



May 2013 PHOENIX COMPLEX

					<p>Vitals: On 5/10/13, C area: inmate . Flamenco Ward: inmate , inmate ,</p>		
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X		<p>5/24/2013 3:49 PM Entered By: Helena Valenzuela C area Provider continues to write same evaluation time and date on the following intake inmates' SOAPE notes inmate , inmate , JKQ: inmate - Provider writes in S section of SOAPE note "HNR request"-monitor found no referenced HNR in medical record</p> <p>5/24/2013 3:43 PM Entered By: Helena Valenzuela In C area: inmate , inmate inmate , inmate , inmate -provider did not indicate time of evaluation and/or did not sign his/her SOAPE note. In JKQ Ward: inmate - nurse and/or provider did not sign SOAPE note SOAPE- Aspen Unit: inmate -HNR nursing response states "seen on nurses line..." no SOAPE note verification this occurred Ida Ward:inmate -Incomplete SOAPE note form: Omission of Inmate ADC #, date of birth, and facility/unit.</p> <p>5/19/2013 2:57 PM Entered By: Helena Valenzuela On 5/15/13-Aspen:inmate -physician SOAPE notation on 5/8/13, nurse documentation on 5/12/13, inmate - physician SOAPE notation on 5/14/13, nurse documentation on 5/15/13, Aspen Unit:inmate -physician SOAPE notation on 5/15/13, no nurse notation evident, inmate -physican SOAPE notation on 5/15/13, no nurse notation evident, inmate -physician SOAPE notation inmate -physican SOAPE notation 5/14/13, nurse noted 5/15/13 (no second notation), physician SOAPE notation on 5/8/13, nurse noted 5/12/13 (no second notation), inmate -physican SOAPE notation on 4/23/13, nurse noted 5/1/13, (no second notation), inmate -psychiatrist SOAPE notation on 5/14/13, nurse noted on 5/14/13, second notation on 5/15/13, inmate -physician SOAPE notation on 5/15/13 , no nurse notation evident. inmate -psychiatrist SOAPE notation on 5/15/13, nurse notation on 5/16/13 (My observations: Aspen nursing staff have previously consistently expressed to their supervisors the necessity of scheduling additional nursing staff to deliver proper medical care to inmates and distribute medication in a timely manner. Supervisors have been on site.)</p> <p>5/16/2013 1:32 PM Entered By: Helena Valenzuela C area:inmate SOAPE-Provider did not sign or list time inmate was seen. inmate -no time inmate seen was documented by provider. The following SOAPE notes were noted 24 hours after the provider completed his/her SOAPE entry: inmate inmate inmate inmate inmate , inmate , inmate inmate inmate inmate , inmate , inmate -Chronic care form not signed off by nursing. The intake provider continues to document inmates seen at the same time. Example On 5/13/13, inmate and inmate inmate were both seen at 1400. Inmate inmate and inmate inmate were seen at 1500. This has already been brought to the attention to FHA Massey at last week's meeting with monitor.</p> <p>5/13/2013 1:36 PM Entered By: Helena Valenzuela SOAPE notes: In C area, the following notes indicated the provider using the same date and time when evaluating various inmates: inmate , inmate , inmate inmate inmate inmate inmate inmate inmate , inmate , inmate inmate inmate inmate , inmate , inmate , inmate inmate (The provider documents inmate seen at 1500 and nurse documents her notation occurring at 1447). inmate -SOAPE note by provider does not document time inmate evaluated. inmate -SOAPE note has no provider or nurse signature, date, or time of being evaluated. Flamenco: inmate no signature on the SOAPE note. Baker Ward-not using SOAPE format: inmate , inmate inmate inmate , inmate , inmate , inmate inmate -Nurse noted 24 hours later on provider's SOAPE notation. inmate -Chronic Condition Follow-up Care form not filled out and inmate has Hep C and Asthma. inmate - Chronic Condition Follow-up Care form not signed off by nursing. No nurse sign off in medical record taking off provider orders: Baker Ward: inmate , inmate , inmate , inmate , inmate .</p> <p>5/3/2013 11:55 AM Entered By: Helena Valenzuela</p>	1	



## May 2013 PHOENIX COMPLEX

### Corrective Action Plans for Performance Measure: 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: Helena Valenzuela Date: 5/31/2013 10:25:37 AM**

Corrective Plan: Sick call at Phoenix Complex is conducted seven days a week in order to keep up with the influx of Intakes submitting HNRs. Inmates are triaged by nursing and either addressed with a Nursing Encounter Form, (NET), or are put on the line at the clinic. Please see NEO II binder -Nursing Encounter Guidelines and Tools. A copy can be provided to you by written request, (email is fine).

CAP Revision #1 - NEOII Binder is reserved for Health Monitor at the AA's desk in Medical Admin. NEOII Training roster has been sent to you via email.

Problem Identified: Sick call needs to be conducted 5 days a week.

Discussion and Action Plan: As a result of this finding, the FHA has instituted a plan to ensure compliance. Nursing staff have been instructed that sick call is to be conducted in a clinical setting five days a week. DON shall ensure that sick call lines are being properly documented and are being conducted 5 days a week in a clinical setting.

Responsible Person: DON shall ensure that sick call is being conducted in accordance with this compliance measure.

Status: Nursing staff have been informed and the DON will continue to monitor for compliance.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

8/16/13 - Please see Findings of Space Utilization Committee and Position Paper submitted on this subject matter:

ARIZONA DEPARTMENT OF CORRECTIONS  
ARIZONA STATE PRISON COMPLEX – PHOENIX  
ALHAMBRA UNIT

#### MEMORANDUM

DATE: October 24, 2012

TO: Charles L. Ryan, Director

THROUGH: Robert Patton, Division Director

THROUGH: Carson McWilliams, Northern Region Operations Director

THROUGH: Al Ramos, Warden

FROM: Meegan A. Muse, Deputy Warden  
Helena Valenzuela, Wexford Health Medical Compliance Monitor  
Holly Massey, Interim Wexford Health Complex Site Manager

SUBJECT: COMPLIANCE WITH THE AMERICAN HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

POSITION PAPER

ISSUE

Should the Department of Corrections, Phoenix/Alhambra Complex, address the spatial arrangement of the inmate

## May 2013 PHOENIX COMPLEX

intake area to ensure confidentiality of obtaining inmate medical and mental health information in order to comply with American Health Insurance Portability and Accountability Act of 1996, (HIPAA) and the Standards for Health Services in Prisons by the National Commission on Correctional Health Care?

