

April 2013 TUCSON COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]		X		<p>4/29/2013 10:59 AM Entered By: Marlena Bedoya</p> <p>For the month of April, as of 4/29/2013, there have been (8) Minors that have arrived on Tucson Rincon Minors yard. Per documentation (or lack there of) in the charts, below are the findings:</p> <p><b>Inmate</b> - Arrived 4/03. Initial Nursing assessment 4/03. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/04. Initial Nursing assessment 4/04. To date no Physical, labs, PPD has been done. The IM has also not been seen for a medical issue. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/08. Initial Nursing assessment 4/09. The PPD was planted, but never read therefore; will need to be redone. To date no Physical, or labs, have been done. The initial Dental exam was performed 4/12, and bite-wing Xrays were taken.</p> <p><b>Inmate</b> - Arrived 4/17. Initial Nursing assessment 4/17. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/18. Initial Nursing assessment 4/18. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/23. Initial Nursing assessment 4/23. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/24. Initial Nursing assessment 4/24. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p><b>Inmate</b> - Arrived 4/24. Initial Nursing assessment 4/24. To date no Physical, labs, PPD has been done. No initial Dental exam has been performed, or bite-wing Xrays taken.</p> <p>It should be noted that per the posted Security Officer, there has not been a mid-level Provider or Physician line held on this yard in (4) weeks.</p>	2

## April 2013 TUCSON COMPLEX

2	<p>Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]</p>	X			<p>4/29/2013 11:08 AM Entered By: Marlena Bedoya            For the month of April, as of 4/29/2013, there have been (8) Minors that have arrived on Tucson Rincon Minors yard. Per documentation in the charts, below are the findings:</p> <p><b>Inmate</b> - Arrived 4/03. Mental Health Assessment 4/03.</p> <p><b>Inmate</b> - Arrived 4/04. Mental Health assessment 4/04.</p> <p><b>Inmate</b> - Arrived 4/08. Mental Health assessment 4/10.</p> <p><b>Inmate</b> - Arrived 4/17. Mental Health assessment has not been completed. This was brought to the attention of the Psychologist for Minors.</p> <p><b>Inmate</b> - Arrived 4/18. Mental Health assessment was done, but the document is not dated.</p> <p><b>Inmate</b> - Arrived 4/23. Mental Health assessment 4/23.</p> <p><b>Inmate</b> - Arrived 4/24. Mental Health assessment 4/24.</p> <p><b>Inmate</b> - Arrived 4/24. Mental Health assessment 4/24.</p> <p>Overall, this auditor is giving this performance measure a (Green) finding.</p>	2
---	---	---	--	--	--	---

### Corrective Action Plans for Performance Measure: Intake (Q)

**1 Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]**

**Level 2 Amber User: Marlena Bedoya Date: 4/29/2013 10:59:58 AM**

Corrective Plan: Is a physical examination completed by a medical provider by day two (Business Day)(2) of the intake process? Alhambra, Perryville, Tucson Minors only

physical exam is not required by day 2. Per policy and NCCHC PE-04 we have up to 7 calendar days after admission to facility to complete a physical exam.

Corrective Actions: At this time- Approved per Marlena.

**April 2013 TUCSON COMPLEX**

<b>Sick Call (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>4/29/2013 12:25 PM Entered By: Marlana Bedoya RINCON MINORS:</p> <p>NO. Audit was conducted on 4/29. This auditor could only find patient appointment signature sheets for 4/05 &amp; 2/24. All other dates for the entire month did not exist re: (4/01, 4/02,4/03,4/04,4/08, 4/09,4/10,4/11,4/12,4/15,4/16, 4/17, 4/18, 4/19,4/22,4/23,4/25,&amp; 4/26).It should also be noted that per the posted Security Officer, there has not been a mid-level Provider, or Physician to the yard in four weeks. Pre-made Doctor line signature sheets were found dtd 4/11 &amp; 4/25, but the Pysician was a no-show for both lines.</p> <p>4/28/2013 12:54 PM Entered By: Marlana Bedoya CIMARRON:</p> <p>NO. Audit was conducted on 4/26 for this yard. On this date the Medical Unit supervisor was not available. Nursing staff stated that the job is being shared at present between two Supervisors due to staffing shortages throughout the complex.</p> <p>There are two Nurse lines that are to take place each day. One for the North yard, and one for the South yard.</p> <p>This auditor requested any explanation as to why there were no Nurse line appointment sheets for 4/01, 4/02, 4/03, 4/04, 4/05, and 4/26. One Nurse present only produced (2) IRs for the North yard for 4/01 and 4/02. The IRs were written to his Nursing Supervisor, and not to ADC Cimarron Operations. The reasons he listed on the IRs that prevented him from doing the lines are normal day to day duties re; pill call, dietary, and a medical record that he stated took priority over conducting a Nurseline on 4/01 &amp; 4/02. He also stated that on 4/02 he was diverted by this Monitor in asking him questions. I was requested by the Complex Warden to go and evaluate logs, as there had been a Narcotic error that had occurred. I was with this Nurse and asked questions for approximately 10 minutes that morning.</p> <p>Since staff could not produce any information; it is assumed that no sick call lines were conducted on the dates noted above, in April.</p> <ul style="list-style-type: none"> <li>- This auditor counted only 29 Provider line visits for the entire month of April, with over 140 IMs waiting to be seen.</li> <li>- Currently there is a 227 IM backlog, waiting to be seen on Nurseline.</li> <li>- Per the logs available, Nurses routinely see 4-6 IMs per day from each yard.</li> </ul> <p>4/27/2013 10:41 PM Entered By: Marlana Bedoya RINCON WEST MEDICAL:</p>	1

## April 2013 TUCSON COMPLEX

NO. Audit was conducted on 4/24 for this yard. On this date the Medical Unit supervisor was not available. On this day, the entire complex experienced a power outage. The Provider line that was scheduled to take place had to be cancelled due to lock-down.

This auditor requested any explanation as to why there were no Nurseline appointment sheets for 4/03, 4/08, 4/09, and 4/12. The Nurses present could not produce any information. Therefore, it is assumed that no sick call lines were conducted on the above four days in April. There were also no IRs completed documenting such, that staff could produce.

- During the audit, Nursing staff seemed completely overwhelmed with the amount of work they were tasked with handling.
- This auditor noted 110 records on the Provider Review shelf. Two serious cases are noted in the "Provider review" section of this month's MGAR. The two were escalated in the chain of command, and the local backlog was also brought to the Corizon Complex Manager's attention.
- I counted only 20 Provider line visits for the entire month of April, with over 150 IMs waiting to be seen.
- There were charts everywhere, making it very difficult to conduct the audit.
- Nursing reported that beginning each day at approximately 1500, that the unit has become an Emergency Room, making it extremely difficult for staff to complete all of the duties required per shift.
- Of the encounters that were recorded onto appointment logs, this auditor counted (81) emergency and/or ICSSs for the month thus far. This means Nursing must drop everything they are doing and respond. If the IM is sent out to an emergency room, additional administrative documentation must be completed as well.

It is highly recommended that Corizon look at increasing the staffing compliment on this yard by at least (1) staff member on both shifts.

4/27/2013 7:56 PM Entered By: Marlana Bedoya

WINCHESTER: NO. Audit was conducted on 4/24 for this yard. On this date the Medical Unit supervisor was questioned regarding notes made on the appointment logs dtd 4/05 & 4/19. The logs were blank and "YARD ON LOCKDOWN" was noted. This auditor requested to see the documented Information Report indicating such for the two dates. The Supervisor could not produce them. This auditor made liaison with CAPT Stout of Winchester yard. He researched Operational records verifying the yard was NOT on lock down on those two dates therefore; Nurse line was not conducted on the two days indicated. There was also no appointment list that could be found for 4/09. This date could also not be justified by the Supervisor. Hence, no sick call lines were conducted on 4/05, 4/09, and 4/19.



April 2013 TUCSON COMPLEX

				<p>4/27/2013 6:44 PM Entered By: Marlena Bedoya SANTA RITA: NO. Audit was conducted on 4/23 for this yard. On this date the Medical Unit supervisor could not show documentation which proved Nursing line was conducted on 4/05, 4/11, 4/12, 4/17, 4/18, and 4/19. He believes that both copies may have been sent to the Complex Business Office in error. This auditor gave him the opportunity to produce the documentation, as she was on the yard all day. He did not do so.</p> <p>4/17/2013 1:34 PM Entered By: Marlena Bedoya CATALINA: YES.</p> <p>4/11/2013 2:08 PM Entered By: Marlena Bedoya MANZANITA: YES.</p> <p>4/10/2013 2:20 PM Entered By: Marlena Bedoya WHETSTONE: YES.</p>	
2	<p>Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]</p>		X	<p>4/29/2013 12:45 PM Entered By: Marlena Bedoya Complete.</p> <p>4/29/2013 12:44 PM Entered By: Marlena Bedoya RINCON MINORS:</p> <p><b>Inmate</b> - NO. HNR dtd 4/06. To date, there are no notes in chart where IM was seen.</p> <p><b>Inmate</b> - Per initial intake assessment dtd 4/03, IM was to be seen regarding a medical issue. To date, there are no notes in chart where IM was seen.</p> <p><b>Inmate</b> - NO. HNR dtd 4/27. To date, there are no notes in chart where IM was seen.</p> <p><b>Inmate</b> - NO. HNR dtd 4/25 to speak to MH. To date, there are no notes in chart where he was seen. Brought to the attention of Minor's Psychologist.</p> <p><b>Inmate</b> - NO. HNR dtd 4/19. To date IM has not been seen for the issue. Another HNR dtd 3/02. IM was not seen until 4/05/13.</p> <p><b>Inmate</b> - NO. HNR dtd 4/17. To date IM has not been seen for the issue.</p> <p>4/28/2013 2:30 PM Entered By: Marlena Bedoya CIMARRON:</p> <p><b>Inmate</b> - N/A. Seen as an emergency.</p> <p><b>Inmate</b> - N/A. Seen as an emergency.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> -NO. HNR submitted 4/01. Seen 4/11 &amp; 4/12.</p> <p>4/28/2013 11:48 AM Entered By: Marlena Bedoya RINCON WEST MEDICAL:</p>	1

April 2013 TUCSON COMPLEX

Inmate [REDACTED] - NO. HNRs were submitted on 4/05 & 4/10 for the same issue. IM seen on 4/18 however, this auditor could not find his name logged as seen on any appointment log.

Inmate [REDACTED] - NO. HNRs submitted on 4/02 & 4/06. Neither issue has been addressed by Nursing to date.

Inmate [REDACTED] - NO recent HNRs in chart.

Inmate [REDACTED] - There was no HNR located in the chart, as to why the IM was seen on 3/27. IM was referred to the Provider this date, and has yet to be seen.

Inmate [REDACTED] - YES. Last HNR in chart was an Emergency HNR dtd 2/27, IM was seen 2/27.

Inmate [REDACTED] - There was no recent HNR in chart. Chart found with numerous items loose in it, to include lab results dtd 4/20 that had not been reviewed yet.

Inmate [REDACTED] - There was no recent HNR in chart.

4/27/2013 8:17 PM Entered By: Marlena Bedoya  
WINCHESTER:

Inmate [REDACTED] - NO. HNR - 4/15. Seen - 4/22.

Inmate [REDACTED] - NO. HNR - 4/11. Seen - 4/22.

Inmate [REDACTED] - NO. HNRs dtd 2/08 & 3/14 same issue. Seen 2/12.

Inmate [REDACTED] - NO. HNR dtd 4/07. Seen 4/16.

Inmate [REDACTED] - NO. HNR dtd 4/05. Only a comment on the HNR was dtd 4/11.

Inmate [REDACTED] - NO. HNR dtd 4/02. Seen 4/16.

Inmate [REDACTED] - NO. HNR dtd 4/02. Seen 4/16.

Inmate [REDACTED] - NO. HNRs dtd 4/06, IM not seen to date. (Brought to the attention of Supervisor).

YES. HNR dtd 4/15. Seen 4/16.

4/27/2013 6:54 PM Entered By: Marlena Bedoya  
SANTA RITA:

Inmate [REDACTED] - NO. HNR - 4/04. Seen - 4/22.

Inmate [REDACTED] - NO. (2) HNRs on 4/02 for separate issues. Seen for one issue 4/10. Second issue not addressed. (Brought to the attention of the Supervisor).

Inmate [REDACTED] - NO. HNR - 4/08. IM not seen yet. (Brought to the attention of the Supervisor).

Inmate [REDACTED] - YES. Emergency HNR dtd 4/16. Seen 4/16.

Inmate [REDACTED] - NO. HNRs dtd 1/26 & 3/06 for same issue. Not seen until 4/15.

Inmate [REDACTED] - No HNR located in chart. Issue not an emergency, but seen on 4/22.

Inmate [REDACTED] - NO. HNR dtd 4/01. Seen 4/09.

Inmate [REDACTED] - NO. Last HNR in chart dtd 12/08/12. Seen 12/12/12. Referred to the Provider. IM not seen by Provider until 4/15 for the issue.

Inmate [REDACTED] - NO. HNR dtd 4/15. Seen

April 2013 TUCSON COMPLEX

4/17.

Inmate - YES.

4/17/2013 2:03 PM Entered By: Marlana Bedoya  
CATALINA:

Inmate - NO. HNR submitted: 3/11. IM not seen, only a note was written to the IM on the HNR. HNR submitted: 3/27 (same issue/CC medications renewal). IM was seen that day.

Inmate - N/A. No recent HNRs.  
Inmate - NO. HNR submitted: 3/05. Seen: 3/08.

Inmate - N/A. No recent HNRs.  
Inmate - Submitted emergency HNR for chest pains 4/07. Seen that night for ICS and sent to E.R.

Inmate - NO. Submitted HNR on 3/26. Not seen by Nursing yet. Brought to the attention of Nursing. Submitted another HNR on 4/02. Seen on 4/04.

Inmate - NO. Submitted HNR: 3/10. Seen: 3/14. Submitted HNR: 4/10. Seen 4/11.

Inmate - N/A. No recent HNRs.  
Inmate - NO. Submitted HNRs for same reason 3/11, 3/18, 3/27, and 4/05. Only seen on 3/20 by Provider. Submitted HNR 3/14 & 3/20 requesting to be seen by Psych. IM was not seen until 3/26. Submitted HNR on 3/20. Seen 3/22.

4/15/2013 10:32 AM Entered By: Marlana Bedoya  
MANZANITA:

Inmate - NO. IM submitted HNR 3/30. Seen 4/03.

Inmate - N/A. IM seen 4/05 due to a workcrew injury.

Inmate - NO IM submitted HNR 1/27. Seen 1/31 and was told he would be referred to the Provider line. IM submitted an HNR on 2/22 for the (same issue), requesting to know when he would be seen.

Inmate - NO. IM submitted HNR 2/11. Seen 2/19 and was told he would be referred to the Provider line.

Inmate - NO. IM submitted HNR 3/12. Seen 3/19. IM submitted HNR 4/01. Seen 4/08.

Inmate - NO. IM submitted HNR 2/14. Seen 2/22 and was told he would be referred to the Provider line.

Inmate - NO. IM submitted HNR 3/30. Seen 4/05.

Inmate - N/A. No recent HNRs.  
Inmate - N/A. No recent HNRs, but IM was seen 4/03 not for an emergent issue.

Inmate - NO. IM submitted HNR 4/05. Seen 4/08.

4/10/2013 1:37 PM Entered By: Marlana Bedoya  
WHETSTONE:

Inmate - HNR dtd 2/26 (Cardiac issues). IM not seen to date. (Brought to the Supvs attention that date).

