October 2013 TUCSON 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		10/29/2013 11:23 AM Entered By: Marlena Bedoya There are (8) yards at ASP-Tucson. A cumulative total for this audit period is as follows: There were (23) missed sick call lines discovered among the yards. With various date ranges, each capturing a 30 day audit date range per yard, there should have been 211 lines performed. Per information obtained 188 lines were performed which totals 89% compliance for this performance measure. There were (58) lines Complex wide, that were not put into the TOS system for IM turn out tickets informing Operations that IMs had medical appointments the following day. Total backlog for the entire Complex for this audit period is as follows: HNRS - (319). CHARTS requiring Provider review - (272). NURSELINE backlog - (307). PROVIDER LINE backlog - (510). Yard by Yard: SANTA RITA: Audit date range (9/23 - 10/23). Sickcall was not held five days per week. Missed days 10/04. Per staff on 10/16, 10/17, and 10/22 the unit was on hard lock down. In checking with the yard DW, he was only aware of one of those dates. No IRs could be found reporting any of the missed days. Days not in TOS system – Nurse lines: 9/27, 10/01, 10/02, 10/03, 10/15, 10/16, 10/17, and 10/22. Provider lines: 10/02. Backlogs - HNRS (15), Charts (13), Nurseline (19), Provider line has an increase from 88 last month to (92). WINCHESTER: Audit date range (9/23 - 10/17). Sickcall was held five days per week. Days not in TOS system - Nurse lines: 9/24, 9/27, 10/02, 10/03, 10/04, 10/07, 10/09, 10/16, and 10/17. Provider lines not put into TOS: 9/23, and 9/24. Backlogs - HNRS (20), Charts increased from 22 last month to (77), Nurseline increased from 21 last month to (51), Provider line decreased from 128 last month to (91). CIMARRON: Audit date range (9/23-10/24). There is are North and South yards which hold different custody inmates therfore; a line must be performed for both yards Mon-FRI. No sickcall was not held on 10/15, 10/21, and 10/23 (North side). No documentation or IRs could be located as to an	1

explanation. This auditor checked with yard Administration and discovered there were five ICSs on 10/21.
Days not in TOS system – Nurse lines: 9/07 (North & South). Provider lines were all input into TOS.
Backlogs – HNRS (20), Charts – (26). Nurseline (38), Provider line: Showed a big decrease from 105 last month to (45).

RINCON MINORS: Audit date range (10/01-10/25). On the audit date there were 52 minors currently being detained on the yard.

Sickcall sign-in sheets were located showing sickcall was held on only ten days 10/01, 10/02, 10/03, 10/07, 10/08, 10/10, 10/11, 10/15, 10/17 and 10/22 reflecting IMs being seen. That leaves (09) days unaccounted for with no documentation reflecting that a line was held, or that there was no need, due to no HNRs being submitted.
No Nurselines were put into the TOS system at all. No Provider lines were put into the TOS system at all. .
Backlogs – HNRS (0), Charts - (03), Nurseline – (02), Provider line – (03).

RINCON WEST MEDICAL: Audit date range (9/17-10/23).

No sickcall was held on 9/19, 9/20, 10/02, 10/04, 10/17, and 10/22. No documentation or IRs could be located as an explanation. This auditor did discover there were 3 ICSs on 09/19, 3 ICSs on 10/02, and 2 ICSs on 10/04, but nothing else on the other dates .

Nurse lines were not put into the TOS system for 9/20, 9/23, 9/26, 9/27, 9/30, 10/01, 10/02, 10/03, 10/04, 10/07, 10/08, 10/09, 10/18, 10/21, 10/22, and 10/23.
Provider lines were not put into the TOS system for 9/27, 9/30, 10/03,and 10/18 .
Backlogs - HNRS increased from 23 last month to (74), Charts – (60), Nurseline increased from 14 last month to (37), and Provider line (59).

WHETSTONE: Audit date range (9/11-10/18).

Sickcall was held five days per week.
All scheduled lines were put into the TOS system.
Backlogs - HNRS (164), Charts (50), Nurseline (116), Provider line increased a little from 100 last month to (154).

CATALINA:Audit date range (9/16-10/18).

No sickcall was held on 10/16. No documentation or IRs could be located as an explanation.
Nurse lines were not put into the TOS system for 9/20, 9/24, 10/03, 10/10, 10/11, 10/15. Provider lines were not put into the TOS system for 9/19.
Backlogs - HNRS (0), Charts (21), Nurseline (05), Provider line (20).

MANZANITA: Audit date range (9/16-

					10/10). Sickcall is being held five days per week. All scheduled lines were input into the TOS system. Backlogs - HNRS (26), Charts (22), Nurseline (39), Provider line increased again from 26 last month to (46).	
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		10/28/2013 2:01 PM Entered By: Marlena Bedoya There are (8) yards at ASP-Tucson. (10) charts were pulled randomly per yard during this audit month - from sick call lists, the daily Field Briefing reports whereby an IM had been sent out to the Hospital, from Grievance Appeals, and from concerns shared from staff. Only Non-Compliant cases are listed below. Of the (80) charts reviewed, (44) did not meet performance measure requirements, totaling 45% performance compliance overall for the Complex. The breakdown is listed per yard: SANTA RITA: (05) of (10) charts non-compliant. #Inmate – HNR dtd 10/04 to Dental, complaining of a severe toothache. As of 10/24 IM had not been seen by Dental. Second HNR dtd 10/14 for different issue. IM seen 10/18. #Inmate – HNR dtd 10/10. IM seen 10/14. #Inmate – HNR dtd 10/08. IM seen on 10/11. #Inmate – HNR dtd 10/15. IM seen on 10/18 #Inmate – HNRs dtd 10/02 to Dental stating he requested six months ago to be seen by Dental. HNR dtd 4/06/13 was also found. IM was seen with issue addressed 10/12. WINCHESTER: (07) of (10) charts non-compliant. #Inmate – HNR dtd 8/26. IM seen 9/06 whereby LPN Anderson issued the IM an initial shaving waiver. Issue brought to the attention of the Nursing Supv. LPNs cannot issue initial shaving waivers. #Inmate – HNR dtd 10/03. IM seen 10/08 #Inmate – HNR dtd 10/04. As of 10/17 IM had not been seen. Chart brought to the attention of the Nursing Supv. #Inmate – HNR dtd 10/04. Seen 10/09. #Inmate – HNR dtd 9/19 for Mental Health. IM seen 10/10. #Inmate – HNR dtd 10/13. Seen 10/19. #Inmate – HNR dtd 10/04. Seen 10/11. CIMARRON: (05) of (10) charts non-compliant. #Inmate – HNR dtd 10/05. IM seen 10/08, and was referred to Optometry. #Inmate – HNR dtd 9/19. IM seen 9/24, and was referred to Optometry. #Inmate – HNR dtd 9/10. IM seen 9/25,	1

					and was referred to Optometry. #Inmate – HNR dtd 9/21. IM seen 9/25. #Inmate – HNR dtd 10/02. IM seen 10/08. RINCON MINORS: (4) of (10) charts non-compliant. #Inmate – HNR dtd 10/23. IM seen 10/26. #Inmate – HNR dtd 10/16. As of 10/28, IM had not been seen. Brought to the attention of the Nurse on duty. #Inmate – HNR dtd 9/23. IM seen 10/03, and was referred to Optometry. #Inmate HNR dtd 9/25. IM seen 10/03. RINCON WEST MEDICAL: (05) of (10) charts non-compliant. #Inmate – HNR dtd 9/06. As of 10/24 IM has not been seen. Brought to the attention of the Nurse on duty. #Inmate – HNR dtd 10/10. IM seen on 10/18 and was referred to the Provider. #Inmate – HNR dtd 10/07. IM seen on 10/10 and was referred to the Provider. #Inmate – HNR dtd on 10/19. IM was not seen by Nursing, but referred to the Provider and was seen on 10/23. #Inmate – HNR dtd 8/14. IM was not seen by Nursing, but referred to the Provider and was seen on 09/25. WHETSTONE: (06) of (10) charts were non-compliant. #Inmate – HNR dtd 10/03. IM seen 10/09 and was referred to the Provider. #Inmate – HNR dtd 9/24. IM seen 10/14 and was referred to the Provider. #Inmate – HNR dtd 10/14 for MH. IM seen 10/18. #Inmate – HNR dtd 10/08. IM was not seen by Nursing, but referred to the Provider and was seen on 10/16. #Inmate – HNR dtd 9/19. IM seen 10/16. #Inmate – HNR dtd 10/04. IM seen 10/17. CATALINA: (06) of (10) charts non-compliant. #Inmate – HNRs dtd 10/10 & 10/16 for the same issue. IM seen 10/18. #Inmate – HNR dtd 10/14. IM seen 10/17, and was referred to the Provider. #Inmate – HNR dtd 9/02. IM seen 10/03 & 10/04. #Inmate – HNR dtd 10/06. IM was seen 10/09. #Inmate – HNRs dtd 10/02. IM was seen 10/09. #Inmate – HNR dtd 9/26. IM was seen 9/30. MANZANITA: (06) of (10) charts non-compliant. #Inmate – HNRs dtd 9/02, 9/08, 9/12 x2, 9/29. IM was seen 10/03, 10/09 & 10/10 and was referred to the Provider. #Inmate - HNR dtd 9/23. IM was called to medical on 10/01 and he signed a refusal. #Inmate – HNR dtd 9/24. IM seen 10/01.	

					#Inmate – HNRs dtd 9/27 & 10/04. As of 10/11 IM had not been seen yet. Brought to the attention of the Nursing Supv. #Inmate HNR dtd 9/16. IM was seen 9/19 and was referred to see the Provider. #Inmate – HNR dtd 10/09. As of 10/11/2013 IM had not been seen yet. Brought to the attention of the Nursing Supv.	
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			10/29/2013 12:50 PM Entered By: Marlena Bedoya Of the (80) charts reviewed, (15) did not meet performance measure requirements. 65 record entries were complete, totaling 81% compliance with this performance measure. The breakdown is listed per yard: SANTA RITA: (01) of (10) chart encounters reviewed were non-compliant. #Inmate – Encounter dtd 10/14, had no WT obtained - LPN Dawsey. WINCHESTER: (02) of (10) chart encounters reviewed were non-compliant. #Inmate – Encounter dtd 8/02 had no vitals at all obtained – LPN Anderson. #Inmate – Encounter dtd 10/11 had no vitals at all obtained – LPN Anderson. CIMARRON: (10) of (10) chart encounters reviewed were compliant. Job well done! RINCON MINORS: (01) of (10) chart encounters reviewed were non-compliant. #Inmate – Encounter dtd 10/26 had no weight obtained – Nursing sig was not legible, and had no stamp or printed name. RINCON WEST MEDICAL: (02) of (10) chart encounters reviewed were non-compliant. #Inmate – Encounter dtd 10/15 had no weight obtained – LPN Shaw. #Inmate – Provider's encounter dtd 9/25 had no weight obtained – Dr. Burciaga's assistant that date. WHETSTONE: (05) of (10) chart encounter reviews were non-compliant. #Inmate – Encounter dtd 10/09 had no BP or WT obtained - RN Staples. #Inmate – Encounter dtd 10/16 had no vitals recorded at all – LPN Mullaney. #Inmate – Encounter dtd 10/03 had no WT obtained – LPN Brown. #Inmate – Encounter dtd 10/17 had no vitals recorded at all – RN Anderson. #Inmate – Encounter dtd 10/18 had no WT obtained – RN Staples. CATALINA: (10) of (10) chart encounters reviewed were compliant. Job well done!	1

					MANZANITA: (04) of (10) chart encounters reviewed were non-compliant. #Inmate – Provider's encounter dtd 10/01 had no WT obtained – NP Unger's assistant that date. #Inmate – Encounter dtd 9/26 had no WT obtained – LPN Dawsey. #Inmate – Encounter dtd 10/09 had no vitals recorded at all – RN Benfield. #Inmate – Encounter dtd 10/09 had no WT obtained – RN Benfield. Even though there were findings, overall this auditor is rating this performance measure GREEN in the MGAR. The findings will be shared with the FHA and DON to be addressed with applicable staff.	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			10/29/2013 1:34 PM Entered By: Marlena Bedoya Of the (80) charted encounters reviewed, (06) did not meet performance measure requirements. 74 charted encounters were documented correctly, totaling 93% compliance with this performance measure. The breakdown is listed per yard: SANTA RITA: (10) of (10) charted encounters were compliant. Job well done! WINCHESTER: (10) of (10) charted encounters were compliant. Job well done! CIMARRON: (10) of (10) charted encounters were compliant. Job well done! RINCON MINORS: (01) of (10) charted encounters were non-compliant. #Inmate – Encounter dtd 10/26 – RN sig not leg ble, and no stamp or printed name was noted. RINCON WEST MEDICAL: (03) of (10) charted encounters were non-compliant. #Inmate – Encounter dtd 09/12 – LPN Shaw. #Inmate – Encounter dtd 10/15 – LPN Shaw. #Inmate – Encounter dtd 10/16 – LPN Shaw. WHETSTONE: (02) of (10) charted encounters were non-compliant. #Inmate – Encounter dtd 10/16 – LPN Mullaney. #Inmate – Encounter dtd 10/17 – RN Anderson. CATALINA: (10) of (10) charted encounters were compliant. Job well done! MANZANITA: (10) of (10) charted encounters were compliant. Job well done! Even though there were findings, overall	1

					this auditor is rating this performance measure GREEN in the MGAR. The findings will be shared with the FHA and DON.	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X		10/29/2013 3:18 PM Entered By: Marlena Bedoya There are (8) yards at ASP-Tucson. (10) Charts were pulled randomly per yard during this audit month. Not all encounters require a referral to see the Provider. Of the (80) charts reviewed, (37) encounters showed Nursing having referred IMs forward for intervention by a Provider. Of the (37) referrals, (26) did not meet compliance performance measures. 11 met performance measures totaling 0.30% compliance. The breakdown is listed per yard: SANTA RITA: (07) of (07) requiring referrals were non-compliant. #Inmate – Orders written by the Provider dtd 10/21 were not noted. Chart was found filed on 10/24. Chart brought to the Nurse's attention on 10/24. #Inmate – Referred on 10/18. Not seen yet as of 10/24. #Inmate – Referred on 10/14. Not seen yet as of 10/24. #Inmate – Referred to Optometry on 10/11. Not seen yet as of 10/24. #Inmate – Referred on 10/11. Not seen yet as of 10/24. #Inmate – Referred on 10/18. Not seen yet as of 10/24. #Inmate – Referred on 9/23 & 10/02 for same issue. Issue was addressed by Provider on 10/09. WINCHESTER: (02) of (03) requiring referrals were non-compliant. #Inmate – On 9/06, IM should have been referred to a Provider for an "initial" shaving waiver. LPN Anderson approved and wrote the waiver. Nurses are not allowed to write IM initial shaving waivers. They must initially be written by a Provider or Mid-level Practitioner. They can be renewed by Nursing after that. Nursing Supv notified. #Inmate – Referred on 10/08. Not seen yet as of 10/21. CIMARRON: (04) of (06) requiring referrals were non-compliant. #Inmate – Referred 10/05 to Optometry. Not seen yet as of 10/25. #Inmate - Referred 9/24 to Optometry. Not seen yet as of 10/25. #Inmate - Referred 9/25 to Optometry. Not seen yet as of 10/25. #Inmate - Referred 9/25. Not seen yet as of 10/25.	1

RINCON MINORS: (02) of (04) requiring referrals were non-compliant.