### BACKGROUND

HIPAA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals and other health care providers. This protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."<sup>12</sup> "Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.<sup>13</sup> Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy)

The Arizona Department of Corrections follows the accreditation program by complying with the requirements in the manual, Standards for Health Services in Prisons, developed by the National Commission on Correctional Health Care. The Standard states, "Discussion of patient information and clinical encounters are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of health services." (Standards for Health Services, p. 15)

The Wexford Health Sources, Inc. Contract states in section 2.10.15.1: Information Confidentiality

"Confidentiality/Exchange of Information: The Contractor shall ensure that inmate health information is handled in accordance with any applicable procedures established by Federal and State confidentiality of health information laws and regulations." Additionally stated, "To ensure compliance with HIPAA regulations, Wexford Health will set forth protocols that meet or exceed accepted privacy standards of the correctional health care industry." (section 2.10.15.1, p. 443)

### CURRENT PRACTICE

Inmate medical and mental health intake evaluations are conducted in Delta run. The top portion of the Physical Examination form (#1101-77P) and the Reception Center Screening form (#1101-21P), demographics, is conducted in the hallway in Delta run by Patient Care Technicians (PCT's). The nursing portion of the Reception Center Screening form (#1101-21P) is conducted in one room in Delta run utilizing 2 to 5 nurses. Mental Health evaluations are conducted in another room in Delta run by two Psych Associates utilizing the Initial Mental Health Assessment form (#1103-27) and if needed, additional SOAPE notes are written in the inmate's medical file to address additional needs (i.e. – continuous watch, etc.). Mobile partitions (from 5 to 6 feet tall and 5 feet wide) are being used in both rooms in an attempt to address confidentiality compliance. There is no partition in the hallway surrounding the PCT desk.

### OPTIONS

1) Possibility of any open offices or other areas within the unit to expand into.

Comments: An inspection was conducted by key staff. The current infrastructure does not support additional areas to be utilized by medical or mental health staff. Other office areas are currently occupied by other staff and there are no empty rooms.

2) Possibility of introducing additional office spaces (i.e. - mobile trailer, etc.) within the Alhambra yard.

Comments: Cost and utility installation may be prohibitive. As well, an additional security officer would need to be allocated for additional location.

3) Possibility of expanding the current Nursing and Mental Health staff hours.

Comments: Changes have already been made to the staff hours to better accommodate the needs of the unit. Variations to the staff hours are limited due to the dependence of the time that the new arrivals come in to the unit and the daily operational activities of the unit.

4) Possibility of mirroring community standards utilized in regional healthcare facilities, mental health institutions, and correctional practices.

Comments: At regional healthcare facilities, such as hospital emergency departments, patients are screened, triaged, evaluated, and treated, often in medical bays separated by cloth material (i.e. – curtains made of paper, linen, or other thin cloth, etc.) in an attempt to address confidentiality compliance. At regional mental health institutions (i.e. – walk-in mental health clinics and psychiatric emergency rooms), mental health screenings are often conducted in much the same manner as hospital emergency departments. At regional correctional facilities (i.e. – jails and prisons), the medical and mental health screening practices are often conducted in similar situations.

## May 2013 PHOENIX COMPLEX

### RECOMMENDATION

This committee recommends that the Phoenix / Alhambra Unit mirror the community standards utilized in regional healthcare facilities, mental health institutions, and correctional practices (Option 4). The committee will review this issue annually to evaluate and determine new viable options.

Corrective Actions: Approved by H. Valenzuela. See above.

**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: Helena Valenzuela Date: 5/24/2013 4:03:27 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.Process to address, to include but not limited to:

- a.Daily pick up.
- b.Date stamp.
- c.Triage within 24 hrs, immediate triage of patient if emergent.
- d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
- e.Nurse line sees patient, then to provider line when appropriate.
- f. Submit final site process to RVP.

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 ( Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3.Monitoring (Sick Call 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/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 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: Helena Valenzuela Date: 5/24/2013 4:26:20 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);

- a.Agenda/sign off sheet to verify

2.Monitoring (Sick Call 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/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 – VS will include weight when appropriate.

**4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]  
Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 3:49:23 PM**

Corrective Plan: Physician and Site Medical Director, (SMD), deny the physician in question is using preprinted templates. SMD and physician questioned separately in my office regarding the behavior in question. SMD and physician both report physician 'preps' charts, by way of reviewing the charts allocated to him first thing in the mornings, and prepping the paperwork. Physician has been counseled by the SMD and myself that while reviewing charts and beginning to prep paperwork is not the preference of the SMD, it is the physician's prerogative. The

## May 2013 PHOENIX COMPLEX

physician in question has been instructed that he may not time and date forms ahead of time, under any circumstances. SMD to counsel and monitor his practice.

CAP Revision: There are too many issues to address on one CAP. Please be specific about what you still require an answer to and I will provide an answer to the best of my ability. Thank you!

See below.

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call 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

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 –NETs to be used for all Nursing sick call.

**4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]**

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 3:49:23 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call 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

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 –NETs to be used for all Nursing sick call.

**4 Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]**

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 3:49:23 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on policy titled "Continuous Progress Note (SOAP)", Chapter 5, Section 1.3 (Attachment IV.1.) and per Sick Call 2.20.2.2 contract performance outcome 4 (Sick Call Attachment); use of Corizon NETs

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call 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

Target Date- 11/30/13

## May 2013 PHOENIX COMPLEX

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 –NETs to be used for all Nursing sick call.

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

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 3:55:16 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service all staff including providers on Sick Call 2.20.2.2 contract performance outcome 5 (Sick Call Attachment); Seen by Physician or Midlevel within 7 days

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call 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

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 nursing protocols in place and utilized by the nurses for sick call?**

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 4:00:32 PM**

Corrective Plan: 9/9/13 - Nursing Encounter Tools are used with standing orders that can be located in the NETs binder found on every unit. These forms are to be used with every nursing-inmate encounter. The process of completeing Nursing Encounter Tools, (NETs), will continue to be reviewed on a monthly and ad lib basis.

Corrective Actions: See above.