April 2013 TUCSON COMPLEX

				<p><b>Inmate</b> - HNR dtd 3/29. IM not seen to date. (Brought to the Supvs attention that date).</p> <p><b>Inmate</b> - N/A. No HNRs for April. Chart pulled from Provider review back-log shelf. Found a medication order dtd 1/24/13 that had not been ordered yet. (Brought to the Supvs attention that day).</p> <p><b>Inmate</b> - NO. HNRs dtd 2/10 &amp; 3/17(same issue). IM not seen until 3/27. HNR dtd 3/28. IM not sen to date. (Brought to the Supvs attention that date).</p> <p><b>Inmate</b> - NO. HNR dtd 2/26. IM not seen until 4/04.</p> <p><b>Inmate</b> - N/A. No HNRs since 12/2012.</p> <p><b>Inmate</b> - NO. HNR dtd 3/26. No note in chart except on HNR regarding follow up.</p> <p><b>Inmate</b> - HNR dtd 3/18. Not seen to date. (Brought to the attention of the Supv, that day).</p> <p><b>Inmate</b> - NO. HNR dtd 2/05. Remarks on HNR stated --&gt; PL. Finally seen by 4/03 on PL.</p> <p><b>Inmate</b> - NO. HNR(Dental) dtd 3/25/13. Seen on 4/01/13</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X	<p>4/29/2013 1:11 PM Entered By: Marlena Bedoya RINCON MINORS:</p> <p><b>Inmate</b> - YES. Encounter dtd 4/14.</p> <p><b>Inmate</b> - NO. Encounter dtd 4/10, no weight obtained.</p> <p><b>Inmate</b> - YES. Encounter dtd 4/24.</p> <p><b>Inmate</b> - YES. Encounter dtd 3/28.</p> <p><b>Inmate</b> - NO. Encounter dtd 4/05, no vitals at all were obtained.</p> <p><b>Inmate</b> - NO. During last encounter dtd 3/09, no vitals at all wer obtained.</p> <p>4/28/2013 2:32 PM Entered By: Marlena Bedoya</p> <p><b>Inmate</b> - NO for encounter dtd 4/26, as no weight was obtained. YES for encounter dtd 4/20.</p> <p><b>Inmate</b> - NO for encounter dtd 4/02, as no weight was obtained. YES for encounter dtd 3/24.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p> <p>4/28/2013 11:53 AM Entered By: Marlena Bedoya RINCON WEST MEDICAL:</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - NO. Encounter dtd 3/29, no vitals at all were obtained.</p> <p><b>Inmate</b> - NO. Encounter dtd 3/23 (IM return from Hospital), no vitals at all were obtained. NO. Encounter dtd 4/16, no vitals at all were obtained.</p> <p><b>Inmate</b> - YES.</p> <p><b>Inmate</b> - YES.</p>	1

April 2013 TUCSON COMPLEX

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Last encounter dtd 3/17, no vitals at all were taken.

4/27/2013 8:21 PM Entered By: Marlana Bedoya  
WINCHESTER:

Inmate [REDACTED] - NO. Encounter dtd 4/22, no weight obtained.  
Inmate [REDACTED] - NO. Encounter dtd 4/22, no vitals at all taken.  
Inmate [REDACTED] - NO. Encounter dtd 4/15, no vitals at all taken.  
Inmate [REDACTED] - NO. Encounter dtd 4/16, no weight documented.  
Inmate [REDACTED] - NO. Encounter dtd 4/16, no weight documented.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/16, no weight documented.

4/27/2013 7:01 PM Entered By: Marlana Bedoya  
SANTA RITA:

Inmate [REDACTED] - YES. Encounter dtd 4/22.  
Inmate [REDACTED] - YES. On all encounters dtd 4/08, 4/10, 4/15.  
NO. Encounter dtd 4/19. No weight obtained.  
Inmate [REDACTED] - YES. Encounter dtd 4/01.  
Inmate [REDACTED] - YES. Encounter dtd 4/16.  
Inmate [REDACTED] - YES. Encounter dtd 4/15.  
Inmate [REDACTED] - NO. Encounter dtd 4/22, there were no vitals at all.  
Inmate [REDACTED] - YES. Encounter dtd 4/09.  
Inmate [REDACTED] - NO. Encounter dtd 4/02, no weight was obtained, and on encounter dtd 4/15, there were no vitals at all.  
Inmate [REDACTED] - YES. Encounter dtd 4/17.

4/17/2013 2:09 PM Entered By: Marlana Bedoya  
CATALINA:

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - Encounter dtd 3/26 - NO.  
Inmate [REDACTED] - Encounter dtd 4/09 - No weight.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - Encounter dtd 3/20 - No weight.

4/15/2013 10:36 AM Entered By: Marlana Bedoya  
MANZANITA:

Inmate [REDACTED] - YES. Encounter dtd 4/03.  
Inmate [REDACTED] - NO. Encounter dtd 4/05, no weight.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 3/19, no weight.  
Inmate [REDACTED] - NO. Encounter dtd

April 2013 TUCSON COMPLEX

				<p>2/22, no weight                  Inmate - YES.                  Inmate - N/A.                  Inmate - YES.                  Inmate - YES.</p> <p>4/10/2013 1:56 PM Entered By: Marlana Bedoya                  WHETSTONE:                  Inmate - YES.                  Inmate - YES.                  Inmate - N/A. NO note in April to audit.                  Inmate - IM not seen yet, to date.                  Inmate - Note states IM refused vitals.                  Inmate - N/A. No note in April to audit.                  Inmate - N/A. No note in April to audit.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>4/29/2013 1:13 PM Entered By: Marlana Bedoya                  RINCON MINORS:                  RINCON MINORS:                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.</p> <p>4/28/2013 2:34 PM Entered By: Marlana Bedoya                  CIMARRON:                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - NO. Encounter dtd 4/11</p> <p>4/28/2013 11:56 AM Entered By: Marlana Bedoya                  RINCON WEST MEDICAL:                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - YES.                  Inmate - NO. Last note dtd 3/17.</p> <p>4/27/2013 8:27 PM Entered By: Marlana Bedoya                  WINCHESTER:                  Inmate - YES.                  Inmate - NO. Encounter dtd 4/22.</p>	1



April 2013 TUCSON COMPLEX

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/16, no "A" was notated. In it's place, it said "Review chest with Dx of PFB. "P" stated "Waiver given". Shaving waivers are not authorized for PFB on an IMs chest.

Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] NO. Encounter dtd 4/16, no "A" was notated.  
Inmate [REDACTED] - YES.

4/27/2013 7:02 PM Entered By: Marlena Bedoya  
SANTA RITA:

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.

4/17/2013 2:10 PM Entered By: Marlena Bedoya  
CATALINA:

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.

4/15/2013 10:40 AM Entered By: Marlena Bedoya  
MANZANITA:

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/09.  
Inmate [REDACTED] - NO. Encounter dtd 4/09.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/02.

Inmate [REDACTED] - NO. Enconter dtd 4/05 the note was not finished or signed by anyone.

Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/08.

4/10/2013 2:06 PM Entered By: Marlena Bedoya  
WHETSTONE:

Inmate [REDACTED] - YES.  
Inmate [REDACTED] - YES. Encounter dtd 3/26  
Inmate [REDACTED] - Record pulled from Provider review back log shelf. N/A. NO note in April to audit.

Inmate [REDACTED] - IM not seen yet, to date.  
Inmate [REDACTED] - YES.  
Inmate [REDACTED] - NO. Encounter dtd 4/03.  
Inmate [REDACTED] - N/A. No note in April to

April 2013 TUCSON COMPLEX

				<p>audit.                  Inmate [redacted] - YES.                  Inmate [redacted] - YES.                  Inmate [redacted] - YES.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>4/29/2013 1:15 PM Entered By: Marlena Bedoya                  RINCON MINORS:                    N/A. Within the charts audited, no referrals were made. In addition, no Provider lines were conducted within the Month of April on Minors yard.                    4/28/2013 2:36 PM Entered By: Marlena Bedoya                  CIMARRON:                    Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - NO. Referral made on 4/12. As of 4/26 IM has not been seen.                    4/28/2013 12:00 PM Entered By: Marlena Bedoya                  RINCON WEST MEDICAL:                    Inmate [redacted] - NO.                  Inmate [redacted] - NO. IM required specialist follow up which has not occurred.                  Inmate [redacted] - NO. IM required specialist follow up which has not occurred.                  Inmate [redacted] - NO. IM referred on 3/27, he has yet to be seen.                  Inmate [redacted] - NO. Hospital release orders dated 2/27 state for IM to follow up with a Provider within 1-2 days. IM has yet to be seen.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                    4/27/2013 8:31 PM Entered By: Marlena Bedoya                  WINCHESTER:                    Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - NO. Referred on 2/12. IM not seen yet. (Brought to the attention of the Supervisor).                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - N/A. No referral indicated.                  Inmate [redacted] - YES.                    4/27/2013 7:07 PM Entered By: Marlena</p>	1

April 2013 TUCSON COMPLEX

Bedoya  
SANTA RITA:

Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - NO. IM referred on 4/09, not seen yet. (Brought to the attention of the Supervisor.  
Inmate [REDACTED] - NO. IM referred o 12/12. Seen on 4/15.  
Inmate [REDACTED] - YES. IM referred emergency on 4/17. Seen 4/17.

4/17/2013 2:17 PM Entered By: Marlana Bedoya

Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - NO. IM referred by Nursing on 4/04. Not seen as of 4/16.  
Inmate [REDACTED] - NO. HNR for emergency Dental. Not seen yet as of close of business 4/16.  
Inmate [REDACTED] - N/A. No referral required.  
Inmate [REDACTED] - N/A. No referral required.

4/15/2013 10:46 AM Entered By: Marlana Bedoya

MANZANITA:  
Inmate [REDACTED] - NO. IM was referred to the Provider during encounter dtd 3/14. He was not seen by a Provider until 4/09.  
Inmate [REDACTED] - N/A. Last HNR in chart dtd 10/30/12.  
Inmate [REDACTED] - NO. IM was referred to the Provider during encounter dtd 1/31. He was not seen by a Provider until 4/09.  
Inmate [REDACTED] - NO. IM was referred to the Provider during encounter dtd 2/19. He was not seen by a Provider until 4/09.  
Inmate [REDACTED] - N/A, no referral made.  
Inmate [REDACTED] - NO. IM was referred to the Provider during encounter dtd 2/22. He was not seen by a Provider until 4/02.  
Inmate [REDACTED] - N/A, no referral made.  
Inmate [REDACTED] - N/A, no referral made.  
Inmate [REDACTED] - N/A, no referral made.  
Inmate [REDACTED] - N/A, no referral made.

4/10/2013 2:10 PM Entered By: Marlana Bedoya

WHETSTONE:  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - Record pulled from Provider review back log shelf. There were labs results dtd 2/27 that had not been reviewed yet  
Inmate [REDACTED] - N/A.  
Inmate [REDACTED] - IM referred 3/28 not seen yet, to date.

**April 2013 TUCSON COMPLEX**

				Inmate - N/A. Inmate -N/A. Inmate - N/A. Inmate - N/A. Inmate - N/A. Inmate - N/A.	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		4/29/2013 1:16 PM Entered By: Marlana Bedoya RINCON MINORS: YES.  4/28/2013 2:36 PM Entered By: Marlana Bedoya CIMARRON: YES.  4/28/2013 12:00 PM Entered By: Marlana Bedoya RINCON WEST MEDICAL: YES.  4/27/2013 8:32 PM Entered By: Marlana Bedoya WINCHESTER: YES.  4/27/2013 7:07 PM Entered By: Marlana Bedoya SANTA RITA: YES.  4/17/2013 2:18 PM Entered By: Marlana Bedoya CATALINA: YES.  4/15/2013 10:46 AM Entered By: Marlana Bedoya MANZANITA: YES.  4/10/2013 2:11 PM Entered By: Marlana Bedoya WHETSTONE: YES.	1

**Corrective Action Plans for PerformanceMeasure: Sick Call (Q)**

**1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 12:25:24 PM**

Corrective Plan: Is sick call being conducted five days a week Monday through Friday (excluding holidays)?  
Compliance:

No and your report is accurate. The plan of action is to re-educate nursing staff. The Director of nursing will be in charge of this action. She will educate the staff on the proper use of entering nurse lines using the AIMS TOSS system and following through with the appointments. No lines are to be cancelled without notifying one of the contract state monitors. I will also expect an IR for the cancelled appointment and ask for a copy to be placed in the nurse and or Provider line Binder. The Director of Nursing will provide me with a daily update of all the units.

Corrective Actions: CAP: Nursing staff have been provided with instruction to complete an IR every time a line is cancelled and they are to notify the FHA. A copy of the IR is to be kept in the appointment book for the contract monitor to locate when she is doing her audits.

This is something that we will have to re-visit periodically due to all the new hires happening at this complex. This will be included during NEO\_-I.

**2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 12:45:35 PM**

Corrective Plan: Are sick call inmates being seen within 24 hours of the HNR being triaged (or immediately if

## April 2013 TUCSON COMPLEX

inmate is identified with emergent medical needs)?

Compliance

Sick calls are done by a process after an inmate submits an HNR requesting to be seen.

Once the HNR is received by medical the inmate HNR's are triaged daily and then immediately scheduled on the nursing and provider line according to level severity.

Based on the amount of HNR requests nursing staff cannot see all inmate requests within 24 hours, however; nursing staff must treat all critical, chronic care and injuries are seen within 24 hours.

Nursing and provider lines are run according to securities schedule, ICS's take precedent over nursing lines.

Corrective Actions: Approved per Marlana.

**3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 1:11:41 PM**

Corrective Plan: Duplicate question already answered

Corrective Actions: Approved per Marlana.

**5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 1:15:46 PM**

Corrective Plan: Are referrals to providers from sick call being seen within seven (7) days?

Compliance

Each unit is given two full days with a provider Monday through Friday.

The provider will see a regular scheduled medical line, and in addition will treat any necessary critical chronic care, and injuries that apply for the unit.

If a provider is needed at a unit on his non-scheduled day the provider will make provisions to visit that unit to meet the need of the inmate that requires immediate medical attention.

Sick calls are being seen by the provider within the (7) days of request.

Corrective Actions: Approved per Marlana.

