

May 2013 YUMA COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>5/28/2013 11:43 AM Entered By: Patricia Arroyo La Paz Unit: Sick call is not being conducted five days a week</p> <p>5/22/2013 4:18 PM Entered By: Patricia Arroyo Cocopah Unit: Sick call is not being conducted five days a week</p> <p>5/16/2013 9:52 AM Entered By: Patricia Arroyo Dakota Unit: Sick call is not being conducted five days. LaPaz Unit: Sick call is not being conducted five days.</p> <p>5/27/2013 6:07 PM Entered By: Kathy Campbell Cibola- Green. Sick call being conducted 5 days/week. Cheyenne- Green. Sick call being conducted 5 days/week.</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>5/28/2013 11:48 AM Entered By: Patricia Arroyo Cocopah Unit: Green</p> <p>5/28/2013 11:44 AM Entered By: Patricia Arroyo La Paz Unit: inmate ██████ Inmate submitted HNR on 4/16/13 for lump on back. Inmate not seen on Nurses Line until 5/10/13. inmate ██████ Inmate submitted HNR on 4/15/13 for rectal bleeding. Inmate was not seen on Nurses Line until 5/10/13. inmate ██████ Inmate submitted HNR on 4/13/13 for renewal of Ibuprofen. Inmate was not seen until 5/10/13. inmate ██████ Inmate submitted HNR on 3/7/13 for Severe back pain. Inmate was not seen on Nurses Line until 5/10/13. inmate ██████ Inmate submitted HNR on 4/14/13 for Pfilosec renewal. Inmate was not seen on Nurses Line until 5/10/13. inmate ██████ Inmate submitted HNR on 5/9/13 for abdominal pain. Inmate was seen same day. inmate ██████ Inmate submitted HNR on 3/22/13 for back pain. Inmate was scheduled 5/10/13, 5/13/13. Inmate was a no show. No refusal signed nor documented in the chart on either date. inmate ██████ Inmate submitted HNR on 3/28/13 for Left hand pain. Inmate not seen until 5/10/13. inmate ██████ Inmate submitted HNR on 5/6/13 for Right ankle pain x 7 days. Inmate wasn't seen until 5/8/13. inmate ██████ Inmate submitted HNR on 5/14/13 for D/C of Limited Duty. No documentation inmate was seen by Nurse.</p>	1

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5/16/2013 10:30 AM Entered By: Patricia Arroyo  
Dakota Unit:  
inmate : Submitted HNR on 5/4/13 for CC medication renewal. Nurse triaged HNR on 5/6/13.  
inmate : Inmate submitted HNR on 2/4/13 for abdominal pain. Nurse didnt see the inmate referred to provider on 2/4/13. The SOAPE does not indicate inmate was seen for abdominal pain. The SOAPE note for 5/13/13, Inmate seen for CLBP. Provider reviewed chart and ordered naproxen. Abdominal pain was never addressed.  
inmate : Inmate submitted HNR for foot fungus on 5/2/13, Inmate was not seen until 5/13/13  
inmate : No HNR in chart to verify date submitted. Appointment was rescheduled on 4/11/13, due too yard lock down. Inmate was not seen until 5/13/13. Inmate was seen for Left foot deformity.  
inmate : Submitted HNR for Glasses on 5/2/13; Inmate was not seen until 5/8/13.  
inmate : Inmate submitted HNR for glasses on 2/8/13. Inmate was not seen until 5/8/13.  
inmate : Inmate submitted HNR for throat infection; inmate was not seen until 5/5/13  
inmate : Inmate submitted HNR on 5/5/13; mate signed refused Nurses Line on 5/8/13  
inmate : Inmate submitted HNR 5/5/13, inmate not seen until 5/9/13.

5/22/2013 11:44 AM Entered By: Steve Bender  
The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed one which had not been seen within the designated 24 hour time frame:  
Inmate

5/27/2013 6:11 PM Entered By: Kathy Campbell  
Cheyenne- (Amber)-inmate - HNR triaged 4/26/13, not seen until 4/30/13.  
inmate - HNR triaged 4/2/13, not seen as of 5/16/13. inmate -HNR triaged 4/3/13, seen 5/10/13. inmat inmate - HNR submitted 5/1/13, not seen until 5/10/13.

5/27/2013 6:09 PM Entered By: Kathy Campbell  
Cibola-(Amber)-inmate - HNR triaged 5/10/13, but not seen as of 5/17/13.  
inmate - HNR triaged 5/3/13, seen 5/9/13. inmate - HNR triaged 4/21, seen 4/25/13. inmate - HNR triaged 5/6/13, seen 5/14/13. inmate - HNR triaged 5/7/13, but not seen as of 5/17/13.