**May 2013 PHOENIX COMPLEX**

<b>Medical Specialty Consultations (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			5/28/2013 2:58 PM Entered By: Patricia Arroyo	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		5/30/2013 2:07 PM Entered By: Patricia Arroyo inmate Derm Consult on 4/1/13. Rec'd report on 4/18/13. provider has not reviewed dictated note.	2
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			5/28/2013 2:59 PM Entered By: Patricia Arroyo	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			5/28/2013 3:01 PM Entered By: Patricia Arroyo	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			5/28/2013 3:01 PM Entered By: Patricia Arroyo There is no documentation to verify	2

**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: Patricia Arroyo Date: 5/30/2013 2:07:04 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.

May 2013 PHOENIX 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			5/28/2013 2:44 PM Entered By: Patricia Arroyo	1
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]		X		<p>5/28/2013 2:46 PM Entered By: Patricia Arroyo Aspen Unit: This unit has 69 Chronic Care appointments past due. For example: inmate [redacted] inmate [redacted] inmat [redacted] inmate [redacted] inmate [redacted] inmate [redacted]</p> <p>5/13/2013 2:25 PM Entered By: Patricia Arroyo J/Q Unit: inmate [redacted] Asthma, seen 10/12, due 4/13, CC is past due inmate [redacted] : Asthma, seen 8/11, due 11/11, CC past due before take over. Still active problem on problem list.</p> <p>5/13/2013 2:21 PM Entered By: Patricia Arroyo Baker Unit; inmate [redacted] : Asthma, seen 4/13, CC form not utilized. no indication of next appointment. inmate [redacted] : HIV, seen 1/13, no indication of next scheduled appointment. inmate [redacted] : HTN, Asthma, seen 1/13, due 4/13, CC is past due.</p> <p>5/10/2013 10:26 AM Entered By: Patricia Arroyo Delta &amp; Echo Unit: 10 charts reviewed all Chronic Care is within time frame. F Unit: 10 charts reveiwed all Chronic Care is within time frame.</p> <p>5/3/2013 5:15 PM Entered By: Patricia Arroyo G-Unit: inmate [redacted] CC Sz is past due. Should have been seen 3/13 inmate [redacted] HTN, DM, Hep C: CC is past due(Intake date at G-Unit 4/30/13). Ida Unit: inmate [redacted] : Hep C next appointment is not indicated on form by provider inmate [redacted] : HTN, Hep C, seen 12/12, due 2/13 past due</p>	2
3	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]		X		<p>5/28/2013 2:49 PM Entered By: Patricia Arroyo Aspen Unit: inmate [redacted] Education is not documented' inmate [redacted] Education is not documented inmate [redacted] Education is not documented inmate [redacted] Education is not documented inmate [redacted] Education is not documented</p>	1

May 2013 PHOENIX COMPLEX

				<p>inmate ██████ Education is not documented</p> <p>5/13/2013 2:24 PM Entered By: Patricia Arroyo J/Q Unit: inmate ██████, education is not documented inmate ██████, education is not documented</p> <p>5/13/2013 2:22 PM Entered By: Patricia Arroyo Baker Unit: inmate ██████ education is not documented inmate ██████ education is not documented</p> <p>5/10/2013 10:28 AM Entered By: Patricia Arroyo Delta &amp; Echo Unit: 10 charts reviewed Education was documented on all CC forms. F Unit: 10 charts reviewed Education was documented on all CC forms.</p> <p>5/3/2013 5:15 PM Entered By: Patricia Arroyo inmate ██████ Education is not documented</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		5/28/2013 2:49 PM Entered By: Patricia Arroyo	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		5/28/2013 2:50 PM Entered By: Patricia Arroyo This report is not due until June 2013	2

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

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: Patricia Arroyo Date: 5/28/2013 2:46:21 PM

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

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.

## May 2013 PHOENIX COMPLEX

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 2:49:48 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
  - a. Documentation of chronic condition education at each visit.
  - b. 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

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results. 10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

May 2013 PHOENIX COMPLEX

Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			5/31/2013 8:03 AM Entered By: Leslie Boothby	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>5/31/2013 8:03 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Amber – will remain amber until a completed written action plan is received and implemented with weekly follow up documentation of results to ADC from each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 medications, if needed, to provide continuity of care while the NFD is being processed. This Action Plan requires documented weekly follow-up from Corizon staff that identifies that medications have been approved or denied and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. May 2013 Non Formulary Drug Requests - Stop Date Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Julie Carter, Regional Pharmacist, 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 weekly documented follow-up from Corizon staff. Medications should be renewed before the expiration date to provide continuity of care. May 2013 Expired Medications - Stop Date Report indicates: 10,117 Expired Medications for 5,168 Patients. Snapshot of April 1, 2013 – May 16,2013 for Psychotropic medications (not including amitriptyline, nortriptyline and gabapentin for medical use). Stop Date Report indicates: 1051 Expired Psychotropic Medications for 694 patients. Note: not same parameter as May 2013 reporting. Some information will be duplicated in the Expired Medication reporting for May 2013.</p> <p>C) Julie Carter, Corizon Regional Pharmacist, implemented the Pharmacy Corrective Action Plan on May 13th, 2013. She followed up on May 20th, 2013 with a conference call to DONs/FHAs to identify problems and resolutions and discuss progress of renewals. A Status Report was submitted 05/30/13. Most, but not all findings were reported at that time. We are</p>	2

## May 2013 PHOENIX COMPLEX

		X			hoping to receive a report with all findings and a significant improvement in Continuity of Care for Non-Formulary and Expired Medications next month.	
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			5/31/2013 8:03 AM Entered By: Leslie Boothby	1

### 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: 5/31/2013 8:03:52 AM**

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013. Is not site specific.

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.