April 2013 TUCSON COMPLEX

Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			<p>4/29/2013 3:04 PM Entered By: Trudy Dumkrieger Whetstone  <b>Inmate</b> Urgent consult for urology submitted 4/16/13. CT shows poss ble prostate tumor extending toward the bladder. Awaiting approval.  <b>Inmate</b> Urgent consult for total thyroidectomy, Submitted 4/10/13. Awaiting approval.</p> <p>4/30/2013 7:24 PM Entered By: Kathy Campbell</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>4/30/2013 3:26 PM Entered By: Trudy Dumkrieger amber finding</p> <p>4/30/2013 8:18 AM Entered By: Trudy Dumkrieger Whetstone  <b>Inmate</b> Lab results dated 4/11/13 not reviewed by 4/29/13.  <b>Inmate</b> X-ray done 4/12/13 not reviewed by 4/29/13.  <b>Inmate</b> Lab results for Dilantin level &lt;0.5LL. Results dated 4/5/13 Not reviewed by 4/29/13.  <b>Inmate</b> CC expired meds in provider review.Prescription rept printed 4/16/13 not reviewed by 4/29/13.  <b>Inmate</b> Cardiology consult written urgent on 6/7/12 reviewed 3/8/13 asking for more information. Faxed to Whetstone 3/12/12. It is now 4/29/13 with no review.  <b>Inmate</b> Consult report from podiatry. Seen on 4/17/13. Not reviewed as of 4/29/13. Also labs done 4/11/13 not reviewed as aof 4/29/13.  <b>Inmate</b> Consult report Dr.Grant. Seen 3/12/13 faxed back 3/15/13 not reviewed as of 4/29/13.</p> <p>4/29/2013 1:59 PM Entered By: Trudy Dumkrieger Catalina Consults  <b>Inmate</b> X-Ray done 1/18/13 not reviewed until 3/27/13. Not with the 7 day allowance.  <b>Inmate</b> Lab report dated 4/19/13 not reviewed as of 4/29/13.  <b>Inmate</b> IM submitted HNR 4/22/13 for chronic condition meds. It was sent to pharmacy who returned it saying all three meds had expired. Put on providers review is now 4/29/13 and it has not been reviewed yet.  <b>Inmate</b> X-Ray done 4/24/13 not reviewed by 4/29/13. No provider until 5/1/13.  <b>Inmate</b> lab results 3/28/13 not reviewed by 4/29/13.  <b>Inmate</b> X-Ray of lumbar done 4/24/13 not reviewed by 4/29/13 no provider until 5/1/13.</p>	2



April 2013 TUCSON COMPLEX

**Inmate** X-Ray L. shoulder done 4/24/13 not reviewed by 4/29/13. No provider until 5/1/13.

4/25/2013 2:29 PM Entered By: Trudy Dumkrieger  
Manzanita

**Inmate** neurosurgery clinic f/u. for infected cranial flap. requests a RTC 6 weeks and an I+D with in one week. Sent 4/22/13

**Inmate** CXR done 4/19/13 not reviewed by 4/25/13. Also hospital admission 4/13-4/17 not reviewed.

**Inmate** Ankle XRAYs done 4/19/13 not reviewed as of 4/25/13.

**Inmate** UMC clinic report for F/U mercury poisoning done 11/14/12 sent 4/4/13 not reviewed by provider as of 4/25/13.

**Inmate** ortho consult for medial meniscus tear written 3/13/13 denied by Corizon 4/4/13 not reviewed by provider yet.

4/18/2013 10:29 AM Entered By: Trudy Dumkrieger  
Winchester

**Inmate** Intake labs drawn 9/12/12. at Alhambra. Not reviewed there sent to Tucson with inmate. Put in for provider review. This did not occur. IM's RPR is reactive. Seen on 11/19/12 on nurse line for f/u of STD has not received treatment. Labs redrawn 3/14/13 still comes back as positive. Reviewed 3/19/13 but no orders in the chart.

Notified unit nurse to obtain orders for treatment.

4/16/2013 1:29 PM Entered By: Trudy Dumkrieger  
Rincon

**Inmate** Labs drawn 3/19/13 not reviewed by 4/15/13.

**Inmate** Seen on nurseline 1/24/13 for lipoma. Was referred to provider line 4/5/13. Neither seen or chart reviewed by 4/15/13.

**Inmate** UPH discharge 4/7/13 not reviewed by 4/15/13.

**Inmate** Altered mental status UPH ER 4/11/13 not reviewed as of 4/15/13.

**Inmate** HNR dated 3/26/13 regarding leakage of J-tube answered "pending provider review for surgical consult" on 4/15/13.

**Inmate** labs done 12/20/12 not reviewed until 2/19/13. New HCV +.

4/11/2013 9:38 AM Entered By: Trudy Dumkrieger  
Minors/CDU

**Inmate** Doxycycline needs renewed. MAR clipped to front of chart with expired 3/26 written on it.

**Inmate** Consult from onychectomy done 2/27/13 not noted yet.

**Inmate** Labs from 2/19/13 not noted yet. UA from 2/12/13 not noted yet.

**Inmate** Labs from 2/19/13 not noted yet. HNR from 2/27/13 re: acne not seen yet.

**Inmate** labs from 2/19/13 not

April 2013 TUCSON COMPLEX

				<p>noted yet. HNR from 2/18/13 not seen yet.  <b>Inmate</b> KUB report from 1/24/13 not noted yet. Also UPH ER visit from 12/27/12 not noted yet.  <b>Inmate</b> Intake 3/6/13 no PE yet.  <b>Inmate</b> intake 3/6/13 no PE yet.</p> <p>4/10/2013 2:31 PM Entered By: Trudy Dumkrieger  Winchester  <b>Inmate</b> /seen on NL 3/28/13 not reviewed by 4/10/13.  <b>Inmate</b> Labs draawn 2/20/13 not reviewed by 4/10/13.  <b>Inmate</b> operative report written 1/23/13 received 2/25/13 not reviewed as of 4/10/13. Also consult report done 8/22/12 received on 2/25/13 not reviewed by 4/10/13.  <b>Inmate</b> UPH ER visit for corneal abrasion 3/2/13 not reviewed by 4/10/13.</p> <p>4/8/2013 1:32 PM Entered By: Trudy Dumkrieger  Minors/CDU  <b>Inmate</b> Was on doxycycline. Order expired 3/26. Copy of MAR clipped to front of chart, no nursing note.  <b>Inmate</b> Consult from onychectomy done 2/27/13 not noted yet.  <b>Inmate</b> Labs from 2/19/13 not reviewed as of 4/8/13.  <b>Inmate</b> Labs from 2/19/13 and HNR regarding Acne not reviewed as of 4/8/13.  <b>Inmate</b> Labs from 2/19/13 not notified. HNR 2/18/13 not reviewed either.  <b>Inmate</b> KUB dated 1/24/13 not noted, also UPH visit 12/27/12 not reviewed.</p> <p>4/3/2013 3:38 PM Entered By: Trudy Dumkrieger  Cimarron  <b>Inmate</b> Labs done 2/22/13 not noted as of 4/2/13.  Also noted that consult written 2/7/13 for mematology for CLL approved 3/4/13.  <b>Inmate</b> labs done 3/22/13 not reviewed as of 4/2/13  <b>Inmate</b> labs done 2/15/13 not reviewed as of 4/2/13.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X		4/25/2013 3:29 PM Entered By: Trudy Dumkrieger	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		4/30/2013 2:33 PM Entered By: Trudy Dumkrieger	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		4/25/2013 3 30 PM Entered By Trudy Dumkrieger	2

## April 2013 TUCSON COMPLEX

### Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**  
**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:26:30 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

April 2013 TUCSON COMPLEX

Chronic Condition and Disease Management (Q)						
Performance Measure (Description)	Grn	Amb	Red	Notifications	Level	
1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]		X		<p>4/29/2013 2:15 PM Entered By: Trudy Dumkrieger</p> <p>Catalina CC                      Inmate HTN, DMII. Last CC visit 3/20/13. Plan yes.                      Inmate HTN. Last CC visit 1/17/13. Plan yes.                      Inmate CC IDDM, HTN. Last CC visit 2/6/13. No plan.                      Inmate CC HTN, Cardiac, and COPD. Last CC visit 1/10/13. Plan yes.                      Inmate CC DMII, and HTN. Last CC 4/3/13. Plan yes.                      Inmate Renal cell CA. SP R nephrectomy. Last visit 1/31/13. Plan yes.                      Inmate HTN, AVR. Last CC 3/2/12. Plan yes.                      Inmate CC Seizures. Last CC visit 11/10/11. Has not been seen since. Nurse informed.                      Inmate CC HTN, HCV, COPD. Last CC visit 3/27/13. Plan yes.                      Inmate CC COPD, HCV, SZS. Last CC visit 12/5/12. Plan yes.</p> <p>4/25/2013 1:10 PM Entered By: Trudy Dumkrieger                      Manzanita                      Inmate Plan yes.                      Inmate Plan yes.                      Inmate Plan no.                      Inmate Plan no.                      Inmate Plan yes                      Inmate Plan yes.                      Inmate Plan yes.                      Inmate Plan yes.                      Inmate Plan yes.                      Inmate Plan no.                      Inmate Plan yes.                      Inmate Plan no.</p> <p>4/18/2013 1:02 PM Entered By: Trudy Dumkrieger                      Manzanita                      Inmate Hep C. Plan yes.                      Inmate HIV, HCV. Plan done.                      Inmate COPD, HTN. Plan yes.</p> <p>4/17/2013 1:29 PM Entered By: Trudy Dumkrieger                      Santa Rita                      Inmate SZS, HCV. Plan done.                      Inmate SZS. Plan yes.                      Inmate Asthma. No plan.                      Inmate Asthma, HCV, DMII.No current plan.                      Inmate Asthma, Skin cancer. not occur. Plan done.                      Inmate HTN, DMII. due 7/23/13. Plan yes                      Inmate DMII. Plan yes.                      Inmate HCV. DMII. Plan yes.                      Inmate HTN. Plan yes.                      Inmate HTN, Asthma. Plan yes.</p> <p>4/16/2013 12:52 PM Entered By: Trudy Dumkrieger                      Rincon</p>	1	

April 2013 TUCSON COMPLEX

Inmate [redacted] Plan yes.  
Inmate [redacted] Cardiac, asthma, HCV, HTN.  
No chronic condition appt. in current chart.  
Inmate [redacted] HTN, DMII. Plan done.  
Inmate [redacted] COPD, HTN. Plan yes.  
Inmate [redacted] COPD, HCV. was suppose to be 1/13. Plan yes.  
Inmate [redacted] HTN, COPD. No plan.  
Inmate [redacted] COPD. OUT of compliance on CC completely.  
Inmate [redacted] Seizures. Plan yes.  
Inmate [redacted] HTN. Plan yes.  
Inmate [redacted] HTN, Cardiac, DMII. Plan yes.

4/11/2013 8:58 AM Entered By: Trudy Dumkrieger  
CDU

Inmate [redacted] Has a plan.  
Inmate [redacted] No current plan.  
Inmate [redacted] Has a plan  
Inmate [redacted] Has a plan  
Inmate [redacted] Has a plan  
Inmate [redacted] No plan  
Inmate [redacted] Has a plan  
Inmate [redacted] Has a plan  
Inmate [redacted] No plan

Minors

Inmate [redacted] No plan.

4/10/2013 11:11 AM Entered By: Trudy Dumkrieger  
Winchester

Inmate [redacted] Asthma, Cancer. Plan done 3/20/13. Arrived DOC 3/18/13. In compliance.  
Inmate [redacted] Niddm, HTN. Last chronic visit 7/31/12. Plan done.  
Inmate [redacted] HTN, IDDM. Last chronic condition 7/24/12 plan done.  
Inmate [redacted] seizures, Asthma. Last chronic condition 4/18/12 pln done.  
Inmate [redacted] Cardiac, asthma, SZS, HTN, IDDM Last chronic care 9/5/12. Plan done.

4/10/2013 10:00 AM Entered By: Trudy Dumkrieger  
Winchester

Inmate [redacted] SZS. First and last visit 11/29/12. Plan done.  
Inmate [redacted] NIDDM, HTN. First and last 5/11/12. Plan done.  
Inmate [redacted] HTN, DM Typell. First and last 11/26/12. plan done.  
Inmate [redacted] HTN, IDDM, HCV, Asthma. First and last done 11/7/12. Plan completed.  
Inmate [redacted] Asthma, Cardiac, HTN Last visit 5/16/12. Plan completed.

4/8/2013 1:23 PM Entered By: Trudy Dumkrieger  
Minors/CDU

Inmate [redacted] HTN, Dialysis. Last appt 2/11/13, last labs Jan. 2013. Has a plan.  
Inmate [redacted] Asthma. Last CC appt. 3/2011. Needs a CC appt or DC the condition. No plan.  
Inmate [redacted] Asthma, SZS. Last appt was 9/24/12 Next was to be 12/17/12 but it

April 2013 TUCSON COMPLEX

				<p>did not occur.No current plan.  <b>Inmate</b> Asthma, HCV. Last appt. 3/21/13. Has a plan.  <b>Inmate</b> Asthma. Last appt 1/30/13. Has a plan.  <b>Inmate</b> Asthma, SZS. Last appt was 1/9/13. No plan.  <b>Inmate</b> Asthma. Last appt 2/27/13. Has a plan.  <b>Inmate</b> Asthma, HCV. Last visit 2/13/13:Plan yes.  <b>Inmate</b> HTN, Asthma. Last visit 2/27/13: Plan yes.  <b>Inmate</b> Asthma. Last visit 1/19/13.No plan.</p> <p>4/8/2013 1:00 PM Entered By: Trudy Dumkrieger  Cimarron  <b>Inmate</b> CC SZS, cardiac, HCV+.No plan.  <b>Inmate</b> CC Leukemia. Asthma, HCV+. Last CC 2/7/13. Plan OK.  <b>Inmate</b> CC SZS , HIV+. Last CC 11/16/12. Plan was done. <b>Inmate</b> CC CA of Thyroid. Last CC appt. was 6/14/12.Plan was done.  <b>Inmate</b> CC NIDDM. Last CC appt. 6/14/12. Plan was done. <b>Inmate</b> CC Asthma, HCV+. Last CC appt 5/13/11. Not seen since. No current plan in place.  <b>Inmate</b> CC asthma, cardiac. Last CC was 12/12/12.No plan. <b>Inmate</b> CC Asthma, HTN. Lst CC appt. 9/27/12. No plan done. <b>Inmate</b> CC SZS. Last CC appt. was 12/26/12. Plan done.</p> <p>4/8/2013 12:53 PM Entered By: Trudy Dumkrieger  Cimaron  <b>Inmate</b> CC SZS, Asthma. Last CC appt. 11/2/12. No plan,</p> <p>4/30/2013 7:24 PM Entered By: Kathy Campbell  See previous remarks.</p>	
2	<p>Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>		X	<p>4/30/2013 3:27 PM Entered By: Trudy Dumkrieger  amber finding</p> <p>4/29/2013 2:05 PM Entered By: Trudy Dumkrieger  Catalina CC  <b>Inmate</b> HTN, DMII. Last CC visit 3/20/13, next 6/9/13.  <b>Inmate</b> HTN. Last CC visit 1/17/13. Next one 7/13. Labs ordered . Plan yes. Education done. Meds renewed X 180 days. Good job.  <b>Inmate</b> CC IDDM, HTN. Last CC visit 2/6/13. Next visit 5/13. Meds renewed X 180 days.  <b>Inmate</b> CC HTN, Cardiac, and COPD. Last CC visit 1/10/13. Next visit 7/13. When checking labs found a PSA</p>	2



April 2013 TUCSON COMPLEX

dated 5/12. PSA was 4.7. No follow up. Brought it to nurses attention.

Inmate [redacted] CC DMII, and HTN. Last CC 4/3/13. Next visit 90 days.

Inmate [redacted] Renal cell CA. SP R nephrectomy. Last visit 1/31/13. Education done. Plan yes. Next provider line 7/13. ORDERS NOTED 2/2/13.

Inmate [redacted] HTN, AVR. Last CC 3/2/12. Next appt. 6/12/12. Not seen. Needs CC appointment.

Inmate [redacted] CC Seizures. Last CC visit 11/10/11. Has not been seen since. Nurse informed.

Inmate [redacted] CC HTN, HCV, COPD. Last CC visit 3/27/13. Next visit 6/27/13.

Inmate [redacted] CC COPD, HCV, SZS. Last CC visit 12/5/12. F/U 60 days did not happen.

4/25/2013 1:38 PM Entered By: Trudy Dumkrieger

Inmate [redacted] CC HTN, DMII, HCV. Last visit 9/26/12. Scheduled for next visit 3/7/13 this did not occur. Rescheduled for 4/18/13 this did not occur. Out of compliance.

Inmate [redacted] Ca of Prostate. Last visit 3/26/13. Next appt. scheduled 6/18/13. In compliance.

Inmate [redacted] HCV, CHF, CAD. Last visit 3/7/12. Next visit was to be 180 days in 11/12. This did not occur. Out of compliance.

Inmate [redacted] Seizures. Intake PE and initial CC visit on 1/2/13. Next visit was suppose to be 4/13. This did not occur. Out of compliance.

Inmate [redacted] IDDM, HTN. Last CC visit 4/3/12 next visit 7/10/12, this did not occur. Out of compliance.

Inmate [redacted] HTN, Copd. Last visit 3/7/13, next is to be in 90 days or 6/13. In compliance.