#Inmate – IM submitted an HNR on 10/16. He has not been seen by Nursing who referred the IM straight to the Provider. Not seen yet as of 10/28.
#Inmate – Referred 10/03. Not seen yet as of 10/28.

RINCON WEST MEDICAL: (05) of (08) requiring referrals were non-compliant.
#Inmate – On 10/11 NP Unger wrote a shaving waiver good x 12mos for diagnosed pseudofolliculitis barbae. This is one of the conditions that an indefinite shaving waiver is granted.
#Inmate – IM submitted an HNR on 9/28 to renew his medications re; (Indocin and Flexeril). IM was not seen by Nursing. Note on HNR stated referred to Provider. On 10/18 NP Holder renewed both medications without a clinical encounter. IM should have been charged for renewing these two meds, if needed.
#Inmate – IM submitted an HNR on 8/20 to review his lab results. IM was not seen by Nursing. Note on HNR stated referred to Provider. IM was seen by the Provider on 10/18.
#Inmate – Referred on 10/10 for shortness of breath. IM was seen for CC on 10/21 however; nothing is noted showing his shortness of breath was ever addressed yet.
#Inmate - IM submitted an HNR on 8/14 regarding his broken wheelchair. IM was not seen by Nursing. Note on HNR stated referred to Provider. IM was seen by the Provider on 9/25 whereby a new chair was ordered. As of 10/24, there was no note showing the IM had received the new chair yet.

WHETSTONE: (02) of (03) charts requiring referral were non-compliant.

#Inmate – Referred 10/09. Not seen yet as of 10/22.
#Inmate – Referred 10/14. Not seen yet as of 10/23.

CATALINA: (01) of (03) charts requiring referral were non-compliant.

#Inmate – IM was seen by Dr. Catsaros on 10/02 with diagnosis of HEP C +, and HIV + having received no tx. A routine consult was written, but the Specialty was left blank. This monitor is assuming that he is wanting to send the IM to either Hematology or the Infectious Disease tele-med Doctor. As of 10/21 no documentation was found in the chart regarding approval, or a scheduled appointment.

MANZANITA: (03) of (03) charts requiring referral were non-compliant.

#Inmate – Referred 10/01 to Optometry. Not seen yet as of 10/11.
#Inmate – Referred 9/19. Not seen yet as of 10/11.
#Inmate – An Urgent consult was written

					9/27 to ENT, due to cochlear implant failure. It fell out resulting in a hole in the side of the skull behind the IMs ear. As of 10/11 no documentation was found in the chart regarding approval, or a scheduled appointment.	

Corrective Action Plans for PerformanceMeasure: Sick Call (Q)

1 Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]
Level 1 Amber User: Marlena Bedoya Date: 10/29/2013 11:23:27 AM

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 Amber User: Marlena Bedoya Date: 10/28/2013 2:01:07 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.
5 Are referrals to providers from sick call being seen within seven (7) days? [P-E-07] **Level 1 Amber User: Marlena Bedoya Date: 10/29/2013 3:18:24 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.

Medical Specialty Consultations (Q)

	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		10/10/2013 12:23 PM Entered By: Trudy Dumkrieger A total of 33 urgent consults were found and reviewed Nine were in compliance of being scheduled with in 30 days. That is a 27.2% compliances rate. 10/10/2013 12:15 PM Entered By: Trudy Dumkrieger Whetstone 10 urgent consults reviewed 10/10 non-compliant. Inmate consult for opthomology exam initiated 8/1/13 is scheduled. Inmate consult initited for chemotherapy 8/21/13 appt. was 10/3/13 Inmate consult for oral surgery initiated 8/8/13 appt was 10/3/13. Inmate consult for CT Thorax initiated 8/1/13 att was 10/3/13. Inmate consult for cardiology initiated 8/29/13 appt. was 10/4/13. Inmate consult for opthomology initiated 8/8/13 appt. scheduled for 10/10/13. Inmate consult for urology initiated 8/7/13 appt. was 9/10/13 Inmate consult for Groin ultrasound initiated 8/13/13 appt. was 9/25/13. Inmate consult for urology consult initiated 8/30/13 appt is for 10/9/13. Inmate consult for cardiology initiated 8/13/13 appt. was 9/19/13. 10/10/2013 11:49 AM Entered By: Trudy Dumkrieger Catalina two urgent consults reviewed 2/2 non-compliant. Inmate consult for surgery - lipoma submitted 8/28/13 aptt.scheduled for 10/9/13. Inmate Consult for GI eval submitted 8/2/13 currently scheduled. 10/10/2013 11:40 AM Entered By: Trudy Dumkrieger Manzanita One urgent consult reviewed. 1/1 non-compliant. Inmate consult for Opthomology eval. initiated 8/2/13 scheduled has not occurred. 10/10/2013 11:35 AM Entered By: Trudy Dumkrieger IPC/HU9 Five urgent consults reviewed 1/5 non-compliant. Inmate consult for Hem/Onc initiated 8/7/13 appt. completed 9/24/13. 10/10/2013 11:31 AM Entered By: Trudy Dumkrieger Rincon Three urgent consults 1/3 non-compliant. Inmate consult for removal of mesh submitted 8/2/13 not completed until 9/26/13. 10/10/2013 11:19 AM Entered By: Trudy Dumkrieger Santa Rita One urgent consult reviewed. 1/1 not in compliance. Inmate consult for ENT submitted 8/7/13 not completed.	2

					10/10/2013 11:16 AM Entered By: Trudy Dumkrieger CDU/Minors Correction Two urgent consults reviewed 1/2 not in compliance. 10/10/2013 10:22 AM Entered By: Trudy Dumkrieger CDU/Minors One urgent consult 1/1 not in compliance. Inmate consult for orthopedics initiated 8/1/13 scheduled but not completed. 10/10/2013 10:10 AM Entered By: Trudy Dumkrieger Cimarron Four urgent consults reviewed 4/4 not in compliance. Inmate consult for CT/Abdomen/pelvis initiated 8/19/13 appt.9/30/13. Inmate consult for Pulmonology initiated 8/23/13 scheduled 9/27/13. Inmate consult for bronchoscopy initiated 8/23/13 pending until after appt. 9/27/13. Inmate consult for CT Head/Face initiated 8/21/13 not completed. 10/10/2013 9:02 AM Entered By: Trudy Dumkrieger Winchester Seven urgent consults found. 5/7 not in compliance. Inmate consult for skin lesion malignancy initiated 7/23/10 currently scheduled. Inmate consult GI lg. esophageal varices initiated 8/13/13 currently pending. Inmate consult Hem/Onc. initiated 8/26/13 appt. 10/1/13. Inmate consult surgery Renal cell carcinoma initiated 8/13/13 appt. not completed until 9/24/13. Inmate consult testicular ultrasound initiated 8/20/13 currently pending.	
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		10/29/2013 1:54 PM Entered By: Trudy Dumkrieger There is a 22.5% compliance rate for reports to be reviewed by provider within 7 days of receipt. 10/29/2013 1:50 PM Entered By: Trudy Dumkrieger IPC 5 charts reviewed 0/5 not in compliance. 10/29/2013 11:04 AM Entered By: Trudy Dumkrieger Catalina 10 charts reviewed 5/10 non compliant. Inmate Labs resulted 10/22/13 not reviewed 10/29/13. Inmate Labs resulted 10/17/13 not reviewed 10/28/13. Inmate Labs resulted 10/15/13 not reviewed 10/28/13. Inmate Opthomology Consult 8/30/13 not reviewed 10/29/13. Inmate Infectious Disease cnsult 10/9/13 not reviewed 10/29/13. 10/29/2013 10:48 AM Entered By: Trudy Dumkrieger Whetsone 10 charts reviewed, 10/10 not in compliance. Inmate Labs resulted 9/26/13 not reviewed 10/28/13.	2

Inmate Labs resulted 10/18/13 not reviewed 10/1228/13.
Inmate X-ray done 10/4/13 not revioewed 10/28/13.
Inmate Labs resulted 9/26/13 not reviewed 10/28/13.
Inmate Labs resulted 10/7/13 not reviedwed 10/28/13.
Inmate Labs resulted 9/26/13 not reviewed 10/28/13.
Inmate Labs resulted 9/26/13 not reviewed 10/28/13.
Inmate Labs resulted 10/17/13 not reviewed 10/28/13.
Inmate Labs resulted 9/21/13 not reviewed 10/28/13.
Inmate Labs from St.Marys 10/20/13 not reviewed 10/28/13, Labs from Garcia 10/19/13 not reviewed 10.19.13.

10/25/2013 1:14 PM Entered By: Trudy Dumkrieger
Manzanita 10 charts reviewed 10/10 not in compliance.
Inmate Intake labs 4/12/13 not reviewed 10/21/13.
Inmate Labs 10/10/13 not reviewed 10/21/13.
Inmate Labs 9/18/13 not reviewed 10/21/13.
Inmate Labs 10/11/13 not reviewed 10/21/13.
Inmate Consult report Vascular Surgery date of service 10/11/13 not reviewed 10/21/13.
Inmate Labs 10/11/13 not reviewed 10/21/13.
Inmate Labs 9/27/13 not reviewed 10/21/13.
Inmate Consult Hanger Orthotics 9/24/13 not reviewed 10/21/13.
Inmate Consult report Hem/Onc 10/10/13 not reviewed 10/21/13.
Inmate Labs 10/11/13 not reviewed 10/21/13.

10/24/2013 3:20 PM Entered By: Trudy Dumkrieger
Rincon 10 charts reviewed 10/10 charts not in compliance.
Inmate Labs resulted 10/5/13 not reviewed 10/23/13.
Inmate Labs resulted 10/5/13 not reviewed 10/23/13.
Inmate Opthalmology consult done 9/3/13 not reviewed 10/23/13.
Inmate Labs resulted 10/11/13 not reviewed 10/23/13.
Inmate XRAY lumbar, pelvis, hips done 10/15/13 not reviewed 10/23/13.
Inmate Labs resulted 9/14/13 not reviewed as of 10/23/13.
Inmate Oral surgery consult 10/3/13 not reviewed by 10/23/13.
Inmate Labs resulted 9/28/13 not reviewed 10/23/13.
Inmate XRAY done 10/15/13 not reviewed 10/23/13.

10/22/2013 2:09 PM Entered By: Trudy Dumkrieger
Santa Rita 10 charts reviewed 7/10 non-compliant.

					Inmate Labs resulted 10/10/13 not reviewed by 10/22/13. Inmate CXR 9/4/13 not reviewed 10/22/13. dLabs resulted 9/4/13 not reviewed 10/22/13. Inmate Labs resulted 9/29/13 not reviewed 10/22/13. Inmate Labs resulted 10/9/13 not reviewed by 10/22/13. Inmate labs resulted 10/10/13 not reviewed by 10/22/13. 10/21/2013 3:14 PM Entered By: Trudy Dumkrieger Minors/CDU Only 5 charts to review. 2/5 not compliant. Inmate Ortho Consult 9/17/13 reviewed 10/3/13. Inmate Labs from 8/5/13 reviewed but no dateof when. 10/10/2013 2:22 PM Entered By: Trudy Dumkrieger Cimarron 10 reports reviewed 8/10 reports not in compliance. Inmate PT/INR reported 9/17/13 not reviewed by 10/4/13. Inmate SP EGD Banding on 9/11/13 report not reviewed by 10/4/13 Inmate Consult Hanger Orthotics dated 8/22/13 not reviewed by 10/4/13. Inmate HNR regarding CT for anuerysms date 9/14/13 not reviewed 10/4/13. Inmate HNR dated 9/27/13 re: lupron injection not reviewed 10/4/13. Inmate HNR dated 9/26/13 regarding special diet not rviewed 10/4/13. Inmate Labs 9/8/13 reviewed and signed but not dated. Inmate Labs reported 7/28/13 signed but not dated. 10/3/2013 2:51 PM Entered By: Trudy Dumkrieger Winchester 10 charts reviewed, 10/10 charts not in compliance. 35 charts pending provider review. Inmate Intake labs reported 9/7/13 not reviewed by 10/3/13. Inmate Old medical information on ultrasound of kidneys received 9/12/13 not reviewed by `0/3/13. Inmate ER visit of 9/25/13 re: vomiting blood not reviewed by 10/3/13 Inmate Labs reported 9/10/13 not reviewed 10/3/13. Inmate Rhuematoid Panel reported 9/16/13 not reviewed by 10/3/13. Inmate Labs reprorted 9/23/13 not reviewed 10/3/13. Inmate HNR re: HCV treatment dated 9/13/13 and HNR regarding asthma and inhaler dated 9/12/13 not reviewed by 10/3/13. Inmate Labs reported 9/12/13 not reviewed by 10/3/13. Inmate CXR 9/5/13 not reviewed by 10/3/13. Inmate CXR 9/6/13 not reviewed 10/3/13.	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental		X		10/29/2013 1:30 PM Entered By: Trudy Dumkrieger	3

	and mental health needs? [CC 2.20.2.3]				Have had to find new providers for urology and hem/oncology.	
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			10/22/2013 2:10 PM Entered By: Trudy Dumkrieger	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			10/29/2013 1:31 PM Entered By: Trudy Dumkrieger 10/29/2013 10:49 AM Entered By: Trudy Dumkrieger	2

Corrective Action Plans for PerformanceMeasure: Medical Specialty Consultations (Q)

1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]
Level 2 Amber User: Trudy Dumkrieger Date: 10/10/2013 12:23:21 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized monitoring process
2.Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3.Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON
Target Date -11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
1. Standardized process to address, to include but not limited to:
a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
a.Agenda/sign off sheet to verify
3. Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsibile Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Trudy Dumkrieger Date: 10/29/2013 1:54:32 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized monitoring process
2.Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify

3.Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties =ARMD/RDON/RVP/RDCQI/DON/
Target Date-11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]
Level 3 Amber User: Trudy Dumkrieger Date: 10/29/2013 1:30:45 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Retrain FHA/DONs on ED management and expectations
a.Agenda/sign off sheet to verify
2.Develop a site level process to assure, but not limited to:
a.ED log completed and submitted daily to Regional office
b.Access to custody transport logs
c.Access to AIMS
3.Train site staff on ED management and expectations
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
4.Review ED activity daily (in AM) with FHA/DON/MD (lead provider in absence of MD) to determine patient status and appropriate treatment plan
a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
5.Regional staff conduct weekly review of compliance to daily submission and appropriate patient disposition
6.Monitoring tool developed for self-monitoring and submission to site management and regional CQI
7.Initiation of monitoring tools at sites
8.Monitoring (UM Audit Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = VPO/ARMD/RDON/RVP/FHA/DON/MD/RDCQI
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
10/11/13 Update – ED log sent to Regional office daily.

Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			10/30/2013 1:09 PM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	10/30/2013 1:11 PM Entered By: Martin Winland Tucson continues to work on policy/procedures. I continue to alert the facility on medications requiring refills/renewals. Tucson was also a recipient location for the "blitz". As of 10-25-2013, 141 Formulary, Non Formulary 17 appear on the Expriation Reports. With the information available Tucson shows a calculated Compliance rate of 70%. This percentage may have been affected by late renewals etc. Tucson has not produced an Expiring Medication report for reiveiw. HSTM 4.1.6 Non-Formulary Drug Requests &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. 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. B)HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to 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. 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. 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. E)To Date, (10-30-2013) my request for Expiring Medication Reports and	2

					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. 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.	
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 1:11 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]					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 1:12 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 Red User: Martin Winland Date: 10/30/2013 1:11:38 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
 a.Expired Medications (Appendix I.1.a.)
 b.Re-order medications
 c.Invalid chart orders (Appendix I.1.c.)
  i.Therapeutic dose ranges
  ii.Dose changes must have supporting documentation
 d.Non-formulary process (Appendix I.1.d.)
  i.Reviewed for approval within 24-48 hrs
  ii.Providers notified decision within 24-48 hrs
 e.Manifest Reconciliation
 f.Inventory control
 g.Stock Medications
 h.Practitioner Cards (Appendis 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.

October 2013 TUCSON COMPLEX

Mental Health (Q)

	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			10/29/2013 4:36 PM Entered By: Jessica Raak *Out of 90 charts pulled, 83 were in compliance = 92% Catalina (10 out of 10 in compliance): No findings. Cimarron (9 out of 10 in compliance) Note: This unit standing alone would have been an amber finding. Inmate (SMI): HNR date: 9/22/13. Triage date: 9/24/13 = +2 days Manzanita (8 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate HNR date: 9/3/13. Triage date: 9/5/13 = +2 days. Inmate HNR date: 9/14/13. Triage date: 9/16/13 = +2 days. Minors (10 out of 10 in compliance): No findings. CDU (9 out of 10 in compliance) Note: This unit standing alone would have been an amber finding. Inmate HNR date: 9/20/13/ Triage date: 10/2/13 = + 12 days. Rincon (10 out of 10 in compliance): No findings. Santa Rita (10 out of 10 in compliance): No findings. Whetstone (7 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate (SMI): HNR date: 9/26/13. Date triaged: 9/29/13 = +3 days. Inmate (SMI): HNR date: 9/5/13. Date triaged 9/7/13 = +2 days. Inmate (SMI): HNR date: 9/13/13. Date triaged 9/17/13 = +4 days. Winchester (10 out of 10 in compliance): No findings.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		10/29/2013 4:37 PM Entered By: Jessica Raak *Out of 90 charts pulled, 80 were in compliance = 89% It is important to note that this performance measure increased in compliance this month- This performance measure is up to an 89% compliance rate from the 83% compliance rate in September. Catalina (8 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate (SMI): Referred via note on 9/27/13. Inmate has not yet been seen. Inmate (SMI): Inmate referred on 9/10/13 and not seen until 9/26/13. Cimarron (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Manzanita (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Minors (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding.	2

					No findings. CDU (5 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate Inmate referred on 9/4/13 and not seen until 9/18/13. Inmate Referred via note on 9/10/13. Inmate has not yet been seen. Inmate Inmate referred on 9/21/13 & 9/24/13 and not seen until 10/2/13. Inmate Inmate referred on 8/27/13 and not seen until 10/2/13. Inmate Contents in clinician note dated 10/2/13 indicate inmate should have been referred to psychiatry and inmatewas not. Rincon (9 out of 10 in compliance): Inmate (SMI): Inmate referred via SOAP note on 7/19/13 and inmate was never seen. Santa Rita (10 out of 10 in compliance): Note: This unit standing alone would have been a green finding. No findings. Whetstone (9 out of 10 in compliance): Inmate (SMI): Inmate referred in SOAP note on 4/8/13 for increase in depression. Inmate was not seen until 9/9/13. Winchester (9 out of 10 in compliance): Inmate (SMI): Clinician note reported wanted/needs to see psychiatry. Clinician documented that inmate will submit an HNR to do so. No HNR found in chart for this request and clinician didn't refer… I kely should have given inmate's SMI status.	
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 4:38 PM Entered By: Jessica Raak *Out of 90 charts pulled, 77 were in compliance = 85% It is important to note that this performance measure increased in compliance this month- This performance measure is up to an 85% compliance rate from the 77% compliance rate in September. Excellent work psychology staff! The following inmates need treatment plans or treatment plan updates. Please note: occasionally the clinician assigned to the unit updated the treatment plan at the time of the finding. Catalina (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Cimarron (9 out of 10 in compliance): Inmate No treatment plan found in chart. Manzanita (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Minors (9 out of 10 in compliance): Inmate No treatment plan found in chart. CDU (5 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate No treatment plan found in chart. Inmate Treatment plan found in chart poorly done. Inmate No treatment plan found in chart. Inmate No treatment plan found in chart. Inmate No treatment plan found in chart. Rincon (8 out of 10 in compliance) Note:	1

					This unit standing alone would have been a red finding. Inmate (SMI): Treatment plan needs update. Inmate (SMI): Treatment plan needs update. Santa Rita (8 out of 10 in compliance) Note: This unit standing alone would have been a red finding. Inmate No treatment plan found in chart. Inmate (SMI) : No treatment plan found in chart. Whetstone (9 out of 10 in compliance): Inmate (SMI): Treatment plan needs update. Winchester (9 out of 10 in compliance): Inmate (SMI): Treatment plan needs update	
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	10/29/2013 4:40 PM Entered By: Jessica Raak *Out of 90 charts pulled, 73 were in compliance = 81% It is important to note that this performance measure increased in compliance this month- This performance measure is up to an 81% compliance rate from the 77% compliance rate in September. Great work psychology staff. Please note that the 81 % on this performance measure is still under the threshold for compliance. The following inmates are past due for their psychology visit: Catalina (10 out of 10 in compliance): Note: This unit standing alone would have been a green finding. No findings. Cimarron (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Manzanita (9 out of 10 in compliance) Note: This unit standing alone would have been an amber finding. Inmate 10/1/13 note was most recent mental health note found in chart. This note was done by a rec therapist and not countersigned by a licensed psychologist. Note prior to 10/1/13 note was dated 9/3/13 and out of timeframes. Minors (4 out of 10 in compliance): Inmate Undated 14-day evaluation found in chart. Inmate Last seen by psychology 8/22/13. Inmate Unsigned (presumably) psychology visit found in chart. Inmate Undated 14-day evaluation found in chart. Inmate Undated 14-day evaluation found in chart. Inmate Undated 14-day evaluation found in chart. CDU (9 out of 10 in compliance) Note: This unit standing alone would have been an amber finding. Inmate Last seen by psychology 8/22/13. Rincon (4 out of 10 in compliance): Inmate (SMI & BHU inmate): Last seen by psychology 9/6/13. Inmate (SMI): Last seen by psychology 7/18/13. Inmate Last seen by psychology 6/11/13. Inmate (SMI): Last seen by psychology	2

					7/18/13. Inmate (SMI): Last seen by psychology 7/18/13. Inmate (SMI): Last seen by psychology 7/16/13. Santa Rita (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Whetstone (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Winchester (7 out of 10 in compliance): Inmate SMI): Last seen by psychology 8/30/13. Inmate (SMI): Last seen by psychology 7/25/13. Inmate (SMI): Last seen by psychology 8/8/13.	
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]			X	10/29/2013 4:41 PM Entered By: Jessica Raak *Out of 90 charts pulled, 70 were in compliance = 77% It is important to note that this performance measure increased in compliance this month- this performance measure is up to a 77% compliance rate from the 72% compliance rate in September. Please note that with the 77 % this performance measure is still under the threshold for compliance. The following inmates are past due for their psychiatry visit or past their Return to Clinic date: Catalina (6 out of 10 in compliance): Inmate (SMI): Past due for psychiatry visit- RTC was 3/19/13. Inmate (SMI): Past due for psychiatry visit- RTC was 10/7/13. Inmate (SMI): Past due for psychiatry visit- RTC was 10/7/13. Inmate Past due for psychiatry visit- RTC was 9/24/13. Cimarron (8 out of 10 in compliance): Inmate Past due for psychiatry visit- RTC was4/10/12. Inmate (SMI): Past due for psychiatry visit- RTC was 9/6/13. Manzanita (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Minors (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. CDU (7 out of 10 in compliance): Inmate Past due for psychiatry visit- RTC was 9/14/13. Inmate Past due for psychiatry visit- RTC was 9/26/13. Inmate Past due for psychiatry visit- RTC was 9/28/13. Rincon (6 out of 10 in compliance): Inmate (SMI): Past due for psychiatry visit- RTC was 8/25/13. Note: inmate appears to under PMRB. Inmate (SMI): Past due for psychiatry visit- RTC was 10/5/13. Inmate (SMI): Past due for psychiatry visit-	2

					RTC was 9/25/13. Inmate Past due for psychiatry visit- RTC was 7/4/13. Note: Inmate's med's possibly expired. Santa Rita (10 out of 10 in compliance) Note: This unit standing alone would have been a green finding. No findings. Whetstone (8 out of 10 in compliance): Inmate (SMI): Past due for psychiatry visit- RTC was 9/17/13. Inmate (SMI): Past due for psychiatry visit- RTC was9/6/13. Winchester (5 out of 10 in compliance): Inmate Past due for psychiatry visit- RTC was 8/26/13. Inmate (SMI): Psychiatrist note dated 9/13/13 documented that inmate's meds were DC'd due to inmate refusing psychiatry eval. No follow up occurred and no follow-up appears to be scheduled. Inmate Past due for psychiatry visit- RTC was 9/18/13. Inmate Past due for psychiatry visit- RTC was 6/25/13. Meds expired?? Inmate Past due for psychiatry visit- RTC was 8/22/13.	
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	10/29/2013 4:42 PM Entered By: Jessica Raak *Out of 30 charts pulled, 18 were in compliance = 60% In order to better assess this performance measure, specific charts were pulled regarding releasing inmates. Compliance was calculated from these specific charts, not from the total number of charts pulled which included non-releasing inmates. Therefore, there is a significant decrease in compliance state-wide. Catalina (1 out of 2 in compliance): Inmate No release planning documents found in chart. Cimarron (4 out of 4 in compliance) Note: This unit standing alone would have been a green finding. No findings. Manzanita (4 out of 5 in compliance): Inmate No release planning documents found in chart. Minors (0 out of 1 in compliance): Inmate No release planning documents found in chart. CDU (0 out of 2 in compliance): Inmate No release planning documents found in chart. Inmate No release planning documents found in chart. Rincon (4 out of 5 in compliance): Inmate No release planning documents found in chart. Santa Rita (3 out of 4 in compliance): Inmate No release planning documents found in chart. Whetstone (1 out of 4 in compliance): Inmate (SMI): No release planning documents found in chart. Inmate (SMI): No release planning documents found in chart. Inmate No release planning documents found in chart. Winchester (1 out of 3 in compliance):	2

					Inmate No release planning documents found in chart. Inmate SMI) : No release planning documents found in chart.	

Corrective Action Plans for PerformanceMeasure: Mental Health (Q)

2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]
Level 2 Amber User: Jessica Raak Date: 10/29/2013 4:37:52 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days
a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate
b.Agenda/sign off sheet to verify, inclusive of all pertinent staff
c.Have MH staff increase their contacts if appointment cannot be made in 7 days
2.Monitoring (Mental health Monitoring Tool)
a.Audit tools developed
b.Weekly site results discussed with RVP/MH Director
c.Audit results discussed at monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead
Target Date -11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]
Level 1 Amber User: Jessica Raak Date: 10/29/2013 4:38:44 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
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.

October 2013 TUCSON COMPLEX

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]
Level 2 Red User: Jessica Raak Date: 10/29/2013 4:40:22 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.
Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI
Target Date-11/30/13

5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]
Level 2 Red User: Jessica Raak Date: 10/29/2013 4:41:15 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Monitoring (Mental Health Monitoring Tool)
a.Audit tools developed
b.Monthly site results discussed with RVP/MH Director
c.Audit results discussed at monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead
Target Date- 11/30/13
Continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]
Level 2 Red User: Jessica Raak Date: 10/29/2013 4:42:55 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 7 (Mental Health Attachment) related to re-entry plan
a.SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP
b.Agenda/sign off sheet to verify, inclusive of all pertinent staff
2.Monitoring (Mental Health Monitoring Tool)
a.Audit tools developed
b.Monthly site results discussed with RVP/MH Director
c.Audit results discussed at monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Regional office for tracking and trending
Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead
Target Date- 11/30/13
Continue to monitor monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

October 2013 TUCSON COMPLEX

Quality and PEER Review (Q)						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/30/2013 3:12 PM Entered By: Marlena Bedoya This program was just started in October. Copies were received, and appropriate chart reviews are being performed on the Physician, and all 3 NPs.	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			10/30/2013 3:14 PM Entered By: Marlena Bedoya Monthly CQI meetings have been held since August 2013. They were held 8/29, 9/27, and 10/24. They are scheduled for 11/21, and 12/19 for the remainder of 2013.	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]		X		10/30/2013 3:15 PM Entered By: Marlena Bedoya Mortality reviews are currently not being performed in a timely manner.	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			10/30/2013 3:16 PM Entered By: Marlena Bedoya N/A. A full contract year with Corizon will not arrive until March 2014.	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			10/30/2013 3:18 PM Entered By: Marlena Bedoya This has just gotten started. Ms. Donna James was recently hired by Corizon for this endeavor, whereby she sent the format to be used in September.	1

Corrective Action Plans for PerformanceMeasure: 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: Marlena Bedoya Date: 10/30/2013 3:15:31 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Improvement recommendations are acted on and reported back to committee. Continue to monitor.

