

# Mecklenburg County Sheriff's Office

700 East Fourth Street Charlotte, NC 28202

T (704) 336-2543 • F (704) 336-6118 www.mecksheriff.com Garry L. McFadden Sheriff

Rodney M. Collins Chief Deputy Sheriff

Telisa E. White Chief of Detention

Jason R. Beebe Chief Deputy Sheriff

# **MEDIA ADVISORY**

February 10, 2022

CONTACT: Janet Parker

Public Information Manager

Janet.Parker@mecklenburgcountync.gov

O: (980) 314-5170

# MCSO Response to NCDHHS Supplemental Biannual Inspection and Complaint Investigation of the Mecklenburg County Detention Center

(CHARLOTTE, NC) – The Mecklenburg County Sheriff's Office continues to take corrective actions to maintain the safety and security of staff and residents at the Mecklenburg County Detention Center Central (MCDCC). Prior to the North Carolina Department of Health and Human Services inspection, MCSO began addressing staffing shortages at MCDCC by reducing the juvenile population and reallocating personnel from the Mecklenburg County Juvenile Detention Center to the MCDCC.

MCSO created a new specialized Tactical Response Unit (TRU) to address troublesome areas within the detention center and to enhance the safety and security of personnel and residents. This team of specially trained officers are tasked with mass searches, cell extractions, and deal with uncooperative and violent offenders. As a result of their efforts, contraband including homemade weapons have been found and confiscated within the facility and assaults have decreased.

MCSO has also implemented a new overtime policy to ensure adequate staff is inside the detention center to respond to requests or calls for assistance. Since the implementation of this policy, we have not had personnel working extended hours and have been able to operate much more efficiently because we have an adequate number of personnel.

Sheriff McFadden said, "We are continuing to proactively address all of the issues in the detention center and I'm really proud of the efforts being made by my staff and the collaborative approach by other key criminal justice stakeholders as we work through our staffing challenges."

On December 21, 2021, the North Carolina Department of Health and Human Services Division of Health Service Regulation (DHSR) Construction Section Jails and Detention Unit conducted a bi-annual inspection and a complaint investigation to determine compliance. In response to the inspection and investigation, the Mecklenburg County Sheriff's Office will continue taking corrective actions and will submit a plan of correction on each deficiency noted in DHSR report received on February 9<sup>th</sup> by the March 11, 2022, deadline as specified in their correspondence.



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 9, 2022

Gary McFadden, Sheriff (garry.mcfadden@mecklenburgcountync.gov)
Mecklenburg County
801 East 4<sup>th</sup> Street
Charlotte, NC 28202

Re: Supplemental Biannual Inspection and Complaint Investigation

Dear Sheriff McFadden:

On December 21, 2021, the Division of Health Service Regulation (DHSR) Construction Section Jails and Detention Unit, conducted a bi-annual inspection and a complaint investigation to determine compliance with 10A NCAC Subchapter 14J Jails, Local Confinement Facilities. This supplemental biannual inspection and complaint investigation found deficiencies whereby corrections are required. A copy of the report is enclosed for your attention. Please submit you plan of correction on each deficiency in this report to the office by March 11, 2022.

Your Plan of Correction must contain the following:

What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice.

How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place.

Include dates when correction action will be completed. The corrective action dates must be acceptable to the State.

- 1. Corrective action must begin immediately.
- 2. Any completion date greater than 60 days from date of survey requires written justification from the Sheriff.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

# Your Plan of Correction can be:

Mailed to: DHSR Construction Section 2705 Mail Service Center Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions, please do not hesitate to call me at (919) 855-3893

Sincerely,

Chief Jail Inspector

**DHSR-Construction Section** 

919-855-3893

**Enclosure** 

cc: Mr. George Dunlap, Chairman, Mecklenburg Board of Commissioner (<a href="mailto:george.dunlap@mecklenburgcountync.gov">george.dunlap@mecklenburgcountync.gov</a>)

Ms. Dena Diorio, County Manager, Mecklenburg County (dena.diorio@mecklenburgcountync.gov)

Chris W. Wood

Chief Telisa White, Detention Commander, Mecklenburg County

(Telisa.white@mecklenburgcountync.gov)

2

PRINTED: 02/09/2022 FORM APPROVED

<u>Division of Health Service Regulation</u>

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

BUILDING:

(X3) DATE SURVEY COMPLETED

B. WING

110646  $\underline{02/02/2022}$  STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

J 00 Initial Comments J 00

Chris Wood, Chief Jail Inspector, conducted the supplemental biannual inspection and complaint investigation.

