

**October 2013 PHOENIX COMPLEX**

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>10/31/2013 5:57 PM Entered By: Helena Valenzuela NARRATIVE: There has been an improvement in C AREA conducting sick call; however, appropriate documentation in a sick call appointment book on the unit would assist in consistent services being verified. JKQ, Ida, George, and Baker sick call compliance factors would benefit from a review of the current process on how to improve for clarity, consistency, and compliance to Standards.</p> <p>10/31/2013 3:25 PM Entered By: Helena Valenzuela Sick call is not consistently being conducted at MTU verified by performance measure #2.</p> <p>10/31/2013 2:55 PM Entered By: Helena Valenzuela Below entry is for JOHN WARD</p> <p>10/31/2013 2:55 PM Entered By: Helena Valenzuela The sick call appointment lists were not available for review. NARRATIVE: Corizon nursing explained John, King, Quiet, Ida, Baker and George Ward do not have a daily sick call. Inmates are informally evaluated on an as needed basis and it is common practice to schedule inmates on the provider line without nursing completing the preliminary evaluation.</p> <p>10/31/2013 2:52 PM Entered By: Helena Valenzuela KING WARD- I requested the Sick Call appointment list and was given a list with 5 inmates for 10/10/13. The inmates had not signed as being seen and I could not find the medical record for three inmates. The two inmate's medical record I reviewed did not have SOAPE notes as being evaluated on 10/10/13. At times, the weekly provider line is canceled resulting in inmates having to be rescheduled for a week later. NARRATIVE: Corizon nursing explained John, King, Quiet, Ida, Baker and George Ward do not have a daily sick call. Inmates are evaluated on an as needed basis and it is common practice to schedule inmates on the provider line without nursing completing the preliminary evaluation.</p> <p>10/31/2013 2:48 PM Entered By: Helena Valenzuela GEORGE WARD- I was informed by Corizon nursing John, King, Quiet, Ida, Baker and George Ward do not have a daily sick call. Inmates are evaluated on an as needed basis and it is common practice to schedule inmates on the provider line without nursing completing the preliminary evaluation at sick call.</p> <p>10/31/2013 2:47 PM Entered By: Helena Valenzuela</p>	1

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					<p>IDA WARD- Corizon nursing staff explained John, King, Quiet, Ida, Baker and George Ward do not have a daily sick call. Inmates are evaluated on an as needed basis and it is common practice to schedule inmates on the provider line without nursing completing the preliminary evaluation. The provider is scheduled once a week; however, inconsistencies do occur.</p> <p>10/31/2013 2:40 PM Entered By: Helena Valenzuela QUIET-Review of 10 medical records indicate 10/10 are compliant.</p> <p>10/31/2013 2:39 PM Entered By: Helena Valenzuela F AREA- Review of 10 medical records indicates 10/10 are in compliance. NARRATIVE: F AREA inmates are low custody and have few medical issues and submit minimum HNRs. When HNRs are submitted, they are evaluated in C area.</p> <p>10/31/2013 2:33 PM Entered By: Helena Valenzuela C AREA-I have observed sick call being conducted in C area;however not in Delta or Echo in the clinical area. The appointment lists are not available when requested from nursing as a documented verification of sick call. I will continue to monitor for documentation. NARRATIVE: I requested the sick call appointment lists and was informed they are sent to medical administration daily. For verification purposes, it would be helpful to maintain a notebook of the appointment lists at the nurses station.</p> <p>10/8/2013 3:02 PM Entered By: Helena Valenzuela BAKER: Request was made from nurse on duty and supervisor for the appointment list for sick call. I received: Nursing line list for 10/1/13, 10/2/13, and 10/3/13. Provider line list: none received Mental health line: 10/1/13 and 10/3/13 Note: No inmate verification signatures were present on the appointment lists.</p>	
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>10/31/2013 6:28 PM Entered By: Helena Valenzuela 72% Compliance NARRATIVE: This performance measure was previously rated Amber last month; however, continued non compliance, particularly at MTU (Aspen), results in a marking of Red. It would be beneficial for achieving compliance to examine: staffing patterns at MTU, supervisory assistance, and the management of the HNR process in regard to meeting Standards.</p> <p>10/31/2013 3:24 PM Entered By: Helena Valenzuela Mens Treatment Unit (ASPEN)-Review of 10 medical records indicates 2/10 are in compliance. Non compliant: Inmate triaged 10/12/13 (rash), no SOAPE indicating evaluated Inmate triaged</p>	1

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10/17/13 (wt loss), no SOAPE indicating evaluated  
**Inmate** triaged 10/18/13 (pain in legs), no SOAPE indicating evaluated  
**Inmate** triaged 10/18/13 (Hep C), no SOAPE no nursing evaluation  
**Inmate** triaged 10/18/13 (swollen foot), no SOAPE note  
**Inmate** triaged 10/12/13 (shoulder pain), no SOAPE note  
**Inmate** triaged 9/8/13 (HNR in loose filing), nurse response on HNR is on provider line 10/21/13, not evaluated  
**Inmate** triaged 10/18/13 (MH shaking, nervous), review of MR indicates last SOAPE note is on 9/17/13  
NARRATIVE: On 10/21/13, I found over 50 HNRs in various areas of the medical room. They were triaged with responses indicating inmate will be seen by nursing and/or provider; however, it appeared some were rescheduled and some not evaluated. This issue was discussed at the Wednesday Warden/FHA meeting, with AFH Freudenthal Oct. 16 and Oct. 23. Freudenthal arranged for another provider to be there for "catch up". He stated Corizon is in the process of hiring another provider.

10/31/2013 3:11 PM Entered By: Helena Valenzuela  
JOHN WARD- Review of 10 medical records indicate 9/10 were compliant. Non compliant:  
**Inmate** triaged 9/4/13 (pain) no SOAPE indicating nurse evaluated  
NARRATIVE: It was difficult to locate HNRs during this evaluation since there were only 2 in the HNR note book and no current ones in the 10 reviewed medical records. Sick call and triage of HNRs requires process.

10/31/2013 3:07 PM Entered By: Helena Valenzuela  
KING WARD-  
On 10/18/13, I requested the Sick Call appointment list and was given one list with 5 inmates for 10/10/13. The inmates had not signed as being seen and I could not find the medical record for three inmates. The two inmate's medical record I reviewed did not have SOAPE notes as being evaluated on 10/10/13.  
NARRATIVE: At times, the weekly provider line is canceled resulting in inmates having to be rescheduled for a week later. Documentation of SOAPE notes and appointment lists for Sick Call have not been adequately provided to indicate a compliant finding; therefore, non compliance of the performance measure occurred.

