

## July 2013 PERRYVILLE COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
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>7/25/2013 12:05 PM Entered By: Mark Haldane Sick call is being conducted 5 days per week, although the number of inmates seen varies widely between units. For example, it is not unusual to have 20-25 inmates seen at San Carlos or 12-15 seen at Santa Maria, while lines at Lumley and San Pedro are usually shorter.</p>	1
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]		X		<p>7/25/2013 12:47 PM Entered By: Mark Haldane Although the nurse line at most units is being run in compliance with policy, the most notable exception is Lumley Unit. I was told the requirement to not mix custody levels inhibits their ability to meet this standard. Corizon should consider the structural and logistical difficulties in designing a plan to see inmates within required timeframes. Also, it appears that HNRs on Lumley might not be brought to Complex daily.</p> <p>7/25/2013 12:43 PM Entered By: Mark Haldane Ar Santa Cruz, of 14 charts reviewed, #inmate and #inmate were outside required timeframes.</p> <p>7/25/2013 12:37 PM Entered By: Mark Haldane At Sam Pedro, of 12 charts reviewed, #inmate #inmate were outside the required timeframes.</p> <p>7/25/2013 12:29 PM Entered By: Mark Haldane At Lumley of 15 charts reviewed, #inmate #inmate #inmate #inmate #inmate #inmate did not meet timelines for sick call appointments.</p> <p>7/25/2013 12:18 PM Entered By: Mark Haldane At Santa Maria, of 13 charts reviewed, all were seen on the nurse line within the prescribed timeframes.</p> <p>7/25/2013 12:13 PM Entered By: Mark Haldane Of 15 charts reviewed at San Carlos, all were seen on the nurse line within 24 hours of triage (72 hours if there was a weekend in between triage and appointment).</p>	1
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>7/26/2013 3:23 PM Entered By: Mark Haldane Weight is not included with the vitals for inmates on Lumley's 30 yard. Those inmates are seen on the yard. All other units include all vitals for each sick call encounter.</p>	1

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4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			7/26/2013 3:25 PM Entered By: Mark Haldane The NETs are not in SOAPE format, but SOAPE notes are used and in that format. If there is not a separate E section, the note will include how the inmate was educated in the P section.	1																																								
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		7/26/2013 12:04 PM Entered By: Mark Haldane 41 of 56 charts reviewed were outside the required timeframe of this standard. No unit was over 50% compliance. San Pedro was compliant with 7 of 15 charts reviewed. Santa Maria did not meet the standard in 10 of the 12 charts reviewed. Only 3 of 14 were compliant at San Carlos. I only found 3 referrals to the provider from sick call on Lumley and 1 was seen within 7 days. The non-compliant charts are: <table border="1" data-bbox="998 661 1404 871"> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> <tr><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td><td>inmate</td></tr> </table>	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	inmate	1
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6	Are nursing protocols in place and utilized by the nurses for sick call?	X			7/25/2013 1:25 PM Entered By: Mark Haldane Nursing Protocols (NETs) are being used on each yard. The general sick call NET is often used. SOAPE notes are still used in some cases.	1																																								

**Corrective Action Plans for Performance Measure: Sick Call (Q)**

**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: Mark Haldane Date: 7/25/2013 12:47:51 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.

## July 2013 PERRYVILLE COMPLEX

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.

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

**Level 1 Amber User: Mark Haldane Date: 7/26/2013 12:04:28 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.

**July 2013 PERRYVILLE 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		<p>7/8/2013 3:29 PM Entered By: Vanessa Headstream                      Review of 8 URGENT consult requests demonstrates the following:                      #inmate - c/s 06/04/13, completed 06/17/13                      #inmate - c/s 06/03/13, scheduled per ORC                      #inmate - c/s 06/04/13, scheduled per ORC                      #inmate - c/s 06/05/13, scheduled per ORC                      #inmate - c/s 06/05/13, scheduled per ORC                      #inmate - c/s 06/04/13, scheduled per ORC                      #inmate - c/s 06/05/13, scheduled per ORC                      #inmate - c/s 06/05/13, pending per ORC</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>7/25/2013 9:54 AM Entered By: Vanessa Headstream                      see previous entries</p> <p>7/16/2013 9:39 AM Entered By: Vanessa Headstream                      PU/SM/SR - 30 medical charts are on the provider review shelf containing lab results, EKG strips, and hospital records dating from 06/20/13 through 07/05/13 that have not been signed off                      #inmate - lab test report 05/28/13 (+) for organisms was not reviewed/signed until 07/15/13, treatment plan initiated by the provider</p> <p>7/12/2013 9:57 AM Entered By: Vanessa Headstream                      Santa Cruz - review of charts demonstrates non compliance, several charts for provider review had labs completed in February - April 2013 and have not been signed off yet (13+). Following are specific charts with results out of compliance for review -                      #inmate &amp; #inmate - hospital records 07/02/13, not signed off                      #inmate #inmate #inmate #inmate                      #inmate #inmate #inmate #inmate                      #inmate #inmate #inmate #inmate - labs, not signed off                      #inmate - EKG, hospital records 06/19/13, not signed off                      #inmate - hospital records 06/27/13, not signed off</p> <p>7/9/2013 1:22 PM Entered By: Vanessa Headstream                      San Carlos - Review of charts demonstrates non compliance, several charts for provider review had labs completed in April 2013 and have not been signed off yet (10+). Following are specific charts with test results out of compliance for review -                      #inmate - EKG 06/13/13, not signed off                      #inmate - EKG 06/25/13, not signed off                      #inmate - labs 06/06/13, not signed off                      #inmate - labs 06/29/13, not signed off</p>	2