**May 2013 PHOENIX COMPLEX**

<b>No Shows (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, 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]	<b>X</b>			5/22/2013 3:03 PM Entered By: Helena Valenzuela Nurses on all units report "no-shows" as not applicable here since inmates "show up".	<b>1</b>

May 2013 PHOENIX 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			<p>5/31/2013 11:21 AM Entered By: Nicole Taylor</p> <p>5/30/2013 3:28 PM Entered By: Nicole Taylor                      MTU - good                      Ida - good                      John - good                      Baker - good                      inmate [redacted] there were 3 days until HNR was triaged                      inmate [redacted] HNR was not triaged for 13 days</p>	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			<p>5/31/2013 11:23 AM Entered By: Nicole Taylor</p> <p>5/30/2013 3:31 PM Entered By: Nicole Taylor                      MTU - good                      Ida - good                      Baker - good                      inmate [redacted] - 14 days before being seen                      inmate [redacted] - 22 days before being seen                      inmate [redacted] - 14 days before being seen                      inmate [redacted] - 12 days before being seen</p>	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		<p>5/31/2013 11:23 AM Entered By: Nicole Taylor                      See Below</p> <p>5/30/2013 3:37 PM Entered By: Nicole Taylor                      This performance measure includes treatment plans that need to be developed for all MH3s with a diagnosis.                      George - good                      MTU - #inmate [redacted] - tx plan was there, but it was not on top                      Ida - inmate [redacted] - no tx plan found                      King - inmate [redacted] - no tx plan found, also tx plans were not in the correct location of the chart                      Baker - inmate [redacted] - last update 10/9/12 (SMI), inmate [redacted] - last update 1/16 (SMI unclear), inmate [redacted] - last update 9/12/12 (SMI unclear)                      John - inmate [redacted] - last updated 2/10 (might be SMI?), inmate [redacted] - no tx plan found, inmate [redacted] - initial done but not changed to standard form, inmate [redacted] - initial done but not changed to standard form</p>	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		<p>5/31/2013 11:26 AM Entered By: Nicole Taylor                      See Staffing Performance Measures</p> <p>5/30/2013 3:45 PM Entered By: Nicole Taylor                      Inmate need to be seen either every 30</p>	2



## May 2013 PHOENIX COMPLEX

					<p>days by a MH staff if in lockdown or every 90 days if on an open yard. Throughout the Phoenix complex it was found that many inmates were seen by the Psych Techs, but there was very little (and at times no) contact documented by the Psychologists or Psychology Associates.</p> <p>George - good</p> <p>MTU - <b>inmate</b> is missing the signature/stamp of the author. 8 out of 10 inmates reviewed had only one group a week by a Psychology Associate.</p> <p>Ida - There was group work being done about 1 time per week by the MH staff, but no individual contact noted</p> <p>John - There were a few with group work, but no individual contact noted</p> <p>King - There were a few with group work, but no individual contact noted. <b>inmate</b> was seen on 2/12 where weekly 1:1 sessions were stated as the plan</p> <p>Baker - There was no group work or individual contact noted in most of the charts. Some inmates did not have any mental health contact from a Psychologist or Psychology Associate during their admission to Baker Ward</p>	
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			<p>5/31/2013 11:29 AM Entered By: Nicole Taylor</p> <p>5/30/2013 3:47 PM Entered By: Nicole Taylor</p> <p>Inmates at the Phoenix complex are not being seen by a Psychiatric nurse every 30 days, therefore no referral occurs to Psychiatry.</p>	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			<p>5/31/2013 11:30 AM Entered By: Nicole Taylor</p> <p>5/30/2013 3:48 PM Entered By: Nicole Taylor</p> <p>Ida - good</p> <p>John - good</p> <p>King - good</p> <p>George - good</p> <p>Baker - good</p> <p>MTU - All inmates had been seen, but <b>inmate</b> and <b>inmate</b> had not been noted by the Psych Nurse</p>	2

## May 2013 PHOENIX COMPLEX

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

**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: Nicole Taylor Date: 5/31/2013 11:23:53 AM**

Corrective Plan: Problem Identified: Treatment plans not in compliance.

Discussion and Action Plan: As a result of this finding, the Clinical Director met with all Mental Health Staff between 5/27/13 and 6/7/13 to express expectations of treatment plan compliance and patient contact. Staff were instructed that treatment plans were to be updated as described in the MGAR question and as ADC policy dictates. A chart audit process (previous described in another MGAR finding) was initiated to address treatment plans and patient contact expectations. These audits are being submitted and reviewed by the Clinical Director on a weekly basis since early June 2013. Since that time, significant improvement has been demonstrated in chart audits. This process is expected to continue to ensure ongoing compliance. Documentation of chart audit findings can be reviewed in the Clinical Director's office.

Responsible Person: Mental Health Staff for task completion. Clinical Director is responsible for oversight and review of charts as well as staff redirection/coaching when non-compliance is discovered.

Status: Chart audit process has been in place since early June 2013.

Anticipated Completion Date: As this is an ongoing monitoring process, no completion date can be given for monitoring of charts.

Date Completed: See immediately previous response.

Corrective Actions: Will continue to monitor and implement as described above.

**4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]**

**Level 2 Amber User: Nicole Taylor Date: 5/31/2013 11:26:20 AM**

Corrective Plan: Problem Identified: Inmates not being seen/no documentation of clinical visits by licensed staff.

Discussion and Action Plan: As a result of this finding, the Clinical Director met with all Mental Health Staff between 5/27/13 and 6/7/13 to express expectations of treatment plan compliance and patient contact. Staff were instructed to see all inmates in admitted areas every seven days on an individual basis as well as ensure that those inmates also were afforded group treatment by licensed and unlicensed staff. A chart audit process (previous described in another MGAR finding) was initiated to address treatment plans and patient contact expectations. These audits are being submitted and reviewed by the Clinical Director on a weekly basis since early June 2013. Since that time, significant improvement has been demonstrated in chart audits. This process is expected to continue to ensure ongoing compliance. Documentation of chart audit findings can be reviewed in the Clinical Director's office.

Responsible Person: Mental Health Staff for task completion. Clinical Director is responsible for oversight and review of charts as well as staff redirection/coaching when non-compliance is discovered.

Status: Chart audit process has been in place since early June 2013.

Anticipated Completion Date: As this is an ongoing monitoring process, no completion date can be given for monitoring of charts/contacts.

Date Completed: See immediately previous response.

Corrective Actions: Will continue to monitor and implement as described above.