10/31/2013 3:04 PM Entered By: Helena Valenzuela  
GEORGE WARD- Review of 10 medical records indicate 9/10 were in compliance. Non compliant:  
**Inmate**-triaged 10/3/13 (pain)-no SOAPE note inmate was evaluated

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					<p>10/31/2013 3:03 PM Entered By: Helena Valenzuela          IDA WARD- Review of 10 medical records indicate 6/10 were compliant. Non compliant:  <b>Inmate</b>-triaged on 10/6/13, evaluated 10/9/13  <b>Inmate</b>-triaged on 9/22/13, HNR referral states seen by nurse 9/24/13 (HNR filed in medical record in October)  <b>Inmate</b> triaged 10/7/13, evaluated 10/9/13  <b>Inmate</b> triaged 9/18/13, evaluated 9/23/13 (HNR filed in medical record in October)</p> <p>10/31/2013 3:01 PM Entered By: Helena Valenzuela          QUIET WARD-A review of 10 medical records indicate 10/10 were compliant.</p> <p>10/31/2013 3:01 PM Entered By: Helena Valenzuela          F AREA -A review of 10 medical records indicate 10/10 were compliant.</p> <p>10/31/2013 3:00 PM Entered By: Helena Valenzuela          C AREA-Review of 10 medical records indicate 5/10 were in compliance. Non compliant:  <b>Inmate</b>-triaged 10/5/13, HNR stated rash, urine issues; not evaluated, 10/7/13 inmate has left Alhambra  <b>Inmate</b>-triaged 10/3/13 HNR stated "painful" scalp; not evaluated, nurse written response stated, "buy lotion on next yard". On 10/7/13, inmate is still at Alhambra.  <b>Inmate</b>-triaged 10/5/13 HNR stated needs adhesive for dentures, no response by nurse on Plan of Action or SOAPE notes verifying treatment.  <b>Inmate</b>(or 4)-triaged 10/15/13, HNR stated rash, no SOAPE notes or NET verifying treatment.  <b>Inmate</b>-triaged 10/3/13, HNR stated molar pain, no SOAPE notes or NET verifying treatment.</p> <p>10/31/2013 2:13 PM Entered By: Helena Valenzuela          BAKER WARD-Review of 10 medical records indicates 7/10 are in compliance. Non compliant:  <b>Inmate</b>-no triage date but referral to dental was signed by nurse on 9/28/13 (filed Oct.), listed HNR states "toothache that hurts so bad"  <b>Inmate</b> triaged on 9/30/13 (filed Oct.), HNR states migraine and stomach, nurse writes, "refer to medical line".  <b>Inmate</b>-triaged 9/29/13 (filed Oct.), not evaluated by nursing; seen by provider 10/9/13</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]			X	<p>10/31/2013 6:52 PM Entered By: Helena Valenzuela          59%          NARRATIVE: August was marked Amber and September was 71% compliant. It would be beneficial for supervisory spot checking of medical records to assure vital</p>	1

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signs are conducted according to Standards. It would be advantageous to document if certain circumstances prevent vitals from being completed.

10/31/2013 5:19 PM Entered By: Helena Valenzuela  
KING WARD-Reviewed 10 medical records indicating 3/10 were in compliance. Non compliant:

Inmate 10/14/13  
Inmate 10/14/13  
Inmate 10/17/13  
Inmate 10/8/13  
Inmate 10/14/13  
Inmate 10/11/13  
Inmate 10/11/13

10/31/2013 3:24 PM Entered By: Helena Valenzuela  
MTU (ASPEN)-Review of 10 medical records indicates 8/10 were in compliance. Non compliant:

Inmate 10/7/13  
Inmate 10/8/13

10/31/2013 3:21 PM Entered By: Helena Valenzuela  
JOHN WARD- Review of 10 medical records indicate 6/10 were compliant. Non compliant:

Inmate 10/9/13  
Inmate 10/9/13  
Inmate 10/3/13  
Inmate 10/10/13

10/31/2013 3:19 PM Entered By: Helena Valenzuela  
GEORGE WARD- Review of 10 medical record indicate 5/10 were compliant. Non compliant:

Inmate 10/11/13  
Inmate 9/26/13  
Inmate 10/10/13  
Inmate 10/6/13  
Inmate 10/6/13

10/31/2013 3:18 PM Entered By: Helena Valenzuela  
GEORGE WARD- Review of 10 medical record indicate 5/10 were compliant. Non compliant:

Inmate 10/11/13  
Inmate 9/26/13  
Inmate 10/10/13  
Inmate 10/6/13  
Inmate 10/6/13

10/31/2013 3:17 PM Entered By: Helena Valenzuela  
IDA WARD- Review of 10 medical records indicate 5/10 were compliant. No documentation in medical record offering explanation for not checking vital, including weight. Non compliant:

Inmate 10/9/13  
Inmate 10/9/13  
Inmate 10/9/13  
Inmate 10/3/13

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				<p><b>Inmate</b> 10/17/13</p> <p>10/31/2013 3:15 PM Entered By: Helena Valenzuela QUIET WARD -Review of 10 medical records indicate 10/10 were compliant.</p> <p>10/31/2013 3:14 PM Entered By: Helena Valenzuela F AREA-Review of 10 medical records indicate 8/10 were compliant. Non compliant: <b>Inmate</b> -10/2/13. <b>Inmate</b> 10/15/13</p> <p>10/31/2013 3:13 PM Entered By: Helena Valenzuela C AREA-Review of 10 medical records indicate 6/10 were in compliance. Non compliant: <b>Inmate</b> 10/7/13 <b>Inmate</b> 10/16/13 (also, no nurse sign off on provider notes) <b>Inmate</b> no date or vitals on NET <b>Inmate</b> 10/24/13</p> <p>10/8/2013 3:09 PM Entered By: Helena Valenzuela BAKER: A review of 10 medical records indicated 02/10 were compliant. Non-compliant: <b>Inmate</b> (10/3/13), <b>Inmate</b> (10/3/13), <b>Inmate</b> (9/30/13), <b>Inmate</b> 9/26/13, <b>Inmate</b> (10/3/13), <b>Inmate</b> (10/7/13), <b>Inmate</b> (10/3/13), <b>Inmate</b> (10/3/13).</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>10/31/2013 6:59 PM Entered By: Helena Valenzuela 48% Compliance. NARRATIVE: It appears some Corizon staff members believe it is not necessary for using the proper SOAPE format. It would be beneficial for compliance for consistent information to be delivered to Corizon medical staff regarding SOAPE formatting.</p> <p>10/31/2013 3:38 PM Entered By: Helena Valenzuela MTU (ASPEN)- Review of 10 medical records indicates 7/10 were in compliance. Non compliant: <b>Inmate</b> 10/7/13, no E, no SOAPE date, no SOAPE time, no provider or nurse stamp <b>Inmate</b> 10/8/13 no E, no nurse sign off on provider notes, no provider stamp <b>Inmate</b> 9/24/13 no E, no nurse sign off on provider notes</p> <p>10/31/2013 3:36 PM Entered By: Helena Valenzuela JOHN WARD- Review of 10 medical records indicate 3/10 were compliant. Non compliant: <b>Inmate</b> 10/9/13 <b>Inmate</b> 10/9/13 <b>Inmate</b> 10/9/13</p>	1

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Inmate 10/10/13  
Inmate 10/7/13  
Inmate 10/4/13  
Inmate 10/3/13

10/31/2013 3:33 PM Entered By: Helena Valenzuela  
KING WARD- Reviewed 10 medical records indicating 2 /10 were in compliance. Non compliant:

Inmate 10/8/13  
Inmate 10/13/13  
Inmate 10/11/13  
Inmate 10/17/13  
Inmate 10/8/13  
Inmate 10/14/13  
Inmate 10/11/13  
Inmate 10/11/13

10/31/2013 3:32 PM Entered By: Helena Valenzuela  
GEORGE WARD-Review of 10 medical record indicate 5/10 were compliant.  
Non compliant:

Inmate 10/18/13  
Inmate 10/22/13  
Inmate 10/9/13  
Inmate 10/15/13  
Inmate 10/11/13

10/31/2013 3:32 PM Entered By: Helena Valenzuela  
IDA WARD- Review of 10 medical records indicate 1/10 was compliant. Non compliant:

Inmate no E 10/9/13  
Inmate no E 10/16/13  
Inmate no E 10/9/13  
Inmate no E 10/9/13  
Inmate no SOAPE format for notation  
Inmate no E 10/4/13  
Inmate no E 10/9/13  
Inmate no E 10/3/13  
Inmate no E 10/10/13

10/31/2013 3:30 PM Entered By: Helena Valenzuela  
QUIET WARD-Review of 10 medical records indicate 10/10 were compliant.