October 2013 TUCSON COMPLEX

Intake (Reception)						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			10/30/2013 11:03 AM Entered By: Marlena Bedoya 10/30/2013 11:00 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 All had base line labs drawn. 100% compliance.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]		X		10/30/2013 11:02 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 As of 10/28/2013 none of the October intake's charts had a Pano Xray having been performed. Minors are seen for Dental at HUB 7. 0% compliance.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/30/2013 11:10 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 All five had documentation for current PPD within a year from each transferring facility. Maricopa Co, Yuma Co, Pima Co, Yuma Co, and Mohave Co respectively. 100% 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			10/30/2013 11:11 AM Entered By: Marlena Bedoya Yes.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/30/2013 11:12 AM Entered By: Marlena Bedoya N/A. There are no female IMs at ASP-Tucson complex.	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			10/30/2013 11:13 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 All had Continuity of Care forms from transferring facilities. 100% compliance.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/30/2013 11:17 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 As of 10/28/2013 none of the October intakes had been seen in Dental yet however; during the Physical Exam, a clinical evaluation is documented making note of the (Mouth & Throat.) Each intake reflected Normal findings therefore; none of the minors had a dental emergency to address. 100% compliance.	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			10/30/2013 11:20 AM Entered By: Marlena Bedoya During the month of October, there were (5) minors that arrived. Inmate - 10/02 Inmate - 10/01 Inmate - 10/09 Inmate - 10/16 Inmate - 10/17 Only one IM had a documented clinical need that he was on medications. He was not transferred with any of his medications from Pima Co Jail. The MAR was checked, and medications were obtained and continued on the day the IM arrived. 100% compliance.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			10/30/2013 11:21 AM Entered By: Marlena Bedoya	1

October 2013 TUCSON COMPLEX

Corrective Action Plans for PerformanceMeasure: Intake (Reception)
2 Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6] **Level 1 Amber User: Marlena Bedoya Date: 10/30/2013 11:02:08 AM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce to staff that intake Pano to completed on all intakes.

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			10/31/2013 9:22 AM Entered By: Marlena Bedoya Is an oral examination performed by a Dentist with 30 days of admission to ADC? REFERENCES: NCCHC P-E-06 states: 1. Oral screening by a dentist or qualified health care professionals trained by the dentist is performed within 7 days of admissions. 2. Instruction in oral hygiene and preventive oral education is given within 1 month of admission. 3. An Oral examination is performed by a dentist within 30 days of admission. Charts from (4) Dental areas were audited for this compliance measure being HUB DENTAL, WINCHESTER DENTAL, WHETSTONE DENTAL, and MANZANITA DENTAL. Overall, of the (40) charts audited, (04) were non-compliant, totaling 90% compliance with this performance measure. Although there were findings, this auditor is assigning an overall GREEN to this performance measure. Findings are as follows: HUB DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – IM arrived Alhambra 9/16/2013, and Tucson 9/20/13. As of 10/25/13 nothing was found noted in the Dental section of the chart. WINCHESTER DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – A chart review was performed on 6/24/13 however; there is no further documentation made in the Dental section at all. WHETSTONE DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – IM arrived Alhambra 8/01/13, NI exam was performed at Tucson on 9/10/13. MANZANITA DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – There is documentation from Alhambra in chart dtd 9/06/13. As of 10/10/13 there is no further documentation made in the Dental section.	1
2	Is instruction on oral hygiene and preventive oral education given within one month of admission	X			10/31/2013 9:30 AM Entered By: Marlena Bedoya	1

	to ADC? [NCCHC Standard P-E-06]				Is instruction on oral hygiene and preventive oral education given within 30 days of admission to ADC? REFERENCES: NCCHC P-E-06 states: 2. Instruction in oral hygiene and preventive oral education is given within 1 month of admission. Charts from (4) Dental areas were audited for this compliance measure being HUB DENTAL, WINCHESTER DENTAL, WHETSTONE DENTAL, and MANZANITA DENTAL. Overall, of the (40) charts audited, (04) were non-compliant, totaling 90% compliance with this performance measure. Although there were findings, this auditor is assigning an overall GREEN to this performance measure. Findings are as follows: HUB DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – IM arrived Alhambra 9/16/2013, and Tucson 9/20/13. As of 10/25/13 nothing was found noted in the Dental section of the chart. WINCHESTER DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – A chart review was performed on 6/24/13 however; there is no further documentation made in the Dental section at all. WHETSTONE DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – IM arrived Alhambra 8/01/13, NI exam was performed at Tucson on 9/10/13 with instruction noted. MANZANITA DENTAL Of the (10) charts audited, (01) was non-compliant. #Inmate – There is documentation from Alhambra in chart dtd 9/06/13. As of 10/10/13 there is no further documentation made in the Dental section.	
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			10/31/2013 10:58 AM Entered By: Marlena Bedoya A report was ran by the ADC Monitoring Bureau Central Office reflecting all Dental appointments that occurred within September. There were 940 Dental encounters. Only 20 of the encounters surpassed 90 days.	1

					920 of the 940 were within performance measure standards, totaling 98% compliance. Although there were findings, this auditor is assigning a GREEN for this performance measure.	
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]			X	10/4/2013 10:26 AM Entered By: Marlena Bedoya There are a total of (4) Dental clinics at ASP-Tucson being -HUB Dental, MANZANITA Dental, WHETSTONE Dental, and WINCHESTER Dental. Manzanita Dental is staffed (1) day per week. The HUB Dental sees encounters for Santa Rita, Cimarron, Minors, Rincon, CDU, and Catalina. Each of the other three Dental clinics sees their yard specific inmates for Dental encounters. A report was ran from Smallwood Dental database for all encounters during the month of September. During September for the entire Complex, (155) emergencies were reported. Of the (155), (47) were compliant with IMs being seen within 24 hours of "Receipt" of the HNR. Of the (47) being compliant they are broken down as follows: HUB - 23. MANZANITA - 8. WHETSTONE - 4. WINCHESTER - 12. Of the remaining emergencies submitted, it took from(2 days-14 days) for IMs to be seen being classified as an emergency by Dental staff. The break down is as follows: 2 DAYS: HUB - 10. MANZANITA - 8. WHETSTONE - 3. WINCHESTER - 1. 3 DAYS: HUB - 10. MANZANITA - 1. WHETSTONE - 2. 4 DAYS: HUB - 19. MANZANITA - 1. WHETSTONE - 1. 5 DAYS: HUB - 9. MANZANITA - 5. WHETSTONE - 15. WINCHESTER - 2. 6 DAYS: HUB - 5. MANZANITA - 1. WHETSTONE - 4. 7 DAYS:	1

					HUB - 1. WHETSTONE - 4. 8 DAYS: WHETSTONE - 1. 9 DAYS: WHETSTONE - 4. 10 DAYS: WHETSTONE - 1. 14 DAYS: WHETSTONE - 1. By going into the numbers, it is evident that given the number of yards seen at the HUB, and also the size of Whetstone yard, additional lines and/or staffing is needed to bring this issue into compliance.	
5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			10/31/2013 9:33 AM Entered By: Marlena Bedoya In all charts audited, where IMs had been seen by the Dentist, if necessary, a treatment plan was documented. 100% Compliance.	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			10/27/2013 5:29 PM Entered By: Marlena Bedoya YES.	2
7	Are all supplies that have an expiration date checked monthly?	X			10/27/2013 5:29 PM Entered By: Marlena Bedoya YES.	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			10/27/2013 5:29 PM Entered By: Marlena Bedoya YES. 100% Compliance.	2
9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			10/30/2013 5:48 PM Entered By: Marlena Bedoya	2
10	Is the dental wait time log/report being maintained?	X			10/27/2013 5:31 PM Entered By: Marlena Bedoya The Dental wait time log/report is now kept electronically within Smallwood Dental	1

					software.	
11	Is the MSDS binder being maintained?		X		10/29/2013 7:36 PM Entered By: Marlena Bedoya Four MSDS binders were audited. One per each Dental Clinic location within ASP-Tucson complex. Those being HUB 7, Winchester, Whetstone, and Manzanita. Each binder was checked for the following items: 1) Did the binder exist, and was it in the format prescribed per Complex specifications? 2) Was the "Hazardous Communications Training Record" sheet up to date, signed by each staff member who works in that clinic for this calendar year, and since Corizon's take over in March 2013? 3) Was there a "Master Index List", listing all hazardous substances? 4) Does the Master Index List match all of the MSDS sheets within the binder? All four MSDS binders were non-compliant totaling 0% compliance for this performance measure. Dental clinic break down; HUB 7 DENTAL 1) The binder did exist, and was in the correct prescr bed format. 2) The signature sheet existed, but did not contain any signatures of the Dentists or Dental Associate Techs that work there. 3) There were (05) MSDS sheets in the binder that were not listed on the Master list. There were (03) chemicals listed on the Master, that had no MSDS sheet in the binder. The MSDS sheets in the binder that were not listed on the Master List are: - Gel Foam - IMS Daily cleaner - Trusoft liquid - Trusoft powder - Trans specimen The chemicals listed on the Master that had no MSDS sheet in the binder: - Examix Adhesive. The Dental Manager stated they no longer use this product, but use a product called GC. This auditor looked and GC was not listed, nor was an MSDS sheet located. - Mercury - Tray cleaner ** Bleach and Clorox Bleach are listed separately. There is only one MSDS sheet for Clorox Bleach. ** Dentalube is listed twice. First, in section D. Second time, in Section S. ** Dispersiloy caps are listed in section M, and probably should be listed in section D. WINCHESTER DENTAL 1) The binder did exist, and was in the correct prescr bed format.	1

2) The signature sheet existed, and did contain the names of all Dentists and the Dental Associate Tech that works there. It has not been updated since Corizon's take over in March 2013.
3) There was a Master Index List of all substances. There were (10) MSDS sheets in the binder that were not listed on the Master list. There were (14) chemicals listed on the Master, that had no MSDS sheets in the binder.

The MSDS sheets in the binder that were not listed on the Master List are:
- Articulating paper
- Alginate impression material
- Alginate fast set
- Gaseous Oxygen
- Gel Foam
- Oil of Orange
- Pumice
- STS Transportation system
- Bisphenol Resin
- Superdent Vinyl Polysiloxane

The chemicals listed on the Master, that had no MSDS sheets in the binder are:
- Calasept
- Cavity Filling Material
- Desensitizer
- Diapex
- G-coat plus
- Dispersiloy caps
- Plastic bags
- Prisma Gloss
- Regisil Reg
- Soften strips
- Trusoft liquid
- Trusoft powder
- Transpecimen
- UV Bu bs

** Endo-Aide point was listed twice on the Master list.
** Bleach and Clorox Bleach are listed separately. There is only one MSDS sheet for Clorox Bleach.

WHETSTONE DENTAL

1) The binder did exist, and was in the correct prescr bed format.
2) The signature sheet existed, but contained no updated signatures since Corizon's take-over in March 2013, regarding the Dentists and Dental Associate Techs that work there.
3) There was a Master Index List of all substances however; there were (14) MSDS sheets in the binder that were not listed on the Master list.

The MSDS sheets not listed on the Master List are:
- Lubricating Oil
- Articaine HCl 4% with Epi
- Butain Burner
- Paraffin Series Hydrocarbon
- Butane refill for %65
- Clearfil Tri-S bond plus
- White mineral oil
- Fixodent
- Kooliner Powder
- Regasil Catalyst

					- Spray 2000 plus - Septocaine - Adhesive 4) As stated in #3. The Master Index list does not match all of the MSDS sheets contained in the binder. MANZANITA DENTAL UNIT 1) The binder did exist, and was in the correct prescr bed format. 2) The signature sheet existed, but did not contain the names of all Dentists and Dental Associate Techs that work there. 3) There was a Master Index List of all substances however; there were (07) MSDS sheets in the binder that were not listed on the Master list. The MSDS sheets not listed on the Master List are: - Dial ant bacterial soap - Darby Superdent Vinyl Polysilxane Impression Material - Cavi Wipes - Darby Alginate Fast Set - Clearfil Majesty Flow - Clearfil Majesty E5-2 - Acid Etch Jel 4) As stated in #3. The Master Index list does not match all of the MSDS sheets contained in the binder.	
12	Are patients provided with the medications that are prescribed by the dentist?	X			10/27/2013 5:32 PM Entered By: Marlena Bedoya Yes. Each Dental unit maintains a small clinic stock of medications to be prescr bed by the Dentist. No expired medications were found within all four clinics at Tucson. 100% Compliance.	2
13	Are equipment repairs being addressed in a timely manner?	X			10/27/2013 5:33 PM Entered By: Marlena Bedoya Yes. No complaints were voiced from Smallwood Dental staff.	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			10/27/2013 5:34 PM Entered By: Marlena Bedoya Yes. No issues were expressed from Smallwood Dental staff regarding not receiving needed supplies/materials.	1
15	Are dental entries complete with military time and signature over name stamp?		X		10/31/2013 11:32 AM Entered By: Marlena Bedoya Are entries completed using military time, signature, and name stamp? REFERENCES: NCCHC P-H-01 states: 1. At a minimum, the health record contains these elements: n. place, date, and time of each clinical encounter, and o. Signature and title of each documenter.	1

					Whether clinical encounters occur in the facility or in the community, all findings are recorded in the health record. Identification of record entries may be by written signature, initials, rubber-stamped signature, or electronic signature. Charts from (4) Dental areas were audited for this compliance measure being HUB DENTAL, WINCHESTER DENTAL, WHETSTONE DENTAL, and MANZANITA DENTAL. Overall, of the (40) charts audited, (28) were non-compliant. 12 were done correctly, totaling 3% compliance with this performance measure. Findings are as follows: HUB DENTAL Of the (10) charts audited, (05) were non-compliant. #Inmate – Entries do not reflect the time of the encounter. #Inmate – Entries do not reflect the time of the encounter. #Inmate – Entries do not reflect the time of the encounter. #Inmate – Entries do not reflect the time of the encounter. #Inmate – Entries do not reflect the time of the encounter. WINCHESTER DENTAL Of the (10) charts audited, (08) were non-compliant. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. WHETSTONE DENTAL Of the (10) charts audited, (10) were non-compliant. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter.	