### May 2013 PHOENIX COMPLEX

<b>Grievances</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/24/2013 4:21 PM Entered By: Helena Valenzuela Compliant	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/24/2013 4:21 PM Entered By: Helena Valenzuela compliant	1

May 2013 PHOENIX COMPLEX

Transfer Screening							
	Performance Measure (Description)	Grn	Amb	Red	Notifications		Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]	X			5/22/2013 3:04 PM Entered By: Helena Valenzuela Compliant  5/16/2013 1:51 PM Entered By: Helena Valenzuela Compliant  5/13/2013 2:17 PM Entered By: Helena Valenzuela Compliant.		1
2	Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]		X		5/31/2013 3:11 PM Entered By: Helena Valenzuela There is inconsistency in morning departing inmates being transferred with medication.  5/3/2013 11:45 AM Entered By: Helena Valenzuela C area: Continuity of Care Transfer Summary is being totally completed by the Provider on the day of intake. Additionally, inmate inmate inmate inmate inmate inmate inmate inmate were incomplete and/or require review for complete medical information. On 5/2/13, this was brought to the attention on the Facility Health Administrator.		1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]	X			5/22/2013 3:05 PM Entered By: Helena Valenzuela Compliant  5/13/2013 2:24 PM Entered By: Helena Valenzuela Compliant.		1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		X		5/31/2013 10:21 AM Entered By: Helena Valenzuela Inmates arrive at various times and dental staff are not reviewing inmates medical record within 24 hours of arrival.		1

**Corrective Action Plans for Performance Measure: Transfer Screening**

**2 Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]**

**Level 1 Amber User: Helena Valenzuela Date: 5/31/2013 3:11:01 PM**

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

Corrective Actions: Nursing staff needs to ensure they receive the list of inmates being transferred and that there medication (DOT) are ready to be transferred when inmate is transferred.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**4 Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?**

**Level 1 Amber User: Helena Valenzuela Date: 5/31/2013 10:21:56 AM**

Corrective Plan: I (AFHA Freudenthal) have reviewed DO 1101.10, under dental services. It states the dental personnel have 7 days to complete the initial treatment services.

## May 2013 PHOENIX COMPLEX

Section 1.1.1.1 A Panorex x-ray or two bite wing x-ray is completed when an inmate arrives. This is completed during intake.

Section 1.1.2 Dentist shall classify all patients according to dental treatments needs via the visual exams or screening of the Panorex x-ray.

Our Dental Doctor keeps all records on an electronic program.

Base on the research I have completed and a follow up visit with the dentist here at Alhambra Complex, I am unclear with the time frames from above. Is their something in the Dental contract (our dentist is under a different contractor than Corizon) that we are not aware of at this time? Can you please provide this information? See below

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by dental staff.

Responsible Parties = dental

Target Date – 11/30/13

May 2013 PHOENIX 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			5/28/2013 3:02 PM Entered By: Patricia Arroyo	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		5/31/2013 2:35 PM Entered By: Patricia Arroyo There was no documentation to verify this finding	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			5/31/2013 2:30 PM Entered By: Patricia Arroyo KOP medication is on the MAR. Nurses sign 30 day supply etc.	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		5/28/2013 3:30 PM Entered By: Patricia Arroyo See below  5/28/2013 3:29 PM Entered By: Patricia Arroyo Aspen Unit: inmate ██████████ Ziprasadone 60mg 5/16, 5/17 doses not documented, No diagnosis, allergies, Facility not documented, Month is not documented. inmate ██████████ Risperidone no md name, 1700 dose not signed out on 5/16. Zolof 100mg: 0800 5/9, 10, 5/17 dose not documented. Propranolol 10mg 5/9, 10, 17, 0800 dose not signed out LICO3 300 mg 5/9, 10, 17, 0800 dose not signed out administered 1700 dose 5/1, 16 dose not signed out administered Buspirone 15mg 0800 5/9, 5/17 1200 5/8, 9, 16, 17, doses not documented administered.  5/28/2013 3:20 PM Entered By: Patricia Arroyo Aspen Unit: inmate ██████████ Prozac, no provider name, three doses not documented 1700 dose on 5/1, 16, 17/13. Propranolol 5/2, 3, /13. Perphenazine 8 mg the following doses are not documented administered 5/1, 5/16 for 1700 dose. inmate ██████████ No diagnosis documented, LICO3 four doses not signed out. Lamotrigine 100mg 2 doses not signed out inmate ██████████ No diagnosis, Doxazosin 8mg, medication not signed out for 5/1, 5/16 1700 dose, Wellbutrin 200mg 0600 6 doses not signed out,  5/28/2013 3:10 PM Entered By: Patricia Arroyo Aspen Unit: inmate ██████████ No diagnosis, Celexa is not signed out for the following 5/15, 5/16, 1700 dose inmate ██████████ No diagnosis, Naproxen 11 doses for 1700 not signed out.	1

May 2013 PHOENIX COMPLEX

				<p>inmate [redacted] no diagnosis, Aripiprazole five doses not signed out at 0600  inmate [redacted] no diagnosis, Loxapine Succinate 10mg 4 doses not signed out 1700 dose  inmate [redacted] no diagnosis, Bupropion not signed out for 0800 dose on 5/10/13.</p> <p>5/13/2013 2:31 PM Entered By: Patricia Arroyo  J/K Unit:  inmate [redacted] no diagnosis  inmate [redacted] no DOC number, no diagnosis  inmate [redacted] no diagnosis  inmate [redacted] no diagnosis  inmate [redacted] no DOC number, no diagnosis  inmate [redacted] no diagnosis  inmate [redacted] no diagnosis, no month  inmate [redacted] no diagnosis  inmate [redacted] no diagnosis  inmate [redacted] no diagnosis</p> <p>5/13/2013 2:28 PM Entered By: Patricia Arroyo  J/Q Unit:  inmate [redacted] No DOC number, no diagnosis, no month on the MAR  inmate [redacted], no Diagnosis,  inmate [redacted] no diagnosis,</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		5/28/2013 3:30 PM Entered By: Patricia Arroyo	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	5/28/2013 3:36 PM Entered By: Patricia Arroyo Aspen Unit: There are numerous occasions when inmates don't receive medications due to process issues and staffing pattern.	2
7	Are inmates being required to show ID prior to being administered their medications?	X		5/28/2013 3:30 PM Entered By: Patricia Arroyo	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	5/29/2013 3:07 PM Entered By: Patricia Arroyo C Area: Inmate [redacted] Nortriptyline 25 mg Expired 5/24/13 Gabapentin 300mg Expired 5/24/13 Flamenco Unit: Inmate [redacted] Calcium Carb Expired 5/2/13 Benztropine Expired 5/2/13 Celexa expired 5/2/13 Depakote expired 5/2/13 Hydroxyzine expired 5/2/13 Proazosin expired 5/2/13 Baker Unit: inmate [redacted] Meloxicam expired 5/8/13 inmate [redacted] Risperidone expired 5/14/13 Legretol expired 5/14/13	2

