

September 2013 PERRYVILLE COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/30/2013 9:03 AM Entered By: Mark Haldane Physical examinations were completed within 48 hours of the inmates arrival in all ten of the cases reviewed.	2
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			9/30/2013 9:45 AM Entered By: Mark Haldane Mental health assessments were completed by day two of the inmate's arrival in each of the 10 cases reviewed.	2

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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>9/24/2013 9:57 AM Entered By: Mark Haldane Through September 24, 2013, sick call was held 5 days per week only on Lumley.</p> <p>On San Carlos, there was no sick call on 9/3 or 9/4. On San Pedro there was no sick call on 9/13, 9/16 or 9/18. On Santa Cruz there was no sick call on 9/9 or 9/18. On Santa Maria there was no sick call on 9/9.</p> <p>Please note that sick call is defined as a non-emergency medical appointment generated by an HNR. There may have been nurse lines on those dates for TB plants and reads, accu-checks, BP checks, etc., but those are not sick call appointments.</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>9/24/2013 11:15 AM Entered By: Mark Haldane Between September 1 and September 24, the following sick call appointments were with 24 hours of triage:</p> <p>On Santa Maria, 76 of 100 were within appropriate timeframes. On San Carlos, 117 of 192 were within appropriate timeframes. On San Pedro, 16 of 38 were within appropriate timeframes. On Santa Cruz, 40 of 62 were within appropriate timeframes. On Lumley, 60 of 86 were within appropriate timeframes.</p> <p>Complex-wide between 9/1 and 9/24, 309 of 478 sick call appointments were timely (64.64%).</p> <p>The vast majority of the inmates not seen within the required timeframe were seen the day after the timeframe expired. Only a handful of appointments were more than 2 days late.</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>9/30/2013 3:20 PM Entered By: Mark Haldane 10 charts were reviewed on each yard. At Maria, #Inmate did not have weight on the 9/6 NET. #Inmate did not have the respiration rate on the 9/5 NET. #Inmate did not have weight on the 9/5 NET.</p> <p>At Lumley, #Inmate had no weight on the 9/4 NET.</p> <p>At Santa Cruz, #Inmate had no temperature and no weight on the 9/4 NET.</p> <p>At San Pedro, #Inmate did not have vitals on the 9/6 NET. #Inmate did not have weight on the 9/10 NET.</p>	1

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				<p>At San Carlos, vitals were complete on all 10 charts reviewed.</p> <p>of 50 charts reviewed, 43 were compliant (86%)</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X		<p>9/30/2013 3:28 PM Entered By: Mark Haldane</p> <p>10 charts were reviewed on each yard. At San Carlos, the standard was met in each case.</p> <p>On Lumley the standard was met in each case.</p> <p>On Santa Cruz, #Inmate #Inmate #Inmate #Inmate and #Inmate were not in SOAPE format.</p> <p>On San Pedro, #Inmate was not in SOAPE format.</p> <p>On Santa Maria, this standard was met in each case.</p> <p>This standard was met in 44 of 50 cases (88%)</p>	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>9/26/2013 12:36 PM Entered By: Mark Haldane</p> <p>At Lumley 3 of 10 referrals from sick call were seen within 7 days. #Inmate was 6 months, 19 days from referral; #Inmate was 10 days from referral; #Inmate was 10 days from referral; #Inmate was 11 days from referral; #Inmate was 11 days from referral; #Inmate was 17 days from referral; #Inmate was 10 days from referral.</p> <p>At San Carlos, only three charts could be identified as referrals from sick call. None were seen within 7 days. #Inmate was 4 months and 5 days from referral; #Inmate was 2 months, 16 days from referral; and #Inmate was 30 days from referral.</p> <p>At Santa Cruz, only six charts could be identified as referrals from sick call. Only one was seen within 7 days. #Inmate was 1 month, 25 days from referral; #Inmate was 30 days from referral; #Inmate was 2 months, 14 days from referral; #Inmate was 30 days from referral; #Inmate was 1 month, 20 days from referral.</p> <p>At San Pedro, 4 of 10 were seen within 7 days of referral from sick call. #Inmate was 11 days from referral; #Inmate was 8 days from referral; #Inmate was 14 days from referral; #Inmate was 27 days from referral; #Inmate was 19 days from referral; #Inmate was 9 days from referral.</p> <p>On Santa Maria, 0 of 10 referrals were seen within 7 days. #Inmate was 61 days from referral. #Inmate was 57 days from referral. #Inmate was 62 days from referral. #Inmate was 62 days from referral. #Inmate was 55 days from referral. #Inmate was 26 days from</p>	1

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			<p>referral. #inmate was 11 days from referral. #inmate was 29 days from referral. #inmate was 26 days from referral. #inmate was 27 days from referral.</p> <p>Of 39 referral appointments to the provider line from sick call, 8 were seen within 7 days, a compliance rate of 20.5%.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X	<p>9/26/2013 12:40 PM Entered By: Mark Haldane</p> <p>There has been a noticeable increase in the use of NETs for sick call. Additionally, the use of the general Sick Call NET has decreased and the use of more specific NETs has increased.</p>	1

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: Mark Haldane Date: 9/24/2013 9:57:23 AM

Corrective Plan: Nursing staff responsible for scheduling times have been redirected /educated regarding sick-call appointments being generated via HNR.

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Scheduling patients
- b.Staffing

2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1

Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

3.Monitoring (Sick Call 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 = 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 – All HNR s to be triaged by nursing, inclusive of MH.

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: 9/24/2013 11:15:28 AM

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 (

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(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.

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

Level 1 Amber User: Mark Haldane Date: 9/26/2013 12:36:19 PM

Corrective Plan: Nursing staff responsible for scheduling times have been redirected/educated regarding sick-call appointments being generated via HNR

See below.

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.

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				<p>#Inmate labs dated 7/22/13; #Inmate labs dated 4/21/13; #Inmate labs dated 4/24/13.</p> <p>9/10/2013 11:54 AM Entered By: Erin Barlund SAN PEDRO- 35 files are on provider review shelf. 10 files were reviewed. 4 files contained items for provider sign-off that were within 7 days of receipt- #Inmate verbal order for insulin dated 9/4/13; #Inmate chart review reg. refusal of metformin dated 9/8/13; #Inmate chart review for tramadol non compliance dated 9/9/13; #Inmate verbal order for insulin dated 9/4/13. The following 6 charts exceeded the 7 days and were considered non compliant-#Inmate dipstick results dated 8/29/13; #Inmate labs dated 4/7/13; #Inmate labs dated 7/10/13; #Inmate labs dated 8/29/13; #Inmate off-site records from Pinal Cty received 8/28/13; #Inmate MRI results 6/25/13.</p> <p>9/10/2013 11:46 AM Entered By: Erin Barlund SANTA CRUZ-19 files located on provider review shelf. 10 files reviewed. 1 file was within the 7 days of receipt and considered compliant- #Inmate script from Southwest Kidney Institute dated 9/6/13. The following 9 files were non compliant- ##Inmate labs dated 4/29/13; #Inmate Tempe St. Luke discharge paperwork dated 8/20/13; #Inmate telephone or verbal order for vicodin dated 8/23/13; #Inmate 21st century oncology recommendations/orders faxed 7/8/13; #Inmate off-site medical records faxed 8/23/13;#Inmate request for omeprazole renewal dated 8/16/13; #Inmate EKG dated 8/3/13; #Inmate labs dated 7/11/13; #Inmate radiology results indicating need for t/u breast imaging dated 8/25/13. Loose filing contained hundreds of pages of filing with many needing provider signature—example #Inmate labs from 7/2/13 that are in loose filing and haven't yet been placed in chart for provider review.</p> <p>9/10/2013 11:39 AM Entered By: Erin Barlund LUMLEY- 19 files are on provider review shelf. 10 files were reviewed. 5 files were within the 7 days of receipt and considered compliant- #Inmate labs dated 8/30/13 and signed 9/5/13; #Inmate labs dated 9/4/13; #Inmate labs dated 9/6/13; #Inmate labs dated 9/6/11; #Inmate med records from Maricopa cty faxed 9/4/13. The following 5 files had exceeded the 7 days and were considered non compliant-#Inmate labs dated 8/27/13; #Inmate labs dated 8/27/13; #Inmate labs dated 8/28/13; #Inmate labs dated 8/27/13; #Inmate request for pap smear results dated 8/27/13 with pap results received 8/22/13.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X	<p>9/26/2013 1:56 PM Entered By: Erin Barlund There currently is no urologist.</p>	3
4	Are the emergent medical needs of the inmates	X		<p>9/9/2013 2:46 PM Entered By: Erin Barlund</p>	2