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				#inmate - hospital records 06/27/13, not signed off #inmate - clinic records 06/19/13, not signed off		
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		7/25/2013 10:00 AM Entered By: Vanessa Headstream #inmate - OT/Speech therapy services requested remain unavailable; PT requested & approved has not been scheduled	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			7/16/2013 9:40 AM Entered By: Vanessa Headstream	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			7/9/2013 1:23 PM Entered By: Vanessa Headstream	2

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

**1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]**

**Level 2 Amber User: Vanessa Headstream Date: 7/8/2013 3:29:56 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/RCQI/FHA/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.

1. Standardized process to address, to include but not limited to:
  - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
  - a. Agenda/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 = DON/Clinical Systems Business Analyst II/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.

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**

**Level 2 Amber User: Vanessa Headstream Date: 7/25/2013 9:54:40 AM**

## July 2013 PERRYVILLE COMPLEX

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.

**3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]**

**Level 3 Amber User: Vanessa Headstream Date: 7/25/2013 10:00:09 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Retrain FHA/DONs on ED management and expectations
  - a. Agenda/sign off sheet to verify
2. Develop a site level process to assure, but not limited to:
  - a. ED log completed and submitted daily to Regional office
  - b. Access to custody transport logs
  - c. Access to AIMS
3. Train site staff on ED management and expectations
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
4. Review ED activity daily (in AM) with FHA/DON/MD (lead provider in absence of MD) to determine patient status and appropriate treatment plan
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
5. Regional staff conduct weekly review of compliance to daily submission and appropriate patient disposition
6. Monitoring tool developed for self-monitoring and submission to site management and regional CQI
7. Initiation of monitoring tools at sites
8. 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 = VPO/ARMD/RDON/RVP/FHA/DON/MD/RDCQI

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 – ED log sent to Regional office daily.

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<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]	<b>X</b>			7/24/2013 7:25 AM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			<b>X</b>	<p>7/24/2013 7:27 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity and mortality and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non-Formulary drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. July 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 1223 Non-Formulary medications expiring for 1038 patients.</p> <p>B) HSTM4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to the morbidity or mortality and so that the inmate population receives continuity of care. Medication should be renewed prior to the expiration date to provide continuity of care. July Formulary Report indicates: 8072 formulary medications for 4598 patients expiring in July.</p> <p>C) Total expiring medications for July: 9295 medication for 5636 patiePerryville</p> <p>There are several issues of concern with this facility. On multiple occasions boxes of medications have been founding sitting on the floor and not distributed to the inmate for several days. (Pictures to support this statement.) I have had multiple inquires to the facility concerning inmate medication and the need to renew due to the medication either expiring or needing to be refilled. I have also been told by Lumley staff that current medications are not being sent and no one knows why. They were using clinic stock to" get by" until the medication arrived. Please note that the medication in question was a DOT medication under the control of nursing. I called Pharmacorr and was told that no request was made to refill. I am somewhat concerned that a phone call was never made to Pharmacorr to rectify this issue. Multiple filling issues have been brought to my attention. Med errors made by</p>	<b>2</b>

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Pharmacorr. Filling a 60 day supply if the prescriptions directions indicate take ½ tablets. Pharmacorr is filling beyond the time period indicated by the provider. Pharmacorr will fill beyond the understood cut date. While talking to Pharmacorr, I was told that it would require more personnel to only fill to the cut date and more costly due to the need to hire more staff. On one occasion, I was told that it isn't really that expensive of a medication. On Wednesday July 17, I left Lumley Unit at approximately 1200 and the 1000 pill call had not been poured or administered. I was told that the regular pill nurse "never goes out before count," which is at 1100. That afternoon I was at Santa Maria and informed the pill nurse there (who was going to Lumley for the 1700 pill pass) that the 1000 meds had not gone out at 1200. On Friday July 19, 2013, I returned to Lumley unit to see if there was any notation regarding the late pill call 2 days earlier. None exists.

Four different nurses initialed MARs for the 7/17 pill calls, including the nurse who called out that day.

HSTM Chapter 5, Section 6.4 states, "3.4 Medications are administered daily at a consistent time and location. The administration of medication is authorized to take place within an hour before the designated time or an hour after. If administered outside these parameters, the nurse must document the actual time of administration on the MAR."

"3.6 ... Nursing staff shall document the administration of unit dose medications on the MAR. The inmate's medication record will be initialed in the appropriate time slot which will signify that the complete dose was administered."