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3	<p>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]</p>		X		<p>5/22/2013 11:50 AM Entered By: Steve Bender                  The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed (2) that did not have the required vital signs: [redacted] and [redacted] (1) was referred to mental health tele- medicine [redacted] - (1) was for contact lenses [redacted] and (1) refused [redacted]</p> <p>5/27/2013 6:12 PM Entered By: Kathy Campbell                  Cibola- (Green)                  Cheyenne-(Green)</p> <p>5/28/2013 11:48 AM Entered By: Patricia Arroyo                  Cocopah Unit:                  Green</p> <p>5/28/2013 11:45 AM Entered By: Patricia Arroyo                  La Paz Unit:                  [redacted] Respirations are not documented                  [redacted] No VS documented                  [redacted] No VS documented</p>	1
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X		<p>5/22/2013 11:52 AM Entered By: Steve Bender                  The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed all had utilized the SOAPE format.</p> <p>5/27/2013 6:12 PM Entered By: Kathy Campbell                  Cibola (Green)                  Cheyenne (Green)</p> <p>5/28/2013 11:49 AM Entered By: Patricia Arroyo                  Cocopah Unit:                  Green</p> <p>5/28/2013 11:45 AM Entered By: Patricia Arroyo                  La Paz Unit:                  [redacted] No Net nor SOAPE utilized                  [redacted] No NET nor SOAPE utilized</p>	1
5	<p>Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]</p>		X		<p>5/22/2013 11:58 AM Entered By: Steve Bender                  The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed that none of the referrals had been seen within the designated 7 day time frame. This finding was for both medical and mental health.</p>	1

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				<p>5/27/2013 6:13 PM Entered By: Kathy Campbell Cheyenne-(Green) Cibola- (Green)- 1/10 charts found out of compliance. inmate . HNR was triaged 4/19/13, not seen until 4/24/13 and sent to Provider. Never seen by Provider, but Provider review was completed 5/2/13.</p> <p>5/28/2013 11:49 AM Entered By: Patricia Arroyo Cocopah Unit: Green</p> <p>5/28/2013 11:46 AM Entered By: Patricia Arroyo La Paz Unit: inmate inmate has not been seen as of to date 5/22/13 inmate inmate was not referred to provider inmate Inmate has not been seen as of to date 5/22/13 inmate Inmate has not been seen as of to date 5/22/13 inmate Inmate has not been seen by provider as of to date 5/22/13 inmate Inmate has not been seen by provider as of to date 5/22/13 inmate No documentation to determine if inmate was seen by provider. inmate HNR documentation indicates inmate was referred to provider. Inmate has not been seen as of to date.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?	X		<p>5/22/2013 12:10 PM Entered By: Steve Bender The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed the nursing protols were being utilized as required.</p> <p>5/27/2013 6:14 PM Entered By: Kathy Campbell Cibola-(Green) Cheyenne- (Green)</p> <p>5/28/2013 11:51 AM Entered By: Patricia Arroyo La Paz Unit: Green</p> <p>5/28/2013 11:50 AM Entered By: Patricia Arroyo Cocopah Unit: Green</p>	1

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

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:43:36 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: Patricia Arroyo Date: 5/28/2013 11:48:25 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 ( 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.

**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: Patricia Arroyo Date: 5/28/2013 11:48:25 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Daily pick up.
- b.Date stamp.

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- c.Triage within 24 hrs, immediate triage of patient if emergent.
  - d.Seen within 48 hrs after date stamp or 72 hrs weekend/holiday.
  - e.Nurse line sees patient, then to provider line when appropriate.
  - f. Submit final site process to RVP.
- 2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 ( Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);
- a.Agenda/sign off sheet to verify, inclusive of all pertinent staff.
- 3.Monitoring (Sick Call Monitoring Tool)
- a.Audit tools developed.
  - b.Weekly site results discussed with RVP.
  - c.Audit results discussed a monthly CQI meeting.
  - d.Minutes and audit reported monthly to Regional office for tracking and trending.
- Responsible Parties = FHA/DON/RDCQI/RVP  
Target Date-11/30/13

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

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

**Level 1 Amber User: Steve Bender Date: 5/22/2013 11:50:54 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);
    - a.Agenda/sign off sheet to verify
  - 2.Monitoring (Sick Call Monitoring Tool)
    - a.Audit tools developed
    - b.Weekly site results discussed with RVP
    - c.Audit results discussed a monthly CQI meeting
    - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/RDCQI/RVP  
Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:48:59 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

- 1.In-service nursing staff on per Sick Call 2.20.2.2 contract performance outcome 3 (Sick Call Attachment);
    - a.Agenda/sign off sheet to verify
  - 2.Monitoring (Sick Call Monitoring Tool)
    - a.Audit tools developed
    - b.Weekly site results discussed with RVP
    - c.Audit results discussed a monthly CQI meeting
    - d.Minutes and audit reported monthly to Regional office for tracking and trending
- Responsible Parties = FHA/DON/RDCQI/RVP  
Target Date- 11/30/13

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

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

### **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]**

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**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:48:59 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:49:17 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:49:17 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Steve Bender Date: 5/22/2013 11:58:10 AM**

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.