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	appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]				
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			9/9/2013 2:57 PM Entered By: Erin Barlund 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: Erin Barlund Date: 9/30/2013 10:35:13 AM

Corrective Plan: Urgent consults will be processed upon receipt by the clinical coordinator and sent to the UM for review. The consult will be monitored for approval, appointment scheduled, no later than the next business day.

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: Erin Barlund Date: 9/26/2013 9:33:40 AM

Corrective Plan: Prior to the above findings the following procedure was not in effect; All consult summaries received by the clinical coordinator are sent to the provider's box within 24 hours for provider review within the allowed timeframes.

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

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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: Erin Barlund Date: 9/26/2013 1:56:27 PM

Corrective Plan: A urologist was made available as of 9/27/2013

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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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			9/3/2013 11:37 AM Entered By: Erin Barlund The following inmates had newly identified cc problems at intake and treatment plans were developed that day: Inmate Inmate Inmate Inmate Inmate	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		9/26/2013 9:30 AM Entered By: Erin Barlund see below. 9/4/2013 7:36 AM Entered By: Erin Barlund SM/PI/SR- review of 10 cc files indicates 5 compliant (Inmate Inmate Inmate Inmate Inmate) and 5 non compliant (Inmate last cc visit 11/28/11; Inmate cc visit 2/4/13 with ordered 90 day f/u and visit documented on 8/19/13; Inmate with documented visit 5/17/13 and ordered f/u for 90 days; Inmate documented visit 3/8/13 with ordered f/u for 90 days and next seen 7/23/13; Inmate documented visit 2/19/13 with ordered f/u for 90 days and next seen 7/21/13. 9/3/2013 1:07 PM Entered By: Erin Barlund Santa Cruz- review of 10 cc files indicates 4 in compliance (Inmate Inmate Inmate Inmate) 6 non compliant (Inmate cc visit 3/26/13 with ordered f/u 90 days and next documented cc visit 7/11/13; Inmate cc visit 4/13/12 with f/u ordered for 30 days and no further documented cc visits; Inmate cc visit documented 3/28/13 with 90 day f/u ordered and next documented cc visit 7/18/13; Inmate documented cc visit 10/10/12 with ordered f/u 3 mo and which pt refused on 12/26/12 and provider documentation "no need to reschedule" pt ran out of meds on x 3 weeks per cc visit on 4/24/13 and refusal doesn't note type of visit; Inmate last cc visit 6/25/12 with f/u ordered for 30 days and no further cc documentation; Inmate no documented cc visits and triglycerides of 384 noted. Lumley- review of 10 cc files indicates 7 in compliance (Inmate Inmate Inmate Inmate Inmate Inmate Inmate) and 3 non compliant (Inmate last cc visit 8/12/13 with no prior cc visit documented; Inmate cc visit 4/5/12 with ordered f/u for 4/13 which exceeds timeframe in HTSM 5.5.1; Inmate pt scd 12/26/12 and note on 3/26/13 stating "cancelled due to provider pulled." 9/3/2013 12:49 PM Entered By: Erin Barlund San Pedro- review of 10 cc files indicates 7 in compliance (Inmate Inmate Inmate Inmate Inmate Inmate Inmate) and 3 non compliant (Inmate documented cc visit 11/13/12 with ordered f/u in 90 days and next documented cc visit 6/27/13; Inmate seen 3/12/13 with ordered f/u in 90 days and next documented visit 7/11/13; Inmate seen 3/12/13 with ordered f/u 90 days and next documented visit 7/11/13.	2

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				<p>9/3/2013 11:50 AM Entered By: Erin Barlund San Carlos- review of 10 inmate files indicates 1 in compliance (#Inmate), 9 non compliant. #Inmate last documented cc visit 5/9/13 with ordered f/u for 90 days; #Inmate last last documented cc visit 5/9/13 with ordered f/u for 90 days; #Inmate seen 2/6/13 with ordered f/u for 90 days and next seen 7/17/13 and no labs since 8/4/12; #Inmate last documented cc visit 4/5/13 with ordered f/u for 90 days; #Inmate last documented cc visit 5/1/13 with ordered f/u 90 days; #Inmate seen 12/26/12 with ordered f/u 90 days and next attempted visit(IM refused) 8/9/13; #Inmate last documented visit 4/3/13 with ordered f/u July 2013; #Inmate seen 1/31/13 with ordered f/u 90 days and next seen 6/5/13.</p>	
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>9/26/2013 9:31 AM Entered By: Erin Barlund see below.</p> <p>9/4/2013 7:38 AM Entered By: Erin Barlund SM/PI/SR- review of 10 cc files indicates 6 in compliance (#Inmate Inmate Inmate Inmate Inmate and 4 non compliant (#Inmate Inmate Inmate Inmate</p> <p>9/3/2013 1:15 PM Entered By: Erin Barlund SAN CARLOS- review of 10 cc files indicates 8 in compliance (#Inmate Inmate Inmate Inmate Inmate Inmate Inmate and 2 non compliant (#Inmate Inmate</p> <p>SAN PEDRO- review of 10 cc files indicates 6 in compliance (#Inmate Inmate Inmate Inmate Inmate and 4 non compliant (#Inmate Inmate Inmate Inmate</p> <p>SANTA CRUZ- review of 10 cc files indicates 5 in compliance (#Inmate Inmate Inmate Inmate and 5 non compliant (#Inmate Inmate Inmate Inmate</p> <p>LUMLEY- review of 10 cc files indicates 10 cc files in compliance (#Inmate Inmate Inmate Inmate Inmate Inmate Inmate and 0 files non compliant.</p>	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X		<p>9/26/2013 12:56 PM Entered By: Erin Barlund</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X		<p>9/26/2013 12:56 PM Entered By: Erin Barlund</p>	2

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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: Erin Barlund Date: 9/26/2013 9:30:08 AM

Corrective Plan: Provider line backlogs prevent timely scheduling, if the backlog is significantly large. We have hired new providers and are scheduling them to reduce backlogs where needed.

See Corrective Actions below.

Corrective Actions: October Action plan submitted by Corizon-

Process statewide to include, but not limited to :

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

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

Target Date - 11/30/13

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

3 Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]

Level 1 Amber User: Erin Barlund Date: 9/26/2013 9:31:54 AM

Corrective Plan: As a large number of diabetics arrive at Perryville with this diagnosis, detailed education is not generally provided, we have in fact directed our staff to provide this education / coaching.

See below.

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.