May 2013 PHOENIX COMPLEX

				<p>Celexa expired 5/14/13</p> <p>Aspen/MTU:  inmate ██████ Benztropine expired  5/14/13  inmate ██████ Risperidone expired 5/20/13  inmate ██████ Perphenazine 2 mg expired  5/20/13  Risperidone expired 5/16/13</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>5/30/2013 11:05 AM Entered By: Patricia Arroyo</p> <p>inmate ██████ Gabapentin 800mg Non-formulary submitted 5/15/13 first submission 5/29/13 second submission not in time frame; pending  inmate ██████ Gabapentin 800mg requested 5/7/13 not in time frame pending  inmate ██████ Sulfasalazine 500mg requested 5/23/13 not in time frame pending  inmate ██████ Lantus Insulin requested 5/24/13 not in time frame pending  inmate ██████ Sulfasalazine 500mg requested 5/24/13 not in time frame pending  inmate ██████ Abilify 5mg requested 5/24/13 not in time frame; pending  inmate ██████ Abilify 5mg requested 5/24/13 not in time frame; pending  inmate ██████ Abilify 20 mg requested 5/24/13 not in time frame; pending  inmate ██████ Gabapentin 600mg requested 5/25/13 not in time frame; pending  inmate ██████ Tramadol 50mg requested 5/24/13 not in time frame; pending  inmate ██████ Tramadol 50mg requested 5/18/13 not in time frame; pending  inmate ██████ Geodon requested 5/15/13 not in time frame; pending  inmate ██████ Benadryl, Quetiapine requested 5/23/13 not in time frame; pending  inmate ██████ Desipramine requested 5/17/13 not in time frame; pending</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	<p>5/30/2013 11:06 AM Entered By: Patricia Arroyo</p> <p>inmate ██████ Gabapentin 800mg Non-formulary submitted 5/15/13 first submission 5/29/13 second submission not in time frame; pending  inmate ██████ Gabapentin 800mg requested 5/7/13 not in time frame pending  inmate ██████ Sulfasalazine 500mg requested 5/23/13 not in time frame pending  inmate ██████ Lantus Insulin requested 5/24/13 not in time frame pending  inmate ██████ Sulfasalazine 500mg requested 5/24/13 not in time frame pending  inmate ██████ Abilify 5mg requested 5/24/13 not in time frame; pending  inmate ██████ Abilify 5mg requested 5/24/13 not in time frame; pending  inmate ██████ Abilify 20 mg requested 5/24/13 not in time frame; pending  inmate ██████ Gabapentin 600mg</p>	2



May 2013 PHOENIX COMPLEX

				<p>requested 5/25/13 not in time frame; pending                  inmate ██████████ Tramadol 50mg requested 5/24/13 not in time frame; pending                  inmate ██████████ Tramadol 50mg requested 5/18/13 not in time frame; pending                  inmate ██████████ Geodon requested 5/15/13 not in time frame; pending                  inmate ██████████ Benadryl, Quetiapine requested 5/23/13 not in time frame; pending                  inmate ██████████ Desipramine requested 5/17/13 not in time frame; pending                  Providers are awaiting response for the above request.</p>	
11	Are medication error reports being completed and medication errors documented?	X		<p>5/30/2013 11:08 AM Entered By: Patricia Arroyo                  Two out of the four units have submitted documentation for the month of May.</p>	2

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

**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]**

**Level 1 Amber User: Patricia Arroyo Date: 5/31/2013 2:35:49 PM**

Corrective Plan: Problem Identified: Patricia Arroyo has requested training for nurses.

Discussion: Please be advised, Richard Christiansen is now the DON. His email address is Richard.Christiansen@corizonhealth.com, his desk extension is 53005. His office hours are 8:30am-5pm M-F. He is available by phone, in person, or via email to provide documentation and answer any questions.

Action Plan: Training has been conducted at the facility on every Monday and Tuesday throughout the month of June. I have scanned to P. Arroyo the NEOII taining roster. A copy of NEOII binder is available for pick up at the AA's desk in Medical Admin. Training will break for two weeks then resume on July 15, 2013 and be ongoing to all staff taining is at 100% compliance.

Responsible Person: The Assistant FHA and DON are responsible for training. The FHA is responsible for process implementation/development/direction.

Status: We are at 56% compliance with FT employees at this time.

Anticipated Completion Date: Goal is to be at 100% completion/compliance by August 20, 2013.

Date Completed: \_\_\_\_\_.

Corrective Actions: See above.

**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: Patricia Arroyo Date: 5/28/2013 3:30:10 PM**

Corrective Plan: Problem Identified: Incomplete MARs

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The 26th of each month prior to the printing of the MARs, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for

## May 2013 PHOENIX COMPLEX

review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.

Corrective Actions: See above.

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

**Level 2 Amber User: Patricia Arroyo Date: 5/28/2013 3:36:29 PM**

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013. Is not site specific.

Corrective Actions: See above.

### **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: Patricia Arroyo Date: 5/29/2013 3:07:21 PM**

Corrective Plan: Problem Identified: Incomplete MARs

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The 26th of each month prior to the printing of the MARs, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.

Corrective Actions: See above.

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

**Level 2 Amber User: Patricia Arroyo Date: 5/30/2013 11:05:07 AM**

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

Corrective Actions: See above.

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

**Level 2 Amber User: Patricia Arroyo Date: 5/30/2013 11:06:11 AM**

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

Corrective Actions: See above.