10/31/2013 3:29 PM Entered By: Helena Valenzuela  
F AREA-Review of 10 medical records indicate 10/10 were compliant.

10/31/2013 3:27 PM Entered By: Helena Valenzuela  
C AREA- Review of 10 medical records indicate 4/10 were in compliance. Non compliant:

Inmate 10/16/13  
Inmate 10/1/13  
Inmate 10/22/13  
Inmate 10/22/13 (Provider did not sign off on his SOAPE notes.)  
Inmate 10/8/13  
Inmate 10/15/13

10/8/2013 3:07 PM Entered By: Helena Valenzuela  
BAKER: A review of 10 medical records

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					<p>indicated 1/10 was in compliance for the use of E in SOAPE format.                  Non-compliant: Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate</p>	
5	<p>Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]</p>		X		<p>10/31/2013 7:09 PM Entered By: Helena Valenzuela                  77% Compliant.                  NARRATIVE: Last month compliance was at 86%. Another provider has been hired. This may be a factor in increasing compliance; therefore, amber is given and close monitoring for improvement will continue.</p> <p>10/31/2013 4:04 PM Entered By: Helena Valenzuela</p> <p>MTU (ASPEN)- Review of 10 medical records indicates 4/10 were in compliance.                  Non compliant:                  Inmate triaged 10/12/13 no SOAPE indicating provider evaluation                  Inmate triaged 10/20/13 no SOAPE indicating provider evaluation                  Inmate triaged 10/18/13 no SOAPE indicating provider evaluation                  Inmate triaged 10/15/13 no SOAPE indicating provider evaluation                  Inmate triaged 10/11/13 no SOAPE indicating provider evaluation                  Inmate triaged 10/4/13 no SOAPE indicating provider evaluation</p> <p>10/31/2013 4:02 PM Entered By: Helena Valenzuela                  JOHN WARD-</p> <p>NARRATIVE: Difficult to monitor since 1 provider line list was provided (10/14/13) and nurse signed in her name in the inmate signature as documentation inmate was evaluated. Documentation of inmates being evaluated by medical is sometimes completed on HNRs and sometimes verbally stated as, "He was seen." Review of process for clarity and consistency would be beneficial for compliance.</p> <p>10/31/2013 3:56 PM Entered By: Helena Valenzuela                  KING WARD- Review of 10 medical records indicated 7/10 were compliant.                  Non compliant (filed in medical record in Oct.):                  Inmate triaged 9/5/13 evaluated 9/26/13                  Inmate triaged 9/28/13-no SOAPE indicating evaluated; however on 9/30/13, provider responded on HNR Plan of Action, medication for breathing. No nurse sign off.                  Inmate triaged 9/29/13-no SOAPE indicating evaluated; however 9/30/13, provider responded on HNR ordering XRay, medication, blood work up; no nurse sign off and no results in file.                  NARRATIVE: Difficult to monitor since provider line lists were not available and documentation of inmates being evaluated by medical is sometimes completed on</p>	1

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HNRs and sometimes verbally stated as, "He was seen." Review of process for clarity and consistency would be beneficial for compliance.

10/31/2013 3:53 PM Entered By: Helena Valenzuela

GEORGE WARD- Provider line is once a week and alternates between evaluating female inmates (George Ward) and male inmates (IDA WARD). Eight females were listed on provider line (verified by nurse) that was cancelled on 10/16/13; therefore, performance measure is non compliant as a result of more than 7 days for evaluation. Correction below on IDA WARD: 2 male inmates, not 6.

Therefore:

IDA WARD- 8/10 were compliant.

GEORGE WARD- 4/10 were compliant.

10/31/2013 3:48 PM Entered By: Helena Valenzuela

IDA WARD- Provider line is once a week and alternates between evaluating female inmates (George Ward) and male inmates (IDA WARD). Six inmates were on the provider line that cancelled on 10/16/13; therefore, performance measure is non compliant based on evaluation is beyond 7 days.

10/31/2013 3:46 PM Entered By: Helena Valenzuela

QUIET WARD-Review of 10 medical records indicate 10/10 were in compliance.

10/31/2013 3:45 PM Entered By: Helena Valenzuela

F AREA-Review of 10 medical records indicate 10/10 were in compliance.

10/31/2013 3:45 PM Entered By: Helena Valenzuela

C AREA- Review of 10 medical records indicate 10/10 are in compliance.

10/31/2013 2:17 PM Entered By: Helena Valenzuela

BAKER WARD- Review of 10 medical records indicate 9/10 were in compliance. Non compliant:

Inmate-triaged 9/29/13, not evaluated by nursing; seen by provider 10/9/13

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

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

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 5:57:35 PM**

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

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 Red User: Helena Valenzuela Date: 10/31/2013 6:28:56 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

3.Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

**Level 1 Red User: Helena Valenzuela Date: 10/31/2013 6:52:33 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Agenda/sign off sheet to verify

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### 2. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

10/11/13 Update – VS will include weight when appropriate.

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

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 6:59:38 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

### 2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

10/11/13 Update –NETs to be used for all Nursing sick call.

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

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 7:09:24 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

### 2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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<b>Medical Specialty Consultations (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			10/30/2013 3:08 PM Entered By: Vanessa Headstream George/Ida/John/King/Quiet - not applicable  10/17/2013 8:13 AM Entered By: Vanessa Headstream Baker - not applicable  10/15/2013 8:26 AM Entered By: Vanessa Headstream Aspen - 1 Urgent c/s found for review - compliant with time frames	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		10/31/2013 1:08 PM Entered By: Vanessa Headstream Review of 33 consult reports demonstrates 14 compliant, indicates a 42% compliance factor.  10/31/2013 1:06 PM Entered By: Vanessa Headstream C area - compliant  10/31/2013 1:05 PM Entered By: Vanessa Headstream George/Ida - not applicable  John/King/Quiet - review of 13 consult reports indicates 4 compliant - #Inmate - xray report 10/23/13, not signed by provider #Inmate - lab report 09/06/13, not signed by provider #Inmate - lab report signed, not dated by provider #Inmate - lab report not signed or dated by provider #Inmate - lab report not signed or dated by provider #Inmate - lab report 10/03/13, signed 10/22/13; xray report 10/01/13, signed 10/22/13 #Inmate - lab report 09/19/13, signed 10/22/13 #Inmate - xray report 10/22/13, not signed by provider #Inmate - lab report 10/08/13, signed 10/17/13; xray report 10/01/13, signed 10/22/13  10/30/2013 2:12 PM Entered By: Vanessa Headstream Baker - not applicable  10/15/2013 8:34 AM Entered By: Vanessa Headstream Aspen - review of 10 consult reports indicates 0 compliant - #Inmate - xray report 10/04/13 not signed by provider #Inmate - xray report 09/26/13 not signed by provider #Inmate - outside c/s report 09/17/13, not signed by provider #Inmate - lab report 09/26/13, not signed by provider #Inmate - lab report 10/02/13, not signed	2