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Medical Records (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical records current, accurate and chronologically maintained with all documents filed in the designated location? [NCCHC Standard P-H-01]	X			<p>9/30/2013 10:17 AM Entered By: Mark Haldane On Lumley, all ten charts reviewed met this standard. On Santa Cruz, 10 charts reviewed. MARs were not filed in #Inmate. There was a large amount of loose filing of MARs, HNRs, refusals, and NETs. At San Pedro, 10 charts reviewed. numerous MARs are not filed. #Inmate had an HNR filed under the referral tab. At Santa Maria, 10 charts reviewed. #Inmate had a loose (drop filed) HNR from 7/3/13, and a loose MAR. #Inmate had resusals that were not chronological. #Inmate has an HNR folded in chart under progress notes and a loose MAR with HNRs. At San Carlos, 10 charts reviewed. Although the filed documents met this standard in the charts reviewed, there were large numbers of MARs not filed and to a lesser extent Labs, HNRs, and other documets that were not filed. Given the very large amount of loose filing that was at Carlos, there hs been significant progress on this yard. The amount of drop filing seems to be reduced, as well.</p> <p>45 of 50 charts reviewed met this standard (90%). However there remains a significant amount of loose filing and records to be merged to warrant further attention.</p>	1
2	Are provider orders noted daily with time, date and name of person taking the orders off? [NCCHC Standard P-H-01; HSTM Chapter 5, Section 7.0]	X			<p>9/30/2013 10:23 AM Entered By: Mark Haldane Ten charts were reviewed at each unit. On Lumley, #Inmate had a verbal order that was not signed by the provider. All ordered reviewed were noted by the day following the order with the time, date, and name of person taking off the order.</p>	1
3	Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		<p>9/30/2013 12:45 PM Entered By: Mark Haldane As a rule, MARs do not have a start dates on any yard. They contain an order date and stop date. They generally do contain the dose, route, frequency, and nurse's signature. #Inmate has no stop date for Warfarin. The pre-printed MARs do not have a diagnosis. Stop dates are sometimes listed in days (30 days, 180 days, etc.) rather than dates. At Lumley, there were several MARs initialed with SC that were not signed on the back.</p>	1
4	Are medical record entries legible, and complete with time, name stamp and signature present? [HSTM Chpt. 5, Section 6.4, CC 2.20.2.5]	X			<p>9/30/2013 12:53 PM Entered By: Mark Haldane 10 charts were reviewed on each yard. While some handwriting is harder than others to decipher, it is not impossible to do so. On San Pedro one of 10 charts reviewed (#Inmate had a NET (9/17/13)</p>	1

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					that was neither signed nor stamped. 49 of 50 charts were compliant with this standard during the review period.	
5	Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes?		X		9/25/2013 2:29 PM Entered By: Mark Haldane Movement sheets are kept, but those do not have the number of volumes moved. The medical records supervisor will ensure that this information is kept going forward. San Carlos began to keep Arrival Logs recently.	1
6	Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes?		X		9/25/2013 2:31 PM Entered By: Mark Haldane Departure Logs were recently begun on San Carlos and are kept on Santa Cruz. The medical records supervisor will ensure that the logs are maintained and include the number of volumes transferred along with the other required information.	1
7	Are previous (old) volumes filed in a separate location (not with active files) and easily accessible to obtain as needed?	X			9/12/2013 2:37 PM Entered By: Mark Haldane Old volumes are separate from the current volume and easily accessible.	1
8	Are medical records for released inmates pulled from the active file area?	X			9/30/2013 1:27 PM Entered By: Mark Haldane 10 charts of released inmates were reviewed on each yard, except Lumley, where I identified only 6 released inmates during the review period. In each of the 46 cases, the released inmate's chart had been pulled from the active file area.	1
9	Are requested archived medical records merged with newly established medical records upon an inmates return to ADC?		X		9/30/2013 1:39 PM Entered By: Mark Haldane There were 181 charts to merge on San Carlos. Santa Cruz also had a significant number (not counted). San Pedro, Lumley, and Santa Maria were current with merged charts (no significant backlog identified).	1
10	Is a Release of Information log maintained that reflects the Medical Records Requests for 3rd parties (attorney and family requests only)?	X			9/30/2013 1:41 PM Entered By: Mark Haldane Records of 3rd party ROI requests are maintained on each yard.	1

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<p>Corrective Action Plans for Performance Measure: Medical Records (Q)</p>
<p>3 Does the Medication Administration Record (MAR) in the medical chart reflect dose, route, frequency, start date and nurse's signature? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4] Level 1 Amber User: Mark Haldane Date: 9/30/2013 12:45:43 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce with nursing staff the importance of a complete MAR. Continue to monitor. Responsible Parties = RN/LPN Target Date= 11/30/13</p>
<p>5 Are arrival logs maintained and kept current with name of inmate, ADC #, date of arrival, # of volumes? Level 1 Amber User: Mark Haldane Date: 9/25/2013 2:29:48 PM</p>
<p>Corrective Plan: This issue has been corrected the number /volume is now being documented on the movement sheet.</p>
<p>Corrective Actions: See above.</p>
<p>6 Are departure logs maintained and kept current with name of the inmate, ADC #, unit being transferred to, date of departure, # of volumes? Level 1 Amber User: Mark Haldane Date: 9/25/2013 2:31:36 PM</p>
<p>Corrective Plan: The medical records Supervisor will ensure that the Medical Records tech of each unit maintain their own Departure / Arrival logs for that unit.</p>
<p>Corrective Actions: See above.</p>
<p>9 Are requested archived medical records merged with newly established medical records upon an inmates return to ADC? Level 1 Amber User: Mark Haldane Date: 9/30/2013 1:39:40 PM</p>
<p>Corrective Plan: This issue has been addressed and is currently being corrected. See below.</p>
<p>Corrective Actions: Reinforce to staff that archived medical records get merged with newly established medical records upon an inmates return to ADC.</p>

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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			9/30/2013 8:03 AM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		9/30/2013 8:05 AM Entered By: Martin Winland See below 9/30/2013 8:04 AM Entered By: Martin Winland I am encouraged with Perryville's progress this month. Perpetual inventories were maintained and accurate. Sharps audits revealed no discrepancies. Refrigerator logs were up to date. There were some minor documentation issues that I discussed with the facility. I reinforced the need to deliver KOP medication in a timely manner and a few issues that were discovered was relayed via Erin Barlund to appropriate site level management. The facility continues to work toward improvement and was very receptive to my visit. (9-25-2013) Formulary 311, Non Formulary 45.	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			9/30/2013 8:04 AM Entered By: Martin Winland	1
4	When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]	X			9/30/2013 8:05 AM Entered By: Martin Winland	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X			9/30/2013 8:05 AM Entered By: Martin Winland 9/30/2013 8:05 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 Amber User: Martin Winland Date: 9/30/2013 8:05:10 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

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- 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.

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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			9/30/2013 2:05 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 69 were in compliance = 98% San Pedro: (10 out of 10 were in compliance) No findings. San Carlos: (19 out of 20 were in compliance) Inmate(SMI): HNR date 8/15/13 and triaged on 8/17/13. Santa Maria: (10 out of 10 were in compliance) No findings. Lumley: (20 out of 20 were in compliance) No findings. Santa Cruz: (10 out of 10 were in compliance) No findings.	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			9/30/2013 1:42 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 64 were in compliance = 91% San Pedro: (9 out of 10 were in compliance) Inmate Referred 7/19/13 and not seen until 8/16/13. San Carlos: (18 out of 20 were in compliance) Inmate(SMI): Referred date 8/17/13 and seen 8/28/13. Inmate(SMI): Referred 8/7/13 and not yet seen. Santa Maria: (9 out of 10 were in compliance) Inmate Referred 8/14/13 and IM not yet seen. Lumley: (18 out of 20 were in compliance) Inmate Referred 8/6/13 and not seen until 8/26/13. Inmate(SMI): Referred 7/23/13 and not seen until 8/7/13. Santa Cruz: (10 out of 10 were in compliance) No findings.	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			9/30/2013 1:42 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 65 were in compliance = 93% San Pedro: (10 out of 10 were in compliance) No findings. San Carlos: (20 out of 20 were in compliance) No findings. Santa Maria: (7 out of 10 were in compliance)- This standing alone would have been a red finding. Inmate(SMI): Last update 2/19/13. Inmate(SMI): Last update 5/17/13. Inmate Treatment was barely filled out- not in acceptable condition. Lumley: (18 out of 20 were in compliance)	1