Inmate [redacted] HTN, Asathma, cardiac. Last CC. visit 9/26/12 next was suppose to be 3/7/13. This did not occur. Out of compliance.

Inmate [redacted] NIDDM, HTN. Last visit 2/25/13 next in 90 days or 5/13. In compliance.

Inmate [redacted] PPD+, HTN, cardiac, HCV, IDDM. PPD+ T/U for s+s check was last done 9/21/10. Out of compliance. Last CC visit 2/25/13, next visit due 4/13. Refused last CC visit.

Inmate [redacted] COPD, HTN. Last visit 2/12/13 next scheduled 5/13. In compliance.

4/17/2013 2:07 PM Entered By: Trudy Dumkrieger

IPC

There are six long term inmates in the IPC that are not IPC inmates and are not having chronic condition appointments being done:

Inmate [redacted] HCV, +PPD. Inmate [redacted] HCV. Inmate [redacted] HTN, Cardiac, Cancer.

Inmate [redacted] HIN. Inmate [redacted] DM HCV. Inmate [redacted] asthma, DM, cardiac. None of the other inmates are having chronic conditions done either.

4/17/2013 1:33 PM Entered By: Trudy Dumkrieger

April 2013 TUCSON COMPLEX

Santa Rita

**Inmate** SZS, HCV. Last chronic condition visit 3/19/13. Next 6/20/13.

**Inmate** SZS. Last chronic condition appt. 2/23/13. F/U 30 days. This did not happen. Out of compliance.

**Inmate** Asthma. Last chronic condition appt. 10/12/12. Order to DC from chronic clinic, still tagged.

**Inmate** Asthma, HCV, DMII. Last chronic condition visit 7/12/11. Last labs 7/12/11. AST and ALT elevated.HA1c 5.8. Nurse Benefield informed. Out of compliance.

**Inmate** Asthma, Skin cancer. Last chronic condition asthma done 11/27/12. F/U 90 days - 2/13 did not occur. Had derm consult written 5/23/12 unable to find results.

**Inmate** HTN, DMII. Last chronic condition visit 1/24/13. Next due 7/23/13.

**Inmate** DMII. Last chronic visit 10/26/12. Next visit 90 days (1/13).The F/U visit did not occur. Out of compliance.

**Inmate** HCV, DMII. Last chronic visit 10/9/12. 30 day follow up did not occur. Next chronic was for 2/13 and it did not occur. Out of compliance.

**Inmate** HTN. Last chronic condition 1/17/13. Next visit 7/17/13.

**Inmate** HTN, Asthma. Last chronic visit 5/18/12. Next visit 180 days 11/12 did not occur. Out of compliance.

4/16/2013 12:44 PM Entered By: Trudy Dumkrieger Rincon

**Inmate** HCV, DMII. Last CC 9/26/12.

Next appt. 4/23/13. Has elevated liver enzymes.

**Inmate** Cardiac, asthma, HCV, HTN.

No chronic condition appt. in current chart. Multiple ER visits.

**Inmate** HTN, DMII. Last chronic condition visit 11/20/12. Next appt. was to be 2/13. This visit did not occur. Out of compliance. Ordered labs did not get done.

**Inmate** COPD, HTN. Last chronic condition visit 1/18/13. Next visit 4/13. Has not occurred as of 4/15/13. Plan yes, education yes.

**Inmate** COPD, HCV. Last chronic visit 10/18/12. Next visit was suppose to be 1/13. This did not occur, out of compliance.

**Inmate** HTN, COPD. Last chronic condition visit 11/19/12. no providers signature. Next visit was to be in 2/13 this did not occur. Out of compliance.

**Inmate** COPD. Last chronic condition appt. 8/9/11. Next was to be 180 days but it did not occur. Out of compliance.

**Inmate** Seizures. Last chronic condition visit 10/23/12. Next visit 90 days (1/13) did not occur. Out of compliance.

**Inmate** HTN. Last chronic visit

April 2013 TUCSON COMPLEX

10/9/12 next visit was to be 90 days. This did not occur. Out of compliance.

**Inmate** HTN, Cardiac, DMII. Last chronic condition visit 9/24/12. Next in 90 days. This did not occur. Out of compliance. Labs ordered did not get drawn.

4/11/2013 9:11 AM Entered By: Trudy Dumkrieger  
Minors /CDU

**Inmate** HTN. Last appt. 2/11/13 in compliance. F/U 60 days (4/13)

**Inmate** Asthma last chronic condition appt. 3/11. Needs appt. Not in compliance.

**Inmate** Asthma. Last chronic condition appt. 9/24/12. Next was suppose to be 12/17/12 but it did not occur. Out of compliance.

**Inmate** Asthma, HCV. Last appt 3/21/13 in compliance.

**Inmate** Asthma. Last chronic appt. 11/10/13 Next ordered 90 days, 4/13. Has not occurred yet.

**Inmate** Asthma, SZS. Last chronic appt 1/9/13 next visit not ordered. Needs visit scheduled.

**Inmate** Asthma. Last appt. 2/27/13. F/U 90 days (5/13) in compliance.

**Inmate** Asthma, Hep C. Last visit 2/13/13. Next visit 180 days. (8/13).

**Inmate** HTN, Asthma. Last visit 2/27/13. Next visit ordered 180 days. (8/13).

**Inmate** Asthma. Last visit 1/9/13 next visit was to be 3/13. This did not occur. Out of compliance.

4/10/2013 11:21 AM Entered By: Trudy Dumkrieger  
Winchester

**Inmate** last chronic visit 9/5/12 neext ordered for 90 days. this did not occur. Out of compliance.

**Inmate** last chronic condition 4/18/12 next ordered for 23-24 weeks. (10/21/12) This did not occur. Out of compliance.

**Inmate** last chronic condition 7/24/12 next scheduled 10/23/12. This did not occur. Out of compliance.

**Inmate** last chronic condition 7/31/12. Next ordered for 180 days (1/13). This did not occur. Out of compliance.

**Inmate** Last chronic condition visit 3/20/13. Next due /13. In compliance.

4/10/2013 10:49 AM Entered By: Trudy Dumkrieger  
Winchester

**Inmate** Last chronic condition visit 5/16/12. Next ordered for 180 days. 11/6/12. this did not occur. Out of compliance.

**Inmate** Last chronic condition visit 11/7/12. Next ordered for 90 days. 2/13. This did not occur. Out of compliance.

**Inmate** Last chronic condition 11/26/12 next ordered for 2/13. This did not occur. Out of compliance.

**Inmate** Last chronic condition 10/2/12. Next due this month 4/13 **Inmate** Last chronic condition 11/29/12

April 2013 TUCSON COMPLEX

				<p>next ordered 180 days 5/13.</p> <p>4/3/2013 2:47 PM Entered By: Trudy Dumkrieger Cimarron Inmate [REDACTED] CC SZS, Asthma. Last CC appt. 11/2/12. No plan, no labs ordered, no education done, peak flow done Xs three. Was to have next appt. 1/30/13 this did not occur. Needs CC appt. Inmate [REDACTED] CC SZS, cardiac, HCV +. Last CC appt. 11/7/11 educatio</p>	
3	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>		X	<p>4/30/2013 3:27 PM Entered By: Trudy Dumkrieger amber finding</p> <p>4/29/2013 2:11 PM Entered By: Trudy Dumkrieger Catalina CC Inmate [REDACTED] HTN, DMII. Last CC visit 3/20/13. Education yes. Inmate [REDACTED] HTN. Last CC visit 1/17/13. Education done. Inmate [REDACTED] CC IDDM, HTN. Last CC visit 2/6/13. Education done. Inmate [REDACTED] CC HTN, Cardiac, and COPD. Last CC visit 1/10/13. Education done. Inmate [REDACTED] CC DMII, and HTN. Last CC 4/3/13. Education done. Inmate [REDACTED] Renal cell CA. SP R nephrectomy. Last visit 1/31/13. Education done. Inmate [REDACTED] HTN, AVR. Last CC 3/2/12. Education done. Inmate [REDACTED] CC Seizures. Last CC visit 11/10/11. Has not been seen since. Inmate [REDACTED] CC HTN, HCV, COPD. Education done. Inmate [REDACTED] CC COPD, HCV, SZS. Education done.</p> <p>4/25/2013 1:42 PM Entered By: Trudy Dumkrieger Manzanita Inmate [REDACTED] Education yes. Inmate [REDACTED] Educati no. Inmate [REDACTED] Education no. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education no. Inmate [REDACTED] Education yes. Inmate [REDACTED] Education yes.</p> <p>4/17/2013 1:40 PM Entered By: Trudy Dumkrieger Santa Rita Inmate [REDACTED] SZS, HCV. Education done. Inmate [REDACTED] SZS. Education yes. Inmate [REDACTED] Asthma. Education done. Inmate [REDACTED] Asthma, HCV, DMII. No current education. Inmate [REDACTED] Asthma, Skin cancer. Education done. Inmate [REDACTED] HTN, DMII. Education yes.</p>	1

April 2013 TUCSON COMPLEX

Inmate DMII. Education yes.  
Inmate HCV. DMII. Wducation yes.

Inmate HTN. Education yes.  
Inmate HTN, Asthma. Education yes.

4/16/2013 1:21 PM Entered By: Trudy Dumkrieger Rincon

Inmate HCV, DMII. Educatin done  
Inmate ardiac, asthma, HCV, HTN. No education or chronic clinic in current chart.

Inmate HTN, DMII. Education yes.

Inmate COPD, HTN. Education yes.

Inmate COPD, HCV. Education yes.

Inmate HTN, COPD. No education. Out of compliance.

Inmate COPD. Last CC 2011. No current education. Out of compliance.

Inmate Seizures. Educatin yes.

Inmate HTN. Education yes.

Inmate HTN. Education yes.

4/11/2013 9:17 AM Entered By: Trudy Dumkrieger Minors /CDU

Inmate HTN. Last appt. 2/11/13 Education not done.

Inmate Asthma last appt. 3/11. No current education.

Inmate Asthma. Last chronic condition appt. 9/24/12. No currant education.

Inmate Asthma, HCV. Last appt 3/21/13 Educated on exercise.

Inmate Asthma. Last chronic appt. 1/10/13 Education done.

Inmate Asthma, SZS. Last chronic appt 1/9/13 Education done.

Inmate Asthma. Last appt. 2/27/13. Education done.

Inmate Asthma, Hep C. Last visit 2/13/13. Education done.

Inmate HTN, Asthma. Last visit 2/27/13. Education done.

Inmate Asthma. Last visit 1/9/13. No education.

4/11/2013 8:43 AM Entered By: Trudy Dumkrieger Cimarron

Inmate CC SZS, Asthma. Last CC appt. 11/2/12. no education done,

Inmate CC SZS, cardiac, HCV +. education done.

Inmate CC Leukemia. Asthma, HCV+. no education.

Inmate CC SZS , HIV+. education not provided.

Inmate CC CA of Thyroid. Education done.

Inmate CC NIDDM. Education done.

Inmate CC Asthma, HCV+. Last CC appt 5/13/11. No education.

Inmate CC asthma, cardiac. Education was done on nutrition, exercise,

### April 2013 TUCSON COMPLEX

					<p>and smoking.  <b>Inmate</b> CC Asthma, HTN. Lst CC appt. 9/27/12. Educated on nutrition and exercise.  <b>Inmate</b> CC SZS. Last CC appt. was 12/26/12. Education done.</p> <p>4/10/2013 11:34 AM Entered By: Trudy Dumkrieger  Winchester  <b>Inmate</b> education done.  <b>Inmate</b> education done last visit.  <b>Inmate</b> education not done.  <b>Inmate</b> education not done.  <b>Inmate</b> education on exercise and smoking only.</p> <p>4/10/2013 10:54 AM Entered By: Trudy Dumkrieger  <b>Inmate</b> education provided.  <b>Inmate</b> education not provided.  <b>Inmate</b> education provided  <b>Inmate</b> education provided  <b>Inmate</b> education provided.</p>	
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>4/30/2013 3:28 PM Entered By: Trudy Dumkrieger  amber finding</p> <p>4/29/2013 3:05 PM Entered By: Trudy Dumkrieger  At this time they are operating under ADOC guidelines.</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>4/29/2013 2:16 PM Entered By: Trudy Dumkrieger</p> <p>4/25/2013 1:42 PM Entered By: Trudy Dumkrieger</p> <p>4/18/2013 12:19 PM Entered By: Trudy Dumkrieger  NA at this time. Corizon has not been here a quarter yet.</p>	2



**Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)**

**1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]  
Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:24:34 PM**

Corrective Plan: Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC?

Yes If we have an inmate diagnosed with a new chronic condition our providers will follow the instructions in the clinical pathways for disease management. Then they fill out a form to send to medical records indicating the chronic condition. Medical Records appropriately tags the chart. and the provider notate the problem list.

Corrective Actions: October Action Plan submitted by Corizon-

1. Process to for treatment plan development after identification of chronic condition, to include but not limited to:
    - a. Plan development within 30 calendar days per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 1 (Chronic Care Attachment)
  2. In-service staff on process expectations/policy
    - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
    - b. Preparation of chart for clinic
  3. Monitoring (Chronic Condition Monitoring Tool)
    - a. Audit tools developed
    - b. Weekly site results discussed with RVP
    - c. Audit results discussed a monthly CQI meeting
    - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP/MRL  
Target Date- 11/15/13

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]  
Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:27:26 PM**

Corrective Plan: Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan?

Clinical:

Chronic care patients are seen by the provider for specific chronic condition scheduled as follows: HIV positive are seen every 3 months, and are up to date, all other chronic care conditions are seen every 6 months. Each unit accounts for provider back log and submits the unit count to the FHA weekly. Chronic care inmates that need additional monitoring will be scheduled per providers treatment plan 0 to 180 days. All chronic care inmate charts are noted by both the provider and the nursing staff for monitoring, medications and treatment plans and all future scheduling. See below.

Corrective Actions: October Action plan submitted by Corizon-

Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
  - a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties = FHA/DON//Medical Director/RDCQI/RVP

Target Date - 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it**

## April 2013 TUCSON COMPLEX

**documented in the medical record? [P-G-01, CC 2.20.2.4]**

**Level 1 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:27:39 PM**

Corrective Plan: Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record?

Both providers and nursing staff are trained and licensed professionals that provides appropriate coaching, instructions and education for all patient care.

Chronic care patients are monitored for their condition and are educated during each medical visit with the provider or the nursing staff.

All units provide pamphlets and handouts for new and ongoing chronic care conditions. This material is updated and available for inmates to view and to take to their houses.

Corrective Actions: Approved per Trudy Dumkrieger.