This supplemental biannual jail inspection and complaint inspection was conducted as per 10A NCAC 14J JAILS, LOCAL CONFINEMENT FACILITIES Rules. This building was approved for use in 1994 under North Carolina State Building Code 1991 Edition with an occupancy classification of Group I-3. The jail design capacity is 1642 male beds and 262 female beds with a total design capacity of 1904 beds.

As referenced in the December 23, 2021 letter,

the survey and investigation included review of the documents and records that were provided during the December 21, 2021 on-site visit and additional documents and records provided through February 2, 2022 for review. The supplemental biannual and complaint inspections were concluded on February 2, 2022 and the deficiencies noted are as follows:

rounds shall be documented and

J 36 10A NCAC 14J .0601 (a) Supervision

maintained as written or electronic records.

(a) A jail shall have an officer make supervision rounds and observe each inmate at least two request. The supplemental times within a 60 minute time

These records shall be made available to the Construction Section during an inspection upon

period on an irregular basis with not more than Paragraph (b) of this

methods of

40 minutes between rounds. Supervision rounds shall be

supervision specified in Rule shall not substitute for supervision rounds. Division of

conducted 24 hours a day, 7 days Health Service Regulation

per week. The supervision J 36

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 ODCJ11 If continuation sheet 1 of 15

PRINTED: 02/09/2022 FORM APPROVED

**Division of Health Service Regulation** 

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

(X2) MULTIPLE CONSTRUCTION A. BUILDING:

(X3) DATE SURVEY COMPLETED

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

801 EAST FOURTH STREET MECKLENBURG COUNTY JAIL-CHARLOTTE, NC 28202 **CENTRAL** 

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC **IDENTIFYING INFORMATION)** 

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

J 36 Continued From page 1 J 36

History Note: Authority G.S. 153A 221; Eff. October 1, 1990; Amended Eff. June 1, 1992; Readopted Eff. September 4, 2020.

This Rule is not met as evidenced by: Based on staff interview and records review on the morning of December 21, 2021, and subsequent review since that date, the supervision rounds are not being conducted as required by this Rule.

Findings include: Records review indicated the following:

- -The documented supervision rounds records were selected by the inspector;
- -The documented electronic supervision rounds record for several dates and areas were reviewed;
- -The documented supervision rounds record for

November 25, 2021, November 26, 2021,

November 27, 2021, November 28, 2021,

November 29, 2021, December 3, 2021,

December 4, 2021, December 5, 2021, December 6, 2021, December 10, 2021,

December 11, 2021, December 12, 2021, and

December 13, 2021; and

-The documented electronic supervision rounds records were reviewed for compliance with the two times per hour direct observation watch requirement of the Rule.

For November 25, 2021 for Pod 3600 checkpoint 3640d:

-There was only one documented supervision round conducted during the 8:00 am and 11:00 am hours; and

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm If\ continuation\ sheet\ 2\ of\ 15}$ 

PRINTED: 02/09/2022 FORM APPROVED

#### Division of Health Service Regulation

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

(X3) DATE SURVEY COMPLETED

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE. NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J 36 Continued From page 2 J 36

-There were no documented supervision rounds conducted during the 9:00 am and the 10:00 am hours.

For November 25, 2021 for Pod 3600 checkpoint 3630d:

-There was only one documented supervision

round conducted during the 8:00 am and 11:00 am hours; and

-There were no documented supervision rounds conducted during the 9:00 am and the 10:00 am hours.