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:49:45 AM**

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.

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

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 11:49:45 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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



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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			<p>5/27/2013 6:19 PM Entered By: Kathy Campbell Cibola- (Green) Cheyenne- (Green)</p> <p>5/28/2013 1:56 PM Entered By: Patricia Arroyo</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>5/29/2013 3:53 PM Entered By: Patricia Arroyo La Paz Unit: There is one provider for entire complex. Reports are not being reviewed in time frame.</p> <p>5/22/2013 3:50 PM Entered By: Patricia Arroyo Cocopah Unit: There are no cunsults at this time Dakota Unit: inmate [REDACTED] Dictated note rec'd 4/30/13 not reviewed by provider until 5/7/13 inmate [REDACTED] Dictated note rec'd 4/22/13 not reviewed by provider until 5/7/13</p> <p>5/27/2013 6:21 PM Entered By: Kathy Campbell Cibola- (Amber)-inmate [REDACTED] - 21st Century report received 4/5/13, but not reviewed until 4/17/13. inmate [REDACTED] - Report received 4/24/13, but not reviewed until 5/2/13. inmate [REDACTED] - Abnormal lab received 4/26/13, but not reviewed until 5/17/13. Cheyenne- (Amber)-inmate [REDACTED] - Abnormal labs received 4/11/13, but not reviewed until 4/26/13. inmate [REDACTED] - Report received 4/26/13, but not reviewed until 5/10/13.</p>	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			<p>5/27/2013 6:22 PM Entered By: Kathy Campbell Cibola- (Green) Cheyene- (Green)</p> <p>5/29/2013 3:45 PM Entered By: Patricia Arroyo</p>	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			<p>5/27/2013 6:22 PM Entered By: Kathy Campbell Cibola- (Green) Cheyenne- (Green)</p> <p>5/29/2013 3:45 PM Entered By: Patricia</p>	2

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		X			Arroyo	
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			<p>5/27/2013 6:22 PM Entered By: Kathy Campbell Cibola - (Green) Cheyenne- (Green)</p> <p>5/29/2013 3:45 PM Entered By: Patricia Arroyo There was no documentation to verify this finding</p>	2

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

**2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]**  
**Level 2 Amber User: Patricia Arroyo Date: 5/29/2013 3:53:59 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.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			<p>5/22/2013 3:40 PM Entered By: Patricia Arroyo</p> <p>5/27/2013 6:24 PM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		<p>5/22/2013 4:01 PM Entered By: Patricia Arroyo La Paz Unit: inmate [redacted] Asthma seen 9/12, due 3/13 past due inmate [redacted] COPD, HTN, Diabetes seen 10/12, due 4/13, past due inmate [redacted] HTN, Diabetes seen 1/13, due 3/13 past due inmate [redacted] HTN, seen 9/12, due 3/13 past due There are 100 plus Chronic Care appointments past due on this unit.</p> <p>5/22/2013 3:46 PM Entered By: Patricia Arroyo Dakota Unit: inmate [redacted] HTN seen 10/12, due 4/13 past due inmate [redacted] ASthma seen 10/12, due 4/13 past due inmate [redacted] ASthma seen 10/12, due 4/13 past due inmate [redacted] HTN, Sz, seen 1/13, due 3/13 past due inmate [redacted] DM 2,HTN, Hep C, seen 10/12, due 12/12 past due inmate [redacted] Asthma, Hep C, seen 1/13, due 3/13 past due inmate [redacted] Asthma seen 9/12, due 3/13</p> <p>5/10/2013 10:02 AM Entered By: Patricia Arroyo Cocopah Unit: inmate [redacted] CC: Sz, DM Type 2, Inmate has not been seen for CC since 09 for CC. There is no indication the CC was D/c'd in the chart. inmate [redacted] HTN: Inmate refused CC on 6/12. There is not indication CC was D/C nor a next scheduled appointment.</p> <p>5/27/2013 6:28 PM Entered By: Kathy Campbell Cibola (Amber)-inmate [redacted] - cc HTN. Last seen 10/7/12 with 180 day follow up. Not seen as of 5/17/13. inmate [redacted] - HTN; Cardiac. last seen 7/24/12 with 180 day follow up. Not seen as of 5/17/13. inmate [redacted] - cc Hep C. No cc form found int chart. inmate [redacted] - cc Asthma. Seen 2/7/13 with 90 day follow up, not seen as of 5/17/13. Cheyenne (Amber)-inmate [redacted] - cc</p>	2