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				by provider #Inmate - lab report 10/01/13, not signed by provider #Inmate - lab report 10/02/13, not signed by provider #Inmate - lab report 10/02/13, not signed by provider #Inmate - lab report 10/04/13, not signed by provider #Inmate - lab report 10/02/13, not signed by provider	
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		10/30/2013 2:12 PM Entered By: Vanessa Headstream All units compliant  10/17/2013 8:14 AM Entered By: Vanessa Headstream Baker - compliant  10/15/2013 8:34 AM Entered By: Vanessa Headstream Aspen - compliant	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		10/30/2013 2:12 PM Entered By: Vanessa Headstream All units compliant  10/17/2013 8:14 AM Entered By: Vanessa Headstream Baker - compliant  10/15/2013 8:34 AM Entered By: Vanessa Headstream Aspen - compliant	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		10/30/2013 2:12 PM Entered By: Vanessa Headstream All units compliant  10/17/2013 8:14 AM Entered By: Vanessa Headstream Baker - compliant  10/15/2013 8:35 AM Entered By: Vanessa Headstream Aspen - compliant	2

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

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**  
**Level 2 Amber User: Vanessa Headstream Date: 10/31/2013 1:08:22 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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d.Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties =ARMD/RDON/RVP/RDCQI/DON/  
Target Date-11/30/13  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using  
audit tool per audit results.

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<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	<b>X</b>			10/30/2013 1:01 PM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		<b>X</b>		<p>10/30/2013 1:05 PM Entered By: Martin Winland</p> <p>Phoenix continues to work on policy/procedure. I summarized my findings in an email dated 10-7-2013 to Nurse Christiansen, D.O.N. Multiple returns remained in the inventory coordinator's locked closed for return (resolved the next day), Refrigerated items remained in the Inventory Clerk's location(resolved the next day). The perpetual inventory count was incorrect. The site continues to be responsive to my inquiries. I am concerned that medication is not following the inmate upon transfer and in many cases the receiving facility must reorder medication upon the inmate's arrival. Through a report created by Pharmacorr for a 10 day period, there were in excess of 200 medications reordered via the receiving site for medication previously dispensed to the Phoenix location. In fairness, the inmate may have been transferred prior to the dispensing of the medication but in a review of the report that was not always accurate. I have requested a review of this report by Nurse Christiansen. I continue to alert the facility on medications requiring refilled or renewed. At the time of this report, no follow up has been given. As of 10-25-2013, Formulary 37, Non Formulary 0, appear on the Expiration Reports. With the information available, Phoenix shows 84.5 to 87% compliance. Phoenix has not produced an Expiring Medication report for review.</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp;HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, mortality, and maintain continuity of care.</p> <p>A)HSTM 4.1.6 Non –Formulary Drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. October 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 519 expiring medications (09-17-2013). As of (10-25- 2013), the total number of Non-Formulary medications is 78.</p> <p>B)HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure</p>	<b>2</b>

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					<p>that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receives continuity of care. October Formulary Report indicates: 6678 formulary medications expiring (9/17/2013). As of (10/25/2013), the total number of Formulary medication is 1100.</p> <p>C)Corizon has initiated a state wide "blitz" in an effort to correct site issues/concerns. It is evident from the totals remaining that the "blitz" has been somewhat effective.</p> <p>D)The October 25, 2013 Expiring Medication Report (Formulary and Non Formulary ) was sent to Vickie Bybee, Brenda Mastopietro, James Taylor, Winifred Williams, and Christy Somner for follow up.</p> <p>E)To Date, (10-30-2013) my request for Expiring Medication Reports and documentation as to actions taken to resolve the expiring medication, although agreed upon with Corizon, has not materialized. Perryville and Winslow are the only facilities that have followed through with this request.</p> <p>F)Although the blitz has helped to correct, thus far, the Expiring Medication concerns, I am still concerned with refills for active medication being filled in a timely manner.</p>	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			10/30/2013 1:05 PM 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			10/30/2013 1:06 PM 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			10/30/2013 1:06 PM Entered By: Martin Winland	1

### Corrective Action Plans for PerformanceMeasure: 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: 10/30/2013 1:05:36 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):

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

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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			10/29/2013 3:12 PM Entered By: Jessica Raak Out of 60 charts pulled, 58 charts were in compliance = 96% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (10 out of 10 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (10 out of 10 charts pulled were in compliance) No findings. MTU: (8 out of 10 charts pulled were in compliance) – Note: This unit standing alone would have been a red finding. <b>Inmate</b> (SMI): HNR dated 9/26/13 not triaged until 8/28/13 = +2 days. <b>Inmate</b> (SMI): HNR dated 9/2/13 not triaged until 9/8/13 = +6 days.	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			10/29/2013 3:12 PM Entered By: Jessica Raak Out of 60 charts pulled, 60 were in compliance = 100% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. George: (10 out of 10 charts pulled were in compliance) No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (10 out of 10 charts pulled were in compliance) No findings. MTU: (10 out of 10 charts pulled 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		10/29/2013 3:13 PM Entered By: Jessica Raak Out of 60 charts pulled, 53 were in compliance = 88% It is important to note that this performance measure decreased in compliance this month – This performance measure is at an 88% compliance rate this month from a 100% compliance rate in September. Baker: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding. No findings. Ida: (10 out of 10 charts pulled were in	1

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				<p>compliance) – Note: this unit standing alone would have been a green finding.                  No findings.                  George: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding.                  No findings.                  King: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding.                  No findings.                  John: (4 out of 10 charts pulled were in compliance) – Note: This unit standing alone would have been a red finding.                  The following inmates had treatment plans in their chart which contained improper updating procedures. At times, outpatient treatment plans were found in their charts. Since John is considered an inpatient facility, this is considered a finding:                  Inmate(SMI), Inmate(SMI), Inmate(SMI), Inmate(SMI), Inmate(SMI), Inmate(SMI).                  MTU: (9 out of 10 charts pulled were in compliance)                  Inmate(SMI): Treatment plan needs to be updated.</p>	
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]	X		<p>10/29/2013 3:13 PM Entered By: Jessica Raak                  Out of 60 charts pulled, 60 were in compliance = 100%                  Baker: (10 out of 10 charts pulled were in compliance)                  No findings.                  Ida: (10 out of 10 charts pulled were in compliance)                  No findings.                  George: (10 out of 10 charts pulled were in compliance)                  No findings.                  King: (10 out of 10 charts pulled were in compliance)                  No findings.                  John: (10 out of 10 charts pulled were in compliance)                  No findings.                  MTU: (10 out of 10 charts pulled were in compliance)                  No findings.</p>	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]		X	<p>10/29/2013 3:14 PM Entered By: Jessica Raak                  Out of 60 charts pulled, 55 charts were in compliance = 91%                  This performance measure has an Amber Finding due to the decrease in quality of psychiatry provider notes that were found in charts and the low compliance rate at MTU.                  Baker: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding.                  No findings.                  Ida: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding.                  No findings.                  George: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding.</p>	2

