

June 2013 FLORENCE COMPLEX

Intake (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a Medical Provider by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			6/3/2013 4:04 PM Entered By: Jen fontaine Not applicable to Florence complex.	2
					6/28/2013 2:54 PM Entered By: Kathy Campbell Globe- N/A. Not an intake facility.	
2	Is a mental health assessment completed by a Mental Health Practitioner by day two of an inmate's arrival at the facility? (Alhambra, Eyman D/R, Perryville, Tucson Minors only)[P-E-04,P-E-05, DO 1104, HSTM, Chapter 5, Sec. 2.0, 2.1]	X			6/3/2013 4:05 PM Entered By: Jen fontaine Not applicable to Florence complex.	2
					6/28/2013 2:54 PM Entered By: Kathy Campbell Globe- N/A. Not an intake facility.	

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Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]		X		<p>6/24/2013 5:30 PM Entered By: Jen fontaine CENTRAL evidence of sick call being conducted 4 days a week was found. The days the of the nursing supervisors RDO there is not a sick call being conducted. Also evidence of line being cancelled due to staff shortage were present on 6/11.</p> <p>EAST as of 6/21 there was only evidence of a sick call conducted a total of seven days in June.</p> <p>KASSON there is now a RN assigned to conduct sick cal five days a week at Kasson and there was evidence of a line every Monday thru Friday even though some days there is only one or two inmates that need to be seen. Unit is in compliance.</p> <p>NORTH evidence of sick call being conducted 5 days a week present on this unit. Unit is in compliance.</p> <p>SOUTH evidence of sick call being conducted 5 days a week present on this unit. Unit is in compliance.</p> <p>6/28/2013 3:12 PM Entered By: Kathy Campbell Globe- Green</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>6/24/2013 5:54 PM Entered By: Jen fontaine CENTRAL Reviewed the following 10 inmates that were seen on sick call line at Central Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were seen within 24 hours of placing an HNR. All were seen in between 2 to 17 days after placing an HNR.</p> <p>EAST Reviewed the following 10 inmates that were seen on sick call line at East Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three were in compliance, inmate , inmate , & inmate . The other seven were seen between 2 and 10 days after placing an HNR.</p> <p>KASSON reviewed the charts of five inmates seen on a sick call line in June. inmate , inmate , inmate , inmate , & inmate . Of these five two were seen for HCP orders to F/U with nurse, one, inmate was seen same day after being referred by med nurse, and only two placed HNR's, inmate placed HNR on 5/30 not seen until 6/13, and inmate placed HNR 6/12 not seen until 6/18. Zero were in compliance.</p> <p>NORTH Reviewed the following 10 inmates that were seen on sick call line at North Unit</p>	1

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					<p>in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance. four were seen without HNR, inmate , inmate , inmate , & inmate . one inmate) was seen as a follow up from prior sick call appointment. The remaining five, inmate , inmate , inmate , inmate , & inmate were all seen between 2 and 14 days after placing an HNR. Zero were in compliance.</p> <p>SOUTH Reviewed the following 10 inmates that were seen on sick call line at South Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance, inmate , inmate , inmate , inmate , inmate , & inmate . The other four inmate , inmate , inmate , & inmate were all seen between 2 and 5 days after placing an HNR.</p> <p>6/28/2013 3:17 PM Entered By: Kathy Campbell Globe- Amber 6 charts reviewed, one of of compliance regarding timeframe. inmate - HNR triaged 6/14/13, but was not seen until 6/18/13. inmate - Okay inmate - Okay inmate - Okay inmate - Okay inmate - Okay</p>	
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]		X		<p>6/24/2013 6:08 PM Entered By: Jen fontaine CENTRAL Reviewed the following 10 inmates that were seen on sick call line at Central Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, six were in compliance, inmate , inmate , inmate , inmate , inmate , & inmate . Three inmates did not have recorded O2 saturation, inmate , inmate , & inmate . One inmate, inmate did not have any vital signs recorded at all at the time of his visit.</p> <p>EAST Reviewed the following 10 inmates that were seen on sick call line at East Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, only one inmate had complete vital signs including weight recorded at the time of their visit. Six inmates, inmate , inmate , inmate , inmate , inmate , and inmate had vitals taken without a current weight. inmate had vitals without temp or weight and inmate and inmate did not have vital signs taken at all.</p> <p>KASSON reviewed the charts of five inmates seen on a sick call line in June. inmate , inmate , inmate , inmate , & inmate . Of these five, only one inmate had complete vital signs. The other four were all or part of the vital sign components.</p> <p>NORTH Reviewed the following 10 inmates</p>	1