**4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:28:07 PM**

Corrective Plan: yes we have a disease management protocol for chronic care and other conditions in the Clinical Pathways manual.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

a. Agenda/sign off sheet to verify, inclusive of all pertinent staff

2. Monitoring

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP

Target Date- 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

April 2013 TUCSON COMPLEX

Medical Records (Q))						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]		X		<p>4/29/2013 12:53 PM Entered By: Marlana Bedoya RINCON MINORS:</p> <p>YES. Within the (14) charts that were audited.</p> <p>4/28/2013 12:22 PM Entered By: Marlana Bedoya CIMARRON:</p> <p><b>Inmate</b> - NO. Loose HNRS, Special needs order, and Hospital discharge paperwork dtd 3/20, which was not reviewed. (Brought to the attention of Nursing).</p> <p><b>Inmate</b> - NO. Misfiled consult info, Wexford Rxs, and a Vitals Flow sheet were found.</p> <p><b>Inmate</b> - NO. Loose HNRs. <b>Inmate</b> - YES. <b>Inmate</b> - HNRs not chronologically filed. <b>Inmate</b> - YES. <b>Inmate</b> - NO. Loose HNRs.</p> <p>4/27/2013 9:47 PM Entered By: Marlana Bedoya RINCON WEST MEDICAL:</p> <p><b>Inmate</b> - YES. <b>Inmate</b> - NO. Loose consult results &amp; HNRs. <b>Inmate</b> - YES. <b>Inmate</b> - NO. A loose MAR, patient encounter SOAP notes, a non forulary request, a medication order form, and a Diamond online Rx report print out was found. <b>Inmate</b> - NO. A loose UPH Rx was found. There was a mis-filed emergency Hospital notification form. <b>Inmate</b> - YES. <b>Inmate</b> - YES.</p> <p>4/27/2013 7:27 PM Entered By: Marlana Bedoya WINCHESTER:</p> <p><b>Inmate</b> - YES. <b>Inmate</b> - YES. <b>Inmate</b> - NO. HNRs not filed chronologically. <b>Inmate</b> - NO. Loose Pysch follow up encounter note, and a Pharmacor Rx. <b>Inmate</b> - NO. Loose Pysch follow up encounter note. <b>Inmate</b> - NO. Misfiled Wexford Scr pts, and an Xray request. <b>Inmate</b> - NO. HNRs not filed chronologically. <b>Inmate</b> - NO. Loose mental health forms, HNRs. Record also still in temporary file. IM has been at this yard since 4/03. Audit was done 4/23.</p> <p>4/27/2013 6:23 PM Entered By: Marlana Bedoya SANTA RITA:</p>	1

April 2013 TUCSON COMPLEX

Inmate - Misfiled patient medication profile, lab results that were not reviewed yet(brought to the attention of the Supv). MARS were not filed chronologically.

Inmate - Loose SNO dtd 4/13/13.

Inmate - (3) loose HNRs.

HNR section not filed chronologically.

Inmate - Loose Diamond Pharmacy Rx report. Misfiled SOAP form, and Wexford Rx form.

Inmate - Loose HNR, Wexford Rx form, and lab test order form. Misfiled medication profile sheet, lab order form, Corizon prescription form, and a vital signs flow sheet.

Inmate - Yes.

Inmate - Misfiled lab results.

Inmate - Misfiled Pharmacor script.

Inmate - Misfiled Continuity of Care form, Prescription form, and a Special Medical Supply order form.

Inmate - Misfiled Diamond Rx profile.

4/17/2013 11:53 AM Entered By: Marlana Bedoya  
CATALINA:

Inmate - Mis-filed PPD/COCCI result form.

Inmate - Loose Rx profile. HNRs not in chronological order.

Inmate - Mis-filed PPD/COCCI result form.HNRs not in chronological order.

Inmate - Mis-filed UA result form.

Inmate - Loose medication order form dtd 3/26. Mis-filed EKG.

Inmate - YES.

Inmate - YES.

Inmate - Mis-filed medication script, lab request form, and Xray consult. HNRs not in chronological order.

Inmate - Loose HNR. HNRs not in chronological order.

4/15/2013 9:11 AM Entered By: Marlana Bedoya

MANZANITA:

Inmate - YES.

Inmate - YES.

Inmate - Misfiled PPD/Cocci result form.

Inmate - Misfiled patient encounter forms from 4/09. There is no Providers Order sheet & divider in the chart. Entire back section of the chart has the binder clasps broken off. All paperwork is loose. This chart was brought to the attention of the records clerk the day of audit, requesting a new jacket cover be made.

Inmate - Misfiled Wexford Rx forms. There is no Providers Order sheet & divider in the chart.

Inmate - Misfiled Wexford Rx form, Diamond Emergency Rx form, IM Rx profile, and Wexford Non-formulary drug request form. HNRs not filed in chronological order.

Inmate - Loose, non-filed MAR.

Inmate - Loose IM Rx profile.

April 2013 TUCSON COMPLEX

				<p>HNRs not filed in chronological order.                  Inmate [redacted] - YES.                  Inmate [redacted] - Loose, non-filed HNR.                  HNRs not filed in chronological order.</p> <p>4/10/2013 10:55 AM Entered By: Marlana Bedoya                  WHETSTONE:                  Inmate [redacted] - Loose HNRs, a Health Communicate form, a Medication order form, and an EKG print out sheet.                  Inmate [redacted] - Misfiled Wexford Rx form. HNRs are not filed in chronological order.                  Inmate [redacted] - HNRs are not filed in chronological order.                  Inmate [redacted] - Misfiled Continuity of Care form.                  Inmate [redacted] - YES.                  Inmate [redacted] - YES.                  Inmate [redacted] - Misfiled lab order form.                  Inmate [redacted] - Misfiled lab order form, and Flu consent form. HNRs are not filed in chronological order.                  Inmate [redacted] - Misfiled TB Symptomology form, and two lab order forms.                  Inmate [redacted] - Misfiled lab order form. There was an IM Letter found in the HNR section. HNRs are not filed in chronological order.</p>	
2	<p>Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]</p>		X	<p>4/29/2013 12:51 PM Entered By: Marlana Bedoya                  RINCON MINORS : N/A. There have been no Physician or Mid-Level providers that have conducted a line during the entire month of April therefore; no orders existed to be taken off.</p> <p>4/28/2013 12:24 PM Entered By: Marlana Bedoya                  Inmate [redacted] - N/A.                  Inmate [redacted] - N/A.                  Inmate [redacted] - N/A.                  Inmate [redacted] - N/A.                  Inmate [redacted] - N/A.                  Inmate [redacted] - N/A.                  Inmate [redacted] - NO. Encounter dtd 4/12, no time was notated.</p> <p>4/27/2013 10:03 PM Entered By: Marlana Bedoya                  RINCON WEST MEDICAL:                  Inmate [redacted] - N/A. No referral required.                  Inmate [redacted] - NO. Two consultant results (Cardiology) dtd 1/16/2013 &amp; (Endo/Diabetes) dtd 3/22/2013 were found both not reviewed and follow on orders written. The issues were of such an urgent nature, that this auditor elevated them to the Medical Monitoring Bureau's Medical Director, Dr. Robertson for intervention with Corizon.                  Inmate [redacted] - NO. Two URGENT consults were found in the chart dtd 4/16/2013. Surgical and Dermatology. The</p>	1

April 2013 TUCSON COMPLEX

issues were of such an urgent nature, that this auditor elevated them to the Medical Monitoring Bureau's Medical Director, Dr. Robertson for intervention with Corizon.

Inmate - N/A. No referral required.

Inmate - NO. Not yet reviewed UPH Discharge instructions were found dtd 3/04/2013. This was brought to the attention of Nursing, as no Supervisor was on the unit the day of the audit.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

4/27/2013 7:30 PM Entered By: Marlena Bedoya  
WINCHESTER:

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.

Inmate - N/A. No referral required.  
Inmate - N/A. No referral required.

4/27/2013 6:28 PM Entered By: Marlena Bedoya  
SANTA RITA:

Inmate - NO. Encounter 3/25 not noted yet. (Brought to the attention of the Supervisor).

Inmate - NO. Encounter dtd 4/13 not noted yet. The word "faxed" was the only thing written on a Rx order form. (Brought to the attention of the Supervisor).

Inmate - N/A. None.

Inmate - YES. Encounter dtd 4/16.

Inmate - YES. Encounter dtd 4/15.

Inmate - N/A. None.

Inmate - N/A. None.

Inmate - YES. Encounter dtd

4/18.

Inmate - N/A. None.

Inmate -

4/17/2013 11:59 AM Entered By: Marlena Bedoya  
CATALINA:

Inmate - Yes, but no stamp, or printed name is below Nursing sig.

Inmate - Yes, but no stamp, or printed name is below Nursing sig.

Inmate - Yes, but no stamp, or printed name is below Nursing sig.

Inmate - N/A. None to take off.

Inmate - Yes, but no stamp, or printed name is below Nursing sig.

Inmate - N/A. None to take off.

Inmate - Encounter dtd 3/14 - No. Brought to Nursing attention.

Inmate - YES.

Inmate - N/A. None to take off.

April 2013 TUCSON COMPLEX

4/15/2013 9:35 AM Entered By: Marlana Bedoya

MANZANITA:

Inmate - Encounter dtd 4/09, YES.

Inmate - Encounter dtd 1/23/13, orders not taken off yet. There have been no encounters since. Chart brought to the attention of the Nursing Supv, that day.

Inmate - Encounter dtd 4/09, no stamp used or printed name below Nursing sig.

Inmate - Encounter dtd 4/09 only states "noted & Nurse sig". Name is not legible. There is no date, time, or stamp/printed name below the Nursing sig.

Inmate - N/A. On recent encounter, there is no order to take off.

Inmate - Encounter dtd 4/05, YES.

Inmate - Alhambra intake encounter dtd 3/20 states IM needs referral to Ophthalmology. When intake questionnaire was done here dtd 3/23, when asked if IM needed referral to Nurseline, the Nurse circled "No". Also, Encounter dtd 4/05, the IM was seen by an LPN for an initial shaving waiver. The LPN granted the waiver. She cannot do that, only a Physician or mid-level provider can grant an initial shaving waiver.

Inmate - Encounter dtd 3/12, YES.

Inmate - Encounter dtd 4/03, YES.

Inmate - Encounter dtd 4/02, YES.

4/10/2013 11:18 AM Entered By: Marlana Bedoya

WHETSTONE:

Inmate - N/A. None to be noted from April 2013.

Inmate - Encounter dtd 3/26/13, the time that the orders were taken off is not notated.

Inmate - Encounter dtd 2/21/13, the time that the orders were taken off is not notated.

Inmate - N/A. None to be noted from April 2013.

Inmate - N/A. None to be noted from April 2013.

Inmate - N/A. None to be noted from April 2013.

Inmate - Encounter dtd 4/03/13, the date, time that the orders were taken off, and a signature is not notated.

Inmate - Chronic Care encounter dtd 4/03/13, the lab orders had never been taken off (brought to the Supv's attention that date). The medication orders were noted, but the time that the orders were taken off was not notated.

Inmate - Chronic Care encounter dtd 4/03/13 does not say noted and there was no date, time, sig, or stamp(brought to the Supv's attention that date).

Inmate - Chronic Care encounter dtd 4/03/13 does not say noted and there was no date, time, sig, or stamp(brought to the Supv's attention that date).



April 2013 TUCSON COMPLEX

3	<p>Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]</p>	X		<p>4/29/2013 12:55 PM Entered By: Marlena Bedoya</p> <p>4/29/2013 12:55 PM Entered By: Marlena Bedoya RINCON MINORS: N/A. Within the charts audited, none of them contained MARS.</p> <p>4/28/2013 12:27 PM Entered By: Marlena Bedoya CIMARRON:</p> <p>Inmate [REDACTED] - N/A. No MARs in chart. Inmate [REDACTED] - N/A. Last MAR in chart did 7/2013.</p> <p>Inmate [REDACTED] - N/A. No MARs in chart. Inmate [REDACTED] - N/A. No MARs in chart. Inmate [REDACTED] - N/A. No MARs in chart. Inmate [REDACTED] - N/A. No MARs in chart.</p> <p>Inmate [REDACTED] -N/A.No MARs in chart.</p> <p>4/27/2013 10:06 PM Entered By: Marlena Bedoya RINCON WEST MEDICAL:</p> <p>Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart.</p> <p>Inmate [REDACTED] - YES. Inmate [REDACTED] - YES. Inmate [REDACTED] - YES. Inmate [REDACTED] - YES. Inmate [REDACTED] - YES.</p> <p>4/27/2013 7:35 PM Entered By: Marlena Bedoya WINCHESTER:</p> <p>Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart. Inmate [REDACTED] - N/A. No recent MAR in chart.</p> <p>4/27/2013 7:32 PM Entered By: Marlena Bedoya N/A. No recent MARs in chart.</p> <p>4/27/2013 6:33 PM Entered By: Marlena Bedoya SANTA RITA:</p> <p>Inmate [REDACTED] - YES. Inmate [REDACTED] - YES. Inmate [REDACTED] - N/A. Last MAR in chart did Feb 2013. Inmate [REDACTED] - YES.</p>	1

April 2013 TUCSON COMPLEX

Inmate - N/A. No MARS in chart.

Inmate - N/A. Last MAR in chart dtd DEC 2012.

Inmate - YES.

Inmate - YES.

Inmate - N/A. Last MAR in chart dtd March 2010.

Inmate - YES.

4/17/2013 12:11 PM Entered By: Marlana Bedoya  
CATALINA:

Inmate - N/A. No MARS in chart.

Inmate - NO. March MAR reflects (3) scripts, all started on 3/26 do not reflect the Physician giving the order, or the Nurse who took the order off.

Inmate - N/A. No recent MARS in chart.

Inmate - N/A. Last MAR in chart dtd 10/2012.

Inmate - N/A. No MARS in chart.

Inmate - N/A. Last MAR in chart dtd 8/2012.

Inmate - YES.

Inmate - N/A. Last MAR in chart dtd 9/2012.

Inmate - NO. March MAR reflects Tegretol 400 mg started on 3/26. It does not reflect the Physician giving the order, or the Nurse who took the order off.

4/15/2013 10:00 AM Entered By: Marlana Bedoya

MANZANITA:

Inmate - N/A. On no meds.

Inmate - N/A. Last MAR in chart dtd March 2012.

Inmate - N/A. Last MAR in chart dtd 2008.

Inmate - N/A. Last MAR in chart dtd September 2012.

Inmate - N/A. Last MAR in chart dtd 2009.

Inmate - N/A. Last MAR in chart dtd January 2013.

Inmate - N/A. On no meds.

New to ADC.

Inmate - YES, on March 2013 MAR.

Inmate - N/A. Last MAR in chart dtd September 2012.

Inmate - On 4/2013 MAR, regarding Acet/Codeine 30mg tab, no Physician name who ordered the medication, or the Nursing name who took the order off. The MAR does not reflect that the IM has received any of his medications. The script is supposedly good from 1/31/13 - 5/01/13.

4/10/2013 12:09 PM Entered By: Marlana Bedoya

WHETSTONE:

Inmate - NO. On the March MAR. There are incomplete start/stop dates, no prescribing Physician name, or no Nurse name cited that took the order.

Inmate - NO. On the March MAR. There is no Stop date, no prescribing

April 2013 TUCSON COMPLEX

					<p>Physician name, or no Nurse name cited that took the order.  <b>Inmate</b> -NO. On the March MAR. There is no stop date on the Coumadin 4.5mg, no prescribing Physician name, or no Nurse name cited that took the order. There are also three consecutively missed PT-INR dates on the MAR. (This was brought to the Supv's attention).  <b>Inmate</b> - N/A. Last MAR in chart is dtd 9/2012.  <b>Inmate</b> - Yes.  <b>Inmate</b> - N/A. Last MAR in chart is dtd 11/2012.  <b>Inmate</b> - N/A. No MARs in chart.  <b>Inmate</b> - N/A. No MARs in chart.  <b>Inmate</b> - N/A. Last MAR in chart is dtd 9/2012.  <b>Inmate</b> - N/A. Last MAR in chart is dtd 9/2012.</p>	
4	<p>Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]</p>		X		<p>4/29/2013 1:05 PM Entered By: Marlana Bedoya  RINCON MINORS:  <b>Inmate</b> - N/A. No notes in chart in the SOAPS section.  <b>Inmate</b> -NO. Encounter dtd 4/10, there is no signature, stamp or printed name.  <b>Inmate</b> - N/A. No notes in chart in the SOAPS section.  <b>Inmate</b> -NO. Encounter dtd 3/28, no stamp or printed name is under Nursing sig.  <b>Inmate</b> - NO. Encounter dtd 4/05, no stamp or printed name is under Nursing sig.  <b>Inmate</b> - NO. Last encounter dtd 3/09, no stamp or printed name is under Nursing sig.  4/28/2013 12:28 PM Entered By: Marlana Bedoya  CIMARRON:  <b>Inmate</b> - YES.  <b>Inmate</b> - YES.  <b>Inmate</b> - YES.  <b>Inmate</b> - YES.  <b>Inmate</b> - YES.  <b>Inmate</b> - YES.  4/27/2013 10:13 PM Entered By: Marlana Bedoya  RINCON WEST MEDICAL:  <b>Inmate</b> - NO. Encounter dtd 4/18, no stamp or printed name below Nursing sig.  <b>Inmate</b> - NO. Encounter dtd 4/08, no stamp or printed name below Nursing sig. On the Practitioner's Orders sheet, entries dtd 4/01 have no stamp under the Nursing sig.  <b>Inmate</b> - NO. On the Practitioner's Orders sheet, entry dtd 4/17 has no stamp under the Nursing sig. Encounter entries also dtd 4/16, 4/17 have no stamp or printed name under the sig.</p>	1

April 2013 TUCSON COMPLEX

One NP, and one RN.