Today, Monday July 22, 2013, I accompanied Nurse McDonald on Lumley pill call. She left the medication room at Medical approximately 1100. Pill call on 26 yard was from 1100 to 1130. Next pill call at 24 yard was from about 1135 to about 1155. Then at 28 yard pill call was from about 1200 to 1210. Meds were delivered to cell fronts and kitchens. Finally, at about 1220, pills were delivered to inmates working at Televerde.

Nurse McDonald and the officers on Lumley were efficient in conducting pill pass, but I do have some observations:

- Pill call is supposed to be at 1000. It can be one hour before or after without altering the MAR. If meds are administered outside that window, the time of administration is supposed to be recorded on the MAR. This is not happening in spite of pill call being more than an hour late every day.

- Some KOP and DOT medications were not delivered because no MAR was printed or written. This is a desk nurse task.

- I/M inmate [REDACTED] is in CDU. Her Citalopram (Celexa) was dispensed on 5/30. As of 7/22, she still had 12 pills remaining in the card. There is no Celexa in clinic stock, so she did not receive it from



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				<p>there. The order was for 180 days, but there is no record of it being refilled since 5/30.</p> <ul style="list-style-type: none"> <li>• Inmate [redacted] received her Clindamycin today from Nurse McDonald. She told us that she had not received it for 3 days. Her MAR indicated that she received it both Saturday and Sunday. It is a topical medication, so there is no envelope to determine if the inmate received the med or not when the nurse returns to the medical unit to fill out the MAR. The inmate appeared to be credible in her statement.</li> <li>• Refusals were not signed.</li> </ul> <p>I am concerned that the MARs are not an accurate record of Medication Administration (not just at Lumley). Please ensure that nurses are compliant with proper medication administration processes.</p>	
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		7/24/2013 7:28 AM Entered By: Martin Winland	1

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

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

**Level 2 Red User: Martin Winland Date: 7/24/2013 7:27:53 AM**

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. 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

## July 2013 PERRYVILLE COMPLEX

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.

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<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
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]	<b>X</b>			7/31/2013 5:33 PM Entered By: Nicole Taylor The Units were in compliance for the HNR triage.	<b>2</b>
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		<b>X</b>		7/31/2013 5:35 PM Entered By: Nicole Taylor Lumley: The following were not seen within 7 days [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] – These delays were much longer than 7 days = This would have been a RED finding if assessed independently San Carlos: [inmate] was not seen within 7 days of referral Santa Cruz: [inmate] – inmate not seen within 7 days Pedro: No issues Santa Maria: No issues	<b>2</b>
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]		<b>X</b>		7/31/2013 5:36 PM Entered By: Nicole Taylor San Carlos: The following were not updated within time frames [inmate] [inmate] [inmate] [inmate] Lumley: The following were not updated within time frames [inmate] [inmate] [inmate] Santa Maria: [inmate] needs an updated treatment plan Santa Cruz: No issues San Pedro: No issues	<b>1</b>
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]			<b>X</b>	7/31/2013 5:37 PM Entered By: Nicole Taylor Santa Cruz: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] – inmate reports issues with his meds and it was documented that he was not doing well, but never referred to Psychiatry Lumley: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] San Carlos: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] Santa Maria: The following inmates have not been seen within time frames [inmate] [inmate] [inmate] [inmate] is coded as SMI and the Problem List says MH-2 San Pedro: No Issues	<b>2</b>
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]			<b>X</b>	7/31/2013 5:38 PM Entered By: Nicole Taylor San Carlos: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] [inmate]	<b>2</b>

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				<p>Lumley: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] [inmate]</p> <p>Santa Cruz: The following were not seen within time frames [inmate] [inmate] [inmate] [inmate] [inmate] was on watch and put in numerous HNRs date 4/8-6/6 and still had not been seen by Psychiatry since 4/23; FYI - [inmate] was due 7/23, and the site visit was 7/22</p> <p>Santa Maria: [inmate] – meds were bridged and still hasn't been seen; [inmate] – meds were bridged and still hasn't been seen</p> <p>San Pedro: [inmate] not seen within time frames</p>	
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>7/31/2013 5:39 PM Entered By: Nicole Taylor</p> <p>7/31/2013 5:39 PM Entered By: Nicole Taylor</p> <p>On a random sample, no issues were noted</p>	2

**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: Nicole Taylor Date: 7/31/2013 5:34:40 PM**

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

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 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

- a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff
- c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental health Monitoring Tool)

- a. Audit tools developed
- b. Weekly 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 weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

**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: 7/31/2013 5:35:25 PM**

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

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

## July 2013 PERRYVILLE COMPLEX

- 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 Director 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.