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				<p>that were seen on sick call line at North Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, two inmate & inmate were in compliance. inmate & inmate were without a temp or O2 recorded. inmate had vital signs without weight. The remaining five, inmate , inmate , inmate , & inmate did not have any vital signs taken at all.</p> <p>SOUTH Reviewed the following 10 inmates that were seen on sick call line at South Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, seven were in compliance inmate , inmate , inmate , inmate , inmate , & inmate . Two inmates, inmate & inmate had vital signs taken without a current weight. Inmate inmate did not have any vitals at all.</p> <p>6/28/2013 3:20 PM Entered By: Kathy Campbell Globe- Amber 6 charts reviewed, one of of compliance regarding vitals and weights being checked and documented. inmate -6/18/13 note without vital signs. inmate - Okay inmate - Okay inmate - Okay inmate - Okay inmate - Okay</p>	
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>6/24/2013 6:16 PM Entered By: Jen fontaine CENTRAL Reviewed the following 10 inmates that were seen on sick call line at Central Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, nine were in compliance. Only one, inmate did not have documented education at the time of his appointment.</p> <p>EAST Reviewed the following 10 inmates that were seen on sick call line at East Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, three inmate , inmate , & inmate were in compliance. The other seven did not have documented education.</p> <p>KASSON reviewed the charts of five inmates seen on a sick call line in June. inmate , inmate , inmate , inmate , & inmate . Of these five, zero were in compliance.</p> <p>NORTH Reviewed the following 10 inmates that were seen on sick call line at North Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, two inmate &</p>	1

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				<p>inmate were in compliance. The other eight did not have documented education at the time of their appointment.</p> <p>SOUTH Reviewed the following 10 inmates that were seen on sick call line at South Unit in June, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, seven were in compliance inmate, inmate, inmate, inmate, inmate, & inmate. The other three, inmate, inmate, & inmate were all without the education component at the time of their appointment.</p> <p>6/28/2013 3:20 PM Entered By: Kathy Campbell Globe- Amber 6 charts reviewed, one of of compliance regarding lack of SOAPE format. #Inmate-6/18/13 note without SOAPE format. inmate - Okay inmate - Okay inmate - Okay</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>6/24/2013 6:25 PM Entered By: Jen fontaine</p> <p>CENTRAL Reviewed the following 10 inmates that were seen on sick call line at Central Unit in June, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, only one was referred. IM inmate was referred to the HCP on 6/4 and as of 6/20 had not been seen.</p> <p>EAST Reviewed the following 10 inmates that were seen on sick call line at East Unit in June, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, only one inmate was referred and he was seen the same day. Unit is in compliance.</p> <p>KASSON reviewed the charts of five inmates seen on a sick call line in June. inmate, inmate, inmate, inmate, & inmate. Of these five, two were referred inmate & inmate and were in compliance.</p> <p>NORTH Reviewed the following 10 inmates that were seen on sick call line at North Unit in June, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, five were referred, inmate, inmate, inmate, inmate, & inmate and all were in compliance.</p> <p>SOUTH Reviewed the following 10 inmates that were seen on sick call line at South Unit in June, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, six were referred inmate, inmate, inmate, inmate, inmate, & inmate. All sis were in compliance.</p>	1

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				<p>6/28/2013 3:21 PM Entered By: Kathy Campbell Globe- Green No referrals to provider in the 6 charts reviewed.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>6/24/2013 6:35 PM Entered By: Jen fontaine CENTRAL Reviewed the following 10 inmates that were seen on sick call line at Central Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, all were in compliance</p> <p>EAST Reviewed the following 10 inmates that were seen on sick call line at East Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, two were in compliance, inmate & inmate . Three did not have a protocol used at all, inmate , inmate , & inmate . The remaining five, inmate , inmate , inmate , inmate , & inmate had a protocol used in the chart however the person completing the document did not complete the back page.</p> <p>KASSON reviewed the charts of five inmates seen on a sick call line in June. inmate , inmate , inmate , inmate , & inmate . Of these five, zero were in compliance.</p> <p>NORTH Reviewed the following 10 inmates that were seen on sick call line at North Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in compliance, inmate , inmate , inmate , inmate , & inmate . The other five, inmate , inmate , inmate , & inmate did not have a protocol present in their medical record.</p> <p>SOUTH Reviewed the following 10 inmates that were seen on sick call line at South Unit in June, inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, zero were in compliance.</p> <p>6/28/2013 3:22 PM Entered By: Kathy Campbell Globe- Amber 6 charts reviewed, one of of compliance regarding use of NETs. inmate - No NET utilized for 6/18/13 encounter. inmate - Okay inmate - Okay inmate - Okay inmate - Okay inmate - Okay</p>	1