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					<p>Inmate(SMI): Last update 6/3/13. Inmate(SMI): Last update 4/17/13. Santa Cruz: (10 out of 10 were in compliance) No findings.</p>	
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>			X	<p>9/30/2013 1:48 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 42 were in compliance = 60%. This performance measure is a Red finding because of the low compliance and the risk of harm to the inmate. San Pedro: (9 out of 10 were in compliance) Inmate Last seen 4/17/13. San Carlos: (11 out of 20 were in compliance) 20 charts were pulled because of the high number of MH inmates and percentage that are SMI - This standing alone would have been a red finding. Inmate(SMI): Last mental health contact was a psychiatry visit which occurred on 7/1/13. Inmate(SMI): Last mental health visit was 7/3/13. Inmate(SMI): Last mental health visit was 7/3/13. Inmate(SMI): Last mental health visit was 7/3/13. Inmate(SMI): Last mental health contact was a psychiatry visit which occurred on 7/19/13. Inmate Last mental health contact was 7/15/13. On that date, a note was made in chart documenting that inmate's mental health score was being lowered to MH-2. However, the chart problem list indicated inmate is still coded MH-3. Also, the treatment plan found in chart indicated the inmate's mental health score is still MH-3. There was an update on the treatment plan on 1/15/13 which read "continue tx." Lastly, the inmate's psych meds were DC'd on 12/27/12 and the note lowering inmate to MH-2 was dated 1/15/13. Not enough time elapsed since date psych meds were DC'd to date mental health score was lowered. Inmate Last mental health contact was a psychiatry visit which occurred on 4/30/13. Inmate Last visit was 1/10/13. This chart was unclear as to what mental health score this inmate is. Inmate Last mental health contact was a psychiatry visit which occurred on 2/14/13. There were no psychology notes found in the chart. Santa Maria: (2 out of 10 were in compliance)- This standing alone would have been a red finding. Inmate(SMI): Last mental health contact was a psychiatry visit which occurred on 5/1/13. Inmate(SMI): Last visit was by psych nurse on 7/18/13. Inmate Last seen 2/19/13. Inmate(SMI): Last mental health contact was a psychiatry visit which occurred on 6/14/13. Inmate Last mental health contact was a psychiatry visit which occurred on 4/26/13. Inmate Last mental health contact was a psychiatry visit which occurred on 5/10/13.</p>	2

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					<p>Inmate Last mental health contact was a psychiatry visit which occurred on 5/24/13. Inmate Last mental health contact was a psychiatry visit which occurred on 4/18/13 Lumley: (14 out of 20 were in compliance) 20 charts were pulled due to part of Lumley being max and the number of SMI inmates - This standing alone would have been a red finding. Inmate(SMI): Last visit was 7/22/13. Inmate Last visit was 5/9/13. Inmate Last visit was 7/12/13. Inmate Last visit was 7/11/13 Inmate Last mental health visit was a psychiatry visit on 7/20/13. Inmate Last seen 7/29/13. Santa Cruz: (6 out of 10 were in compliance) - This standing alone would have been a red finding. Inmate(SMI): Last seen 7/1/13. Inmate Last mental health contact was a psychiatry visit which occurred on 12/6/13. Inmate Last mental health contact was a psychiatry visit which occurred on 4/15/13. Inmate Last seen 5/23/13</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>9/30/2013 1:51 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 52 were in compliance = 74%. This performance measure is receiving a Red finding because most of the Return to Clinic dates (RTC) were from the month of July, and still had not been seen in September. San Pedro: (9 out of 10 were in compliance) Inmate Past due for psychiatry visit- RTC date was 4/11/13. San Carlos: (16 out of 20 were in compliance) - 20 charts were pulled because of the high number of MH inmates and percentage of SMI. Inmate(SMI): Past due for psychiatry visit- RTC date was 8/30/13. Inmate(SMI): Past due for psychiatry visit- RTC date was 4/24/13. Meds expired??? Inmate Past due for psychiatry visit- RTC date was 7/17/13 Inmate Past due for psychiatry visit- RTC date was 7/30/13. Santa Maria: (5 out of 10 were in compliance) - This standing alone would have been a red finding. Inmate(SMI): Past due for psychiatry visit- RTC date was 8/1/13. Inmate Past due for psychiatry visit- RTC date was 7/25/13. Inmate Past due for psychiatry visit- RTC date was 8/10/13. Inmate Past due for psychiatry visit- RTC date was 7/18/13. Inmate Past due for psychiatry visit- RTC date was 8/24/13. Lumley: (14 out of 20 were in compliance) 20 charts were pulled because of the max custody part of the unit and the number of SMI inmates - This standing alone would have been a red finding. Inmate(SMI): Past due for psychiatry visit- RTC date was 9/3/13. Inmate(SMI): Past due for psychiatry visit- RTC date was 6/30/13 Inmate Past due for psychiatry visit- RTC</p>	2

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				<p>date was 7/27/13. Inmate Past due for psychiatry visit- RTC date was 7/2/13. Inmate Past due for psychiatry visit- RTC date was 7/22/13. Inmate Past due for psychiatry visit- RTC date was 8/27/13. Santa Cruz: (8 out of 10 were in compliance) Inmate (SMI): Past due for psychiatry visit- RTC date was 7/11/13. Inmate Past due for psychiatry visit- RTC date was 7/15/13.</p>	
6	<p>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]</p>		X	<p>9/30/2013 2:04 PM Entered By: Nicole Taylor *Out of 70 charts pulled, 68 were in compliance = 97%. Although 70 charts were pulled, release planning was reviewed in only 10 of the charts. Of those 10, three SMI inmates were found to have inadequate release planning completed, and one SMI inmate had not received any release planning. Per NCCHC standards, an SMI inmate cannot simply receive a packet of information, but must be connected to the community prior to release. San Pedro: (8 out of 10 were in compliance) Inmate (SMI): No Corizon release planner notes found in chart. Inmate (SMI): Inadequate release planning notes found in chart. The inmate was not connected to community services, she was simply provided a packet of information. San Carlos: (20 out of 20 were in compliance) - 20 charts were pulled because of the high number of MH inmates and percentage of SMI. No findings. Santa Maria: (10 out of 10 were in compliance) No Findings. Lumley: (20 out of 20 were in compliance) - 20 charts were pulled because of the max custody area and the high percentage of SMI inmates. No Findings. Santa Cruz: (8 out of 10 were in compliance) Inmate (SMI): Per clinician, inmate was extremely low functioning and the release planner did not connect her to the community and simply provided her a packet of information. Inmate (SMI): Per clinician, inmate had been on multiple watches and was not connected to the community prior to release.</p>	2

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

**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: 9/30/2013 1:48:10 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: 9/30/2013 1:51:49 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.