May 2013 PHOENIX COMPLEX

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			5/28/2013 2:50 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			5/28/2013 2:51 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
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?	X			5/28/2013 2:51 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/28/2013 2:51 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/28/2013 2:51 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			5/28/2013 2:52 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			5/28/2013 2:52 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	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			5/28/2013 2:52 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			5/28/2013 2:54 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	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			5/28/2013 2:57 PM Entered By: Patricia Arroyo There is no infirmiry at this facility  5/28/2013 2:56 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1

### May 2013 PHOENIX COMPLEX

11	Are vital signs done daily when required?	X			5/28/2013 2:56 PM Entered By: Patricia Arroyo There is no infirmary at this facility	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/28/2013 2:56 PM Entered By: Patricia Arroyo There is no infirmary at this facility	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/28/2013 2:56 PM Entered By: Patricia Arroyo There is no infirmary at this facility	1

May 2013 PHOENIX COMPLEX

Medical Tools						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702		X		<p>5/24/2013 4:07 PM Entered By: Helena Valenzuela Flamenco Ward. John Ward- No sign out off by anyone on 5/12/13 and 5/7/13, no second sign off on 5/19/13 and 5/11/13 Added information: No Man Down Bag in John Ward nurse station. If ICS in John Ward, and no nurse present in King Quiet Ward nurse station, John Ward nurse must go the other direction to King Quiet to get the Man Down Bag.</p> <p>5/13/2013 2:07 PM Entered By: Helena Valenzuela C area: The inventroy lists a hammer and scissors. only the hammer is present and no inventory is posted. Echo, nurses station: Inventory indicates 5 stethoscopes;however, no stethoscopes present in room. The following Wards do not have an inventory sheet posted: Delta Exam Room, Ida Nurse's station, George Nurse's station, King Exam Room, Quiet Nurse's station, Man Down Bag in Quiet, Man Down Bag in Ida, and C area Man Down Bag</p> <p>5/3/2013 10:55 AM Entered By: Helena Valenzuela Ida Ward: Confirmed with nursing as yes; compliant.</p>	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?		X		<p>5/24/2013 4:10 PM Entered By: Helena Valenzuela Correction!: This performance measure should be green. I believe I marked green; however, my MGAR shows Amber. Correct: Compliance maintained.</p> <p>5/24/2013 4:08 PM Entered By: Helena Valenzuela All medical areas state immediate reporting to the officer stationed in their area and officer reports to shift commander</p> <p>5/16/2013 1:49 PM Entered By: Helena Valenzuela All medical areas state immediate reporting to the officer stationed in their area and officer reports to shift commander.</p>	2
3	Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?		X		<p>5/24/2013 4:24 PM Entered By: Helena Valenzuela refer to below Performance Measure (Description) No more information was received for verification of compliance.</p> <p>5/13/2013 1:53 PM Entered By: Helena Valenzuela FHA Massey did not have the Master Tool Inventory when the request was made for viewing on 5/8/13.</p>	1

May 2013 PHOENIX COMPLEX

4	Are medical tools engraved, where practical, to identify the tools as health services items?		X		<p>5/24/2013 4:28 PM Entered By: Helena Valenzuela Refer to previous Performance Measure (description).</p> <p>5/13/2013 1:58 PM Entered By: Helena Valenzuela C area: bandage scissors not engraved with HSD PX, Mosquito forceps slight, non-sterile wire cutters not engraved. Flamenco Ward (nurse's station)-Two nail clippers and two stethoscopes are not engraved.</p> <p>5/3/2013 10:57 AM Entered By: Helena Valenzuela Ida Ward: 2 nail clippers need engraving.</p>	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			<p>5/24/2013 4:11 PM Entered By: Helena Valenzuela</p>	1
6	Are sharps being inventory at the beginning and end of each shift?		X		<p>5/24/2013 4:12 PM Entered By: Helena Valenzuela Refer to previous description of Performance Measure</p> <p>5/22/2013 7:26 AM Entered By: Helena Valenzuela On 5/21/13, in Baker Ward, afternoon tool count was already signed off by nurse in the morning.</p> <p>5/16/2013 1:39 PM Entered By: Helena Valenzuela On 5/13/13, in Baker Ward, afternoon tool count was already signed off by the nurse in the morning. (Sign off too early and without second staff member).</p> <p>5/13/2013 1:46 PM Entered By: Helena Valenzuela On 5/7/13, on JKQ, tool count was signed off by nurse too early: she signed she counted at 1500 and the current time is 13:50 and there is not second nurse signature.</p> <p>5/3/2013 10:57 AM Entered By: Helena Valenzuela Ida Ward: Confirmed with nursing as yes; compliant.</p>	2
7	If sharps count is off is nursing notifying the shift commander?		X		<p>5/24/2013 4:13 PM Entered By: Helena Valenzuela Compliant: This is a green.</p> <p>5/16/2013 1:40 PM Entered By: Helena Valenzuela Baker Ward, Flamenco Ward, Aspen and C Area: Confirmed with nursing as yes: compliant.</p> <p>5/3/2013 10:58 AM Entered By: Helena Valenzuela Ida Ward: Confirmed with nursing as yes;</p>	2

## May 2013 PHOENIX COMPLEX

					compliant.	
8	Are officers present for sharps inventories with the nursing staff?		X		<p>5/24/2013 4:14 PM Entered By: Helena Valenzuela On John Ward, officers are not present.</p> <p>5/13/2013 2:09 PM Entered By: Helena Valenzuela On JKQ, officers are not present.</p>	2

### Corrective Action Plans for Performance Measure: Medical Tools

#### 1 Do nursing staff inventory and account for tools assigned to medical areas? D.O 702

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 4:07:58 PM**

Corrective Plan: ManDown bag from King/Quiet utilized in case of emergency on John in the same fashion as Ida ManDown bag is used for emergencies on George, C-Area's for Delta, Echo, Fox, etc.

Tools are set to be engraved on 6/3/2013.

Meeting schedule within second week in July with DW Tyrord to ensure all tools are in compliance. Will submit verification documentation to contract monitor upon the completions of this meeting. Approximate date of completion in July 19, 2013.

9/12/2013, Revision to CAP-Tools Inventories have been corrected, coordinated with tool control officer Bittle with the approval of Major Washburn. At the end of each month I personally verify by visiting the sites to ensure all tools are present and accounted for.

All tools have been properly engraved. DW Tywford completed his inspection and all discrepancies have been cleared by the DW of Compliance. The DW and I ARE working and visiting sites together to ensure compliance are up held. Our next inspection is for the Dental area at the end of this month. Finally five new man down bags are on order at this time

Corrective Actions: 9/13/13 2nd Revision to CAP: I will forward all copies of tool inventories (electronic e-mail) each month. Freudenthal.