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				<p>No findings. King: (10 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a green finding. No findings. John: (9 out of 10 charts pulled were in compliance) <b>Inmate</b> (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 10/8/13. MTU: (6 out of 10 charts pulled were in compliance) – Note: this unit standing alone would have been a red finding. <b>Inmate</b> (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 9/10/13. <b>Inmate</b> (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 8/7/13. <b>Inmate</b> (SMI): Past due for psychiatry visit- Inmate's return to clinic date was 9/1/13. <b>Inmate</b> Past due for psychiatry visit- Inmate's return to clinic date was 9/10/13.</p>	
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X		<p>10/29/2013 3:15 PM Entered By: Jessica Raak Out of 60 charts pulled, 60 charts were in compliance = 100% Baker: (10 out of 10 charts pulled were in compliance) No findings. Ida: (10 out of 10 charts pulled were in compliance) No findings. No findings. King: (10 out of 10 charts pulled were in compliance) No findings. John: (10 out of 10 charts pulled were in compliance) No findings. MTU: (10 out of 10 charts pulled were in compliance) No findings.</p>	2

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

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

**Level 1 Amber User: Jessica Raak Date: 10/29/2013 3:13:34 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool
  - a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)
  - b. Review AIMS and update when changes in MH status
  - c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)
  - d. Agenda/sign off sheet to verify, inclusive of all pertinent staff
2. Monitoring (Mental Health Monitoring Tool)
  - a. Audit tools developed
  - b. Monthly site results discussed with RVP/MH Director

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c.Audit results discussed at monthly CQI meeting  
d.Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead  
Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.  
10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

**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 Amber User: Jessica Raak Date: 10/29/2013 3:14:51 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.

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<b>Quality and PEER Review (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/31/2013 4:44 PM Entered By: Helena Valenzuela	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/31/2013 4:25 PM Entered By: Helena Valenzuela Conducted this past week.	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		10/31/2013 4:26 PM Entered By: Helena Valenzuela Corizon just conducted 1st meeting this month; therefore, this performance measure remains non compliant.	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			10/31/2013 4:45 PM Entered By: Helena Valenzuela Still under assessment for the year.	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]		X		10/31/2013 4:28 PM Entered By: Helena Valenzuela Incomplete since contractor just began conducting CQI meetings.	1

### **Corrective Action Plans for Performance Measure: Quality and PEER Review (Q)**

**3 Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]**

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 4:26:23 PM**

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

Corrective Actions: Reinforce to staff that CQI committee improvement recommendations are acted on timely and progress reported back to committee in the next meeting.

**5 Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]**

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 4:28:22 PM**

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

Corrective Actions: Reinforce to staff that the contractor must conduct a quarterly on-site review of the site CQI program.

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<b>Intake (Reception)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/31/2013 4:32 PM Entered By: Helena Valenzuela  C AREA- Review of 10 medical records indicate 10/10 are in compliance.  10/31/2013 4:55 PM Entered By: Helena Valenzuela	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/31/2013 4:33 PM Entered By: Helena Valenzuela C AREA- Review of 10 medical records indicate 10/10 are in compliance.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/31/2013 4:33 PM Entered By: Helena Valenzuela C AREA- Review of 10 medical records indicate 10/10 are in compliance.	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			10/31/2013 4:34 PM Entered By: Helena Valenzuela Intake inmates receive printed instruction during intake process.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/31/2013 4:34 PM Entered By: Helena Valenzuela not female yard	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			10/31/2013 4:36 PM Entered By: Helena Valenzuela Continuity of Care form is completed; however verbal time of transfer is not appropriate as this is an intake facility. Inmates transferred to on site areas are assigned to staff that communicate.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/31/2013 4:37 PM Entered By: Helena Valenzuela	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]		X		10/31/2013 4:48 PM Entered By: Helena Valenzuela The following inmates were not properly released with medication. Inmate released 10/4/13 Albuterol inhaler Inmate released 10/4/13 Citalpram, Lithium Inmate released 10/24/13 Benztoprine, Divalproex, Duloxetine, Risperidone	1

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9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Section 2.0.4.2]	X			10/31/2013 4:48 PM Entered By: Helena Valenzuela
					1

**Corrective Action Plans for Performance Measure: Intake (Reception)**

**8 Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]**

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 4:48:06 PM**

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

Corrective Actions: Reinforce with staff to transfer staff with medications. Continue to monitor.

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Oral Care (Dental)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]		X		<p>10/31/2013 5:51 PM Entered By: Helena Valenzuela NARRATIVE: C AREA has been non compliant on this performance measure in past findings. It would be helpful to establish compliance by dental checking records for inmates remaining longer that 30 days in the intake area.</p> <p>10/31/2013 4:15 PM Entered By: Helena Valenzuela MTU (ASPEN)-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:14 PM Entered By: Helena Valenzuela JOHN WARD-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:14 PM Entered By: Helena Valenzuela KING WARD-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:13 PM Entered By: Helena Valenzuela GEORGE WARD-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:13 PM Entered By: Helena Valenzuela IDA WARD-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:12 PM Entered By: Helena Valenzuela QUIET WARD-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:12 PM Entered By: Helena Valenzuela F AREA-Review of 10 medical records indicate 10/10 were in compliance.</p> <p>10/31/2013 4:11 PM Entered By: Helena Valenzuela C AREA- Review of 10 medical records past 30 days of admission indicate 4/10 were in compliance. On 10/22/13, the following inmates had not received the oral examination by a dentist within 30 days of admission to ADC:                      Inmate arrived 9/15/13                      Inmate arrived 9/12/13                      Inmate arrived 9/5/13                      Inmate arrived 9/12/13                      Inmate arrived 9/19/13                      Inmate arrived 9/13/13</p> <p>10/8/2013 2:55 PM Entered By: Helena Valenzuela BAKER:A review of 10 medical records indicated 6/10 were compliant. Non-compliant: Inmate (arrived 7/12/13), Inmate (arrived 8/14/13), Inmate (arrived 8/22/13).</p>	1

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2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X			10/31/2013 4:16 PM Entered By: Helena Valenzuela Printed out form with instruction on oral hygiene is given to all intake inmates.	1
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			10/31/2013 5:52 PM Entered By: Helena Valenzuela	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]	X			10/31/2013 4:17 PM Entered By: Helena Valenzuela	1
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			10/31/2013 5:52 PM Entered By: Helena Valenzuela	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/31/2013 4:17 PM Entered By: Helena Valenzuela	2
7	Are all supplies that have an expiration date checked monthly?	X			10/31/2013 5:52 PM Entered By: Helena Valenzuela	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/31/2013 4:17 PM Entered By: Helena Valenzuela	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/31/2013 4:17 PM Entered By: Helena Valenzuela	2
10	Is the dental wait time log/report being maintained?	X			10/31/2013 4:18 PM Entered By: Helena Valenzuela	1
11	Is the MSDS binder being maintained?	X			10/31/2013 4:18 PM Entered By: Helena Valenzuela	1
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/31/2013 4:18 PM Entered By: Helena Valenzuela	2
13	Are equipment repairs being addressed in a timely manner?	X			10/31/2013 4:18 PM Entered By: Helena Valenzuela	1

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14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			10/31/2013 4:18 PM Entered By: Helena Valenzuela	1
15	Are dental entries complete with military time and signature over name stamp?		X		10/31/2013 4:19 PM Entered By: Helena Valenzuela Dental entries are not made with military time.  10/8/2013 2:57 PM Entered By: Helena Valenzuela BAKER:A review of 10 medical records indicated 0/10 were compliant. Non-compliant in completion with military time: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]	1
16	Is treatment plan section C and priority section D of the dental chart completed?	X			10/31/2013 4:19 PM Entered By: Helena Valenzuela	2
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/31/2013 4:19 PM Entered By: Helena Valenzuela	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/31/2013 4:19 PM Entered By: Helena Valenzuela	2
19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/31/2013 4:19 PM Entered By: Helena Valenzuela	2

### Corrective Action Plans for Performance Measure: Oral Care (Dental)

**1 Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]**

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 5:51:38 PM**

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

Corrective Actions: Reinforce to staff that an oral examination must be performed by a dentist within 30 days of admission to ADC.

