.*** (Chapter 19, Question 5) During the September 2014 audit, the facility received a rating of 0.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 50.0% compliance. Although a significant improvement from the previous audit, the target compliance rating of 85.0% was not attained. ***This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.***
19. ***THE PCP DOES NOT REVIEW THE CONSULTANT'S REPORT AND SEE INMATE-PATIENTS WITHIN THE SPECIFIED TIMEFRAME, UPON THEIR RETURN FROM A SPECIALTY CARE APPOINTMENT.*** (Chapter 19, Question 6) During the September 2014 audit, the facility received a rating of 16.7% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***The corrective action item is considered resolved.***
20. ***THE PCP DOES NOT CONSISTENTLY REVIEW, INITIAL, AND DATE INMATE-PATIENTS' DIAGNOSTIC REPORT WITHIN TWO DAYS OF RECEIPT.*** (Chapter 7, Question 2) During the September 2014 audit, the facility received a rating of 75.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 80.0% compliance. Although a slight improvement from the previous audit, the target compliance rating of 85.0% was not attained. ***This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.***
21. ***INMATE-PATIENTS DO NOT RECEIVE WRITTEN NOTIFICATION ON A CONSISTENT BASIS OF DIAGNOSTIC TESTS WITHIN THE SPECIFIED TIMEFRAME.*** (Chapter 7, Question 4) During the September 2014 audit, the facility received a rating of 75.0% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***The corrective action item is considered resolved.***
22. ***FIRST LEVEL HEALTH CARE APPEALS ARE NOT CONSISTENTLY BEING PROCESSED WITHIN THE SPECIFIED TIMEFRAMES.*** (Chapter 10, Question 4) During September 2014 audit, the facility received a rating of 60.0% compliance. During the onsite audit, the facility provided the audit team with the First level health care appeals tracking log as proof of practice. The audit team found that the corrective action taken by TMCCF has had 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.***
23. ***THE FACILITY IS NOT CONSISTENTLY LOGGING ALL SCREENED/REJECTED FIRST LEVEL HEALTH CARE APPEALS.*** (Chapter 10, Question 5) During the September 2014 audit, the facility received a rating of 80.0% compliance. During the onsite audit, the facility provided the audit team with the First level health care appeals tracking log as proof of practice. The audit team found that the corrective action taken by TMCCF has had 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.***

24. ***MEDICAL STAFF DID NOT CONSISTENTLY REORDER CURRENT PRESCRIPTION MEDICATIONS WITHIN 8 HOURS OF INMATE-PATIENTS' ARRIVAL AT THE FACILITY, NOR WERE THE INMATE-PATIENTS SEEN BY A PCP ON A CONSISTENT BASIS WITHIN 24 HOURS.*** (Chapter 12, Question 8) During the September 2014 audit, the facility received a rating of 33.3% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 100% compliance. ***The corrective action item is considered resolved.***

25. ***STAFF DO NOT CONSISTENTLY COMPLETE THE S.O.A.P.E. NOTE ON THE CDCR 7362, HEALTH CARE SERVICES REQUEST AND/OR CDCR 7230, INTERDISCIPLINARY PROGRESS NOTE OR SIMILAR FORM.*** (Chapter 18, Question 6) During the September 2014 audit, the facility received a rating of 66.7% compliance. During the current audit the nurse auditor reviewed medical records which the facility received a rating of 0.0% compliance. This was a significant decline from the previous audit, the target compliance rating of 85.0% was not attained. ***This corrective action item is considered unresolved and will be the subject of monitoring during subsequent audits.***

CONCLUSION

The audit team found that TMCCF has taken significant steps in their efforts to improve their deficiencies identified from the September 2014 audit. Overall compliance has risen by 9.7 percentage points. Although this is an improvement, TMCCF will need to reestablish local operating procedures pertaining to ADA. In addition, nursing staff have been advised that it is their responsibility to conduct full assessments of all inmate-patients during the sick call process and provide the appropriate documentation utilizing the S.O.A.P.E. process. The physician auditor clearly instructed the physician providing medical oversight to the PA that they will need to conduct more frequent reviews of the PA's charting to ensure there is adequate information to appropriately detail the course of action.

STAFFING UTILIZATION

Prior to the onsite audit at TMCCF, 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 five days per week, four hours a day. The facility continues to maintain compliance with these requirements.

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 voiced concerns for accessing or submitting the CDCR Form 7362, *Health Care Services Request*.
2. Regarding questions 5 through 8 – No negative responses. None of the six inmate-patients interviewed voiced concern for accessing or submitting the CDCR 602-HC forms. None of the inmate-patients interviewed stated that they had trouble filling out the forms but did identify that there are resources available for those inmate-patients who have trouble filling out the forms.