**6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]
Level 2 Amber User: Nicole Taylor Date: 9/30/2013 2:04:07 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 7 (Mental Health Attachment) related to re-entry plan
 - a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP
 - b. 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 monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]		X		<p>9/30/2013 3:46 PM Entered By: Mark Haldane At San Carlos, no-shows are not being brought to medical to sign refusals.</p> <p>At Santa Maria, no No-Shows were reported. Pill call no-shows at Maria are ticketed.</p> <p>At Lumley, no No-Shows were reported. Pill call is delivered to cell fronts and appointments are escorted to medical.</p> <p>At Santa Cruz, there was no evidence that no shows were brought up to sign refusals. See #Inmate #Inmate #Inmate</p> <p>At San Pedro, it appears that no shows generally are brought to medical to sign a refusal, although that was not the case with #Inmate</p>	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		<p>9/30/2013 3:50 PM Entered By: Mark Haldane At San Carlos, unresolved No-Shows are not reported to the Deputy Warden. There were no no-shows at Lumley. There was no evidence of unresolved no shows at Maria. Cruz and Pedro did not report unresolved to the Deputy Warden. See the previous Standard for those no-shows for which refusals were not signed, which represent unresolved no-shows.</p>	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			<p>9/30/2013 3:57 PM Entered By: Mark Haldane Medication line no-shows do not exist at Lumley.</p> <p>At the other units, it appears that providers are being notified, although sometimes not for several days or even weeks beyond the 3-5 days the inmate has no-showed. Although this standard is green this month, in the future providers must be notified immediately after 3 days of no-show and scoring will reflect the timelines of the notification. MARs should contain a note on eh back indicating that the provider has been notified. Currently, the D/C notice is often the only way to know a provider was notified.</p>	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			<p>9/30/2013 3:30 PM Entered By: Mark Haldane No shows are being rescheduled when medically indicated at eah yard. No exceptions were noted during hte review period.</p>	1

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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: 9/30/2013 3:46:39 PM

Corrective Plan: IAW DO#1101.1.7.2 The refusing inmate will report to the medical unit and refuse to medical staff. This will be a redirection for the medical staff and and a topic during training meetings.

Corrective Actions: See above.

2 Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]

Level 1 Amber User: Mark Haldane Date: 9/30/2013 3:50:52 PM

Corrective Plan: IAW DO#1101.1.8 The required Incident Report will be authored and distribution made to the Deputy Warden for further investigation. This will be a redirection for the medical staff and and a topic during training meetings.

Corrective Actions: See above.

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Infection Control						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does the facility have a written exposure control plan? [NCCHC Standard P-B-01]	X			9/26/2013 12:58 PM Entered By: Erin Barlund The facility primarily relies on the guidance of the HSTM, the Corizon Infection Prevention Manual, and uses the bloodborne pathogens exposure kit for employees as needed.	1
2	Is the health unit in compliance with NCCHC Standard P-B-01 compliance indicators?	X			9/26/2013 3:40 PM Entered By: Erin Barlund	1
3	Are standard precautions used by health care practitioners? [NCCHC Standard P-B-01]	X			9/26/2013 1:03 PM Entered By: Erin Barlund	1
4	Are precautionary instructions given to security when necessary (to include transportation staff)? [NCCHC Standard P-B-01]	X			9/26/2013 1:04 PM Entered By: Erin Barlund	1
5	Are Sanitation workers trained in appropriate methods for handling and disposing of biohazard spills and materials? [NCCHC Standard P-B-01]	X			9/26/2013 1:05 PM Entered By: Erin Barlund Inmate workers do not handle biohazard spills and materials. Security staff are trained and perform this task.	1
6	Are active TB patients transported to hospitals with negative pressure rooms? [NCCHC Standard P-B-01]	X			9/26/2013 1:06 PM Entered By: Erin Barlund	2
7	Does the facility assure that inmates released with infectious or communicable diseases are provided with community referrals and for transfer inmates, notify the receiving facility of the medical condition? [NCCHC Standard P-B-01]	X			9/26/2013 1:11 PM Entered By: Erin Barlund Inmates with communicable diseases are signed up for AHCCCS prior to release. If denied, the process for obtaining care is explained to the inmate and the inmate is provided with a list of federally funded community clinics that will see them without insurance or financial resources. HIV inmates are referred to the Ryan White Program (Maricopa and Pinal counties) or the Part B program.	1
8	Are facilities using effective ectoparasite control procedures to treat infected inmates and to disinfect clothing and bedding? [NCCHC Standard P-B-01]	X			9/26/2013 3:40 PM Entered By: Erin Barlund The facility is following HSTM guidelines. 9/26/2013 1:11 PM Entered By: Erin Barlund	1
9	Does the prescribed treatment given to inmates consider conditions such as pregnancy, open	X			9/26/2013 1:11 PM Entered By: Erin Barlund	1

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	sores, or rashes and is ordered only by a clinician? [NCCHC Standard P-B-01]					
10	Does the facility complete and file all reports as required by local, state, and federal laws and regulations and reports to local health departments? [NCCHC Standard P-B-01]	X			9/26/2013 1:11 PM Entered By: Erin Barlund	1
11	Does the facility follow a TB plan consistent with CDC guidelines and conduct PPD tests and chest x-rays per policy with annual PPD check-up? [NCCHC Standard P-B-01]	X			9/26/2013 3:49 PM Entered By: Erin Barlund Inmates at intake that arrive without a PPD are administered a PPD (unless prior positive reading). Perryville inputs ppd information into IHS and schedules appointments for one year (on a Tues) from intake for subsequent PPD administration and schedules a PPD read on the following Thurs. Currently, there is a shortage of tuberculin solution, so IMs are scheduled for an appointment and the TB signs and symptoms form is completed.	1
12	Has the facility developed a needle-stick prevention program? [NCCHC Standard P-B-01]	X			9/26/2013 1:32 PM Entered By: Erin Barlund The facility is replacing needles with vanish points and staff are educated on preventing needle sticks.	1
13	Is there a designated Infection Control liaison ? [NCCHC Standard P-B-01]	X			9/26/2013 1:32 PM Entered By: Erin Barlund	1
14	Are red bags being handled and stored appropriately? [NCCHC Standard P-B-01]	X			9/26/2013 1:34 PM Entered By: Erin Barlund 9/26/2013 1:33 PM Entered By: Erin Barlund 9/26/2013 1:33 PM Entered By: Erin Barlund	1
15	Are dirty sharps maintained in a double locked area? [NCCHC Standard P-B-01]	X			9/26/2013 3:50 PM Entered By: Erin Barlund	1

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			9/9/2013 12:02 PM Entered By: Erin Barlund	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			9/26/2013 9:47 AM Entered By: Erin Barlund Total number FT/PT licensed nurses that have exceeded 30 days of employment 34. Number of nurses that have completed controlled substance training 31 (compliance rate 91%). Number of nurses that have completed medication administration training 28 (compliance rate 82%).	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			9/26/2013 9:49 AM Entered By: Erin Barlund Improvements have been noted at all yards. A stamp is now being used that provides information directly on the MAR indicating the date the med was given to the inmate, the nurse's name, education was or was not provided, and the inmate's signature. This allows easy visibility for the current month and easy visibility when looking for information for prior months.	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		9/30/2013 1:39 PM Entered By: Erin Barlund On 9/27/13 San Carlos an audit of random MARs demonstrated the following: After A.M. pill call on 9/27/13, the following MARs had the nurse's initials indicating med administration #Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate After A.M. pill call on 9/27/13, the following MARs did not contain any documentation - #Inmate Inmate Inmate Inmate Inmate Inmate Inmate When I returned after pm pill call, as the nurse was departing, the MARs that previously had no morning pill call documentation were now initialed as administered with the exception of #Inmate which was documented as "refused." 9/26/2013 2:46 PM Entered By: Erin Barlund This month continues with 0% compliance; however, it should be noted that there is a substantial increase in compliance with administration of medications and substantiating documentation. There is decreased documentation of "n/a" and "absent." 9/26/2013 2:40 PM Entered By: Erin Barlund San Carlos- review of 10 MARs indicates 0 compliant, 10 non-compliant. #Inmate no diagnosis, no start date, missing signatures on back of MAR;	1

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#Inmate no allergies, no diagnosis, code "absent" on MAR when inmate was on yard; #Inmate no diagnosis, no start date; #Inmate no start date, no documentation 9/16/13, no diagnosis; #Inmate no diagnosis; #Inmate use of absent when AIMS indicates IM on yard, circled initials with no code on back of MAR, no start date; #Inmate no diagnosis, no allergies; #Inmate no diagnosis, no documentation 9/11/13; #Inmate use of "absent" on 9/1/13-9/3/13 and 9/13/13-9/15/13 with AIMS indicating inmate on yard, no documentation 9/4/13-9/12/13, no start dates, no diagnosis; #Inmate documented as "refused" 9/4/13-9/6/13 with no refusal forms noted, no documentation 9/7-13-9/9/13, "n/s" 9/10/13-9/12/13, absent 9/13/13, 9/14/13 when AIMS indicates inmate on yard.