### **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 Red User: Nicole Taylor Date: 7/31/2013 5:36:20 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI

Target Date-11/30/13

### **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] Level 2 Red User: Nicole Taylor Date: 7/31/2013 5:37:17 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. 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 = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date- 11/30/13

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

## July 2013 PERRYVILLE COMPLEX

Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			7/25/2013 7:02 AM Entered By: Mark Haldane Of 11 charts reviewed, baseline were drawn in all 11. #inmate - #inmate #inmate & #inmate	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/25/2013 7:03 AM Entered By: Mark Haldane Of 11 charts reviewed, all 11 had a completed pano.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/25/2013 7:05 AM Entered By: Mark Haldane Of 11 charts reviewed, 8 had PPDs less than 1 year old. Three others had PPDs planted and read (negative).	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			7/25/2013 8:24 AM Entered By: Mark Haldane  7/25/2013 7:06 AM Entered By: Mark Haldane Upon arrival at Perryville, all inmates are given an inmate handbook that explains these processes.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/25/2013 7:12 AM Entered By: Mark Haldane Of 11 charts reviewed, 10 had PAPs completed within the 2 day timeframe. One (#inmate) arrived on 7/16 and her PAP was completed on 7/22. Although the chart did not detail the reason for the delay, the usual issue is that the inmate is on her menstrual cycle. All 11 did have a PAP completed.	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			7/25/2013 7:14 AM Entered By: Mark Haldane Transfer summaries/continuity of care forms were completed in all 18 records reviewed.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/25/2013 8:27 AM Entered By: Mark Haldane Of the dental charts reviewed, none were emergent. Howeverm all inmates are seen the same day as arrival. If they have tooth pain, the issues are immediately addressed, ant biotics or other appropriate medication is prescribed and follow-up appointments are scheduled.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section	X			7/25/2013 8:30 AM Entered By: Mark Haldane This standard is not applicable to Perryville.	1

### July 2013 PERRYVILLE COMPLEX

	6.1 and CC 2.12.22]				Inmates are not transferred to other complexes from Perryville. Medications are ordered at intake and inmates are given clinic stock until their medications arrive.	
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			7/26/2013 11:16 AM Entered By: Mark Haldane Medication orders are written by the providers at intake. The MARs are written by the intake nurse each day and sent to Lumley. Earlier in teh month there was an issue with the med nurse not receiving the MARs that had been sent to the yard. In those cases, receipt of medication was delayed. Clinic stock, when available, is used until the medication order is filled.	1





## July 2013 PERRYVILLE COMPLEX

### Corrective Action Plans for Performance Measure: No Shows

#### 1 Are No-Shows being brought to health unit to sign a refusal?

[DO 1101, HSTM Chapter 5, Section 7.1]

Level 1 Amber User: Mark Haldane Date: 7/25/2013 2:03:58 PM

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.

Responsible Parties= RN/LPN

Target Date = 11/30/13

#### 3 Are providers being notified of medication line No-Shows?

[DO 1101, HSTM Chapter 5, Section 7.1]

Level 1 Amber User: Mark Haldane Date: 7/25/2013 2:03:22 PM

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

Corrective Actions: Reinforce to staff that the Provider is notified of inmates being no-shows for their medications, per policy.

### July 2013 PERRYVILLE COMPLEX

<b>Communications of Patients Health Needs</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are security staff (Wardens & Shift Commanders) being notified of an inmate's special needs that may affect housing, work, program assignments, disciplinary measures, transfers-communication is documented (Special Needs Form)? [NCCHC Standard P-A-08]	X			7/9/2013 10:13 AM Entered By: Vanessa Headstream	1
2	Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]	X			7/9/2013 10:14 AM Entered By: Vanessa Headstream	1

**July 2013 PERRYVILLE COMPLEX**

<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	<b>X</b>			7/9/2013 2:34 PM Entered By: Vanessa Headstream	<b>1</b>
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]		<b>X</b>		7/29/2013 12:12 PM Entered By: Vanessa Headstream Review of training information indicates non compliance with this performance measure. There are approximately 40 positions filled with licensed nurses; 34 of those have no documentation of completed training.  7/26/2013 3:21 PM Entered By: Vanessa Headstream contacted ESA per DON instruction, files not made available for review at this time  7/25/2013 10:01 AM Entered By: Vanessa Headstream requested 07/23/13 for new hires	<b>1</b>
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]		<b>X</b>		7/19/2013 1:07 PM Entered By: Vanessa Headstream PU/SM/SR - i/m sign KOP MAR San Pedro - i/m sign KOP MAR Santa Cruz - i/m sign KOP MAR San Carlos - i/m sign KOP MAR Brent Lumley - no tracking in place, a nurse initials the KOP MAR, no i/m signature obtained acknowledging receipt of meds.	<b>1</b>
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]		<b>X</b>		7/19/2013 2:11 PM Entered By: Vanessa Headstream San Pedro - review of MARs indicates non compliance - missing dose documentation, no start date, no diagnosis - #inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate  7/19/2013 1:18 PM Entered By: Vanessa Headstream Brent Lumley - review of MARs indicates non compliance - missing dose documentation, no start date, no diagnosis - #inmate  7/16/2013 9:29 AM Entered By: Vanessa Headstream PU/SM/SR - review of MARs indicates non compliance - missing dose documentation, no start date, no diagnosis - #inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate	<b>1</b>