For 7:00 am on November 26, 2021 through 6:00 am on November 27, 2021 Pod 6100 checkpoint 6120a:

For November 26, 2021:

- -There was only one documented supervision round conducted during the 8:00 am, 9:00 am, 10:00 am, 11:00 am, 3:00 pm, 4:00 pm, 5:00 pm, 7:00 pm, 8:00 pm, 10:00 pm, and the 11:00 pm hours.
- -There were no documented supervision rounds conducted during the 12:00 pm and the 2:00 pm hours.

For November 27, 2021 for Pod 6100 checkpoint 6120a:

-There was only one documented supervision round conducted during the 1:00 am, 2:00 am, 4:00 am, and the 6:00 am hours.

For 7:00 am on November 26, 2021 through 6:00 am on November 27, 2021 Pod 6100 checkpoint 6130a:

For November 26, 2021:

-There was only one documented supervision round conducted during the 8:00 am, 9:00 am, 10:00 am, 11:00 am, 12:00 pm, 2:00 pm, 3:00 pm, 4:00 pm, 5:00 pm, 7:00 pm, 9:00 pm, 10:00

Division of Health Service Regulation

STATE FORM  $^{6899}\,\text{ODCJ11}^{\,\,\text{If continuation sheet 3 of 15}}$ 

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

# **Division of Health Service Regulation**

PLAN OF CORRECTION
(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. PLAN OF CORRECTION BUILDING:

B. WING

\_\_\_\_\_

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-CENTRAL 801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)
CORRECTIVE ACTION SHOULD (x5)
BE CROSS-REFERENCED TO COMPLETE DATE
THE APPROPRIATE

#### J 36 Continued From page 3 J 36

pm, and the 11:00 pm hours.

-There were no documented supervision rounds conducted during the 1:00 pm and the 8:00 pm hours.

For November 27, 2021 for Pod 6100 checkpoint 6130a:

-There was only one documented supervision round conducted during the 1:00 am, 2:00 am,

4:00 am, and the 6:00 am hours.

For November 25, 2021 for Pod 3600 checkpoint 3625a:

- -There was only one documented supervision round conducted during the 9:00 am, 11:00 am, 2:00 pm, and the 3:00 pm hours.
- -There were no documented supervision rounds conducted during the 12:00 pm and the 1:00 pm hours.

For November 28, 2021 from 7:00 am through 6:00 am on November 29, 2021 for Pod 5800 checkpoint 5855b:

For November 28, 2021:

- -There was only one documented supervision round conducted during the 9:00 am, 11:00 am, 2:00 pm, 3:00 pm, 4:00 pm, and the 9:00 pm hours.
- -There were no documented supervision rounds conducted during the 10:00 pm hour.

#### For November 29, 2021:

- -There was only one documented supervision round conducted during the 12:00 am, 2:00 am, 4:00 am, and the 6:00 am hours.
- -There were no documented supervision rounds conducted during the 5:00 am hour.

For December 3, 2021 from 8:00 am through 6:00 am on December 4, 2021 for Pod 2210:

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm If\ continuation\ sheet\ 4\ of\ 15}$ 

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

#### <u>Division of Health Service Regulation</u>

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. **BUILDING:** 

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

801 EAST FOURTH STREET MECKLENBURG COUNTY JAIL-CHARLOTTE, NC 28202 CENTRAL

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (FACH **DEFICIENCY**) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J 36 Continued From page 4 J 36

#### For December 3, 2021:

- -There was only one documented supervision round conducted during the 4:00 pm, 5:00 pm, and the 6:00 pm hours.
- -There were no documented supervision rounds conducted during the 1:00 pm hour.

For December 3, 2021 at 8:00 am through 6:00 am on December 4, 2021 for Pod 2220: For December 3, 2021:

-There was only one documented supervision

round conducted during the 6:00 pm and the 7:00 pm hours.

-There were no documented supervision rounds conducted during the 1:00 pm hour.