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Corrective Action Plans for Performance Measure: Sick Call (Q)
<p>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: Jen fontaine Date: 6/24/2013 5:30:42 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1] Level 1 Amber User: Kathy Campbell Date: 6/28/2013 3:17:54 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1] Level 1 Amber User: Jen fontaine Date: 6/24/2013 5:54:52 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3] Level 1 Amber User: Jen fontaine Date: 6/24/2013 6:08:05 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3] Level 1 Amber User: Kathy Campbell Date: 6/28/2013 3:20:01 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>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: Kathy Campbell Date: 6/28/2013 3:20:48 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>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: Jen fontaine Date: 6/24/2013 6:16:03 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>6 Are nursing protocols in place and utilized by the nurses for sick call? Level 1 Amber User: Kathy Campbell Date: 6/28/2013 3:22:34 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>
<p>6 Are nursing protocols in place and utilized by the nurses for sick call? Level 1 Amber User: Jen fontaine Date: 6/24/2013 6:35:14 PM</p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: See above.</p>

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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>6/26/2013 9:13 AM Entered By: Jen fontaine CENTRAL reviewed the charts of the following 10 inmates with outside medical consults. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, only two had an urgent consults inmate & inmate. IM inmate had an urgent consult written on 6/4/13 that was completed on 6/21/13. IM inmate had an urgent consult written on 5/6/13 that was not completed until 6/18/13.</p> <p>EAST reviewed the charts of the following 10 inmates with outside medical consults inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, three had urgent consults. IM inmate had an urgent consult written on 4/15/13 for surgery that was not completed until 6/10/13. IM inmate a 10 to 14 day post op follow up that was not completed as scheduled. IM inmate had an urgent consult written on 5/26/13 not seen until 6/17/13.</p> <p>KASSON no inmates had consults to review at this unit.</p> <p>NORTH reviewed the charts of the following 5 inmates with outside medical consults. inmate, inmate, inmate, inmate, & inmate. None of these five had an urgent consult.</p> <p>SOUTH reviewed the charts of the following 9 inmates with outside medical consults. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, zero had urgent consults written.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>6/26/2013 9:34 AM Entered By: Jen fontaine CENTRAL reviewed the charts of the following 10 inmates with outside medical consults. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, one was in compliance inmate. The other nine either did not have paperwork from recent appointment available in the chart for review or available notes were not reviewed within 7 days.</p> <p>EAST reviewed the charts of the following 10 inmates with outside medical consults inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these ten, four were in compliance inmate, inmate, inmate, & inmate. The other six inmate, inmate, inmate, inmate, inmate, all either did not have paperwork from recent</p>	2

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				<p>appointmnet available in the chart for review or available notes were not reviewed within 7 days.</p> <p>KASSON no inmates had consults to review at this unit.</p> <p>NORTH reviewed the charts of the following 5 inmates with outside medical consults. inmate , inmate , inmate , inmate , & inmate . Of these five, zero were in compliance all either did not have paperwork from recent appointmnet available in the chart for review or available notes were not reviewed within 7 days.</p> <p>SOUTH reviewed the charts of the following 9 inmates with outside medical consults. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these nine, three were in compliance inmate , inmate , & inmate . The other six either did not have paperwork from recent appointmnet available in the chart for review or available notes were not reviewed within 7 days.</p> <hr/> <p>6/28/2013 2:58 PM Entered By: Kathy Campbell Globe (1 out of 1 chart reviewed- only outside consult found- was not in compliance). inmate - Report received 5/21/13, but not signed off as of 6/27/13.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]		X	<p>6/26/2013 9:52 AM Entered By: Jen fontaine</p> <p>CENTRAL reviewed the charts of the following 10 inmates with outside medical consults. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, eight were in compliance inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . IM inmate had a routine counsult written on 2/19/13 that was not completed until 6/21/13. IM inmate had an urgent consult completed late.</p> <p>EAST reviewed the charts of the following 10 inmates with outside medical consults. inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , inmate , & inmate . Of these ten, five were in compliance inmate , inmate , inmate , inmate , & inmate . The remaining five inmate , inmate , inmate , inmate , & inmate were found to be out of compliance as they were delayed in the scheudling of surgical procedures, routine consults, and follow up visits.</p> <p>KASSON no inmates had consults to review at this unit.</p> <p>NORTH reviewed the charts of the following 5 inmates with outside medical consults. inmate , inmate , inmate , inmate , & inmate . Of these five, three were in</p>	3