					#Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. MANZANITA DENTAL Of the (10) charts audited, (05) were non-compliant. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter. #Inmate - Entries do not reflect the time of the encounter.	
16	Is treatment plan section C and priority section D of the dental chart completed?		X		10/31/2013 1:00 PM Entered By: Marlena Bedoya Is Treatment plan Section C, and Priority Section D completed? REFERENCES: NCCHC P-E-06 states: COMPLIANCE INDICATORS 4. Oral treatment, not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the Dentist's judgment, the inmate's health would otherwise be adversely affected. DENTAL SERVICES TECHNICAL MANUAL dtd 2010 Procedure 770.3, 4.0 4.4 (Section C) - Service Planned/Tx Plan: Record the proposed treatment plan in this section and update as necessary. 4.5 (Section D) – Refer to Dental Services Procedure 770.2 for the specifics on prioritization. The priority should be updated here and the color tag changed on the chart at each visit where a change in priority occurs 770.2 (Definitions) – Priority 1 = Emergency Care, Priority 2 = Urgent Care, Priority 3 = Routine Care, Priority 4 = Exempt condition. Those conditions that do not fall in the above categories and ARE NOT provided by ADC. Charts from (4) Dental areas were audited for this compliance measure being HUB DENTAL, WINCHESTER DENTAL, WHETSTONE DENTAL, and MANZANITA DENTAL. Overall, of the (40) charts audited, (19) were non-compliant. 21 were done correctly, totaling .53% compliance with this performance measure. Findings are as follows: HUB DENTAL Of the (10) charts audited, (04) were non-compliant.	2

					#Inmate – No entries noted in section D. #Inmate – No entries noted in section C & D. IM has not been seen yet. #Inmate - No entries noted in section C & D. IM has not been seen yet. #Inmate - No entries noted in section D. WINCHESTER DENTAL Of the (10) charts audited, (09) were non-compliant. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate - No entries noted in section D. WHETSTONE DENTAL Of the (10) charts audited, (03) were non-compliant. #Inmate – No entries noted in section D. #Inmate – No entries noted in section D. #Inmate - Entries do not reflect the time of the encounter. MANZANITA DENTAL Of the (10) charts audited, (03) were non-compliant. #Inmate - No entries noted in section C & D. IM has not been seen yet. #Inmate – Last Tx plan (C) dtd 2005, Last update (D) dtd 2001 #Inmate - No entries noted in section C & D. IM has not been seen yet.	
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/27/2013 5:35 PM Entered By: Marlena Bedoya Yes. The current Xray certification/registration certificate is posted in all four Dental clinics at Tucson.	1
18	Are weekly SPORE testing logs available for the Autoclaves?			X	10/30/2013 8:50 AM Entered By: Marlena Bedoya Four Spore testing binders were audited. One per each Dental Clinic location within ASP-Tucson. Those being HUB 7, Winchester, Whetstone, and Manzanita. This was the first audit for this performance measure since Corizon took over operations for the state therefore; this auditor went back to March 2013 and audited forward through the end of September. Weekly spore testing is done to ensure autoclaves that sterilize dental tools are functioning properly. The following should be in the binder for each week's test cycle: 1) Documentation that the test was ran. This should be documented on the log. 2) A copy of the testing submission sheet to the lab vendor should be in the binder.	2

					3) A copy of the testing result sheet from the lab vendor, having been reviewed. 4) Results should be documented on the log. ** If there is a positive spore test received, or if the test is for any reason inconclusive or incomplete, there should be a mechanism in place so that Dental staff are immediately notified. An immediate re-test is required, and should be documented on the log. In the interim, Dental tools used in the treatment of patients should not be sterilized in that Autoclave until a good test is received after the re-test. There were significant findings at each Dental clinic reflecting 0% compliance for this performance measure. Since this topic deals with infection control and patient safety, an audit finding of RED is being given. ONLY THE WEEKS WITH AUDIT FINDINGS ARE LISTED BELOW FOR EACH DENTAL UNIT. HUB 7 DENTAL At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately. Week 4/15 – Result stated Unable to Process "UTP". No results were sent. No retest performed. Week 4/22 - UTP. No results. No retest performed. Week 4/29 - UTP. No results. No retest performed. Week 5/06 – Testing logged however; no results were found in the book. Week 5/13 – No testing was found having been logged for this week. Week 5/20 -Testing logged however; neither the submission sheet nor the results were in book. Week 5/27 - Testing logged however; no results were found in the book. Week 6/03 - Testing logged however; neither the submission sheet nor the results were in book. Weeks 6/10, 6/17, and 6/24 were not accounted for on the log. There was an abatement/re-model that went on at HUB 7 and all staff were moved during the construction. Something should have been indicated on the log, stating this. Week 7/01 – Indicates testing for Manzanita, no results were found in the book. Weeks 7/08, 7/15, 7/22, 7/29, 8/05, 8/12, and 8/19 are missing indicating no testing was performed. Week 8/26 – No results were found for autoclave #1. Results for autoclave #2 state "Control unlabeled, suggest re-collection." No evidence exists a re-test was performed.	

					Week 9/02- Autoclave #1 there was no testing submission sheet. Autoclave #2 showed (+) results. The results were not logged, and no evidence exists a re-test was performed. Week 9/09 - Autoclave #1 there was no results. Autoclave #2 showed (+) results. The results were not logged, and no evidence exists a re-test was performed. Week 9/16 - Autoclave #1 there was no results. Autoclave #2 showed nothing logged at all. Week 9/23 - No results were found in the book. Week 9/30 – Testing was not logged in the book. WINCHESTER DENTAL At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately. Week 4/22 - UTP. No results. No retest performed. Week 4/29 - UTP. No results. No retest performed. Week 8/19 – No results were found or logged. Week 9/23 - No results were found or logged. Week 9/30 - No results were found or logged. WHESTONE DENTAL At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately. Week 4/22 - UTP. No results. No retest performed. Week 4/29 - UTP. No results. No retest performed. Week 8/19 – Results state “Control unlabeled, suggest re-collection.” No evidence exists a re-test was performed. MANZANITA DENTAL At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately. Week 4/22 - UTP. No results. No retest performed. Week 4/29 - UTP. No results. No retest performed. Week 5/13 - No results were found or logged. Week 6/03 - No results were found or logged. Week 6/10- No results were found or	

					logged. Week 6/17- No results were found or logged. Week 6/24 – Results found in binder, but were not logged on the log. Week 7/01– Results found in binder, but were not logged on the log. Week 7/08– Results found in binder, but were not logged on the log. Week 7/15- No results were found or logged. Week 7/22- No results were found or logged. Week 7/29– Results found in binder, but were not logged on the log. Week 8/05- No results were found or logged. Week 8/12- No evidence was found that testing was performed at all. Week 8/19- No evidence was found that testing was performed at all. Week 8/26- No evidence was found that testing was performed at all.	
19	Is there a mechanism in place for immediate notification of a positive SPORE count?			X	10/30/2013 6:15 PM Entered By: Marlena Bedoya This auditor went back to March 2013 and audited forward through the end of September. Weekly spore testing is done to ensure autoclaves that sterilize dental tools are functioning properly. The following should be in the binder for each week's test cycle: 1) Documentation that the test was ran. This should be documented on the log. 2) A copy of the testing submission sheet to the lab vendor should be in the binder. 3) A copy of the testing result sheet from the lab vendor, having been reviewed. 4) Results should be documented on the log. ** If there is a positive spore test received, or if the test is for any reason inconclusive or incomplete, there should be a mechanism in place so that Dental staff are immediately notified. An immediate re-test is required, and should be documented on the log. In the interim, Dental tools used in the treatment of patients should not be sterilized in that Autoclave until a good test is received. There were findings at each Dental clinic reflecting 0% compliance with a notification process being in place for ASP-Tucson Complex, and this performance measure. Since this topic deals with infection control and patient safety, an audit finding of RED is being given. HUB 7 DENTAL At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this,	2

and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately.
Week 4/15 – Result stated Unable to Process "UTP". No results were sent. No retest performed.
Week 4/22 - UTP. No results. No retest performed.
Week 4/29 - UTP. No results. No retest performed.
Week 5/13 – No testing was found having been logged for this week.

Weeks 6/10, 6/17, and 6/24 were not accounted for on the log. There was an abatement/re-model that went on at HUB 7 and all staff were moved during the construction. Something should have been indicated on the log, stating this.

Weeks 7/08, 7/15, 7/22, 7/29, 8/05, 8/12, and 8/19 are missing indicating no testing was performed.

Week 8/26 – Results for autoclave #2 state "Control unlabeled, suggest re-collection." No evidence exists a re-test was performed.
Week 9/02- Autoclave #2 showed (+) results. The results were not logged, and no evidence exists a re-test was performed.
Week 9/09 - Autoclave #2 showed (+) results. The results were not logged, and no evidence exists a re-test was performed.
Week 9/30 – Testing was not logged in the book.

WINCHESTER DENTAL

At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately.
Week 4/22 - UTP. No results. No retest performed.
Week 4/29 - UTP. No results. No retest performed.
Week 8/19 – Results state "Control unlabeled, suggest re-collection." No evidence exists a re-test was performed.

WHESTONE DENTAL
At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately.
Week 4/22 - UTP. No results. No retest performed.
Week 4/29 - UTP. No results. No retest performed.
Week 8/19 – Results state "Control unlabeled, suggest re-collection." No evidence exists a re-test was performed.

MANZANITA DENTAL

At the beginning of April the lab vendor was changed who does testing. Dental staff reported that they were not informed of this, and that special Gittinge caps from Garcia labs were needed to enable Garcia to perform the spore testing appropriately.

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					Week 4/22 - UTP. No results. No retest performed. Week 4/29 - UTP. No results. No retest performed.	

Corrective Action Plans for PerformanceMeasure: Oral Care (Dental)
4 Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06] **Level 1 Red User: Marlena Bedoya Date: 10/4/2013 10:26:50 AM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with dental staff of the added specialty in CDS of urgent care and use only emergency specialty for true emergencies.
11 Is the MSDS binder being maintained? **Level 1 Amber User: Marlena Bedoya Date: 10/29/2013 7:36:54 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce to dental staff the need to keep the MSDS Binder updated and accurate.
15 Are dental entries complete with military time and signature over name stamp? **Level 1 Amber User: Marlena Bedoya Date: 10/31/2013 11:32:46 AM**
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.
16 Is treatment plan section C and priority section D of the dental chart completed? **Level 2 Amber User: Marlena Bedoya Date: 10/31/2013 1:00:17 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with dental staff to complete treatment plan as appropriate.
18 Are weekly SPORE testing logs available for the Autoclaves? **Level 2 Red User: Marlena Bedoya Date: 10/30/2013 8:50:13 AM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with dental staff to maintain an Autoclave SPORE testing log.
19 Is there a mechanism in place for immediate notification of a positive SPORE count? **Level 2 Red User: Marlena Bedoya Date: 10/30/2013 6:15:36 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with dental staff the importance of immediate notification of positive SPORE counts.

Segregated Inmates						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
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	10/30/2013 2:39 PM Entered By: Marlena Bedoya Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? REFERENCES: NCCHC P-E-09: Upon notification that an inmate is placed in segregation, a qualified health care professional reviews the inmate's health record to determine whether existing medical, dental, or mental health needs contra-indicate the placement, or require accommodation. Such review is documented in the health record. HEALTH SVCS TECH MANUAL: Chapter 7, Section 6.0: 2.1 Upon notification of an IMs transfer to segregation, an immediate chart review is performed to ascertain if any medical, dental, or MH issues exist that contraindicate placement. 2.2 When the notification includes information that the inmate is injured or appears ill, nursing staff shall conduct an immediate hands-on assessment. 2.3 Assess an inmate placed in Segregation within twenty-four hours of notification by the shift supervisor. During the first visit, nursing shall complete an initial assessment to include vital signs, and weight, and any physical abnormalities, including bruises or abrasions. 3.9 Nursing will obtain weekly weight (or witness refusals) and document those in the health record. If an eight percent loss in weight or greater occurs, the IM must be seen by a Provider within five working days of the documented weight loss. There are (5) areas that house segregated IMs at ASP-Tucson: Winchester, Cimarron, Minors, CDU, and Manzanita. 10 charts were randomly pulled per area to measure compliance. Overall (43) charts were reviewed. Of the 43 reviewed (28) were non-compliant. 15 were done correctly totaling 0.35% compliance. WINCHESTER (Physical Capacity 24), Day of audit (17 IMs were confined). (03) of 10 charts non-compliant. #Inmate – Arrived 9/28. No note in chart regarding contraindications. No exam performed with initial vitals taken. #Inmate – Arrived 10/14. No note in chart regarding contraindications. No exam performed with initial vitals taken. #Inmate – Arrived 9/24. Note in chart states "Per CO Skinner" IM has no contraindications for lockdown. CIMARRON (Physical Capacity 96), Day of audit (103 IMs were confined). 2 Baker run is also used as overflow. (08) of 10 charts non-compliant. #Inmate – Arrived 7/23. Note in chart	1

states “Per Security” IM has no contraindications for lockdown.
#Inmate – Arrived 10/08. On 10/15 there were still no notes in chart at all.
#Inmate - Arrived 10/03. On 10/15 there were still no notes in chart at all.
#Inmate - Arrived 10/10. On 10/15 there were still no notes in chart at all.
#Inmate - Arrived 09/03. On 10/15 there were still no notes in chart at all.
#Inmate – Arrived 9/18. On 10/15 there were still no notes in chart at all, except for a MH note dtd 9/19.
#Inmate - Arrived 09/17. On 10/15 there were still no notes in chart at all.
#Inmate - Arrived 09/30. On 10/15 there were still no notes in chart at all. A MH note was found dtd 10/03.

RINCON MINORS (On the day of the audit per Operations, there were (3) IMs on the yard that would be classified as IMs currently being housed in a segregated status.)
(03) of 03 charts non-compliant.

#Inmate – SMU status 3/13. On 10/17 there were still no notes in chart pertaining to contraindications.
#Inmate - Arrived DET 10/10. On 10/17 there were still no notes in chart at all pertaining to contraindications.
#Inmate - Arrived DET 8/23. On 10/17 there were still no notes in chart at all pertaining to contraindications.

CDU (Physical Capacity 80), Day of audit (72 IMs were confined).
(08) of 10 charts non-compliant.