**15 Are dental entries complete with military time and signature over name stamp?**

**Level 1 Amber User: Helena Valenzuela Date: 10/31/2013 4:19:29 PM**

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

Corrective Actions: Reinforce with dental staff to write signature over name stamp and use military time.

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<b>Segregated Inmates</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]	X			10/31/2013 11:09 AM Entered By: Vanessa Headstream No segregated inmates for review	1
2	Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed? [NCCHC Standard P-E-09; DO 1101; DO 804; HSTM Chapter 7, Section 6.0]	X			10/31/2013 11:09 AM Entered By: Vanessa Headstream No segregated inmates for review	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			10/31/2013 11:09 AM Entered By: Vanessa Headstream No segregated inmates for review	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]	X			10/31/2013 11:10 AM Entered By: Vanessa Headstream No segregated inmates for review	1

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<b>Emergency Response Plan</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]	X			10/24/2013 10:08 AM Entered By: Helena Valenzuela AFA Freudenthal presented documentation indicating compliance.	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/24/2013 10:09 AM Entered By: Helena Valenzuela AFA Freudenthal was in the process of review and FHA Massey is on vacation; therefore, signatures are in process of being acquired.	1
3	Are mass disaster drills being scheduled / conducted annually so that all shifts have participated over a three year period (Actual events may be used to meet this requirement)? [NCCHC Standards P-A-04; P-A-07]	X			10/24/2013 10:13 AM Entered By: Helena Valenzuela Corizon has been included in mass disaster drills and AFA Freudenthal was the representative.	1
4	Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]	X			10/24/2013 10:14 AM Entered By: Helena Valenzuela ICS drills occur regularly at the Phoenix Alhambra Complex. Compliance is indicated.	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]	X			10/31/2013 4:30 PM Entered By: Helena Valenzuela This occurs during staff meetings.	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/31/2013 4:30 PM Entered By: Helena Valenzuela	1

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<b>Professional Development</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]	X			10/31/2013 4:31 PM Entered By: Helena Valenzuela	1
2	Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]	X			10/31/2013 4:31 PM Entered By: Helena Valenzuela	1
3	Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]	X			10/31/2013 4:31 PM Entered By: Helena Valenzuela	1
4	Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique? [HSTM Chapter 3. Section 4.0, NCCHC Standard P-C-03]	X			10/31/2013 4:31 PM Entered By: Helena Valenzuela	1

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<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			10/7/2013 2:41 PM Entered By: Vanessa Headstream	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			10/30/2013 3:13 PM Entered By: Vanessa Headstream	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			10/29/2013 3:24 PM Entered By: Vanessa Headstream Flamenco - George/Ida/John/King/Quiet no KOP medications  10/25/2013 2:55 PM Entered By: Vanessa Headstream C area - Roster signed by inmates at time of med receipt  10/17/2013 8:15 AM Entered By: Vanessa Headstream Baker - no KOP medications  10/15/2013 8:03 AM Entered By: Vanessa Headstream Aspen - inmate to sign KOP MAR, not being consistently completed	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	10/31/2013 11:30 AM Entered By: Vanessa Headstream Review of MARs demonstrates 67 MAR reviews with 10 compliant, indicates 15% compliance factor.  10/31/2013 11:24 AM Entered By: Vanessa Headstream King/Quiet - review of MARs indicates noncompliance - #Inmate - no start date, 10/07/13, 10/25/13 medication not documented Zoloft, Chlorpromazine #Inmate - 10/07/13 medication not documented Phenytoin, 10/30/13 medication not documented Propranolol #Inmate - no start date, no diagnosis, 10/07/13 medication not documented Calcium #Inmate - no start date, 10/07/13 medication not documented Risperidone, 10/21/13, 10/25/13 medication not documented Baclofen #Inmate - no start date, 10/23/13, 10/24/13, 10/25/13 medication not documented Zoloft #Inmate - no start dates #Inmate - no start dates #Inmate - printed MAR prescription red-lined and instructions altered - Mirtazapine; 10/18/13 medications not documented Mirtazapine, Risperidone #Inmate - printed MAR prescription red-lined and dates altered; no start dates #Inmate - printed MAR prescription red-lined and dates altered; no start date, no diagnosis, 10/11/13, 10/20/13, 10/22/13 medication not documented Buspar,	1

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10/20/13, 10/22/13 medication not documented Thorazine

10/30/2013 1:59 PM Entered By: Vanessa Headstream

John - review of MARs indicates noncompliance

#Inmate - 10/07/13 medication not documented MVI

#Inmate - 10/25/13 1200 medication not documented Bupropion SR

#Inmate - 10/25/13 1200 medication not documented Thorazine

#Inmate - 10/25/13 1800 medications not documented Tums, Triamcinolone Cream, Haldol, Prazosin, Benadryl

#Inmate - 1800 medication not documented Carbamazepine, Pravastatin

#Inmate - 1800 medication not documented Meloxicam, Risperidone, Lithium

#Inmate - 10/18/13 1800 medication not documented meloxicam; 10/14/13 0700 medication not documented Risperidone

#Inmate - 10/14/13, 10/18/13 1800 medication not documented

Carbamazepine

#Inmate 10/01/13, 10/02/13 medication not documented Fiberlax, 10/01/13, 10/02/13, 10/03/13, 10/08/13 medication not documented

EC ASA, 10/28/13 medication not documented Colace

#Inmate 10/18/13, 10/20/13 medication not documented Propranolol,

10/20/13 medication not documented Lithium

10/30/2013 1:51 PM Entered By: Vanessa Headstream

Ida - review of MARs indicates non compliance -

10/28/13 0600 medications not documented as administered for unit;

#Inmate - Haldol, Prozac

#Inmate - Benzotropine, Glyburide, Levothyroxine, Amlodipine, HCTZ,

Gemfibrozil, Lisinopril, Metformin, Propranolol, Tegretol, Ranitidine,

Simvastatin, Stelazine, Risperidone, Artane

#Inmate - Chlorthimeton, Amantidine

#Inmate - Simvastatin, Amantidine, Citalopram, Famotidine, Loxapine

#Inmate - Prozac, Amantidine, Cogentin, Lithium Carb

#Inmate - Amantidine, Lisinopril, Thiothixine, Benzotropine

#Inmate - Depakote, Famotidine, Lisinopril, Sertraline, Colace

#Inmate - Mctoprolol, Zantac

#Inmate - Cogentin, Venlafaxine

#Inmate - Claritin, Lithium, Fluoxetine, Propranolol

10/30/2013 1:45 PM Entered By: Vanessa Headstream

George - review of MARs indicates noncompliance -

#Inmate - 10/08/13, 10/09/13, 10/25/13 1200 medication not documented - Thorazine