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		X			<p>compliance. inmate, inmate, & inmate. IM inmate had a consult written to have his surgical pins removed on 5/3/13 that was not complete on 6/20/13 at the time of review. IM inmate had a routine consult written 3/26/13 that was not complete within 60 days.</p> <p>SOUTH reviewed the charts of the following 9 inmates with outside medical consults. inmate, inmate, inmate, inmate, inmate, inmate, inmate, inmate, & inmate. Of these nine, six were in compliance. inmate, inmate, inmate, inmate, & inmate. The other three inmate, inmate, & inmate were either past due for follow up or not seen as ordered.</p>	2
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>6/25/2013 4:34 PM Entered By: Jen fontaine</p> <p>6/28/2013 2:58 PM Entered By: Kathy Campbell Globe- Green</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			<p>6/25/2013 4:34 PM Entered By: Jen fontaine</p> <p>6/28/2013 2:58 PM Entered By: Kathy Campbell Globe- N/A</p>	2

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

1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]

Level 2 Amber User: Jen fontaine Date: 6/26/2013 9:13:05 AM

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

Corrective Actions: See above.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Kathy Campbell Date: 6/28/2013 2:58:13 PM

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

Corrective Actions: See above.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]

Level 2 Amber User: Jen fontaine Date: 6/26/2013 9:34:47 AM

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

Corrective Actions: See above.

3 Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]

Level 3 Amber User: Jen fontaine Date: 6/26/2013 9:52:11 AM

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

Corrective Actions: See above.

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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>6/24/2013 6:58 PM Entered By: Jen fontaine</p> <p>6/28/2013 3:17 PM Entered By: Troy Evans Globe- Inmate [redacted] Dx. with Hep. C 10/23/12 No hx of CC until last visit of 06/07/13. Inmate [redacted] no hx of CC prior to 06/07/13 visit. Dx. with Hep C on 04/05/10. Inmate [redacted] no hx of Hep. C CC prior to 06/07/13. Dx with Hep. C 01/11/13. Inmate [redacted] no hx of CC Hep. C prior to 06/07/13 visit. Dx with Hep C 01/20/11.</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>6/24/2013 7:20 PM Entered By: Jen fontaine</p> <p>CENTRAL Review of the following ten inmates with chronic conditions on Central Unit [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, six [redacted], [redacted], [redacted], [redacted], & [redacted] were in compliance. [redacted] had not been seen since 2011, [redacted] was due a follow up in Jan 2013 that was not complete. [redacted] & [redacted] were both due for follow up in April 2013 that was not complete.</p> <p>EAST reviewed charts of ten inmates with chronic conditions on East unit. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, two [redacted] & [redacted] were in compliance. The other eight [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted] were not seen as recommended for their chronic care follow up.</p> <p>KASSON reviewed charts of ten inmates with chronic conditions on Kasson. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, zero were in compliance.</p> <p>NORTH reviewed charts of ten inmates with chronic conditions on North unit. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, three were in compliance [redacted], [redacted], & [redacted]. The other seven [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted] were not seen as ordered for their chronic conditions.</p> <p>SOUTH reviewed the charts of the following ten inmates with chronic conditions on South Unit. [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted]. Of these ten, three [redacted], [redacted], & [redacted] were in compliance. The other seven, [redacted], [redacted], [redacted], [redacted], [redacted], [redacted], & [redacted] were not seen as ordered for their chronic conditions.</p>	2