July 2013 PERRYVILLE COMPLEX

				<p>7/9/2013 1:30 PM Entered By: Vanessa Headstream                  San Carlos - review of MARs indicates non compliance - start/stop date not given - #inmate                  inmate inmate inmate inmate inmate                  inmate inmate inmate inmate inmate                  missing dose documentation - #inmate                  inmate inmate inmate inmate inmate                  inmate inmate inmate inmate inmate                  inmate inmate inmate                  no diagnosis, chart # as above                  #inmate - refusals signed for Benztropine 07/06/13, 07/07/13, 07/08/13; MAR documentation indicates inmate received med 07/06/13 &amp; no documentation on MAR 07/08/13</p> <p>7/9/2013 10:12 AM Entered By: Vanessa Headstream                  IPC - #inmate no stop dates given; #inmate Verapamil not documented 07/05/13, Hydroxyzine documented "NA" x 6 days</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>7/29/2013 12:16 PM Entered By: Vanessa Headstream                  Med errors are contained in a notebook for review/signing by the site medical director; no corrective action plans noted. HSA did not sign off on med error reports.</p> <p>7/26/2013 3:22 PM Entered By: Vanessa Headstream                  med error reports not available for review at this time</p> <p>7/25/2013 10:02 AM Entered By: Vanessa Headstream                  information requested 07/23/13</p> <p>7/16/2013 9:30 AM Entered By: Vanessa Headstream                  PU/SM/SR - no medication errors submitted per unit charge nurse</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>7/31/2013 7:53 AM Entered By: Vanessa Headstream                  #inmate - provider orders written 07/02/13, noted by nurse 07/02/13; orders not received by inmate. Provider order 07/29/13 to refax previous orders, noted by nurse 07/29/13; medications received at facility 07/30/13</p> <p>7/25/2013 10:16 AM Entered By: Vanessa Headstream                  #inmate - 07/05/13 Oscar Rx #inmate refill submitted to Pharmacorr, HNR dated 07/23/13 states meds not received, refill request to Pharmacorr re-submitted 07/25/13</p> <p>7/25/2013 10:09 AM Entered By: Vanessa Headstream                  Lumley - #inmate - Pamelor 75mg - documented "NA" 07/16/13 thru 07/22/13                  #inmate - HNR 7/24/13 requesting KOP meds, Metformin filled 07/15/13, Doxycycline filled 07/17/13</p>	2

July 2013 PERRYVILLE COMPLEX

Santa Rosa - #inmate - Clotrimazole crm, provider order 05/07/13, noted by nurse 07/19/13, filled 05/14/13 per pharmacy database

7/19/2013 2:18 PM Entered By: Vanessa Headstream

San Pedro - #inmate - Atenolol 25mg documented "NA" 07/06/13, 07/08/13 #inmate - Simvastatin 20mg documented "NA" 07/01/13 thru 07/08/13; Gemfibrozil 600mg documented "NA" 07/01/13 thru 07/05/13

Lumley - #inmate - 07/18/13 Prednisone 10mg ordered "clinic stock" not documented as given #inmate - Fluoxetine 10mg documented "NA" 07/02/13 thru 07/06/13

7/19/2013 1:05 PM Entered By: Vanessa Headstream

Lumley - medications for transferred i/m remain in med room @ Lumley - #inmate transferred to San Carlos 07/16/13, meds on desk in Lumley med room

Santa Maria - #inmate Fulvicin U/F order date 06/11/13 per Pharmacorr & last fill date 07/10/13, was not received by facility per manifests. Prescription purchased at off-site pharmacy 07/19/13; also sent from Pharmacorr 07/19/13.

7/16/2013 9:32 AM Entered By: Vanessa Headstream

PU/SM/SR - medication delivery not documented on MARs for 07/13/13 & 07/14/13 - #inmate inmate inmate inmate inmate inmate inmate inmate inmate

7/9/2013 10:22 AM Entered By: Vanessa Headstream

IPC - #inmate Bactrim 1 po BID x 10 days, stop date 07/06/13, 8 tablets remain on i/m med card;

#inmate Macrobid 1 po BID x 14 days, stop date 06/14/13, +/- 20 tablets remain in i/m med bag;

#inmate Cleocin 4 po q6h pm x 7 days, 25 tablets remain on i/m med card

7/9/2013 10:12 AM Entered By: Vanessa Headstream

IPC - #inmate - Hydroxyzine documented "NA" x 6 days

7/5/2013 8:29 AM Entered By: Vanessa Headstream

San Carlos - 3 inmates prescribed antibiotics did not receive them: #inmate - Metronidazole, filled 06/13/13, medication returned to pharmacy