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					<p>Asthma. Last seen 10/12/12 with 6 month follow up. Not seen as of 5/16/13. inmate - cc HTN. Last seen 10/24/12 with 180 day follow up. Not seen as of 5/10/13. inmate - cc HTN. Last seen 8/2/12 with 90 day follow up. Not seen as of 5/16/13.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]	X			<p>5/22/2013 4:02 PM Entered By: Patricia Arroyo La Paz Unit: Education is documented on Chronic Care forms</p> <p>5/22/2013 3:48 PM Entered By: Patricia Arroyo Dakota Unit: inmate education is not documented inmate education is not documented inmate education is not documented</p> <p>5/10/2013 10:03 AM Entered By: Patricia Arroyo inmate education is not documented inmate education is not documented</p> <p>5/27/2013 6:29 PM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)</p>	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			<p>5/27/2013 6:31 PM Entered By: Kathy Campbell Cibola (Amber)- See #2. Guidelines developed in regards to time frames, but not being followed. Cheyenne (Amber)-See #2. Guidelines developed in regards to time frames, but not being followed.</p> <p>5/28/2013 1:55 PM Entered By: Patricia Arroyo La Paz Unit Dakota Unit Cocopah Unit</p>	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			<p>5/28/2013 9:36 AM Entered By: Kathy Campbell</p> <p>5/28/2013 1:56 PM Entered By: Patricia Arroyo This report is due in June 2013</p>	2

## May 2013 YUMA COMPLEX

### Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**

**Level 2 Amber User: Patricia Arroyo Date: 5/22/2013 4:01:39 PM**

Corrective Plan: As of October 1st 2013 there are no wait list to see the providers

All PCT's were instructed to have chronic care patients placed in the care log to create a tracking system for chronic care patients by Oct. 31st.

From November first on patients will be seen as directed by the Chronic Care every 3, 6, or 9 months.

On Oct 7th there will be a provider meeting, we will discuss Chronic Care and how to schedule patients by writing an order for f/u and date by Rogers

PCT's beginning immediately will check all transfers and add them to the chronic care schedule if needed

Corrective Actions: October Action plan submitted by Corizon-  
Process statewide to include, but not limited to :

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

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

Target Date - 11/30/13

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

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			5/31/2013 8:06 AM Entered By: Leslie Boothby	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>5/31/2013 8:06 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Amber – will remain amber until a completed written action plan is received and implemented with weekly follow up documentation of results to ADC from each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Julie Carter, Regional Pharmacist, Corizon, to ensure that requests for necessary non-formulary medications at each Complex Site, are received by inmate patients in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFD is being processed. This Action Plan requires documented weekly follow-up from Corizon staff that identifies that medications have been approved or denied and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. May 2013 Non Formulary Drug Requests - Stop Date Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Julie Carter, Regional Pharmacist, Corizon, 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 receive continuity of care. This Action Plan requires weekly documented follow-up from Corizon staff. Medications should be renewed before the expiration date to provide continuity of care. May 2013 Expired Medications - Stop Date Report indicates: 10,117 Expired Medications for 5,168 Patients. Snapshot of April 1, 2013 – May 16,2013 for Psychotropic medications (not including amitriptyline, nortriptyline and gabapentin for medical use). Stop Date Report indicates: 1051 Expired Psychotropic Medications for 694 patients. Note: not same parameter as May 2013 reporting. Some information will be duplicated in the Expired Medication reporting for May 2013.</p> <p>C) Julie Carter, Corizon Regional Pharmacist, implemented the Pharmacy Corrective Action Plan on May 13th, 2013. She followed up on May 20th, 2013 with a conference call to DONs/FHAs to identify problems and resolutions and discuss progress of renewals. A Status Report was submitted 05/30/13. Most, but not all findings were reported at that time. We are</p>	2

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					hoping to receive a report with all findings and a significant improvement in Continuity of Care for Non-Formulary and Expired Medications next month.	
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			5/31/2013 8:06 AM Entered By: Leslie Boothby  5/31/2013 8:06 AM Entered By: Leslie Boothby	1

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

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

**Level 2 Amber User: Leslie Boothby Date: 5/31/2013 8:06:15 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
  - i. Therapeutic dose ranges
  - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
  - i. Reviewed for approval within 24-48 hrs
  - ii. Providers notified decision within 24-48 hrs
- e. Manifest Reconciliation
- f. Inventory control
- g. Stock Medications
- h. Practitioner Cards (Appendix I.1.h.)
- i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