#Inmate - Arrived 8/11. Note in chart states “Per CO Eises” IM has no contraindications for lockdown.
#Inmate - Arrived 8/27. On 10/17 there were still no notes in chart at all pertaining to contraindications.
There was a MH note dtd 8/29.
#Inmate – Arrived 9/11. Note regarding contraindications dtd 9/13.
#Inmate – Arrived 8/19. A note was done on 8/19 regarding contraindications however; there is a note dtd 9/05 where the IM had sutures removed therefore; he should have had an additional hands-on assessment documented.
#Inmate - Arrived 09/20. On 10/17 there were still no notes in chart at all.
#Inmate – Arrived 8/31. Note in chart states “Per Security” IM has no contraindications for lockdown.
#Inmate – Arrived 9/20. Note dtd 10/10 states “New to CDU, PPD 5/29/12.” On 10/17 there were still no notes in chart at all pertaining to contraindications.
#Inmate – Arrived 9/26. Note regarding contraindications was not done until 10/13.

MANZANITA (Physical Capacity 24), Day of audit (22 IMs were confined).
(06) of 10 charts non-compliant.

#Inmate - Arrived 09/16. On 10/11 there were still no notes in chart at all.
#Inmate - Arrived 09/20. On 10/17 there were still no notes in chart at all.

					#Inmate - Arrived 09/05. On 10/17 there were still no notes in chart at all regarding contraindications. #Inmate - Arrived 09/15. On 10/17 there were still no notes in chart at all. #Inmate - Arrived 09/03. On 10/17 there were still no notes in chart at all. #Inmate - Arrived 09/18. On 10/17 there were still no notes in chart at all.	
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	10/30/2013 3:08 PM Entered By: Marlena Bedoya 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. REFERENCES: NCCHC P-E-09: 2b. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical (or) mental health. There are (5) areas that house segregated IMs at ASP-Tucson: Winchester, Cimarron, Minors, CDU, and Manzanita. 10 charts were randomly pulled per area to measure compliance. Overall (43) charts were reviewed. Of the 43 reviewed (43) were non-compliant, totaling 0% compliance with this performance measure. WINCHESTER (Physical Capacity 24), Day of audit (17 IMs were confined). (10) of 10 charts non-compliant. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate CIMARRON (Physical Capacity 96), Day of audit (103 IMs were confined). 2 Baker run is also used as overflow. (10) of 10 charts non-compliant. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate RINCON MINORS (On the day of the audit per Operations, there were (3) IMs on the yard that would be classified as IMs currently being housed in a segregated status.) (03) of 03 charts non-compliant. #Inmate #Inmate #Inmate CDU (Physical Capacity 80), Day of audit (72 IMs were confined). (10) of 10 charts non-compliant. #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate MANZANITA (Physical Capacity 24), Day of audit (22 IMs were confined). (10) of 10 charts non-compliant.	2

					#Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate #Inmate	
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			10/27/2013 6:20 PM Entered By: Marlena Bedoya YES. IMs in each Detention area at ASP-Tucson can submit and HNR daily via the Nurse making rounds. 100% Compliance.	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]			X	10/30/2013 5:44 PM Entered By: Marlena Bedoya Are vital signs done on segregated inmates every month? REFERENCES: NCCHC P-E-09: Upon notification that an inmate is placed in segregation, a qualified health care professional reviews the inmate's health record to determine whether existing medical, dental, or mental health needs contra-indicate the placement, or require accommodation. Such review is documented in the health record. HEALTH SVCS TECH MANUAL: Chapter 7, Section 6.0: 2.3 Assess an inmate placed in Segregation within twenty-four hours of notification by the shift supervisor. During the first visit, nursing shall complete an initial assessment to include vital signs, and weight, and any physical abnormalities, including bruises or abrasions. 3.9 Nursing will obtain weekly weight (or witness refusals) and document those in the health record. If an eight percent loss in weight or greater occurs, the IM must be seen by a Provider within five working days of the documented weight loss. There are (5) areas that house segregated IMs at ASP-Tucson: Winchester, Cimarron, Minors, CDU, and Manzanita. 10 charts were randomly pulled per area to measure compliance. Overall (43) charts were reviewed. Of the 43 reviewed, (43) were non-compliant, totaling 0% compliance with this performance measure. WINCHESTER (Physical Capacity 24), Day of audit (17 IMs were confined). (10) of 10 charts non-compliant. #Inmate – Vitals obtained 21 days post arrival. #Inmate – Vitals obtained 7 days post arrival. #Inmate - Vitals obtained 7 days post arrival. #Inmate - Vitals obtained 7 days post arrival. #Inmate – On date of audit, 4 days had elapsed and no vitals had been obtained yet. #Inmate – IM arrived 8/31, on 10/18 no vitals had been obtained yet. #Inmate – Vitals obtained 16 days post	1

arrival.
#Inmate – Vitals obtained 3 days post arrival. Arrived 9/04 and none have been done since.
#Inmate – Vitals obtained 7 days post arrival.
#Inmate – Vitals obtained were not dated on detention check sheet.

CIMARRON (Physical Capacity 96), Day of audit (103 IMs were confined). 2 Baker run is also used as overflow. (10) of 10 charts non-compliant.

#Inmate – No vitals documented in chart since 12/2011.
#Inmate - No vitals documented in chart since 7/24/2013.
#Inmate - No vitals documented in chart since 2/07/2013.
#Inmate - No vitals documented in chart since 9/24/2013, and no WT was obtained during the encounter.
#Inmate - No vitals documented in chart since 9/02/2013, and no WT was obtained during the encounter.
#Inmate - No vitals documented in chart since 7/08/2013, and no WT was obtained during the encounter at Safford.
#Inmate - No vitals documented in chart since 9/06/2013, and no WT was obtained during the encounter.
#Inmate - No vitals documented in chart since 3/14/2012.
#Inmate - No vitals documented in chart since 8/08/2013.
#Inmate - No vitals documented in chart since 2/18/2013.

RINCON MINORS (On the day of the audit per Operations, there were (3) IMs on the yard that would be classified as IMs currently being housed in a segregated status.)
(03) of 03 charts non-compliant.

#Inmate – (8) sets of complete vitals have been taken during encounters since 3/03/13. Not weekly.
#Inmate - No vitals documented in chart since arrival to Detention status on 10/10/2013.
#Inmate - One set of vitals documented in chart since arrival to Detention status on 08/23/2013.

CDU (Physical Capacity 80), Day of audit (72 IMs were confined).
(10) of 10 charts non-compliant.

#Inmate – No vitals obtained since arrival on 8/11/13.
#Inmate – Two sets of vitals taken during encounters since arrival on 8/27. One did not have a WT documented.
#Inmate - No vitals obtained since arrival on 9/11/13.
#Inmate - No vitals obtained since arrival on 8/19/13.
#Inmate – One set of vitals obtained since arrival on 9/20/13.
#Inmate - No vitals obtained since arrival

					on 8/31/13. #Inmate – Last set of vitals in chart dtd 6/2012. #Inmate - No vitals obtained since arrival on 10/13/13. #Inmate - No vitals obtained since arrival on 8/22/13. #Inmate - One set of vitals obtained since arrival on 9/25/13. MANZANITA (Physical Capacity 24), Day of audit (22 IMs were confined). (10) of 10 charts non-compliant. #Inmate – One entry has been made in chart dtd 9/16/2013. #Inmate – One set of vitals taken dtd 10/01, but WT was not noted. #Inmate – IM arrived 9/05, as of 10/11 no vitals had been taken yet. #Inmate - IM arrived 9/15, as of 10/11 no vitals had been taken yet. #Inmate – IM arrived 9/03, during encounter dtd 10/10 no vitals were obtained. #Inmate – IM arrived 9/18. There has been one encounter on 9/20 by MH. No vitals had been taken yet since arrival. #Inmate – IM arrived 9/25. There was one encounter on 10/10 with vitals taken, but not WT was noted. This auditor also found orders dtd 9/19 in the chart that had not been noted. Chart was found filed on the shelf. #Inmate - IM arrived 9/25, as of 10/11 no vitals had been taken yet. #Inmate - IM arrived 9/06, as of 10/11 no vitals had been taken yet. #Inmate - IM arrived 9/18, as of 10/11 no vitals had been taken yet. One visit was found in the chart on 9/20 from MH.	

Corrective Action Plans for PerformanceMeasure: Segregated Inmates

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]
Level 1 Red User: Marlena Bedoya Date: 10/30/2013 2:39:42 PM

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

Corrective Actions: Reinforce with staff the need to review medical records for contraindications when inmate has been placed in administrative segregation; document review in chart. Continue to monitor.

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]
Level 2 Red User: Marlena Bedoya Date: 10/30/2013 3:08:54 PM

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

Corrective Actions: Reinforce to Health Services staff that inmates are being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed.

5 Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]
Level 1 Red User: Marlena Bedoya Date: 10/30/2013 5:44:07 PM

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

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Corrective Actions: Reinforce with staff the need to review medical records for contraindications when inmate has been placed in administrative segregation; document review in chart. Continue to monitor.

Emergency Response Plan						
	Performance Mea ure (De cription)	**Grn**	**Amb**	**Red**	**Notification**	**Level**
1	Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]	X			10/27/2013 6:21 PM Entered By: Marlena Bedoya There is a written Emergency Response plan in place at the Tucson Complex. 100% Compliance.	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/30/2013 8:51 AM Entered By: Marlena Bedoya	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 requirment)? [NCCHC Standards P-A-04; P-A-07]	X			10/27/2013 5:22 PM Entered By: Marlena Bedoya This performance measure is an annual calendar year requirement. There has been Medical participation in two real massive incidents thus far during the calendar year. One on Santa Rita, and one of Whetstone. Both lasted in duration of several days therefore; all three shifts participated.	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			10/27/2013 5:27 PM Entered By: Marlena Bedoya There are numerous incidents that occur daily at Tucson complex. Please ensure to work with Operations to obtain copies of actual ICSs where medical was called, for your NCCHC accreditation binders. You should maintain examples for each yard, and each shift, and file them appropriately.	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]	X			10/27/2013 5:19 PM Entered By: Marlena Bedoya There have two real instances this Calendar year which could rate a Mass incident at Tucson. One on Santa Rita yard, and one at Whetstone yard. Both were critiqued with health staff.	1
6	Are emergency upplie tored and check monthly? [NCCHC Standard P-A-07]			X	10/28/2013 7:15 PM Entered By: Marlena Bedoya **Correction to previous submission** Are emergency supplies stored and checked monthly? Throughout the Tucson Complex there are (10) Man-down bags, and (1) set of Mass Casualty supplies in two big movable containers located in Supply, at HUB 07. Mass Casualty supplies are to be checked monthly, as well as each man-down bag. The man-down bags should be checked along with touching each item inside, as part of the monthly medical unit inspections. Monthly medical unit inspections include each and every medical supply item within each medical space that could be utilized in patient care. Of the (11) sets of supplies audited, (10)	1

were found to be Non-Compliant with this performance measure totaling 0.9% compliance throughout the Complex. These supplies are used while responding to poss ble medical emergencies therefore; this finding is being rated RED. Below is the breakdown.

HUB 07 SUPPLY – Mass Casualty containers – COMPLIANT 100%.

All supplies stored within the containers were compliant regarding expiration dates, and both containers were sealed with break-away seals. The seals were appropriately accounted for daily by doing oncoming and off going counts.

SANTA RITA – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(2) - Epi Pens – 9/2013
(2) - 50 mg vials Diphenhydramine – 9/2013
(2) – IV Start kits – 9/2013
(2)- 18g 1 ¼" Cath Needles – 8/2013
(1) – Bag infus ble 0.9% Sodium Chloride – 10/01/2013
(1) – Pr Latex Surg Sterile gloves – 3/2010
(1) – Antimicrobial wipe, inside the pocket mask – 12/2005
(3) – Sterile 5 x 9" Abdominal pads – 8/2013

Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried monthly. Only April, May, and June 2013 could be found.

The red break-away seal number was checked against the daily oncoming and off going shift count. It matched. The count is being done appropriately each day.

WINCHESTER – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(2) – Eye Washes – 9/2013
(1) – 50% Dextrose – 6/2013
(1) - 50 mg vial Diphenhydramine – 9/2013
(1) – IV Start kit – 9/2013
(2)- 18g 1 ¼" Cath Needles – 8/2013
(1) – Bag infus ble 0.9% Sodium Chloride – 10/01/2013

Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried monthly. Only May and June 2013 could be found.

The red break-away seal number was checked against the daily oncoming and off going shift count. It matched. The count is being done appropriately each day.

CIMARRON – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(2) – Eye Wash – 9/2013
(1) - 50 mg vials Diphenhydramine – 9/2013
(1)- 18g 1 ¼" Cath Needle – 8/2013

					(1) – Pkg 1/8 x 3" Steri Strips – 7/2006 (2) – Povidone Iodine Swab sticks – 9/2013 (8) – Povidone Iodine Prep pads – 7/2011 (3) – Benzoine Tincture vials – 11/2012 (3) – Benzoine Tincture vials – 4/2012 Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried. None could be found. The red break-away seal number was checked against the daily oncoming and off going shift count. It matched however; on 10/12/2013, only the oncoming count was done, with no off going count being done on that date. All other dates during the month were done appropriately. RINCON IPC – Man Down Bag – NON COMPLIANT. The following items were found within the bag as expired: (2) – Proxima Reinforced Sterile Surgical Gowns – 10/2008 Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried monthly. Only October, and June 2013 could be found as well as one other inspection sheet with no date on it. The red break-away seal number was checked against the daily oncoming and off going shift count. It matched. The count is being done appropriately each day. RINCON WEST MEDICAL – Man Down Bags – NON COMPLIANT. There are two bags stored at this unit. One being named "Complex Nights" bag, and one titled "Rincon" bag. Upon entering the unit on the day to audit, it was cited that neither bag was secured with a red break-away seal. Both bags contain sharps and tools. When the daily shift count logs were checked, only one date re; 10/06/2013 was noted for all of October. The tag# column stated "No tags". This finding was reported to the yard DW and CAPT and was fixed immediately. The following items were found within each bag as indicated, and were expired: COMPLEX NIGHTS bag: (2) – Eye Wash – 9/2013 (1) – Bag infus ble 0.9% Sodium Chloride – 10/01/2013 (2) - 18g 1 ¼" Cath Needles – 8/2013 (4) – 6cm x 7cm Sterile bandages – 9/2013 Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried monthly. Only May and June 2013 could be found. RINCON bag: (1) – IV Start kit – 9/2013 (1) – Bag infus ble 0.9% Sodium Chloride – 10/01/2013	

(2) - 18g 1 ¼" Cath Needles – 8/2013
(4) – 6cm x 7cm Sterile bandages – 3/2009
(1) – Vial Benzoine Tincture – 8/2013

Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried monthly. Only August 2013 could be found. Two of the items listed above expired during that month.