#inmate - Azithromycin, filled 06/21/13, medication returned to pharmacy

#inmate - Azithromycin, filled 06/21/13, medication returned to pharmacy

**July 2013 PERRYVILLE COMPLEX**

7	Are inmates being required to show ID prior to being administered their medications?	X			7/9/2013 10:13 AM Entered By: Vanessa Headstream	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X		<p>7/29/2013 3:28 PM Entered By: Vanessa Headstream Review of stop date report for July 9-22, 2013 demonstrates non compliance: 82 inmates reviewed, 165 prescriptions/ 94 renewed on or before their stop date, 71 expired prior to renewal date; 2 prescriptions ran out of meds prior to their renewal date based on "last fill" from the stop date report.</p> <p>Med renewal compliance is approximately 50%</p> <p>7/15/2013 11:09 AM Entered By: Vanessa Headstream Review of stop date report for July 1-8, 2013 demonstrates non compliance: 84 inmates reviewed, 154 prescriptions; 68 renewed on or before their stop date, 86 expired prior to renewal date; 20 prescriptions ran out of meds prior to their renewal date based on "last fill" from the stop date report.</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>7/19/2013 1:54 PM Entered By: Vanessa Headstream San Pedro - review indicates non compliance - #inmate - NFDR submitted 06/27/13, denied 07/18/13 #inmate - NFDR submitted 07/16/13, denied 07/18/13 #inmate - NFDR submitted 06/27/13, approved 07/18/13 #inmate - NFDR submitted 07/18/13, approved 07/18/13 #inmate - NFDR submitted 06/27/13, approved 07/18/13</p> <p>7/12/2013 10:03 AM Entered By: Vanessa Headstream Santa Cruz - one NFDR found during chart reviews dated 06/25/13, stamped as approved with not date or time on approval</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		<p>7/19/2013 1:54 PM Entered By: Vanessa Headstream San Pedro - #inmate - NFDR submitted 06/27/13, denied 07/18/13 #inmate - NFDR submitted 07/16/13, denied 07/18/13 #inmate - NFDR submitted 06/27/13, approved 07/18/13 #inmate - NFDR submitted 07/18/13, approved 07/18/13 #inmate - NFDR submitted 06/27/13, approved 07/18/13</p> <p>7/12/2013 10:03 AM Entered By: Vanessa Headstream Providers state they are not notified of NFDR status.</p>	2

### July 2013 PERRYVILLE COMPLEX

11	Are medication error reports being completed and medication errors documented?		X		<p>7/29/2013 12:36 PM Entered By: Vanessa Headstream 26 medication error reports available for review, however the number of reports does not correlate to the higher number of errors found during MAR review.</p> <p>7/26/2013 3:23 PM Entered By: Vanessa Headstream med error reports not available for review at this time</p> <p>7/25/2013 10:10 AM Entered By: Vanessa Headstream information requested 07/23/13</p> <p>7/16/2013 9:33 AM Entered By: Vanessa Headstream PU/SM/SR - medication error reports not completed per unit charge nurse</p>	2

## July 2013 PERRYVILLE COMPLEX

### 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: Vanessa Headstream Date: 7/29/2013 12:12:05 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.

**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: Vanessa Headstream Date: 7/19/2013 1:07:24 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: Vanessa Headstream Date: 7/19/2013 2:11:30 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.



## July 2013 PERRYVILLE COMPLEX

- 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: Vanessa Headstream Date: 7/19/2013 2:11:30 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.

### **5 Are medication errors forwarded to the FHA to review corrective action plan?**

**Level 2 Amber User: Vanessa Headstream Date: 7/29/2013 12:15:27 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. 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: Vanessa Headstream Date: 7/31/2013 7:53:11 AM**

## July 2013 PERRYVILLE COMPLEX

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

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: Vanessa Headstream Date: 7/31/2013 7:53:11 AM**

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

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)

## July 2013 PERRYVILLE COMPLEX

- 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: Vanessa Headstream Date: 7/31/2013 7:53:11 AM**

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

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)
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  - 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
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  - 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

## July 2013 PERRYVILLE COMPLEX

audit tool per audit results.

**6 Are there any unreasonable delays in inmate receiving prescribed medications?**  
**Level 2 Amber User: Vanessa Headstream Date: 7/31/2013 7:53:11 AM**

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

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
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2. Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a. Internal
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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
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4. Monitoring (Appendix I. - IV Monitoring Tools)
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  - c. Audit results discussed a monthly CQI meeting
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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?**  
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Corrective Plan: See October action plan as submitted by Corizon.

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

## July 2013 PERRYVILLE COMPLEX

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.

### **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: Vanessa Headstream Date: 7/29/2013 3:27:40 PM**

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

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
- 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

## July 2013 PERRYVILLE COMPLEX

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: Vanessa Headstream Date: 7/19/2013 1:54:30 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: Vanessa Headstream Date: 7/19/2013 1:54:54 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

## July 2013 PERRYVILLE 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 – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

### **11 Are medication error reports being completed and medication errors documented?**

**Level 2 Amber User: Vanessa Headstream Date: 7/29/2013 12:35:21 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. 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.