- a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

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

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

Target Date-11/30/13

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

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

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<b>No Shows (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]	█	█ X	█	<p>5/27/2013 6:32 PM Entered By: Kathy Campbell Cibola (Green)-inmate ██████████ - No show for med line PM on 5/14/13. Cheyenne (Green).</p> <p>5/29/2013 3:53 PM Entered By: Patricia Arroyo La Paz Unit: inmate ██████████ Inmate had Nurses Line appointment for 5/10/13. There is no refusal signed nor SOAPE indicating inmate was rescheduled etc. Memo format that FHA has implemented is not being utilized for the No show inmates. Dakota Unit: Green Cocopah Unit: Green</p>	1

**Corrective Action Plans for Performance Measure: No Shows (Q)**

**1 Are medical, dental and mental health line "no-shows" being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]**

**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:53:00 PM**

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

Corrective Actions: Reinforce with staff to complete a refusal form to be signed by inmate. Continue to monitor.  
Responsible Parties= RN/LPN  
Target Date = 11/30/13



## May 2013 YUMA COMPLEX

<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	<b>X</b>			5/22/2013 3:20 PM Entered By: Steve Bender All HNR's were being triaged within 24 hours as required	<b>2</b>
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		<b>X</b>		5/22/2013 3:22 PM Entered By: Steve Bender These referrals were not occurring within the 7 day time frame at any of the units audited.	<b>2</b>
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]		<b>X</b>		5/22/2013 3:28 PM Entered By: Steve Bender A review of (50) medical records for inmates who are SMI or have a qualifying mental health condition revealed the following: All (5) SMI records reviewed did not have an updated SMI treatment plan. The review of the other (45) records with a qualifying mental health condition revealed (28) without a required treatment plan.	<b>1</b>
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		<b>X</b>		5/22/2013 3:31 PM Entered By: Steve Bender A review of (50) medical records revealed (15) had not been seen by mental health or psychiatry during the past (90) days as required.	<b>2</b>
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]		<b>X</b>		5/22/2013 3:33 PM Entered By: Steve Bender See Q4 - Inmates were not being seen within the designated time frame.	<b>2</b>
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]		<b>X</b>		5/22/2013 3:36 PM Entered By: Steve Bender A review of (50) charts revealed (5) who had not been seen within the designated time frame. A review of mental health HNR's found a lot with issues related to expiring medication.	<b>2</b>

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

**2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]**

**Level 2 Amber User: Steve Bender Date: 5/22/2013 3:22:47 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: Steve Bender Date: 5/22/2013 3:28:44 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.

**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 Amber User: Steve Bender Date: 5/22/2013 3:31:57 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

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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 Amber User: Steve Bender Date: 5/22/2013 3:33:01 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.Monitoring (Mental Health Monitoring Tool)

a.Audit tools developed

b.Monthly site results discussed with RVP/MH Director

c.Audit results discussed at monthly CQI meeting

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

Responsible Parties = RDCQI/RVP/MH Director/FHA/DON/MH Lead

Target Date- 11/30/13

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

**6 Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]**

**Level 2 Amber User: Steve Bender Date: 5/22/2013 3:36:25 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1.In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 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.

**7 \*\*\*Deleted**

**Level 2 Amber User: Steve Bender Date: 5/22/2013 3:40:44 PM**

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

Corrective Actions: Deleted.

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<b>Grievances</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/27/2013 6:14 PM Entered By: Kathy Campbell	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/27/2013 6:15 PM Entered By: Kathy Campbell Grievance trends are being tracked and addressed. Responses are a bit behind, but Site Manager is working on getting in compliance with time frames.	1

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Transfer Screening						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]		X		<p>5/22/2013 11:17 AM Entered By: Steve Bender The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed (5) had not been reviewed by medical staff within the designated 12 hour time frame: inmate, inmate, inmate, inmate and inmate. Three of these transfers were internal within the Yuma Complex.</p> <p>5/28/2013 9:38 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Amber)</p> <p>5/28/2013 12:15 PM Entered By: Patricia Arroyo La Paz Unit: Medical charts are not being reviewed within 12 hours of arrival. Dakota Unit: Medical charts are not being reviewed within 12 hours of arrival. Cocopah Unit: Medical charts are not being reviewed</p>	1
2	Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]		X		<p>5/22/2013 11:20 AM Entered By: Steve Bender The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed all had been screened to ensure medication had been transferred with the inmate.</p> <p>5/28/2013 9:38 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)</p> <p>5/29/2013 3:56 PM Entered By: Patricia Arroyo 44 inmates were transferred from Lewis Complex without medication. Yuma provided list for Lewis to provide medication.</p>	1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]		X		<p>5/22/2013 11:22 AM Entered By: Steve Bender The following finding is for the Cheyenne Unit. A review of (10) medical charts revealed that none had been reviewed by mental health staff within 24 hours of their arrival.</p> <p>5/28/2013 9:44 AM Entered By: Kathy Campbell</p>	1