RINCON MINORS – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(1) – 10 X 14CM Sterile bandage – 6/2012
(5) – 5 x 9" Abdominal pads – 9/2013
(1) – IV Start kit – 9/2013
(1)- 18g 1 ¼" Cath Needle – 8/2013
(3) – Pkgs 1/8 x 3" Steri Strips – 1/1994
(10) – Pkgs Petroleum Gauze – So old, date not legible any longer.
(1) – 2 x 2 pkg Sterile Gauze – 1/2012
(1) – Adult non-breathing mask – 8/2009
(1) – Eye wash – 9/2013
(2) – Benzoine Tincture vials – 11/2012
(4) – Benzoine Tincture vials – 8/2013

Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried. Only May, June, July, and August could be found.

The red break-away seal number was checked against the daily oncoming and off going shift count. It matched however; on 10/03, 10/04, 10/06, 10/10, and 10/13 during the month of October both counts were not performed. All had oncoming count done, but no off going count on those dates. All other dates during the month were done appropriately. This finding was reported to the yard DW and CAPT to be addressed.

WHETSTONE – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(1) - 50 mg Diphenhydramine – 8/2013
(3) – Benzoine Tincture vials –8/2013

Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried. Only April, June, July, August, and September could be found.

The red break-away seal number was checked against the daily oncoming and off going shift log sheet. It matched however; only entries on 10/03, 10/08, 10/13, and 10/14 were logged showing when the bag seal was changed. No accountability for oncoming and off going count was being done. This was reported to the yard DW, ADW, and CAPT. The issue was addressed and fixed immediately.

CATALINA – Man Down Bag – NON COMPLIANT.
The following items were found within the bag as expired:
(2) – Eye Wash – 9/2013

October 2013 TUCSON COMPLEX

					(2)- 18g 1 ¼" Cath Needles – 8/2013 (When Nursing attempted to replace these during the audit, it was discovered that all 5 located in clinic stock had also expired 8/2013). (1) – Outdated Appointment sheet still reflecting the $3 charge. Monthly inventory sheets were sought from March 2013 forward upon Corizon's take-over showing the bag had been inventoried. Only April, May,	

Corrective Action Plans for PerformanceMeasure: Emergency Response Plan
6 Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07] **Level 1 Red User: Marlena Bedoya Date: 10/28/2013 7:15:32 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with staff to regularly check emergency supplies. Continue to monitor.

October 2013 TUCSON COMPLEX

Professional Development						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
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			10/30/2013 10:51 AM Entered By: Marlena Bedoya A spreadsheet is kept regarding continuing education. Professionals also have access to the LMS system, where they can obtain CEUs. Staff are required to do one course on the LMS system per month. This information has begun to be tracked on all qualified health care professionals.	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			10/30/2013 10:52 AM Entered By: Marlena Bedoya With CEUs for full-time staff being tracked, PRN staff will be done as well moving forward.	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			10/30/2013 10:53 AM Entered By: Marlena Bedoya YES. Binders are kept on all staff, and one Nurse tracks this information via a spreadsheet.	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			10/30/2013 10:53 AM Entered By: Marlena Bedoya YES.	1

Medication Administration						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			10/10/2013 12:44 PM Entered By: Trudy Dumkrieger	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			10/10/2013 12:45 PM Entered By: Trudy Dumkrieger	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			10/10/2013 12:46 PM Entered By: Trudy Dumkrieger	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		10/30/2013 10:14 AM Entered By: Trudy Dumkrieger Reviewed a total of 97 MARS with 15 being in compliance. This gives a compliance rate of 15.4%. Reviewed 43 Insulin flow sheet three were in compliance. This is a 6.9% compliance rate. Minors and CDU had no insulins. Minors was retypped due to half of it disappearing. 10/30/2013 10:03 AM Entered By: Trudy Dumkrieger Winchester 10 MARS reviewed 6/10 not in compliance. . 5 Insulin Flow sheets reviewed, 2/5 not in compliance. MARS Inmate No DX, no transcribers' initials, no start dates. Inmate No DX, no transcribers' initials, no start date. Inmate No DOB, no DX, no allergies, no transcribers' initials, no start date. 10/7, 10/14, 10/16 all blank for PMs. Inmate No DX. no transcribers' initials, no start date. Gabapentin 10/12-10/14 blank. Inmate No transcr bers initials, no start date, no DX. Both meds are blank 10/9-10/11 and 10/14. Inmate No transcr bers' initials, no start date on resperidone, 10/7 blank. Chlotrimazole cream providers name abbreviated. Insulin Flow sheets Inmate No signature of nurse verifying orders, no stop date. Inmate No signature of nurse verifying orders, no stop date. Cimarron 10 MARS reviewed 8/10 not in compliance. 9 Insulin flow sheets reviewed 9/9 not in compliance. MARS Inmate No transcr bers initials. Inmate Prozac exp. Date 10/1/13 given thru 10/17/13. This needs a medication error report. Inmate No allergies, no DX., no DOB. Inmate No allegies, no DOB, insulin orders no parameters or providers name. Inmate Lithium. No transcr bers initials, no start/stop dates, no allergies, no DOB. Inmate No start/stop dates for psych meds,	1

no DX, no allergies, no DOB.
Inmate No transcr bers initials, Norco not signed off 10/16.
Inmate No transcr bers initials, Depakote no order date, no start/stop date, geodon inconsistent signing off, no order date, no start/stop dates, citolopram no order date, no start/stop dates.
Insulin flow sheets.
Inmate No providers name. no stop date, no DOB.
Inmate No providers name, no signatureof nurse verifying order, no DOB, no stop date.
Inmate No providers name, no signature of nurse verifying order, no DOB, no stop date.
Inmate No providers name, no signature of nurse verifying order, no DOB, no stop date.
Inmate No providers name, no signature of nurse verifying order, no DOB, no stop date.
Inmate No providers name, no DOB, no stop date.
Inmate No signature of nurse verifying order, no DOB.
Inmate No providers name, no signature of nurse verifying order, no DOB, no stop date.
Inmate No signature of nurse verifying order, no DOB, no stop date

Minors 10 MARS reviewed 7/10 non-compliant. No insulins.
Inmate Benzagel no transcribers initials, no allergies, no start/stop dates.
Inmate no inmate number- given to nurse to correct.
Inmate No transcr bers initials, no start/stop dates, INH sheet filled out wrong.
Inmate 10/1-10/3 just documented “O”. No notes on back of why.
Inmate No start/stop dates, no DX. 10/1-10/2 blank, 10/3 “O” no explanation, no DOB.
Inmate No allergies.
Inmate 10/1-10/2 marked “O” no explanation, no allegies.

10/29/2013 3:38 PM Entered By: Trudy Dumkrieger
Catalina 10 MARS reviewed 5/10 MARS not in compliance. 5 insulin flow sheets reviewed . 5/5 not in compliance due to no date of birth on flow sheets.
Inmate No transcibers initials on fluoxetine, no start date or stop date on any of the meds.
Inmate No diagnosis, no start dates, no meds signed out 10/10/13.
Inmate No transcribers initials on lisinopril, no diagnosis, cogentin, buspar, and lisinopril not signed off 10/11-10/16.
Inmate No transcr bers initials, no start dates, no stop date on lactulose, no diagnosis, depakote and navane not signed off 10/11-10/14.
Inmate No transcr bers initials on prazosin, risperdal, or sodium chloride. No diagnosis. No start dates prazosin, risperdal, sod. Chloride. No stop dates tegretol or buspar,

and neither start or stop date on paxil.

10/28/2013 3:06 PM Entered By: Trudy Dumkrieger
Whetstone 10 MARS reviewed 9/10 not in compliance. 7 Insulin flow sheets reviewed, 7/10 not in compliance.
Inmate No DXs.
Inmate 10/18 not signed off.
Inmate No stop dates, no DX., no allergies, no DOB.
Inmate No DX., no transcribers initials, no start dates.
Inmate Citolopram not signed off 10/17,10/18, 10/24.
Inmate Perphenazine no transcribers initials, no start/stop dates, no DX., not signed off 10/24.
Inmate No DX., no allegies, no transcribers initials, no start date, not signed off 10/1-10/4, 10/9-10/10, or 10/26.
Inmate Lamictal not signed off 10/25-10/26. Insulin sheets
Inmate No DOB, Ordering provider three different names, no clear start/stop dates.
Inmate Sliding scale ordered 11/15/12.
Inmate No DOB, Providers name crosse4d off and different name written in, sliding scale ordered 8/15/12.
Inmate No DOB, No providers name, no start/stop date.
Inmate No DOB.
Inmate No DOB, no start/stop date.
Inmate no daob, no start/stop date, Providers name crossed off and re-written.

10/25/2013 2:05 PM Entered By: Trudy Dumkrieger
Manzanita 9 Medical MARS reviewed 9/9 non-compliant, 11 Insulin Flow sheets. 11/11 non-compliant.
MARS
Inmate PG1 No transcribers initials, no start dates, no DX. PG2 Rocephin no start/stop date, same with the other meds, no DX.
Inmate No stop dates, med not signed off 10/3/13, no DX.
Inmate No transcr bers initials, no start dates, no DX., meds not signed off 10/2/13.
Inmate PG1. No transcribers initials on Aspirin, no start dates on any meds, No DX., None of the meds signed off 10/1-10/14. Finesteride stop date 10/13/14 given 10/15-10/18.PG.2 No start dates, no DX., no allergies, PRN medication not designated as KOP or DOT. Primidone not signed off 10/1-10/14.
Inmate No transcr bers initials, no start dates, no DX., no DOB, Warfarin not signed off 10/1-10/18.
Inmate Bactrim DS X 10 days KOP not signed off. No start date, no DX.
Inmate No stop date on original Paxil order. No DX.
Inmate PG.1 No transcribers initials, no DX., no start dates. PG.2 No transcribers initials, no DX., Psoriasin gel no providers name, no start date.PG.3, No start dates, meds written 10/11/13 not signed off 10/11/13-1015/13, no DX., no DOB.

					Inmate No transcr bers initials, no start date, no DX. Insulin Flow Sheets. Inmate No DOB, no start/Stop dates. Inmate No name of ordering physician, signature of nurse verifying order "Recopied" no start/stop date. Inmate no DOB, no start/stop dates. Inmate Ordering provider blank, DOB blank, no start/stop dates. Inmate Signature of Nurse verfying order "Recopied", no start/stop dates, Inmate Ordering provider blank, signature of nurse verfying order blank, DOB blank, no start/stop date. Inmate Ordering provider blank, Sign. Of nurse verfying order "Recopied" DOB blank, no start/stop date. Inmate Sign. of nurse verifying order "Recopied", DOB blank, no start/stop date. Inmate No DOB, no start/stop dates. Inmate Sign. of nurse verfying aorder "Recopied", no DOB, no start/stop dates. 10/25/2013 11:49 AM Entered By: Trudy Dumkrieger IPC MARS 8 Pages looked at 8/8 pages non-compliant. Inmate pg. 1 No transcribers initials. Fentynal Patch no start/stop date. PG2 Start/stop dates missing on most meds, PG3 Nebs no start/stop date, Zofran no transcriber initials,no stop date. Inmate PG1 Start dates missing on 2 meds, no DX., meds not signed off 10/11/13.PG.2 No transcribers initials on prednisone. No stop dates on prednisone. PG. 3 no start/stop date on Cetrizine. Inmate PG 1 No DX., no start dates, PG.2 No start dates. No DX. Insulin Flow Sheets 6 insulin sheets reviewed 6/6 non-compliant. Inmate Ordering providers name says recopied. Signature of nurse verfying the order blank. No DOB, no start/stop dates. Inmate Ordering physician blank, sign. of nurse verifying order blank, no DOB, no start or stop dates. Inmate Ordering physician blank, Sign. Of nurse verifying order blank, no DOB, no start/sto	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		10/30/2013 3:22 PM Entered By: Trudy Dumkrieger Medication errors are forwarded to the FHA but do not contain corrective action plans.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		10/29/2013 1:33 PM Entered By: Trudy Dumkrieger see below. 10/25/2013 12:04 PM Entered By: Trudy Dumkrieger IPC Inmate Neomycin order written 9/16/13. Non-formulary completed 9/26/13. Finally started 10/11/13 at 2100. Inmate Order written 10/14 for Bactroban, NFR approved 10/16/13. Still not available	2

					on 10/24/13. 10/24/2013 3:33 PM Entered By: Trudy Dumkrieger Rincon Inmate No baclofen 10/1-10/7 at 1400 hours. Inmate Lithium ordered 10/3 did not start it til 10/8. 10/22/2013 2:40 PM Entered By: Trudy Dumkrieger Santa Rita Inmate Gabapentin ordered 10/2/13. Did not start until 10/10/13 eight days later.	
7	Are inmates being required to show ID prior to being administered their medications?	X			10/29/2013 1:33 PM Entered By: Trudy Dumkrieger	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X		10/17/2013 2:34 PM Entered By: Trudy Dumkrieger Tucson 147 Chronic Condition Formulary meds reviewed 10/1-10/11/2013. 20 prescriptions renewed prior to or on expiration date. 44 prescriptions renewed after expiration date 83 prescriptions expired as of 10/11/2013. This is a 43.5% renewal rate which includes those renewed late. IPC Inmate Insulin Detemir exp. 10/10/13, Regular exp. 10/5/13 Rincon Inmate Plavix exp. 10/3/13, Nitrostat exp. 10/3/13. Inmate Nitrostat exp. 10/3/13. Inmate Nitrostat exp. 10/10/13. Inmate Glucose gel exp. 10/4/13 Inmate Warfarin exp. 10/11/13. Inmate Albuterol exp. 10/10/13 Inmate Norvasc exp. 10/2/13. Minors No expired meds. CDU No expired meds. Cimarron Inmate Detemir Insulin expired 10/3/13. Inmate Albuterol exp. 10/5/13. Inmate Depakote exp. 10/11/13. Inmate A buterol and Beclomethasone exp. 10/9/13. Inmate Clonidine exp. 10/10/13. Inmate Albuterol and Beclomethasone exp. 10/2/13. Inmate Insulin NPH and regular exp. 10/4/13. Inmate Ecotrin, Enalapril, and Detemir Insulin expired 10/10/13. Inmate Detemir Insulin exp. 10/10/13 Inmate Albuterol, and Beclomethasone exp. 10/5/13. Santa Rita Inmate Albuterol exp. 10/5/13. Inmate Albuterol and	2