#### 2 Are missing / lost health tools or instruments reported immediately to the shift commander?

**Level 2 Amber User: Helena Valenzuela Date: 5/24/2013 4:10:30 PM**

Corrective Plan: Corizon site leadership working with ADOC site leadership to correct. Tools scheduled to be engraved 6/3/13.

Corrective Actions: If Green, please remove from MGAR. Thank you.

#### 2 Are missing / lost health tools or instruments reported immediately to the shift commander?

**Level 2 Amber User: Helena Valenzuela Date: 5/24/2013 4:10:30 PM**

Corrective Plan: Corizon site leadership working with ADOC site leadership to correct. Tools scheduled to be engraved 6/3/13.

Corrective Actions: MGAR on this action is still showing Amber. It appears by the comments entered above it should read green. Freudenthal, AFHA. Please assist.

#### 3 Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tool, medical instrument /device and hand held medical/dental tool?

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 4:24:22 PM**

Corrective Plan: The copies of the MTI are kept in the office of the Asst FHA and are available for viewing.

Corrective Actions: Meeting schedule within second week in July with DW Tywford to ensure all tools are in compliance. Will submit verification documentation to contract monitor upon the completions of this meeting. Approximate date of completion in July 19, 2013. At this time copies of all updated master tool inventories are kept on the K-drive, Corizon folder. Tool control Officer Bittel also has copies of the new master tools inventories located

## May 2013 PHOENIX COMPLEX

in his area. He now receives and electronic copies of the inventories by e-mail (from AFHA) and the hard copies area forwarded through institutional mail.

### **4 Are medical tools engraved, where practical, to identify the tools as health services items?**

**Level 1 Amber User: Helena Valenzuela Date: 5/24/2013 4:28:02 PM**

Corrective Plan: Corizon site leadership working with ADOC site leadership to correct. Tools scheduled to be engraved 6/3/13.

Just a note - Tools being engraved as we speak! I will send you the stuff when it's all done, which should be by COB tomorrow, per Freudenthal, Asst FHA.

Meeting schedule within second week in July with DW Tyford to ensure all tools are in compliance. Will submit verification documentation to contract monitor upon the completion of this meeting. Approximate date of completion is July 19th 2013.

Corrective Actions: Approved. See above.

### **6 Are sharps being inventory at the beginning and end of each shift?**

**Level 2 Amber User: Helena Valenzuela Date: 5/24/2013 4:12:43 PM**

Corrective Plan: Baker Nurse educated on tool count procedure. The rest of the nurses to be retrained during the month of June and sign off on training at the June nursing staff meeting.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.

### **7 If sharps count is off is nursing notifying the shift commander?**

**Level 2 Amber User: Helena Valenzuela Date: 5/24/2013 4:13:30 PM**

Corrective Plan: Corizon site staff and ADOC site staff work together to assure counts are accurate and timely.

Corrective Actions: If Green, please remove from MGAR. Thank you.

### **8 Are officers present for sharps inventories with the nursing staff?**

**Level 2 Amber User: Helena Valenzuela Date: 5/24/2013 4:14:06 PM**

Corrective Plan: This is an ADOC Security issue. Corizon staff directed to radio/call for a shift supervisor if no officer turns up for count.

Corrective Actions: Please leave feedback or kindly remove from MGAR. Thank you.



May 2013 PHOENIX COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			5/28/2013 3:50 PM Entered By: Patricia Arroyo	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?	X			5/31/2013 2:37 PM Entered By: Patricia Arroyo This report is not due at this time.	2
2	Are open medication vials being marked with the date they were opened?		X		5/29/2013 3:08 PM Entered By: Patricia Arroyo See previous findings  5/13/2013 2:33 PM Entered By: Patricia Arroyo J/Q Unit: 18g angio catheters x 2 expired 2/13 Baker Unit: Nothing is expired  5/3/2013 5:09 PM Entered By: Patricia Arroyo C- Area Medication Room: Turoculin vials x 3 no open dates: Nurse addressed issue at time of audit. Humulin N x 1 vial no open date on it. Ammonia inhalants with Epinephrine amp (1ml) Fleets Enema Exp:3/13 Glucagon 1mg inject. Exp: 2/13 Tetracaine HCL Exp: 2/13 2 vials of Lidocaine no open date on them Ethilon sutures exp: 7/12 Scalpels x 2 exp: 4/11, 7/11 Scalpels x 8 exp: 11/11 IV angio #18 x 2 exp: 2/13 3 specimen culture tubes exp: 2/13, 4/13 Antacid bottle no open date on bottle #2 Medication room in C area: Sterile H2O x 3 bottles exp: 12/12 Rubbing ETOH opened 12/12 still in use Ibuprofen 100 tab bottle (stock) no open date Tylenol 100 tab Bottle (stock) no open date 5 leg bags exp: 10/12 For texas Cath G-Unit: Foley Kit exp: 11/09 IDA: Betadine Bottle: No open date on bottle Rubbing ETOH bottle: no open date on bottle	1
3	Is nursing staff checking for outdated (expiring) medications?		X		5/29/2013 3:09 PM Entered By: Patricia Arroyo See previous findings  5/10/2013 10:40 AM Entered By: Patricia Arroyo Aspen Unit: Hydroxyzine HCL 25mg vial; The following vials were expired: Rx inmate inmate inmate inmate inmate inmate inmate inmate inmate expired 3/13.	1

## May 2013 PHOENIX COMPLEX

					<p>Amomonina inhalants 10 in a box no expiration date          Chlorpromaz 25mg Rx: inmate ; expired 4/13          Dextrose 50% Rx: inmate ; expire 5/13          H2O2 Exp 2/14          H2O2 opened 11/12 still in use          Ibuprofen stock bottle no open date on it.          Humulin N no open date          Levemir Insulin vial no open date          Steril H2O Expired 8/12.</p>
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### Corrective Action Plans for Performance Measure: Medication Room

#### 2 Are open medication vials being marked with the date they were opened?

**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:08:56 PM**

Corrective Plan: Problem Identified: Marking medication vials.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response.

Corrective Actions: See above.

#### 3 Is nursing staff checking for outdated (expiring) medications?

**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:09:12 PM**

Corrective Plan: Problem Identified: Checking outdates (expiring) medications.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response.

Corrective Actions: See above