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				<p>Cheyene (Amber)-inmate - Arrived 5/10, not seen by MH as of 5/16/13. inmate - Arrived 5/8/13, not seen by MH as of 5/16/13. inmate - Arrived 4/5/13, not seen by MH until 5/17/13.</p> <p>5/28/2013 9:39 AM Entered By: Kathy Campbell Cibola (Green)</p>	
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?		X	<p>5/22/2013 11:24 AM Entered By: Steve Bender The following finding is for the Cheyanne Unit. A review of (10) medical charts revealed none had been reviewed by dental staff within 24 hours of the inmates arrival on the unit.</p> <p>5/28/2013 9:42 AM Entered By: Kathy Campbell Cibola (Amber)-inmate - Arrived 5/8/13, chart not reviewed until 5/13/13. inmate - Arrived 5/9/13, chart not reviewed until 5/13/13. inmate - Arrived 5/8/13, chart not reviewed until 5/13/13. inmate - Arrived 5/9/13, chart not reviewed until 5/13/13. Cheyenne (Amber)-inmate - Arrived 5/8/13, chart not reviewed as of 5/16/13. inmate - Arrived 4/5/13, not seen by dental as of 5/16/13. inmate - Arrived 5/10/13, chart not reviewed as of 5/16/13. .</p> <p>5/29/2013 3:57 PM Entered By: Patricia Arroyo</p> <p>5/29/2013 3:57 PM Entered By: Patricia Arroyo</p>	1

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### Corrective Action Plans for Performance Measure: Transfer Screening

**1 Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]**

**Level 1 Amber User: Steve Bender Date: 5/22/2013 11:17:14 AM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13.

**1 Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]**

**Level 1 Amber User: Patricia Arroyo Date: 5/28/2013 12:15:08 PM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**2 Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]**

**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:56:25 PM**

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

Corrective Actions: Nursing staff needs to ensure they receive the list of inmates being transferred and that there medication (DOT) are ready to be transferred when inmate is transferred.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**3 Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]**

**Level 1 Amber User: Steve Bender Date: 5/22/2013 11:22:30 AM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by nursing staff.

Responsible Parties = RN/LPN

Target Date – 11/30/13

**3 Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]**

**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:56:57 PM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by mental health staff.

Responsible Parties = MH Staff

Target Date – 11/30/13

**4 Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?**

**Level 1 Amber User: Steve Bender Date: 5/22/2013 11:24:28 AM**

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

Corrective Actions: Reinforce to staff the necessity that the medical records need to be reviewed within 12 hours of an Inmate's arrival to the unit by dental staff.

Responsible Parties = dental

Target Date – 11/30/13

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			<p>5/28/2013 9:45 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)</p> <p>5/28/2013 4:05 PM Entered By: Patricia Arroyo</p>	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			<p>5/29/2013 8:43 PM Entered By: Kathy Campbell</p> <p>5/31/2013 3:10 PM Entered By: Patricia Arroyo</p>	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			<p>5/29/2013 4:01 PM Entered By: Patricia Arroyo KOP medications are on the MAR. Nursing is signing the MAR indicating that medication was issued to the inmate on the following units: La Paz, Dakota, &amp; Cocopah.</p>	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		<p>5/29/2013 4:00 PM Entered By: Patricia Arroyo La Paz Unit: There are multiple MARs that are not completed correctly: example no diagnosis, allergies, Nurses signature etc. Cocopah Unit: There are multiple MAR's that are not completed correctly: example no diagnosis, allergies, Nurses signature etc.</p> <p>5/22/2013 4:17 PM Entered By: Patricia Arroyo Dakota Unit: inmate [redacted] : No diagnosis inmate [redacted] :No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no Nurses signature inmate [redacted] : No diagnosis, no indication of discontinue date for Anusol, no Nurses signature inmate [redacted] : No facility indication, no diagnosis, no Nurses signature, no allergies, documented inmate [redacted] : no diagnosis</p>	1