Santa Cruz- review of 10 MARs indicates 0 compliant, 10 non-compliant.

#Inmate no start date, no diagnosis; #Inmate no start date, no diagnosis; #Inmate no start date, no diagnosis; #Inmate no start dates, no diagnosis, "n/s" 9/14/13-9/16/13; #Inmate no start date, no diagnosis, no documentation 9/8/13, use of "absent" on MAR; #Inmate "n/s" 9/2/13-9/16/13 when AIMS indicates im on yard, no start date, no diagnosis; #Inmate no start date, no diagnosis, use of "n/s" 9/15/13; #Inmate no start date, no diagnosis; #Inmate no start date, no diagnosis; #Inmate no start date, no diagnosis, use of "n/s" on 9/14/13.

Lumley- review of 10 MARs indicates 0 compliant, 10 non-compliant.

#Inmate no start date, missing signature on back of MAR; #Inmate no start dates, refusal noted for 9/14/13-9/16/13 with no refusal form noted on 9/16/13; #Inmate no start date, no diagnosis, use of "absent" on 9/10/13 when AIMS indicates IM on yard, refused on 9/10/13, 9/12/13, 9/13/13, 9/14/13 9/16/13 with no refusal forms, but refusal forms noted on other refused days; #Inmate no start date, no diagnosis, no documentation 9/1/13; #Inmate no start date, no diagnosis, no time listed for pm; #Inmate no documentation for 9/1/13, no start dates, no diagnosis; #Inmate no start dates, no diagnosis; #Inmate no documentation 9/1/13, use of "absent" 9/4/13 when AIMS indicates inmate on yard, no start date, no diagnosis; #Inmate no start date, no diagnosis; #Inmate no start date, no diagnosis.

9/26/2013 10:44 AM Entered By: Erin Barlund

PU/SM/PI- review of 10 MARs indicates 0 compliant, 10 non-compliant.

#Inmate no diagnosis, no start dates, "refused" documented 9/13/13, 9/14/13, 9/20/13, 9/21/13 with missing refusal forms, "other" documented with no explanation, celexa refused 9/13/13-9/25/13 with missing refusal forms; #Inmate no diagnosis, no start date, "n/s", "absent" used prior to court date; #Inmate nortriptlyline "n/s", circled "O"

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				<p>with no explanation, no start date, no stop date, no diagnosis; #Inmate no documentation of medication administration for scheduled ibuprofen; #Inmate no start dates, no diagnosis, "no show" 9/4/13; #Inmate vistaril documented as absent 9/16/13 when AIMS indicates im on yard, missing refusal forms; #Inmate no start dates, no diagnosis; #Inmate no start dates, no stop dates, no diagnosis; #Inmate no order date; #Inmate "n/s" documented 9/6/13, 9/7/13, 9/9/13, no start dates.</p> <p>San Pedro- review of MARs indicates 0 compliant, 10 non-compliant. #Inmate no diagnosis, "n/s" 9/11/13; #Inmate code "absent" used when AIMS indicates im on yard, no diagnosis, no start date; #Inmate "absent" on 9/3/13 when AIMS indicates im on yard, no start date, no diagnosis, signatures missing on back of MAR; #Inmate no start dates, no diagnosis; #Inmate no start date, no allergies, no diagnosis, no signatures on back of MAR; #Inmate no start date, no diagnosis, "no show" on 9/23/13; #Inmate refused and absent when refusal forms are incomplete and AIMS indicates im had not yet transferred units; #Inmate no diagnosis; #Inmate no diagnosis, no start date; #Inmate no diagnosis, no start dates.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>9/26/2013 2:47 PM Entered By: Erin Barlund There were 0 submitted medication error reports, but documentation indicates there were errors.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>9/30/2013 1:42 PM Entered By: Erin Barlund LUMLEY- the following inmates did not receive their metronidazole as ordered (as evidenced by intact blister cards and no sign outs on clinic stock)- #Inmate #Inmate #Inmate</p> <p>9/26/2013 3:32 PM Entered By: Erin Barlund Review of 24 MARs with new orders demonstrates 8 compliant, 16 non-compliant (compliance rate 33%).</p> <p>LUMLEY- the following MARs were non-compliant #Inmate zolofit ordered 9/9/13 with first dose documented 9/14/13; #Inmate nortriptyline ordered 9/5/13 with first documented dose 9/10/13; #Inmate sertraline "n/a" 9/2/13-9/8/13; #Inmate sertraline documented "n/a" 9/2/13-9/8/13; #Inmate flucanazole ordered 9/12/13 with first documented dose 9/17/13; #Inmate loxitane "n/a" 9/2/13-9/3/13; #Inmate famotidine "n/a" 9/1/13-9/13/13.</p> <p>SANTA CRUZ- compliant- #Inmate #Inmate non-compliant- #Inmate effexor ordered 9/11/13 with no dose administered through 9/16/13.</p>	2

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				<p>SAN CARLOS- non-compliant #Inmate vistaril ordered 9/4/13 first dose 9/12/13; #Inmate geodon ordered 8/29/13 first dose 9/10/13; #Inmate nortriptyline ordered 8/28/13 first dose 9/3/13; #Inmate azithromycin ordered 9/18/13 with no documented doses only a note that states, "says she only had 2 doses for day 1 no more since then our clinic stock is wrong."; #Inmate vitamin b 6 ordered 8/22/13 with first dose 9/5/13.</p> <p>Compliant #Inmate #Inmate (promethazine)</p> <p>SAN PEDRO- compliant- #Inmate #Inmate non-compliant- #Inmate vistaril, doxepin, buspar ordered 8/31/13 with first dose administered 9/10/13</p> <p>SM/SR/PI- non-compliant #Inmate nortriptyline ordered 9/4/13 first dose administered 9/17/13; #Inmate lithium ordered 9/10/13 first dose 9/14/13. compliant- #Inmate #Inmate</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>9/9/2013 12:01 PM Entered By: Erin Barlund Observed medication pass indicates ID cards being shown prior to administration.</p>	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>9/26/2013 3:36 PM Entered By: Erin Barlund Reviewed 460 prescriptions 296 reordered on or before expiration 33 reordered after expiration 131 not reordered</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>9/26/2013 3:37 PM Entered By: Erin Barlund see below</p> <p>9/9/2013 12:00 PM Entered By: Erin Barlund San Pedro- review indicates non compliance #Inmate NFDR submitted 8/7/13 and approved 8/11/13 #Inmate NFDR submitted 8/27/13 with no documentation of approval or denial. #Inmate NFDR submitted 7/18/13 with approval 7/22/13.</p> <p>San Carlos- review of NFDRs indicates non compliance #Inmate NFDR submitted 9/4/13 with no documentation of approval or disapproval #Inmate NFDR submitted 9/3/13 with no documentation of approval or disapproval #Inmate NFDR dated 8/15/13 with no documentation of approval/disapproval.</p> <p>The following NFDRs were in compliance (#Inmate #Inmate)</p>	2

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10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		9/26/2013 3:38 PM Entered By: Erin Barlund Providers report they are not notified within 48 hours. Recently, an email system was set-up and it is not clear if it is more successful at this time.	2
11	Are medication error reports being completed and medication errors documented?		X		9/26/2013 3:39 PM Entered By: Erin Barlund There were 0 medication error reports completed this month.	2

Corrective Action Plans for Performance Measure: Medication Administration

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: Erin Barlund Date: 9/30/2013 1:39:22 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: Erin Barlund Date: 9/30/2013 1:39:22 PM

Corrective Plan: The MAR audit tool instructs the supervisors to review a minimum of 25 MARs per week. The audit results will be tracked and reviewed during monthly CQI meetings.