During the interview process one inmate-patient expressed unyielding frustration relating to the process in receiving his prescription eyeglasses. In April 2014, the inmate-patient was transferred from Chuckawalla Valley State Prison (CVSP) to TMCCF, prior to his departure a CDCR 7371, Health Care Transfer Information form was filled out, stating that he departed with a medical prosthetic device (prescription glasses), however the sending facility did not fill in the nature of the prosthetic device. Prior to the inmate-patient's departure from CVSP, at the direction of custody staff his glasses were placed within his property for transport. Upon the inmate-patient's arrival at TMCCF his prescription glasses could not be located. The inmate-patient stated that TMCCF secured an appointment with Wasco State Prison (WSP) optometry on October 3, 2014 to receive new glasses. On November 17, 2014 inmate-patient received his new glasses, but the glasses received had the wrong prescription. The inmate-patient allegedly claimed that the medical staff at TMCCF contacted WSP to advise them of the mix up in prescription. Within the conversation with the auditor the inmate-patient stated that WSP medical staff to use his original prescription from CVSP. This information was discussed with the lead Registered Nurse at TMCCF. The nurse confirmed that the inmate-patient had a valid issue with his prescription and that the inmate-patient had filed a health care appeal on November 17, 2014. The auditor confirmed that a first level appeal was filed and denied on December 1, 2014 by the clinical administrator at TMCCF. A second level appeal was filed on January 20, 2015 and was denied by WSP medical staff on February 26, 2015. As a follow up to the above issue, on April 24, 2015, the Specialty Care LVN at WSP stated in an email to the Health Care Appeals Coordinator in PPCMU, the inmate-patient in question would be required to return to WSP in order to have the prescription corrected, as the previous prescription the inmate-patient stated he wanted to use from CVSP had expired. In addition, the frames the inmate-patient had requested were no longer being carried. The Specialty Care LVN indicated that the inmate-patient must return to WSP to be re-examined and the corrected prescription will be ordered at no charge to the inmate-patient.

The auditor followed up with the hub to ensure the inmate-patient was seen for the scheduled appointment on May 8, 2015; the hub confirmed that the patient was seen, his new glasses have been ordered and no charges were incurred. The new glasses are scheduled to arrive in four to six weeks (Mid June 2015). The PPCMU staff will follow up with the facility to ensure that the inmate-patient received the new glasses within the stated timeframe. The medical staff at TMCCF upon being made aware of the above problem took the appropriate steps to rectify the problem and assist the inmate-patient in securing his prescription glasses.

3. Regarding questions 9 through 23 – Not applicable. The facility does not currently house any inmate-patients with qualifying disabilities.

The audit team met with four members of the IAC. All four of the IAC members arrived at TMCCF within the first few months of the facility's activation and were able to provide detailed information to the auditors with regards to medical care being provided at the facility. Below are some of the concerns that the IAC members informed the auditors:

1. Several inmate-patients who require prescription glasses have had issues with their prescription frames breaking as a result of the lens being too big for the frames. The auditors addressed this with medical staff and it was confirmed that in the last two months TMCCF has sent more than four prescription glasses, all of which were broken in the same location on the frames to WSP

for repair. It should be noted that TMCCF has sent more than 17 pairs of glasses for repairs in the last few months for various reasons. On the monthly TMCCF conference call, which took place on April 10, 2015; TMCCF staff addressed this issue at which time the CEO at WSP stated that he would look into the issue and get back to TMCCF staff.

2. The IAC member's main concern was that most inmate-patients do not utilize medical services for fear of going to WSP and being kept there for arbitrary reasons. The IAC members stated that inmate-patients like consistency and they like their programs. However, there are medical services that are available at WSP that are not available at TMCCF.

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

Audit Dates: April 7-8, 2015

CAP Date: May 21, 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
3 1	The facility does not have a local operating procedure to track and monitor Disability Placement Program (DPP) inmate-patients and their accommodation(s).				Not Completed / In Progress / Completed [DATE]
3 2	The facility does not have a local operating procedure to track the provision of health care appliances for all DPP inmate-patients.				Not Completed / In Progress / Completed [DATE]
3 3	The facility does not have a local operating procedure to track the repair of health care appliances for all DPP inmate-patients.				Not Completed / In Progress / Completed [DATE]
3 4	The facility does not have a local operating procedure that explains provision of interim accommodation to a DPP inmate-patient while an appliance is ordered, repaired, or is in the process of being replaced.				Not Completed / In Progress / Completed [DATE]
3 5	The facility does not have a local operating procedure that defines a process to add or remove an inmate-patient from the DPP list.				Not Completed / In Progress / Completed [DATE]
3 6	The facility does not have a local operating procedure defining the requirement to establish and document effective communication between health care staff and an inmate-patient during each clinical encounter.				Not Completed / In Progress / Completed [DATE]
7 2	The PCP does not consistently review, initial and date inmate-patients' diagnostic tests within the specified timeframe.				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
8	10	The facility does not document the response times of Basic Life Support (BLS) certified medical staff during emergency medical response and/or drills.				Not Completed / In Progress / Completed [DATE]
8	11	The facility does not document the response times of Advanced Cardiac Life Support (ACLS) certified medical staff during emergency medical response and/or drills.				Not Completed / In Progress / Completed [DATE]
9	6	The RN's are not consistently verifying oxygen tanks are three-fourths full when conducting operational readiness checks on each shift.				Not Completed / In Progress / Completed [DATE]
9	11	The facility does not have spill kits in any of the designated areas.				Not Completed / In Progress / Completed [DATE]
11	12	The RN's are not consistently accounting for all sharps at the end of each shift.				Not Completed / In Progress / Completed [DATE]
12	12	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]
15	3	The facility's emergency/hospital services monitoring logs lack documentation that inmate-patients are consistently seen within the specified timeframes as set forth in the emergency/hospital services policy				Not Completed / In Progress / Completed [DATE]
15	4	The documentation in the facility's chronic care log showed that inmate-patients scheduled for chronic care appointments are not consistently seen within the specified timeframes.				Not Completed / In Progress / Completed [DATE]