					Beclomethasone exp. 10/9/13 Inmate Enalapril exp. 10/9/13. Inmate Flucanozole exp. 10/11/13. Winchester Inmate Beclomethasone exp. 10/6/13 Inmate Cardura exp. 10/7/13 Inmate Lopid, Hydrodiuril. Lisinopril, EXP. 10/7 and 10/10. Inmate Albuterol exp. 10/10/13. Inmate A buterol exp. 10/1/13. Whetstone Inmate Norvasc, Ecotrin, Lisinopril, Metformin, Pravastatin all exp. 10/2/13. Inmate Albuterol exp. 10/9/13. Inmate Phoslo and Renvela exp. 10/4/13 These are dialysis meds. Inmate Albuterol exp. 10/7/13. Inmate Ecotrin exp. 10/6/13. Inmate Warfarin exp 10/11/13. Inmate Singulair exp. 10/1/13 Inmate Pravacol amd warfarin exp. 10/11/13. Inmate Insulin Reg. exp. 10/7/13. Inmate Ecotrin, Coreg, Enalapril, Glybunde, lovastatin, and Metformin all exp. 10/7/13. Inmate Ecotrin and Lopid exp. 10/5/13. Inmate Qvar, Lisinopril, and Lopid exp. 10/7/13. Inmate Ecotrin and Vasotec exp. 10/7/13. Inmate Q Var exp. 10/1/13. Inmate Glyburide and Metformin exp. 10/9/13 Manzanita Inmate Albuterol exp. 10/6/13 Inmate Insulin Humulin exp. 10/3/13 Inmate Norvasc, Atenolol, Enalaprel, Glyburide, exp. 10/2/13. Inmate Mevacor, and Metformin exp. 10/10/13. Inmate Nitrostat exp. 10/11/13. Inmate Ecotrin exp. 10/11/13. Catalina Inmate Depakote exp. 10/1/13. Inmate Albuterol exp. 10/1/13. Inmate QVar and Kaletra exp. 10/6/13.	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		10/29/2013 1:34 PM Entered By: Trudy Dumkrieger Still difficult to track non-formularies. 10/25/2013 1:17 PM Entered By: Trudy Dumkrieger Manzanita Non formulary submitted for Tramadol 9/26/13 denied 10/5/13. 10/11/2013 12:05 PM Entered By: Trudy Dumkrieger Inmate Non-formulary submitted 9/12/13, denied with alternative recommendations	2

					on 9/17/13.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		10/29/2013 1:34 PM Entered By: Trudy Dumkrieger Not happening all the time. 10/25/2013 1:19 PM Entered By: Trudy Dumkrieger Manzanita Inmate Order written for Dulera 10/1/13. PharmaCorr requested a nfr 10/2/13. Not reviewed by provider 10/21/13.	2
11	Are medication error reports being completed and medication errors documented?		X		10/30/2013 3:24 PM Entered By: Trudy Dumkrieger There were only five medidcation errors reports this month. One from IPC and four from Manzanita.	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 10:44 AM Entered By: Trudy Dumkrieger	1

Corrective Action Plans for PerformanceMeasure: Medication Administration

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]
Level 1 Amber User: Trudy Dumkrieger Date: 10/30/2013 10:14:40 AM

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

Corrective Actions: October Action plan submitted by Corizon-
1.In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
2.Monitoring
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Medical Director/RDCQI/RVP
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

5 Are medication errors forwarded to the FHA to review corrective action plan?
Level 2 Amber User: Trudy Dumkrieger Date: 10/30/2013 3:22:08 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: Trudy Dumkrieger Date: 10/29/2013 1:33:06 PM

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

Corrective Actions: October Action plan submitted by Corizon-
Intakes-
1.Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
a.Intake Orders
b.Private Prisons
2.In-service staff on process per PharmaCorr policy,
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds.
4.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsibile Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results
1.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
2.Standardized process statewide to include, but not limited to (Appendix III.1.):
a.Internal
b.External
2.In-service staff on process and ADC policy titled “Continuity of Care Upon Transfer” Chapter 5, Section 5.0 (Appendices III.2.);
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds
4.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?
[NCCHC Standard P-D-01]
Level 2 Amber User: Trudy Dumkrieger Date: 10/17/2013 2:34:39 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
Responsibile Parties = FHA/DON/Custody/RDCQI/RVP
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

1.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
2.Standardized process statewide to include, but not limited to (Appendix III.1.):
a.Internal
b.External
2.In-service staff on process and ADC policy titled “Continuity of Care Upon Transfer” Chapter 5, Section 5.0 (Appendices III.2.);
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
3.Custody educated regarding contract requirements regarding inmate transfer with meds
4.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/Custody/RDCQI/RVP
Target Date - 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?
Level 2 Amber User: Trudy Dumkrieger Date: 10/29/2013 1:34:02 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 (Appendis 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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10 Are providers being notified of non-formulary decisions within 24 to 48 hours?
Level 2 Amber User: Trudy Dumkrieger Date: 10/29/2013 1:34:30 PM

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

Corrective Actions: October Action plan submitted by Corizon-
1.Standardized process statewide, to include but not limited to (Pharmacy Appendix 1 & 2):
a.Non-formulary process (Appendix I.1.d.)
i.Reviewed for approval within 24-48 hrs
ii.Providers notified decision within 24-48 hrs
e.Manifest Reconciliation
f.Inventory control
g.Stock Medications
h.Practitioner Cards (Appendis I.1.h.)
i.Controlled Medications (Appendix I.1.i.)
2.In-service staff
a.Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
b.Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed
b.Weekly site results discussed with RVP
c.Audit results discussed a monthly CQI meeting
d.Minutes and audit reported monthly to Regional office for tracking and trending
Responsible Parties = FHA/DON/IC/RDCQI/RVP
Target Date-11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.
10/11/13 Update – Statewide in Sept Redbook and MAR audit, results reviewed; to audit pharmacy in October related to Controlled Substances and Expired meds.

11 Are medication error reports being completed and medication errors documented?
Level 2 Amber User: Trudy Dumkrieger Date: 10/30/2013 3:24:49 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 :
a.Medication error documentation/reporting (Pharmacy Appendix).
2.In-service staff on process and PharmaCorr policy.
a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3.Monitoring (Appendix I. - IV Monitoring Tools)
a.Audit tools developed.
b.Weekly site results discussed with RVP.
c.Audit results discussed a monthly CQI meeting.
d.Minutes and audit reported monthly to Regional office for tracking and trending.
Responsible Parties =FHA/DON/RDCQI/RVP/FHA
Target Date- 11/30/13
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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Nursing Assessment Protocols						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	X			10/10/2013 12:47 PM Entered By: Trudy Dumkrieger	1
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skils, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	X			10/10/2013 12:47 PM Entered By: Trudy Dumkrieger	1
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]	X			10/10/2013 12:47 PM Entered By: Trudy Dumkrieger	1
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]	X			10/10/2013 12:47 PM Entered By: Trudy Dumkrieger	1

Medical Diets						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
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]	X			10/27/2013 5:55 PM Entered By: Marlena Bedoya Do orders for medical diets include the type of diet, and the duration for which it is to be provided. A total of (80) charts were pulled, ten per yard, per the list provided by the ASP-Tucson Diet coordinator. Of the (80) charts pulled all (80) were in compliance. Appropriate paperwork was found in the chart in each case, completely filled out. 100% Compliance. SANTA RITA: 10 OF 10 complaint. WINCHESTER: 10 OF 10 complaint. CIMARRON: 10 OF 10 complaint. RINCON: 10 OF 10 complaint. RINCON MINORS: There were no minors on any special diets. WHETSTONE: 10 OF 10 complaint. CATALINA: 10 OF 10 complaint. MANZANITA: 10 OF 10 complaint.	1
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]	X			10/27/2013 6:01 PM Entered By: Marlena Bedoya Per our Food Services Liaison, the State Dietitian reviews all medical diets for their nutrition adequacy. The report is maintained on file at Central Office in Phoenix.	1
3	Do inmates who refuse prescribed diets receive follow-up nutritional counseling? [NCCHC Standard P-F-02]	X			10/27/2013 6:03 PM Entered By: Marlena Bedoya Per the Diet liaison, and in asking the staff on each unit there have been no inmates to anyone's knowledge that has refused a specially prescribed diet. If they did, they would receive nutritional counseling.	1
4	Are diet orders forwarded to food service liaison within 24 hours?	X			10/27/2013 6:13 PM Entered By: Marlena Bedoya 10/27/2013 6:13 PM Entered By: Marlena Bedoya On the day a diet card is written, it is scanned to HUB 7 from each applicable Medical Unit. It has all appropriate Medical/IM signatures on it at that point. The diet is logged onto a spreadsheet, and the email is then forwarded to the Diet Liaison for ASP-Tucson. The IM receives his card from through the Diet Liaison. The process is very streamlined with zero issues raised from either side. 100% compliance.	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			10/27/2013 6:07 PM Entered By: Marlena Bedoya Currently, there are no non-formulary diets prescribed at ASP-Tucson.	1

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Infirmary Care

	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting?	X			10/30/2013 10:16 AM Entered By: Trudy Dumkrieger Corizon has a copy of the Post Orders for ADOC, as well as Policies. They do not have ones of their own.	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			10/17/2013 2:38 PM Entered By: Trudy Dumkrieger	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?		X		10/30/2013 11:57 AM Entered By: Trudy Dumkrieger Corizon does not have an acuity scale that takes in either severity of illness or level of care needed as a basis for staffing. They have a charge RN 6AM - 6PM, a second RN from 10AM - 630 PM, a LPN from 6AM - 6PM and one or two aids.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/17/2013 2:56 PM Entered By: Trudy Dumkrieger	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/25/2013 12:09 PM Entered By: Trudy Dumkrieger	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/25/2013 12:09 PM Entered By: Trudy Dumkrieger	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			10/25/2013 12:09 PM Entered By: Trudy Dumkrieger	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			10/25/2013 12:09 PM Entered By: Trudy Dumkrieger	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			10/25/2013 12:09 PM Entered By: Trudy Dumkrieger	1
10	If an observation patient is placed by a qualified	X			10/25/2013 12:10 PM Entered By: Trudy	1

	health care professional for longer than 24 hours, is this order being done only by a physician?				Dumkrieger	
11	Are vital signs done daily when required?	X			10/25/2013 12:10 PM Entered By: Trudy Dumkrieger	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X		10/25/2013 12:14 PM Entered By: Trudy Dumkrieger Three IPC IMs at this time. Two charts available for review. One chart off the unit. Inmate unable to locate care plan. Inmate Care plan has not been up dated.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/29/2013 1:40 PM Entered By: Trudy Dumkrieger 10/25/2013 12:16 PM Entered By: Trudy Dumkrieger Supply orders are submitted by the supervisor. The Inventory Control clerks check the medication.	1

Corrective Action Plans for PerformanceMeasure: Infirmary Care
3 Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required? **Level 1 Amber User: Trudy Dumkrieger Date: 10/30/2013 11:57:33 AM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmary patient care.
12 Are there nursing care plans that are reviewed weekly and are signed and dated? **Level 1 Amber User: Trudy Dumkrieger Date: 10/25/2013 12:14:57 PM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.

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Medication Room						
	Performance Measure (Description)	**Grn**	**Amb**	**Red**	**Notifications**	**Level**
1	Is the medical room kept locked when not occupied?	X			10/29/2013 1:38 PM Entered By: Trudy Dumkrieger Wianchester is still not in compliance. Otherwise an 88.8% compliance rate. 10/29/2013 10:50 AM Entered By: Trudy Dumkrieger Catalina yes. 10/29/2013 10:50 AM Entered By: Trudy Dumkrieger Whetstone yes. 10/25/2013 1:20 PM Entered By: Trudy Dumkrieger Manzanita yes. 10/25/2013 11:03 AM Entered By: Trudy Dumkrieger IPC yes. 10/24/2013 3:34 PM Entered By: Trudy Dumkrieger Rincon yes. 10/22/2013 2:41 PM Entered By: Trudy Dumkrieger Santa Rita yes. 10/18/2013 2:14 PM Entered By: Trudy Dumkrieger Cimarron yes Minors yes 10/3/2013 2:53 PM Entered By: Trudy Dumkrieger Winchester NO.	1
2	Are open medication vials being marked with the date they were opened?		X		10/29/2013 10:54 AM Entered By: Trudy Dumkrieger Catalina 1 vial insulin open and undated. 10/29/2013 10:53 AM Entered By: Trudy Dumkrieger Whetstone 1 vial of bendryl open and undated. 10/25/2013 1:20 PM Entered By: Trudy Dumkrieger Manzanita 1 vial open and undated. 10/25/2013 11:05 AM Entered By: Trudy Dumkrieger IPC 2 vials of insulin opened and undated, plus 2 vials open, dated, but out of date. 10/24/2013 3:35 PM Entered By: Trudy Dumkrieger Rincon 1 vial of levemir and 1 vial of lantus opened and undated. 10/22/2013 2:42 PM Entered By: Trudy Dumkrieger Santa Rita 2 vials of Lantus and 1 vial of levimer open and undated.	1

					10/21/2013 4:01 PM Entered By: Trudy Dumkrieger Manzanita 1 vial o[pen and undated. 10/18/2013 2:15 PM Entered By: Trudy Dumkrieger Minors/CDU Good. Cimarron 4 vials opened. Three undated and 1 opened and dated in July. 10/3/2013 2:53 PM Entered By: Trudy Dumkrieger Winchester No opened and undated vials.	
3	Is nursing staff checking for outdated (expiring)medications?	X			10/29/2013 1:39 PM Entered By: Trudy Dumkrieger 10/29/2013 10:54 AM Entered By: Trudy Dumkrieger Catalina good. 10/29/2013 10:54 AM Entered By: Trudy Dumkrieger Whetstone good. 10/25/2013 1:21 PM Entered By: Trudy Dumkrieger Manzanita Good. 10/25/2013 11:05 AM Entered By: Trudy Dumkrieger IPC good. 10/22/2013 2:42 PM Entered By: Trudy Dumkrieger Santa Rita Good. 10/18/2013 2:16 PM Entered By: Trudy Dumkrieger Minors/CDU good. Cimarron good. 10/3/2013 2:55 PM Entered By: Trudy Dumkrieger Winchester found out date medications in the top of the fmed cart IE Warfarin.	1

Corrective Action Plans for PerformanceMeasure: Medication Room
2 Are open medication vials being marked with the date they were opened? **Level 1 Amber User: Trudy Dumkrieger Date: 10/29/2013 10:54:07 AM**
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce to nursing staff to make sure vials are dated when they are opened. Responsible Parties = RN/LPN Target Date = 11/30/13