Inmate [REDACTED] - NO. Entry dtd 3/27, no stamp or printed name is under the Nursing sig.

Inmate [REDACTED] - YES.

Inmate [REDACTED] = YES.

Inmate [REDACTED] - YES.

4/27/2013 7:43 PM Entered By: Marlena Bedoya

WINCHESTER:

Inmate [REDACTED] - YES.

Inmate [REDACTED] - YES.

Inmate [REDACTED] - NO. Encounter dtd 4/15, no stamp used by Nurse.

Inmate [REDACTED] - NO. Encounter dtd 4/06.

Inmate [REDACTED] - NO. On the Practitioner Orders sheet, entries dtd 4/19 & 4/21, no stamp used by Nurse.

Inmate [REDACTED] - YES.

Inmate [REDACTED] - YES.

Inmate [REDACTED] - NO. Encounters dtd 4/08 & 4/16, no stamp used and signatures not leg ble.

4/27/2013 6:38 PM Entered By: Marlena Bedoya

SANTA RITA:

Inmate [REDACTED] - YES.

Inmate [REDACTED] - NO. Encounter dtd 4/19, no stamp. Encounter dtd 4/10, no sig above stamp used.

Inmate [REDACTED] - NO. Encounter dtd 3/25, no sig above stamp used. Encounter dtd 4/01, no sig above stamp used.

Inmate [REDACTED] - NO. Encounters dtd 3/25, 4/16, and 4/18, no stamp used.

Inmate [REDACTED] - NO. Encounters dtd 4/15, and 4/18, no stamp used.

Inmate [REDACTED] - NO. Encounter dtd 4/22, no stamp used.

Inmate [REDACTED] - YES.

Inmate [REDACTED] - NO. Encounters dtd 4/15, and 4/18, no stamp used.

Inmate [REDACTED] - NO. Encounter dtd 4/17, no stamp used.

Inmate [REDACTED] - YES.

4/17/2013 12:24 PM Entered By: Marlena Bedoya

CATALINA:

Inmate [REDACTED] - YES.

Inmate [REDACTED] - Encounter dtd 4/03, No stamp or printed name below Nursing sig.

Inmate [REDACTED] - Encounter dtd 4/03, No stamp or printed name below Nursing sig.

Encounter dtd 3/08, No stamp or printed name below Nursing sig. Signature not legible.

Inmate [REDACTED] - Encounter dtd 4/03, No stamp, printed name,(or) Nursing sig.

Encounter dtd 4/09, No stamp or printed name below Nursing sig.

Inmate [REDACTED] - Encounter dtd 4/09, No date, stamp, or printed name below Nursing sig.

Inmate [REDACTED] - Encounter dtd 4/04, No stamp, printed name,(or) Nursing sig.

Inmate [REDACTED] - Encounter dtd 3/14, No stamp, printed name,(or) Nursing sig.

Encounter dtd 4/11 - YES.

April 2013 TUCSON COMPLEX

				<p>Inmate [redacted] - YES.                  Inmate [redacted] - Encounter dtd 4/09, No stamp, printed name,(or) Nursing sig.</p> <p>4/15/2013 10:16 AM Entered By: Marlana Bedoya                  MANZANITA:                  Inmate [redacted] - NO. Encounter dtd 4/05, no stamp or printed name below Nursing sig.                  Inmate [redacted] - NO. Encounter dtd 4/05, no stamp or printed name below Nursing sig.                  Inmate [redacted] - NO. Encounter dtd 4/09, entire Physician exam note barely leg ble.                  Inmate [redacted] - NO. Encounter dtd 4/09, entire Physician exam note barely leg ble.                  Inmate [redacted] - NO. Encounter dtd 3/19, there is no sig or stamp at all.                  Inmate [redacted] - NO. Encounter dtd 4/02, entire Physician exam note barely legible.                  Inmate [redacted] - NO. Encounter dtd 4/05, the exam note was not finished, and there is no sig or stamp at all.                  Inmate [redacted] - YES.                  Inmate [redacted] - YES.                  Inmate [redacted] - NO. Encounter dtd 4/02, entire Physician exam note barely leg ble. Encounter dtd 4/08, no stamp or printed name below Nursing sig.</p> <p>4/10/2013 12:39 PM Entered By: Marlana Bedoya                  WHETSTONE:                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] -Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.                  Inmate [redacted] - Yes.</p>	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?	X		<p>4/10/2013 12:54 PM Entered By: Marlana Bedoya                  YES. Logs kept at the central Records room for the entire complex.</p>	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?	X		<p>4/10/2013 12:56 PM Entered By: Marlana Bedoya                  YES. Logs kept at the central Records room for the entire complex. The log reflects records physically leaving this complex, destined for another complex. It does not reflect inner facility yard transfers.</p>	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily	X		<p>4/10/2013 12:56 PM Entered By: Marlana Bedoya</p>	1

## April 2013 TUCSON COMPLEX

	accessible to obtain as needed?			YES. Each on each yard throughout the complex.	
8	Are medical records for released inmates pulled from the active file area?	X		4/10/2013 12:57 PM Entered By: Marlana Bedoya YES. On each yard throughout the complex.	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?	X		4/10/2013 12:57 PM Entered By: Marlana Bedoya YES.	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X		4/27/2013 6:38 PM Entered By: Marlana Bedoya  4/10/2013 12:59 PM Entered By: Marlana Bedoya  4/10/2013 12:59 PM Entered By: Marlana Bedoya YES. Log kept at the central Records room for the entire complex. The log reflects all requests made for IMs housed at this complex, regardless of which yard they are on.	1

### Corrective Action Plans for Performance Measure: Medical Records (Q)

**1 Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 12:53:40 PM**

Corrective Plan: Send a staff member from medical records and go through the charts to clean them up and put the records that are out of order in chronological order. Anything loose must be seen and signed off by the provider before it is filed. Once those records have been signed off then the nurse noting the order is to file it or send/fax it to the appropriate area. This was discussed with all staff at a meetings and via email.

CAP is to continually educate staff and reinforce the training.

Corrective Actions: approved per Marlana.

**2 Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 12:51:45 PM**

Corrective Plan: Are provider (physician, mid-levels) orders taken off (noted) daily annotated with time, date and name of person taking the orders off?

Compliance

given the current staffing patterns during the start up phase we did not have adequate amount of staff. We have recruited many staff since then. As part of our new employee orientation and at our most recent nursing meeting the Director of nursing has instructed all new staff and current staff to process all orders within 24 hours.

Corrective Actions: Approver per Marlana.

**4 Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]**

**Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 1:05:02 PM**

### **April 2013 TUCSON COMPLEX**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Reinforce with nursing staff the importance of using name stamps. Continue to monitor.



## April 2013 TUCSON COMPLEX

<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			4/26/2013 10:43 AM Entered By: Kathy Campbell	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>4/26/2013 10:22 AM Entered By: Leslie Boothby HSTM 4.1.6</p> <p>1. Amber – will remain amber until a written corrective action plan is received and implemented at each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that requests for necessary non-formulary medications at each Complex Site, are received by inmate patients in a timely manner. Providers will need to provide formulary medication, if needed, to provide continuity of care while the NFDR is being processed. This Action Plan requires documented follow-up from Corizon staff that identified medications have been approved or denied and if denied, an appropriate therapy is instituted so that patient will not go without medication during the approval/denial process.</p> <p>a. April 2013 NFDR Stop Date Reports indicates:</p> <p>i. 1583 Non-formulary drugs expiring for 1270 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Christy Somner, Regional Director of Nursing, Corizon, to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receive continuity of care. This Action Plan requires documented follow-up from Corizon staff assuring expiring medications at each Complex Site are renewed before expiration date.</p> <p>a. April 2013 Discontinued (Expired) Medication Report indicates:</p> <p>i. 2766 Expired medications expiring for 1721 patients</p>	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			4/26/2013 10:22 AM Entered By: Leslie Boothby	1

## April 2013 TUCSON COMPLEX

### Corrective Action Plans for Performance Measure: Prescribing Practices and Pharmacy (Q)

**2 Are pharmacy policies, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]**

**Level 2 Amber User: Leslie Boothby Date: 4/26/2013 10:22:26 AM**

Corrective Plan: Please send to Christy Somner. See below.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
  - i. Therapeutic dose ranges
  - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
  - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3. Monitoring (Appendix I. - IV Monitoring Tools)
- a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/IC/RDCQI/RVP

Target Date-11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

**April 2013 TUCSON COMPLEX**

<b>Reporting (AIMS) (Medical Records)(Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical AIMS entries being made timely, completely, accurately and no greater than 3 work days from the entry in the medical record? [CC 2.20.2.7, HSTM Chpt. 7, Sec. 8.0]	X			4/29/2013 12:27 PM Entered By: Marlana Bedoya MINORS: YES.  4/28/2013 2:38 PM Entered By: Marlana Bedoya CIMARRON: YES.  4/27/2013 10:14 PM Entered By: Marlana Bedoya RINCON WEST MEDICAL: YES.  4/27/2013 7:44 PM Entered By: Marlana Bedoya WINCHESTER: YES.  4/27/2013 6:40 PM Entered By: Marlana Bedoya SANTA RITA: YES.  4/17/2013 2:20 PM Entered By: Marlana Bedoya CATALINA: YES.  4/10/2013 1:10 PM Entered By: Marlana Bedoya WHETSTONE: Inmate - N/A. Inmate - IM currently in a wheelchair, unable to ambulate. His SNO for a lower bunk expired 2012. Inmate - N/A. Inmate - IM is 77yo, with numerous musculoskeletal issues. His SNO for a lower bunk expired 2012. Inmate - N/A. Inmate - N/A. Inmate - N/A. Inmate - N/A. Inmate - N/A. Inmate - N/A.	1

## April 2013 TUCSON COMPLEX

Grievances (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]		X		<p>4/27/2013 9:23 PM Entered By: Marlena Bedoya NO. Per a report received from Corizon Medical Administration dtd Friday, April 26, 2013 the following (7) IM Grievances are past due:</p> <p><b>Inmate</b> - Complaint: Medications. Conzon receipt 2/13/2013. Response due 3/07/2013.</p> <p><b>Inmate</b> - Complaint: Non treatment of condition. Corizon receipt 2/15/2013. Response due 3/11/2013.</p> <p><b>Inmate</b> - Complaint: Delay in treatment. Conzon receipt 3/25/2013. Response due 4/15/2013.</p> <p><b>Inmate</b> - Complaint: Medications. Conzon receipt 3/26/2013. Response due 4/16/2013.</p> <p><b>Inmate</b> - Complaint: Medications. Conzon receipt 3/27/2013. Response due 4/17/2013.</p> <p><b>Inmate</b> - Complaint: Delay in treatment. Conzon receipt 3/29/2013. Response due 4/19/2013.</p> <p><b>Inmate</b> - Complaint: Delay in treatment. Conzon receipt 4/02/2013. Response due 4/22/2013.</p> <p>In addition, per the same report; there are also (28) overdue IM letter responses to date that require completion.</p>	2

### Corrective Action Plans for Performance Measure: Grievances (Q)

**1 Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]**

**Level 2 Amber User: Marlena Bedoya Date: 4/27/2013 9:23:44 PM**

Corrective Plan: Due to the excessive amount of Grievances and letters administration is working hard to meet the responding dates per policy.

Letters and Grievances are up to date as of 07/06/13 with the exception of one inmate. This particular inmate puts in multiple letters a day. Medical and Mental health just had a staffing on this inmate to discuss his needs and concerns in hopes of minimizing his letters/Grievances. We are almost caught up with his letters. ( should be by end of week) Our plan of action is to have mental health and medical meet with him on a consistent schedule and address his needs. He was moved to another yard where his needs are better managed.

All others letters and grievances are current. The report is updated and available every friday on the "s" drive for viewing. It is also forwarded to the DWOP and contract monitor.

Corrective Actions: Approved per Marlena Bedoya.

### April 2013 TUCSON COMPLEX

No Shows (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]	X			<p>4/29/2013 12:28 PM Entered By: Marlana Bedoya RINCON MINORS: YES.</p> <p>4/28/2013 2:37 PM Entered By: Marlana Bedoya CIMARRON: YES.</p> <p>4/27/2013 10:13 PM Entered By: Marlana Bedoya RINCON WEST MEDICAL: YES.</p> <p>4/27/2013 7:44 PM Entered By: Marlana Bedoya WINCHESTER: YES.</p> <p>4/27/2013 6:39 PM Entered By: Marlana Bedoya SANTA RITA: YES.</p> <p>4/17/2013 2:20 PM Entered By: Marlana Bedoya CATALINA: YES.</p> <p>4/15/2013 8:53 AM Entered By: Marlana Bedoya MANZANITE: YES.</p> <p>4/10/2013 2:20 PM Entered By: Marlana Bedoya WHETSTONE: YES.</p>	1

### April 2013 TUCSON COMPLEX

Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			4/25/2013 2:28 PM Entered By: Steve Bender All HNR's were being triaged within the designated (24) hour time frame.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		4/25/2013 2:30 PM Entered By: Steve Bender All referrals for psychiatric services were not occurring within the identified time frame. This information was documented from interviews with several clinicians assigned to the complex.	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]		X		4/25/2013 2:40 PM Entered By: Steve Bender A review of (50) charts found (1)SMI needing to be updated to reflect the (90) day requirement and (24)MH3 inmates with a qualifying diagnosis who did not have a treatment plan in their chart.	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]	X			4/25/2013 2:50 PM Entered By: Steve Bender All inmates were being seen within the designated time frame.	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]	X			4/25/2013 2:52 PM Entered By: Steve Bender Inmates determined to be unstable were being referred and evaluated by the psychiatric provider.	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]		X		4/25/2013 3:00 PM Entered By: Steve Bender A review of (50) charts found (12) which had not been seen within the designated time frame. Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate	2

## April 2013 TUCSON COMPLEX

### Corrective Action Plans for Performance Measure: Mental Health (Q)

**2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]**

**Level 2 Amber User: Steve Bender Date: 4/25/2013 2:30:49 PM**

Corrective Plan: our initial plan of action will include doing an individualiz yard assessment to determine where the extent of the deficiency exists. The Yards that we are non-compliant will require a plan of action for that specific yard(s).

Corrective Actions: complete see above

**3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]**

**Level 1 Amber User: Steve Bender Date: 4/25/2013 2:40:19 PM**

Corrective Plan: Yes, per Regional Psychiatry policy is being carried out accordingly.

Charts will be reviewed for the existence of treatment plans; where absent, treatment plans will be developed with the inmate. These will then be reviewed within the prescribed time frames.  
See below.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool

a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)

b. Review AIMS and update when changes in MH status

c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)

d. Agenda/sign off sheet to verify, inclusive of all pertinent staff

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.

10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

**6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]**

**Level 2 Amber User: Steve Bender Date: 4/25/2013 3:00:06 PM**

Corrective Plan: Corizon's recruiting team is continuing to recruit for another full time Psychiatrist and we have identified a potential candidate. Additionally, We have requested for locums thru agency to fill in the absence of a full time psychiatrist. Two are in the works now.