For December 3, 2021 at 8:00 am through 6:00 am on December 4, 2021 for Pod 2200 checkpoint 2230a:

For December 3, 2021:

- -There was only one documented supervision round conducted during the 4:00 pm and the 5:00 pm hours.
- -There were no documented supervision rounds conducted during the 1:00 pm hour.

For December 3, 2021 at 7:00 am through 6:00 am on December 4, 2021 for Pod 2200 checkpoint 2240:

For December 3, 2021:

- -There was only one documented supervision round conducted during the 7:00 am, 4:00 pm, 5:00 pm, and the 6:00 pm hours.
- -There were no documented supervision rounds conducted during the 1:00 pm hour.

For December 5, 2021 from 7:00 am through 6:00 am on December 6, 2021 for Pod 6800 checkpoint 6865c: For December 5, 2021:

Division of Health Service Regulation

STATE FORM <sup>6899</sup> ODCJ11 <sup>If continuation sheet 5</sup> of 15

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

# **Division of Health Service Regulation**

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE. NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC

**IDENTIFYING INFORMATION)** 

PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J 36 Continued From page 5 J 36

- -There was only one documented supervision round conducted during the 8:00 am, 11:00 am, 4:00 pm, 6:00 pm, and the 9:00 pm hours.
- -There were no documented supervision rounds conducted during the 3:00 pm hour.

For December 6, 2021:

-There was only one documented supervision round conducted during the 12:00 am, 4:00 am, and the 6:00 am hours.

For December 10, 2021 from 7:00 am through 6:00 am on December 11, 2021 for Pod 4600

#### checkpoint 4625d:

For December 10, 2021:

- -There was only one documented supervision round conducted during the 7:00 am, 4:00 pm, 5:00 pm, and the 6:00 pm hours.
- -There were no documented supervision rounds conducted during the 3:00 pm hour.

#### For December 11, 2021:

-There was only one documented supervision round conducted during the 12:00 am, and the 6:00 am hours.

For December 12, 2021 from 7:00 am through December 13, 2021 at 6:00 am for Pod 5600 checkpoint 5625d:

For December 12, 2021:

- -There was only one documented supervision round conducted during the 7:00 am, 9:00 am, 10:00 am, 11:00 am, 12:00 pm, 1:00 pm, 7:00 pm, 8:00 pm, and the 11:00 pm hours.
- -There were no documented supervision rounds conducted during the 8:00 am, 2:00 pm, 4:00 pm, 5:00 pm, 6:00 pm, 9:00 pm, and the 10:00 pm hours.

#### For December 13, 2021:

Division of Health Service Regulation

STATE FORM <sup>6899</sup> ODCJ11 <sup>If continuation sheet 6</sup> of 15

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

# **Division of Health Service Regulation**

STATEMENT OF DEFICIENCIES AN PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. PLAN OF CORRECTION BUILDING:

B. WING

110646 <u>02/02/2022</u> STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-CENTRAL 801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)
CORRECTIVE ACTION SHOULD (X5)
BE CROSS-REFERENCED TO COMPLETE DATE
THE APPROPRIATE

# J 36 Continued From page 6 J 36

- -There was only one documented supervision round conducted during the 12:00 am, 5:00 am and the 6:00 am hours.
- -There were no documented supervision rounds conducted during the 1:00 am, 3:00 am, and the 4:00 am hours.

For December 12, 2021 from 7:00 am through 5:00 am on December 13, 2021 for Pod 5600 checkpoint 5630c:

For December 12, 2021:

-There was only one documented supervision round conducted during the 7:00 am, 9:00 am, 10:00 am, 11:00 am, 1:00 pm, 7:00 pm, 8:00 pm, and the 11:00 pm hours.

-There were no documented supervision rounds conducted during the 8:00 am, 12:00 pm, 2:00 pm, 5:00 pm, 9:00 pm, and the 10:00 pm hours.

# For December 13, 2021:

- -There was only one documented supervision round conducted during the 12:00 am, 1:00 am, and the 5:00 am hours:
- -There were no documented supervision rounds conducted during the 3:00 am and the 4:00 am hours.