See below.

- Corrective Actions: October Action plan submitted by Corizon-
1. Standardized process statewide to include, but not limited to :
 - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
 - b. MAR documentation.
 - c. Administration of DOT/KOP.
 - d. Printing MARs (Pharmacy Appendix).
 - e. Medication error documentation/reporting (Pharmacy Appendix).
 2. In-service staff on process and PharmaCorr policy.

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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: Erin Barlund Date: 9/26/2013 2:47:38 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: Erin Barlund Date: 9/30/2013 1:42:25 PM

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

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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: Erin Barlund Date: 9/30/2013 1:42:25 PM

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.

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: Erin Barlund Date: 9/26/2013 3:36:29 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)

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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.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours? Level 2 Amber User: Erin Barlund Date: 9/26/2013 3:37:22 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.

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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: Erin Barlund Date: 9/26/2013 3:38:44 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.

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

Level 2 Amber User: Erin Barlund Date: 9/26/2013 3:39:41 PM

Corrective Plan: This issue has been corrected the records have been reviewed by the DON/HSA and logged

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.

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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			9/26/2013 12:42 PM Entered By: Mark Haldane The Interim Health Services Administrator has a staffing pattern available to him.	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>9/18/2013 2:58 PM Entered By: Mark Haldane</p> <p>At San Pedro there is no RN since the resignation of the charge nurse. Nurse Line on San Pedro is being seen by an LPN, contrary to contract. There is only one pill nurse at San Carlos. While the weekday nurse is doing a very good job, she cannot keep up with the volume of work. There is one nurse line nurse at San Carlos. While San Carlos can receive as many as 50-60 HNRs per day and the nurse line is usually in excess of 20-25, nurse lines at San Pedro are often under 10. Nurse lines at Santa Cruz and Lumley are usually much shorter than those at San Carlos and Santa Maria.</p> <p>On Mondays, Medical Director Dr. Irving and OB/GYN Dr. Enciso are the only scheduled providers. On Fridays, PA Johnson and NP Zavala are the only scheduled providers. Dr. Irving has many responsibilities and can only see provider lines sporadically. PA Johnson is usually in IPC on Friday mornings. Ms Zavala is at Intake every afternoon. Provider line waits are 2 weeks to two months, depending on the yard. Mr. Johnson has reduced the backlog from about 450 to about 300.</p> <p>At San Carlos, there are dozens of charts waiting for provider review. While less an issue at the smaller units, provider review carts are often full.</p> <p>At San Carlos, there are 181 charts that need to be merged. There is often no medical records librarian at San Pedro, as the medical records supervisor has to split time between San Pedro and Santa Cruz, in addition to her other supervisory duties. Charts, MARs and meds are often not moved on the same day the inmate moves. The medical records staff is knowledgeable and competent, traveling between yards, spending 45 minute periods with inmates who review their medical records, pulling charts, creating records, updating AIMS, and myriad other duties have made fulfilling all the expectations of the positions difficult.</p> <p>Mental health staff at San Carlos have caseloads in excess of 500. A large amount of time is spent just noting orders. There is one psychiatrist onsite at Perryville. The number of patients he can see is limited, given the travel between yards and other duties he has.</p> <p>There are vacancies throughout the Complex that affect the ability of existing staff to meet the needs of all the inmates. Most of the inmates are seen provided with</p>	3

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				<p>care in a timely manner. Emergencies are always seen in a timely manner to my knowledge. Nonetheless, medications are sometimes delayed. Appointments are sometimes delayed. Treatments are sometimes delayed. Insulin lines have been late. There has been an inability to respond to ICSs and complete the diabetic line or pill line because there was not enough staff to respond to all the incidents.</p> <p>Corizon has taken steps to hire additional staff and recent resignations have exacerbated issues this month. Nonetheless, until Corizon reached full staffing, which it has not done to date, it will be difficult to assess whether those staffing levels are sufficient to meet the needs of the inmates.</p>	
3	Are all positions filled per contractor staffing pattern?		X	<p>9/18/2013 2:11 PM Entered By: Mark Haldane</p> <p>As of 9/19/2013 the following staffing vacancies existed: Health Services Administrator (1) Inventory Coordinator (1) – this position is offset by one extra lab technician, who is in an IC slot on the staffing report. LPN (5.1) – The 5.1 vacancies include one LPN whose last day is 9/19 and another who is currently suspended pending investigation. Mental Health Clerk (1) - The incumbent to this position is transferring to Phoenix and her last day at PV is 9/19. Mid-level Practitioner (1.25) Nursing Assistant (1.2) – 1 FTE is offset by a CNA who is working as a Supply Clerk. Physician Staff (0.25) Psych Associate (-1) – Marci Kyle is on the staffing report and has been hired, but has not yet started. When she starts, this area will be overstaffed by 1. RN (4.9) – In addition to the 4.9 RN vacancies, 3 RNs are working as psych nurses. RN Supervisor (1)</p> <p>The Corizon staffing list shows a total of 99.8 positions. 16.7 positions are vacant. 1 position is (or soon will be overfilled) and 2 positions are filled with individuals working in other areas. Allowing for all FTE, whether in the listed position or not, 86.27% of the proposed staffing is filled. Counting only those in "correct" positions, the percentage is 83.27. The Corizon staffing report through 9/6 showed 92.66% of all positions filled.</p>	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X		<p>9/12/2013 2:23 PM Entered By: Mark Haldane</p> <p>The HSA is aware of recruiting efforts to fill vacant positions.</p>	2
5	Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance,		X	<p>9/30/2013 7:56 AM Entered By: Mark Haldane</p>	1

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Professional license, NEO, CEUs)?				CPR certifications are completed and licenses are current. Currently CEU's are not being tracked although I am told a system is being developed to do so.	
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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: 9/18/2013 2:58:13 PM

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

Corrective Actions: Complex and Regional staff to monitor the adequacy and effectiveness of the staffing assessed by the facility's 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: 9/18/2013 2:11:43 PM

Corrective Plan: Staffing issues have been addressed and are reviewed and approved.

Corrective Actions: See above.

5 Do Health Services staff meet prerequisites to be able to work on site (CPR, TB clearance, Professional license, NEO, CEUs)?

Level 1 Amber User: Mark Haldane Date: 9/30/2013 7:56:13 AM

Corrective Plan: The present system used to track CEU's is Learning Management System (LMS) , if training is conducted on site the it is documented in the staff members training file.

Corrective Actions: See above.