Corrective Actions: See above.



## April 2013 TUCSON COMPLEX

Quality and PEER Review (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		4/29/2013 7:24 PM Entered By: Marlana Bedoya NO.  Documentation was provided to this auditor, for the month of January 2013. This was prior Corizon therefore; Corizon has done no PEER reviews for Providers at ASP-Tucson complex. The documents that were provided had nothing to do with PEER chart reviewing. In reviewing the documentation, it appears Physicians and Mid-Levels were directed to randomly pick just three charts each, and review them. Some contained no "Findings/Notes" regarding what was being looked at. It is suggested that the Complex Manager review ADC requirements regarding PEER chart reviews and establish a process to successfully meet auditing criteria.	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		4/29/2013 7:25 PM Entered By: Marlana Bedoya NO.  The last monthly CQI meeting was held, per documentation in January 2013.	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		4/29/2013 7:30 PM Entered By: Marlana Bedoya NO. No meetings have been held to discuss issues that need acted upon.	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			4/29/2013 7:31 PM Entered By: Marlana Bedoya N/A. Privatization has not been in place for a year yet.	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]		X		4/29/2013 7:36 PM Entered By: Marlana Bedoya NO.  When this auditor asked to see the (Wexford / Corizon) quarterly reviews, none have been done since privatization. Within Medical Administration the following meeting quarterly meeting minutes should be retained and bindered; (JUL, AUG, SEP) should have been reviewed in October 2012, (OCT, NOV, DEC) should have been reviewed in January 2013, (JAN, FEB, MAR) should have been reviewed by Corizon in April 2013. Staff have not changed therefore these processes should be in place, and ongoing.	1

## April 2013 TUCSON COMPLEX

<b>Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)</b>
<b>1 Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]</b> <b>Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 7:24:36 PM</b>
Corrective Plan: Is the contractor physician conducting monthly and quarterly chart reviews? Compliance
No, We are in the process of hiring a medical director that will implement this at the peer review meetings. We anticipate having a medical director on site by next month.
Corrective Actions: Approved per Marlana.
<b>2 Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]</b> <b>Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 7:25:58 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Medical, mental health, and dental disciplines are participants in the monthly CQI meetings.
<b>3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]</b> <b>Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 7:30:48 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Improvement recommendations are acted on and reported back to committee. Continue to monitor.
<b>5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]</b> <b>Level 1 Amber User: Marlana Bedoya Date: 4/29/2013 7:36:29 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Regional management will monitor the site CQI program.

April 2013 TUCSON COMPLEX

Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			4/25/2013 3:26 PM Entered By: Trudy Dumkrieger	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			4/25/2013 3:27 PM Entered By: Trudy Dumkrieger	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]		X		4/11/2013 9:53 AM Entered By: Trudy Dumkrieger There is a tracking system that has not been initiated as of todays date. All units are trying to track in a different way.  4/30/2013 7:25 PM Entered By: Kathy Campbell Tracking process not being followed/initiated.	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		4/30/2013 2:31 PM Entered By: Trudy Dumkrieger Winchester Inmate Respiridone ssigned off up till 4/16 then marked recieved KOP per IM Inmate Lithium good job on MAR Inmate tegretol blank on the 24th. Inmate Benzotropine and tegretol blank on 4/2, marked NA4/8-4/14, blank on the 17th, Respiridone blank on the 2nd, NA on the 3rd, given x 2 days then NA 4/8-4/14, Then marked KOP. Inmate Reperidone signed off 4/1 - 4/15 then KOP. Inmate Gabapentin blank on the 26. Inmate Good job with MAR marked OTC - out to court.  4/30/2013 2:12 PM Entered By: Trudy Dumkrieger Minors/CDU Inmate Benzotropine aand respirdone blank 4/4 circled 4/11, blank 4/18 - 4/22. Then benzotropine marked NA 4/23 -4/29. Baclfen circled multiple times blank 4/18-4/22 then marked NA a4/24-4/29. Inmate omeprazole marked NA 4/1 thru 4/9 then expired. Inmate Benzotropine marked NA 4/1 thru4/3 then blank 4/4 and 4/5, then circled. Again blank 4/7-4/11, then signed off as given thru 4/25, then NA thru 4/29.Respiridone marked the same. Inmate Respiridone circled 4/2 and 4/11 thn NA 4/26 thru 4/29. Inmate good job.  4/30/2013 2:01 PM Entered By: Trudy Dumkrieger	1

April 2013 TUCSON COMPLEX

Cimarron  
Out of 10 MARS only one has a note that IM has his KOP.

**Inmate** Gabapentin blank on 4/12 pm, 4/27 pm. Tramadol blank 4/5 pm, 4/12 pm, marked NA4/21 -4/24, blank 4/27.

**Inmate** Amitriptyline blank 4/13.

**Inmate** Gabapentin blank 4/27.  
**Inmate** Nortriptyline order written 4/25 not available as of 4/29. Gabapentin and lithium blank 4/27 and 4/28.

**Inmate** Gabapentin marked NA 4/10 -4/13.

**Inmate** MS ER blank 4/27 pm.

4/29/2013 3:42 PM Entered By: Trudy Dumkrieger  
Whetstone

**Inmate** Trilafon not signed off 4/4. KOP not initialed off. Morphine no start or stop date, no transcribers initials. Circled 4/1-4/4. Left blank AM 4/7, 4/16, and 4/17.

**Inmate** Setraline KOP not initialed off. Elavil WS no transcribers initials. Also not signed off 4/16 or 4/19.

**Inmate** Prozac not signed of 4/3, 4/16- 4/18, marked NS 4/19 -21, blank 4/22. Vistaril 25 mg Bid same as above.

**Inmate** . Reyataz KOP not initialed off. Benzotropine blank on 4/16. Truvada KOP not initialed . Levetiracetam blank 4/16, marked NA 4/20 thru 4/23. Changed to KOP. Ritonavir KOP not initialed off.

**Inmate** All meds circled. Blank 4/2 thru 4/10/13. Circled NS 4/11-4/13/13. Then all meds marked expired and reordered 4/15/13.

**Inmate** Fluphenazine several blank spots as well as circled NS.

**Inmate** KOP not initialed off.

**Inmate** KOP not initialed off.

4/29/2013 2:17 PM Entered By: Trudy Dumkrieger  
Catalina

**Inmate** KOP not initialed. Watch swallows look good

**Inmate** KOP not initialed, watch swallows look good.

**Inmate** KOP not initialed, watch swallows look good.

**Inmate** Good job.

**Inmate** New resperidaol orders have no start or stop date. Marked as not available 4/25-4/28.

**Inmate** . New med orders marked not available written 4/23 still not available on 4/29/13. No D.O.B. nothing regarding allergies, no diagnosis, and no transcribers initials.

**Inmate** Good job on MAR except no DOB, and no transcribers initials.

**Inmate** Good job.

April 2013 TUCSON COMPLEX

Inmate Good job.  
Inmate KOP not initialed. Good job on watch swallows.

4/25/2013 1:54 PM Entered By: Trudy Dumkrieger  
Manzanita

Inmate KOP MARS not initialed off. Hydrocodone marked with a 6. No notes or follow up.

Inmate Resperidone marked with Z, and circled. No notes.

Inmate Paxil KOP MAR not initialed off.

Inmate Lortab marked with twos, and sixes. Rifaximin circled and marked with sixes.

Inmate Resperidone circle, and some marked with a two.

Inmate Benzotropine and resperidone circled and marked with a two.

Inmate Nortriptyline, not given.

Inmate Warfarin circled as well as being marked a one or two. Refused or did not show.

Inmate Paroxetine circled and also marked as NS from 4/5 - 4/24.

Inmate blank spots, others marked 2, or 6 no notes. Gabapentin and lortab.

Inmate Pamelor ordered 4/10/13. MAR totally blank.

Two Inmate and MARS are not marked name alert.

4/18/2013 10:07 AM Entered By: Trudy Dumkrieger  
IPC

Inmate 0400 lasix, lisinopril, inderol not signed off for 4/13 or 4/15.

Inmate 0400 Norvasc, and lasix marked D or circled as not given. Per the nurse the IM has refused to take these meds prior to dialysis. No physician orders to hold meds, no refusals signed.

Inmate Lyrica marked out of stock 4/2 thru 4/15.

Inmate Zoloft circled 4/1 - 4/13 not signed not 4/15.

Inmate Latnanoprost circled 4/1 - 4/14.

Inmate Mars not signed for 4/14 or 4/15.

4/17/2013 1:23 PM Entered By: Trudy Dumkrieger  
Santa Rita

Inmate Med given 1st and 2nd, circled and marked 1 on the 3rd. Given 4/4-4/7 then has order expired written on it. Medication re-ordered 4/10 but has not been marked as given since. Medication is a watch swallow.

Inmate Good job.

Inmate Tramadol marked as not available since 4/3/13. Today is the 17th. Should be going to provider review for order DC, or non-formulary. KOP MAR has no initials on it.

Inmate MAR blank from 4/1-4/8. KOP meds blank.

Inmate MAR OK

Inmate Divalproex and setraline both marked as not available from 4/1/13

## April 2013 TUCSON COMPLEX

					<p>thru 4/14/13. the 15th and 16th are marked NS.  <b>Inmate</b> KOP meds not signed off. Four days marked as no show.</p> <p>4/16/2013 1:47 PM Entered By: Trudy Dumkrieger  Rincon  <b>Inmate</b> Meds not signed off for 0500 dose 4/6/13. Meds signed off for 1600 hours on 4/15/13 @1320.  <b>Inmate</b> 1600 meds signed off @ 1320 on 4/15/13.  <b>Inmate</b> 1600 meds signed off @ 1320 on 4/15/13.  <b>Inmate</b> 1600 haloperidol signed off @ 1320 on 4/15/13.  <b>Inmate</b> 3 meds not signed off as given @ 0500 on the 14 or the 15th.  <b>Inmate</b> 1600 &amp; 1700 meds signed out by 1330 on 4/15/13.  <b>Inmate</b> MAR is very sloppy with stuff scribbled on it, stuff crossed out and not initialed.</p> <p>4/30/2013 7:25 PM Entered By: Kathy Campbell  See previous notes.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			4/25/2013 3:27 PM Entered By: Trudy Dumkrieger	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		<p>4/30/2013 3:06 PM Entered By: Trudy Dumkrieger  Manzanita  <b>Inmate</b> Rifaxamin marked not available 4/1-4/24.</p> <p>4/30/2013 3:03 PM Entered By: Trudy Dumkrieger  Winchester  <b>Inmate</b> benzotropine. tegretol and respirdone all marked as not available 4/3-4/14.</p> <p>4/30/2013 3:00 PM Entered By: Trudy Dumkrieger  CDU  <b>Inmate</b> benzotropine and risperidone marked as not available 4/23 -4/29.  <b>Inmate</b> Haldol marked as not in stock 4/19 thru 4/30.  <b>Inmate</b> benzotropine and baclofen marked as not available 4/23-4/29.</p> <p>4/25/2013 1:58 PM Entered By: Trudy Dumkrieger  Manzanita  <b>Inmate</b> Pamelor ordered 4/10/13 not here yet.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?		X		4/30/2013 3:18 PM Entered By: Trudy Dumkrieger	2

April 2013 TUCSON COMPLEX

				<p>Should be a green</p> <p>4/30/2013 3:07 PM Entered By: Trudy Dumkrieger All yards are complying with this.</p> <p>4/4/2013 10:30 AM Entered By: Trudy Dumkrieger Cimarron yes.</p>	
8	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>		X	<p>4/30/2013 3:12 PM Entered By: Trudy Dumkrieger Inmate request to renew CC meds in providers review pile. Enalapril, simvastatin terozosin.</p> <p>4/29/2013 2:23 PM Entered By: Trudy Dumkrieger Catalina Inmate meds current. Inmate medes current. Inmate Meds current.</p> <p>4/25/2013 2:18 PM Entered By: Trudy Dumkrieger Inmate meds current Inmate meds current Inmate meds current Inmate meds current Inmate meds current Inmate meds current Inmate meds current. Inmate Meds current. Inmate Meds current.</p> <p>4/16/2013 1:52 PM Entered By: Trudy Dumkrieger Rincon Inmate Two chronic condition meds , Norvasc and ASA 81 mg. Marked as NA or out of stock 3-5 days. Inmate Meds current. Inmate Meds current. Inmate meds current. Inmate Meds current.</p>	2
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>		X	<p>4/29/2013 3:48 PM Entered By: Trudy Dumkrieger Whetstone Inmate Non-formulary written 4/19/13 approved 4/24 for 30 days. Response not reviewed by provider by 4/29/13. Inmate HIV meds. Non-formulary submitted 4/11/13. Reviewed 4/17/13 and response sent back to provider.</p> <p>4/29/2013 2:57 PM Entered By: Trudy Dumkrieger Whetstone Non-formulary submitted 4/15/13 for absorbace sent back 4/22/13 for more information. IM Inmate Non- formulary submitted 4/15/13 for absobace sent back 4/22/13 for more information. IM Inmate</p>	2



### April 2013 TUCSON COMPLEX

					4/30/2013 7:25 PM Entered By: Kathy Campbell See previous notes.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		4/30/2013 3:13 PM Entered By: Trudy Dumkrieger <b>Inmate</b> Non-formulary written 4/19/13 approved 4/24 for 30 days. Response not reviewed by provider by 4/29/13. <b>Inmate</b> HIV meds. Non-formulary submitted 4/11/13. Reviewed 4/17/13 and response sent back to provider.  4/29/2013 2:57 PM Entered By: Trudy Dumkrieger Whetstone Non-formulary submitted 4/15/13 for absorbace sent back 4/22/13 for more information. IM <b>Inmate</b> Non- formulary submitted 4/15/13 for absorbace sent back 4/22/13 for more information. IM <b>Inmate</b> .	2
11	Are medication error reports being completed and medication errors documented?	X			4/30/2013 3:13 PM Entered By: Trudy Dumkrieger	2

## April 2013 TUCSON COMPLEX

### Corrective Action Plans for Performance Measure: Medication Administration

**3 Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:25:18 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.

3. Monitoring (Appendix I. - IV Monitoring Tools)

- a. Audit tools developed.
- b. Weekly site results discussed with RVP.
- c. Audit results discussed a monthly CQI meeting.
- d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties =FHA/DON/RDCQI/RVP/FHA

Target Date- 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:25:34 PM**

Corrective Plan: Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices?

Yes, each medical unit is in compliance with MARS. MARS are logged daily by nursing staff and checked by unit nursing supervisor to ensure they are properly logged.

All inmate MARs are updated with new medications or new inmates to the unit.

See below.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.

3. Monitoring (Appendix I. - IV Monitoring Tools)

- a. Audit tools developed.
- b. Weekly site results discussed with RVP.
- c. Audit results discussed a monthly CQI meeting.
- d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties =FHA/DON/RDCQI/RVP/FHA

Target Date- 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:06:55 PM**

## April 2013 TUCSON COMPLEX

Corrective Plan: Are there any unreasonable delays in inmate receiving prescribed medications?

Delayed med passes are caused by ICS's, lock-downs, and security and movement. These things can help delay the distribution of medication during regularly scheduled med pass, Certain units will bag medications and distribute them throughout the yards if a security officer is available to assist in med pass. Nursing will stay after working hours to ensure that med pass is done. See below.

Corrective Actions: October Action plan submitted by Corizon-  
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
  - a. Intake Orders
  - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

1. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending
2. Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a. Internal
  - b. External
2. In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds
4. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Target Date - 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

### **6 Are there any unreasonable delays in inmate receiving prescribed medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:06:55 PM**

Corrective Plan: Are there any unreasonable delays in inmate receiving prescribed medications?  
Clinical

There is minimal delay in inmates receiving prescribed medications. The delay of medications are caused by the amount of transfers within the facility and to outside facilities. When an inmate is transferred all KOP medications are moved with inmates by security and all DOT medications are moved within the facility by nursing staff. Any re-issued medications are done by Pharmacorr for external moves.