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				<p>5/28/2013 9:56 AM Entered By: Kathy Campbell          Multiple MARs with blanks, lines drawn through the start and stop dates and written over with new start and stop dates. Below are a small sample of my findings.          Cibola (Amber)-inmate - Tegretol 5/9/13 PM dose blank.          inmate - Carbamazepine 5/9/13 am and pm dose blank.          inmate - line drawn through old start and stop dates and new dates written over them.          inmate - line drawn through old start and stop dates and new dates written over them.          inmate - Pamelor pm dose on 5/16/13 w/o initials.          inmate - Carbamazepine 5/1, 5/8 + 5/12 PM doses without initials and 5/15/13 am dose w/o initials.          inmate - Nortriptyline on 5/9/13 blank.          Cheyenne (Amber)-inmate - Enalapril w/o stop date.          inmate - Start and stop dates with line through them and new date written over the top.          inmate - Amitriptyline circled for most of the month of May with comment on back, "No meds sent".          inmate - Pamelor blank 5/2/13-5/7/13.          inmate - Thorazine and Cogentin with multiple blanks and 5/9, 5/13 and 5/15 circled.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>5/28/2013 4:05 PM Entered By: Patricia Arroyo          There are no reprotos to date</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>5/28/2013 10:04 AM Entered By: Kathy Campbell          Cibola (Amber)- Inmates without medications per MARs. Below are a small sample. inmate -No gabapentin from 5/3/13 through 5/16/13. inmate - Gabapentin ordered on 5/3/13 and still did not have as of 5/17/13.          Cheyenne (Amber)- Inmate without medications per MARs. See below- inmate - Terazosin expired 5/4/13, renewed 5/16/13. inmate - Gabapentin N/A since 5/11/13. inmate - Quetaipine and Diphenhydramine expired 5/3/13 and still did not have reordered on 5/16/13.</p>	2

May 2013 YUMA COMPLEX

				<p>5/28/2013 4:06 PM Entered By: Patricia Arroyo There are various scripts that have not been renewed. There is only one provider at this facility</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>5/28/2013 10:05 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)</p> <p>5/28/2013 4:06 PM Entered By: Patricia Arroyo</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>5/28/2013 10:06 AM Entered By: Kathy Campbell Cibola (Amber)-inmate - Albuterol expired 5/14/13. Cheyenne (Amber)-inmate - Amlodopine expired 5/13/13.</p> <p>5/29/2013 3:20 PM Entered By: Patricia Arroyo Cocopah Unit: inmate Gemfibrozil 600mg expired 5/3/13 inmate Albuterol Expired 5/4/13</p> <p>Dakota Unit: inmate Levothyroxine expired 5/13/13</p> <p>La Paz Unit: inmate Levetiracetam expired 5/1/13 inmate Tegretol expired 5/1/13 inmate Aspirin expired 5/9/13 inmate HC1Z Expired 5/9/13 inmate Lisinopril expired 5/9/13 inmate Phenytoin expired 5/10/13 inmate Keppra expired 5/10/13 inmate Norvasc expired 5/8/13 inmate Lisinopril expired 5/8/13 inmate Metformin expired 5/9/13 inmate Lisinopril expired 5/9/13</p> <p>5/9/13 inmate Carbamazepine expired 5/1/13 inmate Keppra expired 5/1/13</p>	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X		<p>5/28/2013 10:07 AM Entered By: Kathy Campbell Cibola (Amber)-inmate - Gabapentin ordered 5/3/13, still awaiting approval as of 5/17/13.</p> <p>5/29/2013 3:25 PM Entered By: Patricia Arroyo Pharmacy Tech is tracking non-formulary request and notifying provider of status daily. Process implemented on April</p>	2

**May 2013 YUMA COMPLEX**

				22,2013	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		5/29/2013 3:26 PM Entered By: Patricia Arroyo New tracking process in place and meeting time frames.	2
11	Are medication error reports being completed and medication errors documented?		X	5/29/2013 3:28 PM Entered By: Patricia Arroyo There was no documentation to verify this finding.	2

**Corrective Action Plans for Performance Measure: Medication Administration**

**4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]**  
**Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 4:00:12 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process statewide to include, but not limited to :
  - a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
  - b. MAR documentation.
  - c. Administration of DOT/KOP.
  - d. Printing MARs (Pharmacy Appendix).
  - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Patricia Arroyo Date: 5/28/2013 4:06:36 PM**

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

Corrective Actions: October Action plan submitted by Corizon-  
Intakes-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
  - a. Intake Orders
  - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

## May 2013 YUMA COMPLEX

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: Patricia Arroyo Date: 5/29/2013 3:20:00 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

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

## May 2013 YUMA COMPLEX

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.

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

**Level 2 Amber User: Patricia Arroyo Date: 5/29/2013 3:28:54 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

May 2013 YUMA COMPLEX

Infirmiry 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 infirmiry setting?	X			5/3/2013 9:26 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:00 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			5/3/2013 9:26 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:00 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:00 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:01 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:01 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmiry at this complex.  5/28/2013 4:01 PM Entered By: Patricia Arroyo There is no infirmiry at this facility	1

## May 2013 YUMA COMPLEX

7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:02 PM Entered By: Patricia Arroyo There is no infirmary at this facility	
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			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:02 PM Entered By: Patricia Arroyo There is no infirmary at this facility	
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			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:02 PM Entered By: Patricia Arroyo There is no infirmary at this facility	
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:03 PM Entered By: Patricia Arroyo There is no infirmary at this facility	
11	Are vital signs done daily when required?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:03 PM Entered By: Patricia Arroyo There is no infirmary at this infirmary	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/3/2013 9:27 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
					5/28/2013 4:03 PM Entered By: Patricia Arroyo There is no infirmary at this facility	