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Discharge Planning						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}	X	X		9/30/2013 9:46 AM Entered By: Erin Barlund Diabetic inmates are not currently taught self-administration of insulin.	1
2	Is the health staff receiving discharge list from complex OIU at a minimum of 30 days out and is a release plan in place prior to inmate's actual release date?	X			9/27/2013 10:43 AM Entered By: Erin Barlund The discharge information is available on the shared drive at Perryville. Corizon has discharge planners that utilize this information and formulate a plan prior to release.	1
3	Are release medications for chronic conditions and mental health medications being provided to the inmate the day of release from prison?	X			9/26/2013 3:59 PM Entered By: Erin Barlund	1
4	Is there a procedure in place for inmates with communicable diseases to be referred to community based services? [NCCHC Standard P-E-13]	X			9/26/2013 4:03 PM Entered By: Erin Barlund Inmates with communicable diseases are signed up for AHCCCS prior to release and if not eligible they are provided with detailed information on community services that will provide care without regard to insurance coverage and financial resources. HIV inmates are referred to the Ryan White program (Maricopa and Pinal counties) and Part B in other counties.	1
5	When appropriately requested, are medical records being provided to inmate authorized medical providers upon release?	X			9/26/2013 4:04 PM Entered By: Erin Barlund	1

Corrective Action Plans for Performance Measure: Discharge Planning

1 Are diabetic inmates that were identified as IDDMs while in prison given training on self administration of insulin? {NCCHC Standard P-E-13}

Level 1 Amber User: Erin Barlund Date: 9/30/2013 9:46:57 AM

Corrective Plan: At this time there is no policy / directive from Corizon or ADC pertaining to this education this has been elevated for further guidance.
See below

Corrective Actions: Reinforce to staff that diabetic inmates that were identified as IDDMs while in prison are given training on self administration of insulin prior to release.

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			9/26/2013 1:35 PM Entered By: Erin Barlund	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		9/26/2013 1:36 PM Entered By: Erin Barlund There is currently no call system.	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			9/26/2013 1:36 PM Entered By: Erin Barlund	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			9/26/2013 1:36 PM Entered By: Erin Barlund	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			9/26/2013 1:36 PM Entered By: Erin Barlund	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			9/26/2013 1:39 PM Entered By: Erin Barlund #Inmate #Inmate were discharged with provider orders.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			9/26/2013 1:43 PM Entered By: Erin Barlund	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		9/30/2013 10:14 AM Entered By: Erin Barlund Review of 5 IPC charts demonstrates the following- #Inmate labs dated 7/17/13 signed off 7/31/13, labs dated 7/5/13 signed off 8/2/13, accuchecks not consistently documented, PICC flush not consistently documented, SOAP noted dated 8/25/13 with no vital signs #Inmate no month documented on MAR, incomplete MAR documentation for enalapril #Inmate boost administration not consistently documented on MAR #Inmate two SOAP notes with no date/time #Inmate MAR documentation incomplete for calcium polycarb and pramipexole, three SOAP notes with no date/time, no signature on undated/untimed SOAP note.	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	X			9/26/2013 1:44 PM Entered By: Erin Barlund	1

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	outpatient chart?	X				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			9/26/2013 1:44 PM Entered By: Erin Barlund	1
11	Are vital signs done daily when required?	X			9/26/2013 1:50 PM Entered By: Erin Barlund Increased compliance noted. #Inmate no v.s. 8/25/13. #Inmate Inmate Inmate Inmate Inmate compliant.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X		9/26/2013 1:51 PM Entered By: Erin Barlund Weekly care plans have been initiated. There currently is no patient identifying information on care plans.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			9/26/2013 3:35 PM Entered By: Erin Barlund Nurse is responsible for medications and CNA is responsible for 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: Erin Barlund Date: 9/26/2013 1:36:26 PM

Corrective Plan: Frequent rounds conducted by the staff in the IPC, provides inmates access to the staff. See below.

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: Erin Barlund Date: 9/30/2013 10:14:03 AM

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and includes: -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.

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

Level 1 Amber User: Erin Barlund Date: 9/26/2013 1:51:43 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.

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Confidentiality of Health Records						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are health records maintained under secure conditions separate from correctional records?	X			9/12/2013 2:11 PM Entered By: Mark Haldane Generally, records are securely maintained separate from correctional records in all medical units. One area of note is that medical records in the nurse's station at complex are often in unlocked bins and that room is not secure. While there are officers, as well as nursing, dental, lab, and x-ray staff in the area, intake inmates and porters are also there. I have not witnessed any security issues, but caution should be used to avoid leaving that area unattended and ensuring that personnel from each yards take charts back daily.	1
2	Is access to health records and health information controlled by the health authority?	X			9/12/2013 2:12 PM Entered By: Mark Haldane Access to health records and information is controlled by medical staff.	1
3	Is there evidence that health staff receive instruction in maintaining patient confidentiality?	X			9/13/2013 11:59 AM Entered By: Mark Haldane NEOII Corizon booklet "Nursing Within the Walls" has a section on confidentiality. Staff receive NEOII training.	1
4	Are the records transported by non-health staff sealed?	X			9/12/2013 2:14 PM Entered By: Mark Haldane dental records are transferred in locked bins. Transferred records are secured in sealed, opaque envelopes.	1
5	Are non-health staff who observe or overhear a clinical encounter instructed that they must maintain confidentiality?	X			9/30/2013 8:58 AM Entered By: Mark Haldane Medical officers report that they are aware of confidentiality requirements and they are part of post orders.	1
6	Prior to releasing medical information to the Board of Executive Clemency, has the inmate signed an authorization to release medical information?	X			9/30/2013 7:58 AM Entered By: Mark Haldane There were no records requested by the Board of Executive Clemency in the review period. There is a policy in place to require an ROI before releasing medical information to any outside person or agency.	1
7	Is medical information given to the Warden, Deputy Warden, Deputy Director, and Director when operationally necessary?	X			9/12/2013 2:19 PM Entered By: Mark Haldane This standard has been met by all units.	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?		X		<p>9/13/2013 9:19 AM Entered By: Erin Barlund SAN CARLOS- medication room is located in area secured from inmates. Med door is open and security has access. Refrigerator that contains Lorazepam does not lock and when med room door is open, security and other medical staff have potential access to meds and refrigerated controlled substances.</p> <p>LUMLEY- medication room is locked. It should be noted that Lumley's nurse line nurse verified secured status of door several times as nurses and auditors left room.</p>	1
2	Are open medication vials being marked with the date they were opened?		X		<p>9/13/2013 9:22 AM Entered By: Erin Barlund SAN CARLOS- 3 insulin vials open with no date. 3 vials of pegasus noted in refrigerator with stop date of 8/7/13. Medications given to med nurse for disposal.</p> <p>LUMLEY- 2 insulin vials with open date of 7/30/13. #Inmate TwinRx with stop date of 9/9/13 noted in refrigerator. Medications given to med nurse for disposal.</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>9/26/2013 4:13 PM Entered By: Erin Barlund SAN CARLOS- 3 vials pegasus with stop date 8/7/13</p> <p>LUMLEY- #Inmate twinrx stop date 9/9/13</p> <p>SANTA MARIA- #Inmate citalopram stop date 9/12/13 and buspar stop date 9/12/13; #Inmate prozac stop date 9/13/13; #Inmate sertraline stop date 9/14/13; #Inmate neo/poly stop date 7/10/13; #Inmate citalopram stop date 9/12/13.</p> <p>SANTA CRUZ- #Inmate deppra stop date 9/14/13.</p> <p>SAN PEDRO- #Inmate citalopram stop dat 9/14/13.</p>	1

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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: Erin Barlund Date: 9/13/2013 9:19:17 AM

Corrective Plan: We have ordered a Locking Med Box for the refrigerator that does not lock.

Corrective Actions: Approved. See above.

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

Level 1 Amber User: Erin Barlund Date: 9/13/2013 9:22:18 AM

Corrective Plan: This has been a briefing / redirecting topic with the Nursing staff from the DON, they will conduct unannounced follow-up inspections.

Corrective Actions: Approved. See above.

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

Level 1 Amber User: Erin Barlund Date: 9/26/2013 4:13:12 PM

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

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