Nursing and pharmacy staff work hard to ensure that inmates medications are not delayed during movement. See below.

Corrective Actions: October Action plan submitted by Corizon-  
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)

## April 2013 TUCSON COMPLEX

a.Intake Orders  
b.Private Prisons

2.In-service staff on process per PharmaCorr policy,  
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff

3.Custody educated regarding contract requirements regarding inmate transfer with meds.

4.Monitoring (Appendix I. - IV Monitoring Tools)  
a.Audit tools developed  
b.Weekly site results discussed with RVP  
c.Audit results discussed a monthly CQI meeting  
d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

1.Monitoring (Appendix I. - IV Monitoring Tools)  
a.Audit tools developed  
b.Weekly site results discussed with RVP  
c.Audit results discussed a monthly CQI meeting  
d.Minutes and audit reported monthly to Regional office for tracking and trending

2.Standardized process statewide to include, but not limited to (Appendix III.1.):  
a.Internal  
b.External

2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);  
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff

3.Custody educated regarding contract requirements regarding inmate transfer with meds

4.Monitoring (Appendix I. - IV Monitoring Tools)  
a.Audit tools developed  
b.Weekly site results discussed with RVP  
c.Audit results discussed a monthly CQI meeting  
d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Target Date - 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

### **6 Are there any unreasonable delays in inmate receiving prescribed medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:06:55 PM**

Corrective Plan: Are there any unreasonable delays in inmate receiving prescribed medications?  
Clinical

The delay of medications are caused by the amount of transfers within the facility and to outside facilities. When an inmate is transferred all KOP medications are moved with inmates by security and all DOT medications are moved within the facility by nursing staff. Any re-issued medication are done by Pharmacorr for external moves.

Nursing and pharmacy staff work hard to ensure that inmates medications are not delayed during movement. See below.

Corrective Actions: October Action plan submitted by Corizon-  
Intakes-

1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)  
a.Intake Orders  
b.Private Prisons

2.In-service staff on process per PharmaCorr policy,  
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff

3.Custody educated regarding contract requirements regarding inmate transfer with meds.

4.Monitoring (Appendix I. - IV Monitoring Tools)  
a.Audit tools developed  
b.Weekly site results discussed with RVP  
c.Audit results discussed a monthly CQI meeting

## April 2013 TUCSON COMPLEX

d.Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending
- 2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a.Internal
  - b.External
- 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Target Date - 11/30/13  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

### **7 Are inmates being required to show ID prior to being administered their medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:18:07 PM**

Corrective Plan: Are inmates being required to show ID prior to being administered their medications?  
Clinical

Yes, all inmates must show identification prior to receiving any DOT's and KOP medications. No staff is to distribute any medication without identification. See below.

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide to include, but not limited to :
  - a.Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
  - b.MAR documentation.
  - c.Administration of DOT/KOP.
  - d.Printing MARs (Pharmacy Appendix).
  - e.Medication error documentation/reporting (Pharmacy Appendix).
  - f.Check ID to Inmate and MAR.
- 2.In-service staff on process and PharmaCorr policy.
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
- 3.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed.
  - b.Weekly site results discussed with RVP.
  - c.Audit results discussed a monthly CQI meeting.
  - d.Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties =FHA/DON/RDCQI/RVP/FHA

Target Date- 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

### **7 Are inmates being required to show ID prior to being administered their medications?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:18:07 PM**

Corrective Plan: Are inmates being required to show ID prior to being administered their medications?  
Clinical

## April 2013 TUCSON COMPLEX

Yes, all inmates must show identification prior to receiving any DOT's and KOP medications.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
  - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
  - b. MAR documentation.
  - c. Administration of DOT/KOP.
  - d. Printing MARs (Pharmacy Appendix).
  - e. Medication error documentation/reporting (Pharmacy Appendix).
  - f. Check ID to Inmate and MAR.
2. In-service staff on process and PharmaCorr policy.
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

Responsible Parties =FHA/DON/RDCQI/RVP/FHA

Target Date- 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

**8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?**

**[NCCHC Standard P-D-01]**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:12:21 PM**

Corrective Plan: Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?

Chronic care medications are a priority and are monitored by both the provider and the nursing staff to ensure inmates are receiving all care plan medications for their condition.

Pharmacy sends each medical unit a weekly expiration list for the upcoming week of meds that are to be renewed. The supervisors on the units intercept the list and begin the process to renew, order or discontinued all medications accordingly. This ensures that the medication renewals are done prior to expiring.

Chronic care medications are listed on these weekly lists for assurance of renewal.  
See below.

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
2. In-service staff on process per PharmaCorr policy,
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

1. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending
2. Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a. Internal

## April 2013 TUCSON COMPLEX

- b.External
- 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP

Target Date - 11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

### **9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?**

**Level 2 Amber User: Kathy Campbell Date: 4/30/2013 7:25:58 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
  - a.Non-formulary process (Appendix I.1.d.)
    - i.Reviewed for approval within 24-48 hrs
    - ii.Providers notified decision within 24-48 hrs
  - e.Manifest Reconciliation
  - f.Inventory control
  - g.Stock Medications
  - h.Practitioner Cards (Appendix I.1.h.)
  - i.Controlled Medications (Appendix I.1.i.)
- 2.In-service staff
  - a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
  - b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
- 3.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/IC/RDCQI/RVP

Target Date-11/30/13

Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

### **10 Are providers being notified of non-formulary decisions within 24 to 48 hours?**

**Level 2 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:13:36 PM**

Corrective Plan: Are providers being notified of non-formulary decisions within 24 to 48 hours?

A non-formulary is a prescription that is not on the formulary list of drugs and is required explanation by the prescriber to indicate why the drug is needed.

Due to the amount of non-formulary requests throughout the State Dr. Williams and Dr. Bynum aware that this decision is taking longer than 24 to 48 hours to notify. They are working on hiring additional staff to help elevate the overwhelming requests.

At this time Providers are encouraged to prescribe only from the formulary and create alternative treatment plans as much as possible.

See below.

Corrective Actions: October Action plan submitted by Corizon-

- 1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):



## April 2013 TUCSON COMPLEX

- a. Non-formulary process (Appendix I.1.d.)
    - i. Reviewed for approval within 24-48 hrs
    - ii. Providers notified decision within 24-48 hrs
  - e. Manifest Reconciliation
  - f. Inventory control
  - g. Stock Medications
  - h. Practitioner Cards (Appendix I.1.h.)
  - i. Controlled Medications (Appendix I.1.i.)
2. In-service staff
- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
  - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3. Monitoring (Appendix I. - IV Monitoring Tools)
- a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/IC/RDCQI/RVP  
Target Date-11/30/13
- Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
- 10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

**April 2013 TUCSON COMPLEX**

<b>Staffing</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	<b>X</b>			4/29/2013 7:37 PM Entered By: Marlana Bedoya YES. It is Corizon's "Staffing Control Document".	<b>1</b>
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		<b>X</b>		4/24/2013 12:11 PM Entered By: Trudy Dumkrieger Whetstone 3/26/13 A nurse was pulled from Whetstone which left two nurses to do AM meds and insulins. Yard was still on controlled movement. Meds and insulins were not completed by 0900. This is not in compliance. 4/3/13 A nurse was pulled from Whetstone a line had to be cancelled and the two nurses ended up running 45 minutes behind on meds and insulins. 4/22/13 A nurse was pulled and the other two were running behind on meds and insulins.  Catalina  • No nursing staff reported on 4/1/13. Phone call had to be made to get a nurse to Catalina. Nursing staff reported at 0742 which kept several inmates from turning out to work crews. The nurse also had to cancel part of the nurse line because she had to return to her unit.  4/29/2013 7:53 PM Entered By: Marlana Bedoya NO.  With vacancies as of 4/29/2013, as reviewed with the Tucson Complex Manager being; (1) Nurse Practitioner, (1) RN Supervisor, (2) Staff Registered Nurses, (7) Nursing Assistants, (1) Psychologist, (2) Mental Health Registered Nurses, (1) Physician, and (1) Regional Director, the staffing continues to be insufficient to meet the needs of the inmate population. This is witnessed by the huge amount of back-logged charts needing Provider review, Inmates who have been waiting months to see a Provider after having been referred to one, back-logged Nursing lines, Juveniles no being seen the entire month for intake Physical exams, Inmates not being seen in some cases 2-3 weeks past the date that they submit an HNR, medications not being filled/refilled on time, and Chronic Care inmates far past due for their appointments.	<b>3</b>
3	Are all positions filled per contractor staffing pattern?		<b>X</b>		4/29/2013 8:03 PM Entered By: Marlana Bedoya NO.  Vacancies as of 4/29/2013, as reviewed with the Tucson Complex Manager being; (1) Nurse Practitioner, (1) RN Supervisor,	<b>2</b>

**April 2013 TUCSON COMPLEX**

				(2) Staff Registered Nurses, (7) Nursing Assistants, (1) Psychologist, (2) Mental Health Registered Nurses, (1) Physician, (1) Medical Director, and (1) Regional Director.	
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X		4/29/2013 8:07 PM Entered By: Marlena Bedoya YES.  The Complex Manager actually informs Corizon Corporate of the vacancies that he/she has as they come up. Corizon then advertises. Per the Complex Manager, if an emergency staffing issue arises Corizon Corporate office pursues a Locum company. The Complex Manager also stated that Corizon has (3) types of recruiters; (1) for Locums, (1) for Physicians, and (1) for Nursing/Ancillary.	2

**Corrective Action Plans for Performance Measure: Staffing**

**2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]**

**Level 3 Amber User: Marlena Bedoya Date: 4/29/2013 7:53:16 PM**

Corrective Plan: Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population?

Compliance

No, but our Corizon recruiting team is working tirelessly at recruiting for the open positions. We interviewed more than 100 nurses and CNA's at the Tucson Complex. We have interviewed physicians and filled all of our nurse practitioner positions. Once all positions are filled and new staff are trained then we can re-visit this question.

Corrective Actions: Nurse Practitioners are all filled

RN supervisors are all filled

Staff RN's are filled and we have gone a little over than we should have in anticipation of the new build out about to open at Manzanita unit.

Nursing assistants are filled

We still have a psychologist position vacant ( no applications received for this position)

MH RN's are filled

Physician one was filled and is in the process now. She should begin on 07/15

medical director position remains vacant.

Regional Director is coming in for a second interview in one week.

We are not yet 100% staffed yet but we are close.

**3 Are all positions filled per contractor staffing pattern?**

**Level 2 Amber User: Marlena Bedoya Date: 4/29/2013 8:03:07 PM**

Corrective Plan: Are all positions filled per contractor staffing pattern?

Compliance

No, but our Corizon recruiting team is working tirelessly at recruiting for the open positions. We interviewed more than 100 nurses and CNA's at the Tucson Complex. We have interviewed physicians and filled all of our nurse practitioner positions.

Corrective Actions: Nurse Practitioners are all filled

RN supervisors are all filled

Staff RN's are filled and we have gone a little over than we should have in anticipation of the new build out about to open at Manzanita unit.

Nursing assistants are filled

We still have a psychologist position vacant ( no applications received for this position)

MH RN's are filled

### **April 2013 TUCSON COMPLEX**

Physician one was filled and is in the process now. She should begin on 07/15  
medical director position remains vacant.  
Regional Director is coming in for a second interview in one week.

**April 2013 TUCSON COMPLEX**

<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?		<b>X</b>		<p>4/30/2013 3:19 PM Entered By: Trudy Dumkrieger Currently functioning with out policy except DOCs.</p> <p>4/17/2013 2:09 PM Entered By: Trudy Dumkrieger I have not been able to find an IPC manuel for Corizon.</p>	<b>1</b>
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)		<b>X</b>		<p>4/16/2013 1:55 PM Entered By: Trudy Dumkrieger No. IM [redacted] inmate has had 33 falls since the end of November 2012. Last fall required a craniotomy.</p> <p>4/30/2013 7:26 PM Entered By: Kathy Campbell See previous note(s).</p>	<b>1</b>
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?		<b>X</b>		<p>4/17/2013 2:23 PM Entered By: Trudy Dumkrieger Corizon currently has no process in place for dtermining what the appropriate and sufficient number of health professionals is in the infirmiry. They currently have six total or almost total care inmates and only staff a second aid part time on days.</p> <p>4/30/2013 7:26 PM Entered By: Kathy Campbell See previous note(s).</p>	<b>1</b>
4	Is a supervising registered nurse in the IPC 24 hours a day?		<b>X</b>		<p>4/17/2013 2:29 PM Entered By: Trudy Dumkrieger There is not a supervising nurse in the IPC 24 hours a day. The supervising nurse is days only Monday thru Friday no weekends, holidays, or nights.</p> <p>4/30/2013 7:26 PM Entered By: Kathy Campbell See previous note(s).</p>	<b>1</b>
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	<b>X</b>			<p>4/16/2013 1:56 PM Entered By: Trudy Dumkrieger Most current Manual available is a 2001 Lippincott.</p> <p>4/30/2013 7:27 PM Entered By: Kathy Campbell</p>	<b>1</b>

**April 2013 TUCSON COMPLEX**

6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?		X		4/30/2013 3:20 PM Entered By: Trudy Dumkrieger Should be a green  4/16/2013 1:56 PM Entered By: Trudy Dumkrieger Yes.	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?		X		4/17/2013 2:31 PM Entered By: Trudy Dumkrieger Corizon does not currently have a policy addressing this that I know of.  4/30/2013 7:27 PM Entered By: Kathy Campbell See previous note(s).	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			4/17/2013 2:31 PM Entered By: Trudy Dumkrieger	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			4/16/2013 1:57 PM Entered By: Trudy Dumkrieger Yes.  4/30/2013 7:27 PM Entered By: Kathy Campbell See previous note(s).	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			4/16/2013 1:57 PM Entered By: Trudy Dumkrieger Yes.  4/30/2013 7:27 PM Entered By: Kathy Campbell	1
11	Are vital signs done daily when required?	X			4/16/2013 1:58 PM Entered By: Trudy Dumkrieger All IPC inmates are required to have vitals every shift and PRN.  4/30/2013 7:27 PM Entered By: Kathy Campbell	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			4/30/2013 3:30 PM Entered By: Trudy Dumkrieger	1

## April 2013 TUCSON COMPLEX

					Yes on the IPC inmates only.	
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			4/30/2013 3:22 PM Entered By: Trudy Dumkrieger The charge nurse checks the supplies and the medication nurse is responsible for ordering medications.	1

### Corrective Action Plans for Performance Measure: Infirmary Care

**1 Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting?**

**Level 1 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:19:46 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Develop policies/POST Orders that define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting. Develop Infirmary Manual to be approved for use.  
Responsible Parties= FHA/Medical Director/DON

**2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:26:40 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Ensure that inmates have a method available to contact nursing staff.

**3 Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:26:49 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmary patient care.

**4 Is a supervising registered nurse in the IPC 24 hours a day?**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:26:59 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: An RN is available for coverage in the IPC 24 hours per day.

**6 Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?**

**Level 1 Amber User: Trudy Dumkrieger Date: 4/30/2013 3:20:47 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Reinforce to providers and nursing staff the requirement of admission and discharge orders. Continue to monitor.  
Responsible Parties= Provider/RN/LPN

**7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?**

**Level 1 Amber User: Kathy Campbell Date: 4/30/2013 7:27:23 PM**

Corrective Plan: See October action plan as submitted by Corizon.

Corrective Actions: Once acuity tool is developed and implemented, frequency of physician/nursing rounds will be based on categories of care.