### May 2013 YUMA COMPLEX

13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>5/3/2013 9:28 AM Entered By: Kathy Campbell N/A. No infirmary at this complex.</p> <hr/> <p>5/28/2013 4:03 PM Entered By: Patricia Arroyo</p> <p>5/28/2013 4:03 PM Entered By: Patricia Arroyo</p> <p>5/28/2013 4:03 PM Entered By: Patricia Arroyo There is no infirmary at this facility</p>	1
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**May 2013 YUMA COMPLEX**

<b>Medical Tools</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	<b>X</b>			5/28/2013 10:09 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)  5/29/2013 3:48 PM Entered By: Patricia Arroyo	<b>1</b>
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	<b>X</b>			5/28/2013 10:09 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)  5/29/2013 3:48 PM Entered By: Patricia Arroyo	<b>2</b>
3	Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?	<b>X</b>			5/28/2013 10:10 AM Entered By: Kathy Campbell Cibola (Amber)-Per Site Manager, she does not have a master list. Still awaiting a list from dental. Cheyenne (Amber)  5/29/2013 3:48 PM Entered By: Patricia Arroyo This information is kept in the FHA's office	<b>1</b>
4	Are medical tools engraved, where practical, to identify the tools as health services items?	<b>X</b>			5/28/2013 10:11 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)  5/29/2013 3:48 PM Entered By: Patricia Arroyo	<b>1</b>
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	<b>X</b>			5/28/2013 10:11 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)  5/29/2013 3:48 PM Entered By: Patricia Arroyo	<b>1</b>
6	Are sharps being inventory at the beginning and end of each shift?	<b>X</b>			5/28/2013 10:11 AM Entered By: Kathy Campbell Cibola (Green)	<b>2</b>

### May 2013 YUMA COMPLEX

					Cheyenne(Green)	
					5/29/2013 3:49 PM Entered By: Patricia Arroyo	
7	If sharps count is off is nursing notifying the shift commander?	X			5/28/2013 10:11 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)	2
					5/29/2013 3:49 PM Entered By: Patricia Arroyo	
8	Are officers present for sharps inventories with the nursing staff?	X			5/28/2013 10:12 AM Entered By: Kathy Campbell Cibola (Green) Cheyenne (Green)	2
					5/29/2013 3:49 PM Entered By: Patricia Arroyo	

## May 2013 YUMA COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>5/27/2013 6:16 PM Entered By: Kathy Campbell Cheyenne-(Amber)- Door left open on my visit on 5/16/13, nurse walked out of medication room and nurses station and left door to med room open. Cibola- (Green)</p> <p>5/29/2013 3:40 PM Entered By: Patricia Arroyo</p>	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?	X			<p>5/29/2013 3:40 PM Entered By: Patricia Arroyo</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>5/29/2013 3:46 PM Entered By: Patricia Arroyo See previous findings</p> <p>5/22/2013 3:54 PM Entered By: Patricia Arroyo Cocopah Unit: Regular Insulin vial no open date Bacitracin tube x2 expired 9/12 Scalpel #11 x 1 expired date 2/12 Dakota Unit: No expired vials or medical supplies found.</p> <p>5/27/2013 6:17 PM Entered By: Kathy Campbell Cibola- (Green) Cheyenne- (Amber) (1/6 vials of insulin not dated).</p>	1
3	Is nursing staff checking for outdated (expiring)medications?		X		<p>5/27/2013 6:18 PM Entered By: Kathy Campbell Cibola- (Green) Cheyenne- (Green)</p> <p>5/29/2013 3:45 PM Entered By: Patricia Arroyo Lantus insulin no open date on vial NPH insulin no open date on vial TB solution opened 3/13 still in use Pneumo vaccine x 2 boxes expired 11/12 Billcilin for Inmate [redacted], expired 3/9/13; Inmate [redacted] expired 11/12. 3.0 Ethilon x 4 expired 7/12 6.0 nylon x 3 expired 10/12 Lidocaine opened 4/11/13 still in use Dextrose 500cc solution bag expired 12/11</p>	1

## May 2013 YUMA COMPLEX

### Corrective Action Plans for Performance Measure: Medication Room

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

Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:46:23 PM

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

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

Responsible Parties = RN/LPN

Target Date = 11/30/13

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

Level 1 Amber User: Patricia Arroyo Date: 5/29/2013 3:45:01 PM

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

Corrective Actions: Reinforce to nursing staff to make sure clinic stock and DOT medications are not with expired dates. If they are expired, return to pharmacy per policy.

Responsible Parties = RN/LPN

Target Date = 11/30/13