For December 12, 2021 at 7:00 am through 6:00 am on December 13, 2021 for Pod 5600 checkpoint 5640a:

For December 12, 2021:

- -There was only one documented supervision round conducted during the 7:00 am, 9:00 am, 10:00 am, 11:00 am, 12:00 pm, 1:00 pm, 4:00 pm, 7:00 pm, 8:00 pm, and the 11:00 pm hours. -There were no documented supervision rounds
- conducted during the 8:00 am, 2:00 pm, 5:00 pm, 9:00 pm, and the 10:00 pm hours.

For December 13, 2021:

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm If\ continuation\ sheet\ 7\ of\ 15}$ 

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

#### <u>Division of Health Service Regulation</u>

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC **IDENTIFYING INFORMATION)** 

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

# J 36 Continued From page 7 J 36

- -There was only one documented supervision round conducted during the 12:00 am, 1:00 am, 5:00 am, and the 6:00 am hours.
- -There were no documented supervision rounds conducted during 3:00 am and the 4:00 am hours.

Staff interview and Records review of the documented electronic supervision rounds record, Shift Log Entry Reports, and the "Jail Central Lineup" sheets for the dates and locations of major incidents that occurred from March 9, 2021 through December 9, 2021 indicated the following:

-Major incidents occurred on March 9, 2021, April 15, 2021, May 3, 2021, September 4, 2021, October 9, 2021, October 17, 2021, November 2,

2021, November 12, 2021, December 3, 2021, December 5, 2021, and December 9, 2021 were reviewed for compliance with the Rule related to supervision.

- -All incidents were reviewed under the two times per hour direct observation watch requirements.
- -Staff stated that fully staffed would be 80 detention staff per shift.

For March 9, 2021-Pod 5900-Assault on staff with a weapon.

- -Day shift operated 5 staff short of 80-Night shift operated 13 staff short of 80.
- -Documented supervision rounds from 7:00 am through 6:00 pm were reviewed;
- -There was only one documented supervision round conducted during the 7:00 am, 8:00 am, 10:00 am, 11:00 am, 1:00 pm, 2:00 pm, and the 4:00 pm hours.

For April 15, 2021-Pod 6100-Assault of staff with injuries.

-Day shift operated 12 staff short of 80-Night shift

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm If\ continuation\ sheet\ 8\ of\ 15}$ 

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

# **Division of Health Service Regulation**

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE. NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J 36 Continued From page 8 J 36

operated 9 staff short of 80.

- -Documented supervision rounds from 7:00 am through 6:00 pm were reviewed.
- -There was only one documented supervision round conducted during the 10:00 am, 11:00 am, 12:00 pm, 1:00 pm, 5:00 pm, and the 6:00 pm hours.

For May 3, 2021-Pod 3900-Inmate fight. Weapon

- -Day shift operated 10 staff short of 80-Night shift operated 10 staff short of 80.
- -Documented supervision rounds from 7:00 pm on May 3, 2021 through 6:00 pm on May 4, 2021 were reviewed.
- -There was only one documented supervision round conducted during the 7:00 pm, 12:00 am, 2:00 am, and the 6:00 am hours.

For September 4, 2021-Pod 3900-Inmate riot with weapons found.

- -Day shift operated 23 staff short of 80-Night shift operated 29 staff short of 80.
- -Documented supervision rounds from 7:00 pm through 5:00 am were reviewed.
- -There was only one documented supervision round conducted during the 11:00 pm and the 3:00 pm hours.
- -There were no documented supervision rounds conducted during the 8:00 pm, 9:00 pm, 10:00 pm, and the 12:00 am hours.

For October 9, 2021-Pod 4300-Inmates fighting and an assault on staff.