#Inmate - 10/28/13 medications not documented - Citalopram, Lithium

#Inmate - medication ordered 10/25/13 not given - Prolixin

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				<p>#Inmate - medication ordered 10/25/13 not given - Lithium liquid                  #Inmate - 10/03/13, 10/04/13 medication not documented - Geodon                  #Inmate - 10/28/13 0600 medications not documented - Depakote, Propranolol, Cogentin                  #Inmate - 10/14/13 0600 medication not documented - MVI</p> <p>10/25/2013 2:55 PM Entered By: Vanessa Headstream                  C area - review of MARs indicates noncompliance -                  #Inmate - no diagnosis, nurse initials without signature on back                  #Inmate - no allergies, no order/stop/start dates, no prescriber                  #Inmate - medication not administered as ordered (Ativan 2mg, Thiamine 100mg)                  #Inmate - medication not administered as ordered (Isosorbide 20mg), no diagnosis, no allergies, no start date                  #Inmate - nurse initials without signature on back                  #Inmate - medication not administered as ordered (Hydrogen Peroxide, no diagnosis, no allergies)                  #Inmate - medication not administered as ordered (Carbamazepine 600mg, Colcrys 0.6mg)                  #Inmate - no diagnosis, no start/stop date                  #Inmate - nurse initials without signature on back, no start/stop dates                  #Inmate - medication not administered as ordered (Haldol 10mg)</p> <p>10/17/2013 8:15 AM Entered By: Vanessa Headstream                  Baker - compliant</p> <p>10/15/2013 8:07 AM Entered By: Vanessa Headstream                  Aspen - review of MARs indicates noncompliance, no diagnosis listed, no start and/or stop dates listed, 1700 pm medications documented as given @ 1300 pm for 10/11/13. #Inmate #Inmate                  #Inmate #Inmate #Inmate #Inmate #Inmate                  #Inmate #Inmate #Inmate</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>10/30/2013 3:14 PM Entered By: Vanessa Headstream                  -</p> <p>10/30/2013 1:59 PM Entered By: Vanessa Headstream                  No medication errors reported for audit period</p> <p>10/25/2013 2:56 PM Entered By: Vanessa Headstream                  No medication errors reported per DON</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>10/31/2013 12:23 PM Entered By: Vanessa Headstream                  MARs on 3 of the 8 units were consistent in documentation of medication delivery to inmates on a daily basis for the audit</p>	2

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				<p>period. The remaining 5 units demonstrated missing doses of medications, ordered medications not started, and release medications not given. Based on the above, the compliance factor is 38%.</p> <p>10/31/2013 12:11 PM Entered By: Vanessa Headstream Aspen - compliant</p> <p>10/31/2013 12:08 PM Entered By: Vanessa Headstream King/Quiet - review indicates noncompliance - #Inmate Desipramine ordered 10/17/13, not given per MAR</p> <p>10/30/2013 2:02 PM Entered By: Vanessa Headstream Ida/John - compliant</p> <p>10/30/2013 2:02 PM Entered By: Vanessa Headstream George - review indicates noncompliance #Inmate - Prolixin ordered 10/25/13, not given per MAR #Inmate - Lithium liquid ordered 10/25/13, not given per MAR</p> <p>10/17/2013 8:15 AM Entered By: Vanessa Headstream Baker - compliant</p> <p>10/15/2013 8:16 AM Entered By: Vanessa Headstream C area - review indicates noncompliance, inmate's release meds found in C area nursing station med room - #Inmate - released 10/04/13, meds @ C area 10/07/13 (Citalopram &amp; Lithium) #Inmate - released 10/04/13, meds @ C area 10/07/13(Albuterol Inh) #Inmate - released 10/11/13 am, meds @ C area 10/11/13 pm (Benztropine &amp; Divaloprex)</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>10/15/2013 8:18 AM Entered By: Vanessa Headstream</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>10/30/2013 2:07 PM Entered By: Vanessa Headstream Review of medications indicates noncompliance - 188 medications reviewed; 64 expired and 39 out of meds prior to receipt of reordered meds demonstrates 55% compliance factor.</p> <p>10/15/2013 8:20 AM Entered By: Vanessa Headstream Stop date report for October 1-8, 2013 @ ASPC-Phoenix ---</p> <p>A total of 188 Prescriptions were reviewed, 64 expired prior to reorder date; 124 were reordered on or prior to the expiration date, however the "last fill date" indicates 39 inmates ran out of medication prior to</p>	2

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					receiving the reordered prescription. Of the 64 expired prescriptions, 49 expired without renewal and 15 were reordered after expiration.	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?			X	<p>10/30/2013 2:09 PM Entered By: Vanessa Headstream Review of NFDR demonstrates noncompliance, 2 NFDR reviewed, 0 compliant indicates 0% compliance -</p> <p>Baker - no NFDR noted C area - no NFDR noted George/Ida/John/King/Quiet - no NFDR noted</p> <p>10/17/2013 8:16 AM Entered By: Vanessa Headstream Baker - not applicable</p> <p>10/15/2013 8:24 AM Entered By: Vanessa Headstream Aspen - 2 NFDR found for review, noncompliant - #Inmate - written/scanned 10/08/13, no response documented #Inmate - written/scanned 10/08/13, no response documented</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?			X	<p>10/30/2013 2:09 PM Entered By: Vanessa Headstream see Performance Measure #9</p> <p>10/15/2013 8:24 AM Entered By: Vanessa Headstream see Performance Measure #9</p>	2
11	Are medication error reports being completed and medication errors documented?		X		<p>10/30/2013 2:10 PM Entered By: Vanessa Headstream No medication errors reported for the audit period</p> <p>10/25/2013 2:57 PM Entered By: Vanessa Headstream No medication error reports per DON</p> <p>10/15/2013 8:25 AM Entered By: Vanessa Headstream No medication error reports received for this audit period -</p>	2
12	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X			10/30/2013 2:10 PM Entered By: Vanessa Headstream	1

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### 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 Red User: Vanessa Headstream Date: 10/31/2013 11:30:20 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 :

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

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

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

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

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Vanessa Headstream Date: 10/30/2013 3:14:25 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
- a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
- a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Vanessa Headstream Date: 10/31/2013 12:23:40 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

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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 Red User: Vanessa Headstream Date: 10/30/2013 2:07:31 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

2.In-service staff on process per PharmaCorr policy,

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

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

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

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

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

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

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

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

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

- a.Internal
- b.External

2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);

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

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

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

- a.Audit tools developed

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

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 Red User: Vanessa Headstream Date: 10/30/2013 2:09:28 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

**Level 2 Red User: Vanessa Headstream Date: 10/30/2013 2:09:49 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

## October 2013 PHOENIX COMPLEX

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

Target Date-11/30/13

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

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

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

**Level 2 Amber User: Vanessa Headstream Date: 10/30/2013 2:10:18 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. 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.