**July 2013 PERRYVILLE COMPLEX**

Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			7/25/2013 1:23 PM Entered By: Mark Haldane	1
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]		X		<p>7/26/2013 10:39 AM Entered By: Mark Haldane</p> <p>Although the staffing pattern allows for only 3 medical records clerks and a supervisor, that staffing is not meeting the contract requirements for medical records. Although there has been improvement since the Medical Records Supervisor was hired, a significant amount of loose filing remains, especially at San Carlos. There is a large amount of filing in the records that is neither secured by fasteners nor in the correct section.</p> <p>The med pass at Lumley is scheduled for 1000. It is outside the 1 hour parameter for delivering meds every day. I understand that the med pass time is going to be changed to 1130 to accomodate the med nurse schedule, but with the 1700 med pass remaining the same, care should be taken to ensure that the BID times are far enough apart to ensure that there is no over-medication. KOPs have not been delivered in a timely fashion at Lumley. For the first time, this week (7/25) I observed a backlog of KOPs at Santa Maria, as well.</p> <p>There is one night nurse on duty between 0500 and 0700. She conducts diabetic lines. That leaves no nurse to respond to ICSs or as was the case on 7/23/13, to respond to the use of restraints. This has been an issue for at least a year and pre-dates the Corizon contract, but staffing during that 2 hour period is inadequate.</p> <p>There remains a shortage of providers. For example, the provider review charts are backlogged, especially at San Carlos and Santa Maria. Referrals to the provider lines from nurse lines are not seen within 7 days at any of the units. Chronic care appointments are not being completed within the contractual timeframes.</p> <p>I have not determined if the failure to meet contractual requirements is the result of an insufficient number of staff, an inefficient deployment of existing staff, or a productivity issue. However, there are requirements that are currently not being fulfilled with the current pattern of staffing.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>7/26/2013 10:05 AM Entered By: Mark Haldane</p> <p>The Perryville staffing report for July lists Dental Assistant Elizabeth Escobeto as 0.25 FTE. She does not work at Perryville. Dentists Forbes Morse (0.25 FTE) and Benhoud Taghan Farani (0.125 FTE) do not work at Perryville. Jerry Mayers is listed as</p>	2



## July 2013 PERRYVILLE COMPLEX

					<p>an inventory coordinator, but is a lab technician. Therefore the 4.5 inventory coordinators on the staffing pattern is really at 3.0 staff, not 4.0. The staffing report shows that of the 16.1 LPN positions, 13.75 are filled. Patricia Dudley was terminated (although she was told she could reapply after being out for medical reasons for several weeks), however Kristal Criswell was just cleared so the 13.75 is correct, leaving a shortage of 2.35 LPN. There is a shortage of 1.25 mid-level practitioners (5 on staffing pattern, 3.75 on staff). 1.75 of 2 physician positions are filled. Karen Mansfield-Blair is listed as a full FTE, when she will be at Perryville only one week per month (0.25 FTE) She is listed as a Phych Associate, although she is a psychologist. There are 3.25 Phych Associate positions filled and 6 on the staffing pattern, leaving a shortage of 2.75. Corizon's staffing report revised on 7/15/13 shows 15.7 RN positions filled and 17.7 on the staffing pattern. However, Donna Anderson, Jennifer Anderson, and Lisa Keele are working as psych nurses, not medical RNs. There is only one pych nurse position on the staffing pattern, which is filled by Andrea Hain. the staffing pattern should be adjusted to reflect this reality.</p>	
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			<p>7/26/2013 6:15 AM Entered By: Mark Haldane The HSA has a list of those individuals being recruited or in the background check process. Interviews and hiring are done on the local level.</p>	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: Mark Haldane Date: 7/26/2013 10:39:02 AM**

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

Corrective Actions: Reinforce the need for staffing pattern evaluation to ensure the adequacy and effectiveness of the staffing assessed by the facility is sufficient to meet the needs of the inmate population.

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

**Level 2 Amber User: Mark Haldane Date: 7/26/2013 10:05:38 AM**

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

Corrective Actions: Corizon continues to utilize Locum/Registry and overtime for all open positions as Corizon continues to recruit for those open positions.

## July 2013 PERRYVILLE COMPLEX

Infirmary 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 infirmary setting?	X			7/9/2013 2:44 PM Entered By: Vanessa Headstream	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		7/8/2013 3:06 PM Entered By: Vanessa Headstream No working call system in place. Patients rely on calling through the door or a staff member walking by the room. Matter has been addressed in prior month's review.	1
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?	X			7/8/2013 3:06 PM Entered By: Vanessa Headstream	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/8/2013 3:06 PM Entered By: Vanessa Headstream	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			7/8/2013 3:06 PM Entered By: Vanessa Headstream	1
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			7/8/2013 3:07 PM Entered By: Vanessa Headstream	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			7/8/2013 3:07 PM Entered By: Vanessa Headstream	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		7/8/2013 3:09 PM Entered By: Vanessa Headstream Review of 8 charts in the IPC demonstrated non compliance with this performance measure. SOAPE notes in each of the charts do not have a nurse signature on the entry, entries are not dated or timed, vs are not documented in the nursing assessment, inmate information (name, adc#, dob) are not documented on the SOAPE form.	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			7/8/2013 3:10 PM Entered By: Vanessa Headstream IPC chart is not separate from unit chart.	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			7/8/2013 3:10 PM Entered By: Vanessa Headstream	1

## July 2013 PERRYVILLE COMPLEX

11	Are vital signs done daily when required?	X			7/8/2013 3:11 PM Entered By: Vanessa Headstream CNA flow sheet contains daily vital signs, not consistently documented in nurse's notes.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?			X	7/8/2013 3:11 PM Entered By: Vanessa Headstream This matter has been addressed for the past 4 months, nurses are not documenting review of care plans.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			7/8/2013 3:12 PM Entered By: Vanessa Headstream The assigned RN monitors the medications, the assigned CNA monitors the medical supplies.	1

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

**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: Vanessa Headstream Date: 7/8/2013 3:06:21 PM**

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

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

**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**

**Level 1 Amber User: Vanessa Headstream Date: 7/8/2013 3:09:42 PM**

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (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.