- -Day shift operated 23 staff short of 80-Night shift operated 23 staff short of 80.
- -Documented supervision rounds from 7:00 pm on October 9, 2021 through 6:00 am on October 10, 2021 were reviewed.
- -There was only one documented supervision

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm If\ continuation\ sheet\ 9\ of\ 15}$ 

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

#### <u>Division of Health Service Regulation</u>

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. **BUILDING:** 

B. WING

110646 <u>02/02/2022</u> STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF **DEFICIENCIES (EACH** 

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC

**IDENTIFYING INFORMATION)** 

PREFIX TAG

CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE PROVIDER'S PLAN OF THE APPROPRIATE

J 36 Continued From page 9 J 36

round conducted during the 7:00 pm, 9:00 pm, 10:00 pm, 1:00 am, 2:00 am. 4:00 am, and the 6:00 am hours.

There were no documented supervision rounds conducted during the 8:00 pm, 11:00 pm, 12:00 am, and the 3:00 am hours.

For October 17, 2021-Pod 3625-Assault on staff.

- -Day shift operated 24 staff short of 80-Night shift operated 26 staff short of 80.
- -Documented supervision rounds from 8:00 am through 12:00 pm were reviewed.
- -There was only one documented supervision round conducted during the 8:00 am hour.
- -There were no documented supervision rounds conducted during the 10:00 am and the 12:00 pm hours.

For November 2, 2021-Pod 3640-Assault on multiple staff with weapons found.

- -Day shift operated 21 staff short of 80-Night shift operated 25 staff short of 80.
- -Documented supervision rounds from 7:00 pm on November 2, 2021 through 10:00 pm on November 3, 2021 were reviewed.
- -There was only one documented supervision round conducted during the 7:00 pm, 10:00 pm, 2:00 am, 3:00 am, 4:00 am, 5:00 am, 7:00 am, 8:00 pm, and the 10:00 pm hours.
- -There were no documented supervision rounds conducted during the 8:00 pm, 9:00 pm, 11:00 pm, 12:00 am, 1:00 am, 6:00 am, 9:00am, 10:00 am, 11:00 am, 1:00 pm, 2:00 pm, 3:00 pm, 4:00 pm, 5:00 pm, 6:00 pm, and the 7:00 pm hours.

For November 12, 2021-Pod 5100-Attempted assault with Use of Force on inmate.

- -Day shift operated 12 staff short of 80-Night shift operated 27 staff short of 80.
- -Documented supervision rounds from 7:00 am

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm lf}$  continuation sheet 10 of 15

PRINTED: 02/09/2022 FORM APPROVED

# Division of Health Service Regulation

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

(X3) DATE SURVEY COMPLETED

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC **IDENTIFYING INFORMATION)** 

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

# J 36 Continued From page 10 J 36

on November 12, 2021 through 6:00 pm on November 13, 2021 were reviewed.

- -There was only one documented supervision round conducted during the 7:00 am, 8:00 am, 9:00 am, 10:00 am, 1:00 pm, 4:00 pm, 8:00 pm, 9:00 pm, 10:00 pm, 3:00 am, 4:00 am, 7:00 am, 10:00 am, 12:00 pm, 1:00 pm, and the 6:00 pm hours.
- -There were no documented supervision rounds conducted during the 11:00 am, 12:00 pm, 2:00 pm, 3:00 pm, 5:00 pm, 6:00 pm, 7:00 pm, 11:00 pm, 12:00 am, 1:00 am, 2:00 am, 5:00 am, 6:00 am, 3:00 pm, and the 4:00 pm hours.

For December 3, 2021-Pod 5625-Assault on staff with a Use of Force.

- -Day shift operated 13 staff short of 80-Night shift operated 21 staff short of 80.
- -Documented supervision rounds from 7:00 am on December 3, 2021 through 11:00 am on December 4, 2021 were reviewed.
- -There was only one documented supervision

round conducted during the 8:00 am, 9:00 am, 10:00 am, 11:00 am, 7:00 pm, 8:00 pm, 9:00 pm, 10:00 pm, 12:00 am, 1:00 am, 2:00 am, 4:00 am, 7:00 am, 8:00 am, 9:00 am, and the 11:00 am hours.