### October 2013 PHOENIX COMPLEX

<b>Nursing Assessment Protocols</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:42 PM Entered By: Vanessa Headstream Implemented 03/2013	<b>1</b>
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:42 PM Entered By: Vanessa Headstream	<b>1</b>
3	Do nursing assessment protocols/NETs exclude the use of prescription medications except for those covering emergency, life-threatening situations (Nitro, Epinephrine)? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:42 PM Entered By: Vanessa Headstream	<b>1</b>
4	Do protocols/NETs include acceptable first-aid procedures for identification and care of ailments that would ordinarily be treated by over-the-counter medications through self-care? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:43 PM Entered By: Vanessa Headstream	<b>1</b>

**October 2013 PHOENIX COMPLEX**

<b>Medical Diets</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Do orders for medical diets include the type of diet, duration for which it is to be provided and any special instructions? [NCCHC Standard P-F-02]	<b>X</b>			<p>10/25/2013 9:52 AM Entered By: Vanessa Headstream C area - 1 medical diet available for review, 1 compliant</p> <p>Review demonstrates 5 medical diets reviewed, 5 compliant indicating 100% compliance with this measure.</p> <p>10/25/2013 9:44 AM Entered By: Vanessa Headstream John/King/Quiet - no medical diets ordered/available for review</p> <p>Ida/George - no medical diets ordered/available for review</p> <p>Review demonstrates 4 medical diets reviewed, 4 compliant indicating 100% compliance with this measure.</p> <p>10/17/2013 8:24 AM Entered By: Vanessa Headstream Aspen - 3 medical diets available for review, 3 compliant</p> <p>Baker - 1 medical diet available for review, 1 compliant</p>	<b>1</b>
2	Does a registered or licensed dietician regularly review medical diets for nutritional adequacy at least every six months and whenever a substantial change in the menu is made? [NCCHC Standard P-F-02]	<b>X</b>			<p>10/17/2013 8:24 AM Entered By: Vanessa Headstream</p>	<b>1</b>
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	<b>X</b>			<p>10/25/2013 9:52 AM Entered By: Vanessa Headstream C area - no medical diet refusals noted</p> <p>10/25/2013 9:45 AM Entered By: Vanessa Headstream John/King/Quiet - no medical diet refusals noted</p> <p>George/Ida - no medical diet refusals noted</p> <p>10/17/2013 8:25 AM Entered By: Vanessa Headstream Baker - no medical diet refusals noted</p> <p>10/15/2013 8:54 AM Entered By: Vanessa Headstream Aspen - no medical diet refusals noted</p>	<b>1</b>
4	Are diet orders forwarded to food service liaison within 24 hours?		<b>X</b>		<p>10/25/2013 9:51 AM Entered By: Vanessa Headstream John/King/Quiet - no medical diets ordered/available for review</p> <p>George/Ida - no medical diets ordered/available for review</p> <p>C area - 1 medical diet available for review, 0 compliant</p>	<b>1</b>

**October 2013 PHOENIX COMPLEX**

				<p>#Inmate - written 10/02/13, started 10/07/13</p> <p>Review demonstrates 5 medical diets reviewed, 2 compliant indicates 40% compliance.</p> <p>10/17/2013 8:25 AM Entered By: Vanessa Headstream Baker - 1 medical diet available for review, 1 compliant</p> <p>10/15/2013 8:58 AM Entered By: Vanessa Headstream Aspen - 3 medical diets available for review, 1 compliant -</p> <p>#Inmate - written 10/02/13, scanned 10/06/13</p> <p>#Inmate - written 10/02/13, faxed 10/08/13</p>	
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X		10/17/2013 8:25 AM Entered By: Vanessa Headstream	1

**Corrective Action Plans for Performance Measure: Medical Diets**

**4 Are diet orders forwarded to food service liaison within 24 hours?**

**Level 1 Amber User: Vanessa Headstream Date: 10/25/2013 9:51:04 AM**

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

Corrective Actions: Reinforce with staff that diet orders regularly be forwarded to food service liaison. Continue to monitor.

**October 2013 PHOENIX COMPLEX**

<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/7/2013 2:39 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmiry at this facility.	1
11	Are vital signs done daily when required?	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream	1

### October 2013 PHOENIX COMPLEX

					No infirmary at this facility.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmary at this facility.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/7/2013 2:40 PM Entered By: Vanessa Headstream No infirmary at this facility.	1

October 2013 PHOENIX COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?		X		<p>10/30/2013 2:13 PM Entered By: Vanessa Headstream George/Ida/John/King/Quiet - compliant</p> <p>10/17/2013 8:21 AM Entered By: Vanessa Headstream C area (10/11/13 @ 1420) - med room door open with no nurse in nursing station; (10/16/13 @ 1440)- both med room doors open with no nurse in nursing station. DON notified of findings.</p> <p>10/17/2013 8:16 AM Entered By: Vanessa Headstream Baker - compliant</p> <p>10/15/2013 8:42 AM Entered By: Vanessa Headstream Aspen - compliant</p> <p>10/7/2013 2:43 PM Entered By: Vanessa Headstream C area - compliant</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>10/30/2013 2:14 PM Entered By: Vanessa Headstream George/Ida/John/King/Quiet - compliant</p> <p>10/17/2013 8:17 AM Entered By: Vanessa Headstream Baker - compliant</p> <p>10/15/2013 8:42 AM Entered By: Vanessa Headstream Aspen - compliant</p> <p>10/7/2013 2:44 PM Entered By: Vanessa Headstream C area - compliant</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>10/31/2013 11:13 AM Entered By: Vanessa Headstream King/Quiet - compliant</p> <p>10/30/2013 2:16 PM Entered By: Vanessa Headstream George - review of DOT medications indicates 1 medication noted to be past stop date #Inmate - stop date 10/26/13</p> <p>John - review of DOT medications indicates 2 medications to be past stop date #Inmate - stop date 10/10/13 #Inmate - stop date 10/08/13</p> <p>10/17/2013 8:17 AM Entered By: Vanessa Headstream Baker - review of DOT medications indicates 1 medication noted to be past stop date</p> <p>10/15/2013 8:48 AM Entered By: Vanessa Headstream Aspen - review of KOP/DOT medications</p>	1

## October 2013 PHOENIX COMPLEX

					<p>indicates noncompliance - the following DOT medications were being administered by the med nurse 10/11/13:</p> <p>#inmate - stop date 10/03/13          #inmate - stop date 10/08/13          #inmate - stop date 10/07/13          #inmate - stop date 10/09/13          #inmate - stop date 10/04/13          #inmate - stop date 09/30/13</p> <p>10/7/2013 2:44 PM Entered By: Vanessa Headstream          C area - compliant</p>	
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### Corrective Action Plans for Performance Measure: Medication Room

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

**Level 1 Amber User: Vanessa Headstream Date: 10/30/2013 2:13:40 PM**

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

Corrective Actions: Reinforce the need for the medical room to be locked when not occupied. Continue to monitor.  
 Responsible Parties = RN/LPN  
 Target Date = 11/30/13

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

**Level 1 Amber User: Vanessa Headstream Date: 10/31/2013 11:13:52 AM**

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

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

**Level 1 Amber User: Vanessa Headstream Date: 10/31/2013 11:13:52 AM**

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