**12 Are there nursing care plans that are reviewed weekly and are signed and dated?**

**Level 1 Red User: Vanessa Headstream Date: 7/8/2013 3:11:46 PM**

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

Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.

**July 2013 PERRYVILLE COMPLEX**

<b>Medication Room</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the medical room kept locked when not occupied?		X		<p>7/19/2013 1:55 PM Entered By: Vanessa Headstream Lumley - compliant</p> <p>San Pedro - compliant</p> <p>7/16/2013 9:34 AM Entered By: Vanessa Headstream PU/SM/SR - med room door was secured when med nurse not in the room</p> <p>7/12/2013 10:04 AM Entered By: Vanessa Headstream Santa Cruz - med room door was secured with both locks used</p> <p>7/9/2013 1:34 PM Entered By: Vanessa Headstream San Carlos - med room doors were both open while nursing staff was at lunch, officers were present in the control area.</p> <p>7/8/2013 3:14 PM Entered By: Vanessa Headstream IPC - the nursing station door is propped open, medications are kept inside a drawered cabinet within the nursing station</p>	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?		X		<p>7/25/2013 2:59 PM Entered By: Vanessa Headstream Audits not completed per Pharmacy Monitor</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>7/19/2013 1:56 PM Entered By: Vanessa Headstream San Pedro - Reg insulin open, not dated</p> <p>7/16/2013 9:34 AM Entered By: Vanessa Headstream PU/SM/SR - MDV vials compliant with this performance measure</p> <p>7/12/2013 10:05 AM Entered By: Vanessa Headstream Santa Cruz - Humulin R insulin open, not dated; Lantus insulin open, past expiration date</p> <p>7/9/2013 1:34 PM Entered By: Vanessa Headstream San Carlos - insulin vials and other MDV compliant</p>	1
3	Is nursing staff checking for outdated (expiring) medications?		X		<p>7/19/2013 1:59 PM Entered By: Vanessa Headstream Brent Lumley - 3 expired medications noted to be in currently used KOP &amp; DOT bins, unit charge nurse advised</p> <p>San Pedro - 1 expired medication noted to be in currently used KOP &amp; DOT bins, med nurse advised; OTC meds expired in</p>	1

## July 2013 PERRYVILLE COMPLEX

						<p>provider office &amp; nurse line office -            3 boxes Famotidine 03/2013            3 boxes HC cream 06/2013            4 boxes Allergy tabs 04/2013            3 boxes Tolnaftate oint 04/2013</p> <p>7/16/2013 9:35 AM Entered By: Vanessa Headstream            PU/SM/SR - 6 expired medications noted to be in currently used KOP &amp; DOT bins, med nurse advised</p> <p>7/12/2013 10:06 AM Entered By: Vanessa Headstream            Santa Cruz - 8 expired medications noted to be in currently used KOP &amp; DOT bins, med nurse advised</p> <p>7/9/2013 1:35 PM Entered By: Vanessa Headstream            San Carlos - appears in compliance, no outdated meds noted</p> <p>7/9/2013 10:24 AM Entered By: Vanessa Headstream            IPC - #inmate adulterated label noted, label partially ripped off, i/m name/adc # handwritten on plastic bag</p> <p>7/8/2013 3:16 PM Entered By: Vanessa Headstream            IPC - multiple cards of expired pt. specific medications were noted to be kept in the cabinet, nurse on duty was advised of the expired meds.</p>
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### Corrective Action Plans for Performance Measure: Medication Room

**1 Is the medical room kept locked when not occupied?**

**Level 1 Amber User: Vanessa Headstream Date: 7/19/2013 1:55:42 PM**

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

Corrective Actions: Reinforce the need for the medical room to be locked when not occupied. Continue to monitor.

Responsible Parties = RN/LPN

Target Date = 11/30/13

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

**Level 1 Amber User: Vanessa Headstream Date: 7/19/2013 1:56:21 PM**

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

Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened.

Responsible Parties = RN/LPN

Target Date = 11/30/13

**2 Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?**

**Level 2 Amber User: Vanessa Headstream Date: 7/25/2013 2:59:28 PM**

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

Corrective Actions: Reinforce that a copy of the quarterly audits of the units (Floor Stock/RDSA) medication by a pharmacist are posted in the medication room or nursing station.

**3 Is nursing staff checking for outdated (expiring) medication ?**

**Level 1 Amber User: Vanessa Headstream Date: 7/19/2013 1:59:01 PM**

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

### **July 2013 PERRYVILLE COMPLEX**

Corrective Actions: Reinforce to nursing staff to make sure clinic stock and DOT medications are not with expired dates. If they are expired, return to pharmacy per policy.  
Responsible Parties = RN/LPN  
Target Date = 11/30/13