-There were no documented supervision rounds conducted during the 12:00 pm, 1:00 pm, 2:00 pm, 3:00 pm, 4:00 pm, 5:00 pm, 6:00 pm, 5:00 am, 6:00 am, and 11:00 am hours.

For December 5, 2021-Pod 5600-Assault on staff with a Use of Force.

- -Day shift operated 22 staff short of 80-Night shift operated 23 staff short of 80.
- -Documented supervision rounds from 7:00 am through 5:00 pm were reviewed.
- -There was only one documented supervision round conducted during the 11:00 am, 2:00 pm,

Division of Health Service Regulation

STATE FORM 6899 ODCJ11 If continuation sheet 11 of 15

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

#### Division of Health Service Regulation

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

110646 <u>02/02/2022</u> STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC **IDENTIFYING INFORMATION)** 

ID PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

# J 36 Continued From page 11 J 36

- 4:00 pm, and the 5:00 pm hours.
- -There were no documented supervision rounds conducted during the 10:00 am, 1:00 pm, and the 3:00 pm hours.

For December 9, 2021-Pod 3600-Assault on staff with injuries.

- -Day shift operated 17 staff short of 80-Night shift operated 24 staff short of 80.
- -Documented supervision rounds from 8:00 am through 7:00 pm were reviewed.
- -There was only one documented supervision round conducted during the 10:00 am, 2:00 pm, and the 3:00 pm hours.
- -There were no documented supervision rounds conducted during the 1:00 pm, 4:00 pm, and the 5:00 pm hours.

J450 153A-224 Supervision of Local Confinement Facilities

custodial personnel are present and available to provide continuous supervision in order that custody will be secure and (a) No person may be confined in that, in event of emergency, such as fire,

a local

confinement facility unless

illness, assaults by other

prisoners, or otherwise, the

prisoners can be protected. Based on staff interview and These personnel shall supervise records review on the morning of

by:

prisoners closely enough to December 21, 2021 and maintain safe custody and control subsequent review since that and to be at all times informed of

the prisoners' general health and date, the facility is Division of Health emergency medical needs.

Service Regulation

J450

This Rule is not met as evidenced

STATE FORM <sup>6899</sup> ODCJ11 <sup>If continuation sheet 12 of 15</sup>

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

<u>Division of Health Service Regulation</u>

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

BUILDING:

B. WING

110646 <u>02/02/2022</u> STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

801 EAST FOURTH STREET MECKLENBURG COUNTY JAIL-CHARLOTTE, NC 28202 **CENTRAL** 

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (EACH DEFICIENCY) CORRECTIVE ACTION SHOULD (X5)
BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

J450 Continued From page 12 J450

not in compliance with the General Statute.

Findings include: Staff interview indicated the following:

- -Staff reported that the facility has two shifts each day; and
- -To be fully staffed each shift would have 80 detention staff;

Records review of the "Jail Central Lineup"

sheets for March 9, 2021, April 15, 2021, May 3, 2021, September 4, 2021, October 9, 2021, October 17, 2021, November 2, 2021, November 12, 2021, December 3, 2021, December 5, 2021, and December 9, 2021 indicated the following: For March 9, 2021:

- -Day Shift had a total of 72 staff present; and
- -Night shift had a total of 67 staff present.

For April 15, 2021:

- -Day Shift had a total of 68 staff present; and
- -Night shift had a total of 71 staff present.

For May 3, 2021:

- -Day Shift had a total of 70 staff present; and
- -Night shift had a total of 70 staff present.

For September 4, 2021:

- -Day Shift had a total of 57 staff present; and
- -Night shift had a total of 51 staff present.

For October 9, 2021:

- -Day Shift had a total of 57 staff present; and
- -Night shift had a total of 57 staff present.

For October 17, 2021:

- -Day Shift had a total of 56 staff present; and
- -Night shift had a total of 54 staff present.

November 2, 2021:

- -Day Shift had a total of 59 staff present; and
- -Night shift had a total of 55 staff present.

For November 12, 2021:

- -Day Shift had a total of 68 staff present; and
- -Night shift had a total of 53 staff present.

For December 3, 2021:

Division of Health Service Regulation

STATE FORM  $^{6899}$  ODCJ11  $^{\rm lf}$  continuation sheet 13 of 15

PRINTED: 02/09/2022 FORM APPROVED

(X3) DATE SURVEY COMPLETED

#### <u>Division of Health Service Regulation</u>

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

110646 02/02/2022 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PRFFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH **DEFICIENCY**) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J450 Continued From page 13 J450

- -Day Shift had a total of 67 staff present; and
- -Night shift had a total of 59 staff present.

For December 5. 2021:

- -Day Shift had a total of 58 staff present; and
- -Night shift had a total of 57 staff present.

And for December 9, 2021:

- -Day Shift had a total of 63 staff present; and
- -Night shift had a total of 56 staff present.

Records review of incident reports from January 1, 2021 through December 9, 2021 indicated the following:

- -A total of 454 incident reports were provided to the inspector;
- -Many of the incidents were considered serious including assaults on staff, assaults on staff with weapons, inmate on inmate fights, and searches that resulted in the discovery of homemade weapons;
- -The incidents occurred on the dates listed above: and
- -On the dates of these incidents, the facility was operating below fully staffed;

For March 9, 2021: Assault on staff with a weapon.

- -Day shift operated 8 staff short of 80.
- -Night shift operated 14 staff short of 80.

For April 15, 2021: Assault on staff with injuries.

- -Day shift operated 12 staff short of 80.
- -Night shift operated 9 staff short of 80.

For May 3, 2021: Inmate fight. Weapon found.

- -Day shift operated 10 staff short of 80.
- -Night shift operated 10 staff short of 80.

For September 4, 2021: Inmate riot with weapons

- -Day shift operated 23 staff short of 80.
- -Night shift operated 29 staff short of 80.

For October 9, 2021: Inmates fighting and an assault on staff.

-Day shift operated 23 staff short of 80.

Division of Health Service Regulation

STATE FORM 6899 ODCJ11 If continuation sheet 14 of 15

PRINTED: 02/09/2022 FORM APPROVED

#### <u>Division of Health Service Regulation</u>

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES AND (X2) MULTIPLE CONSTRUCTION A. BUILDING:

B. WING

(X3) DATE SURVEY COMPLETED

 $110646 \ \underline{02/02/2022}$  STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

MECKLENBURG COUNTY JAIL-**CENTRAL** 

801 EAST FOURTH STREET CHARLOTTE, NC 28202

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH

**DEFICIENCY MUST BE** PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF

CORRECTION (EACH **DEFICIENCY**) CORRECTIVE ACTION SHOULD (X5) BE CROSS-REFERENCED TO COMPLETE DATE THE APPROPRIATE

#### J450 Continued From page 14 J450

-Night shift operated 23 staff short of 80.

For October 17, 2021: Assault on staff.

- -Day shift operated 24 staff short of 80.
- -Night shift operated 26 staff short of 80.

November 2, 2021: Assault on multiple staff with weapons found.

- -Day shift operated 21 staff short of 80.
- -Night shift operated 25 staff short of 80.

For November 12, 2021: Attempted assault with a

Use of Force on inmate.

- -Day shift operated 12 staff short of 80.
- -Night shift operated 27 staff short of 80.

For December 3, 2021: Assault on staff with a

Use of Force on inmate.

- -Day shift operated 13 staff short of 80.
- -Night shift operated 21 staff short of 80.

For December 5. 2021: Assault on staff with a

Use of Force on inmate.

- -Day shift operated 22 staff short of 80.
- -Night shift operated 23 staff short of 80.

And for December 9, 2021: Assault on staff with injuries.

- -Day shift operated 17 staff short of 80.
- -Night shift operated 24 staff short of 80.

Division of Health Service Regulation

STATE FORM 6899 ODCJ11 If continuation sheet 15 of 15