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				<p>6/28/2013 3:32 PM Entered By: Troy Evans Globe- #inmate last HTN. CC Visit 06/07/13 previous 08/30/12 #inmate last Hep. C CC Visit 06/07/13 Previous 05/19/11 #inmate last Hep. C CC Visit 06/07/13 Previous no hx of CC #inmate last Cancer CC Visit 06/07/13 Previous 12/22/12 #inmate last Asthma CC Visit 06/13/13 Previous 10/01/12 #inmate last Asthma CC Visit 06/13/13 Previous 04/06/12 #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous 04/11/11</p>	
3	<p>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]</p>		X	<p>6/25/2013 4:14 PM Entered By: Jen fontaine CENTRAL reviewed the charts of the following ten inmates with chronic conditions on Central Unit. inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate. Of these ten, four are diabetic, inmate inmate inmate & inmate. Of the four inmate with DM, two received education inmate inmate and two did not inmate & inmate.</p> <p>EAST reviewed the charts of the following ten inmates with chronic conditions on East Unit. inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate. Of these ten, four are diabetic inmate inmate inmate & inmate and all four had evidence of education provided at the time of their last chronic care appointment.</p> <p>KASSON reviewed the charts of the following ten inmates with chronic conditions on Kasson Unit. inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate. Of these ten, five are diabetic, inmate inmate inmate & inmate. Of the five DM inmates all but one inmate had documented education at the time of their last chronic care appointment.</p> <p>NORTH reviewed the charts of the following ten inmates with chronic conditions on North Unit. inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate. Of these ten, four are diabetic, inmate inmate inmate & inmate. Of the four DM inmates, all but one, inmate received education at the time of their last chronic care appointment.</p> <p>SOUTH reviewed the charts of the following ten inmates with chronic conditions on South Unit. inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate.</p>	1

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				<p>inmate & inmate Of these ten, four are diabetic inmate inmate inmate & inmate and of these four only one inmate received education at the time of his chronic care appointment. The other three inmate inmate & inmate did not documentation of education provided.</p>	
4	<p>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]</p>		X	<p>6/25/2013 4:25 PM Entered By: Jen fontaine CENTRAL reviewed the charts of the following ten inmates with chronic conditions on Central Unit inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, six were in compliance inmate inmate inmate inmate inmate & inmate The other four inmate inmate inmate & inmate all were found to be out of compliance as they did not have regular follow up appointments or tests required by disease management guidelines.</p> <p>EAST reviewed the charts of the following ten inmates with chronic conditions on East Unit inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, two were in compliance inmate & inmate The other eight were found to be out of compliance as they did not have regular follow up appointments or tests required by disease management guidelines.</p> <p>KASSON reviewed the charts of the following ten inmates with chronic conditions on Kasson Unit inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, zero were in compliance as were found to be out of compliance as they did not have regular follow up appointments or tests required by disease management guidelines.</p> <p>NORTH reviewed the charts of the following ten inmates with chronic conditions on North Unit inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, four were in compliance inmate inmate inmate & inmate The other six inmate inmate inmate inmate inmate & inmate were found to be out of compliance as they did not have regular follow up appointments or tests required by disease management guidelines.</p> <p>SOUTH reviewed the charts of the following ten inmates with chronic conditions on South Unit inmate inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, two inmate & inmate were in compliance. The other eight were found to be out of compliance as they did not have regular follow up appointments or tests required by disease management guidelines.</p> <p>6/28/2013 3:34 PM Entered By: Troy Evans</p>	2

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				Globe- #inmate last HTN. CC Visit 06/07/13 previous 08/30/12 #inmate last Hep. C CC Visit 06/07/13 Previous 05/19/11 #inmate last Hep. C CC Visit 06/07/13 Previous no hx of CC #inmate last Cancer CC Visit 06/07/13 Previous 12/22/12 #inmate last Asthma CC Visit 06/13/13 Previous 10/01/12 #inmate last Asthma CC Visit 06/13/13 Previous 04/06/12 #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous no CC Hx in chart #inmate last Hep. C CC Visit 06/07/13 Previous 04/11/11	
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		6/25/2013 4:26 PM Entered By: Jen fontaine 6/28/2013 3:23 PM Entered By: Kathy Campbell Globe- Green	2

Corrective Action Plans for PerformanceMeasure: Chronic Condition and Disease Management (Q)

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]
Level 1 Amber User: Troy Evans Date: 6/28/2013 3:17:31 PM

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

Corrective Actions: October Action Plan submitted by Corizon-

1. Process to for treatment plan development after identification of chronic condition, to include but not limited to:
 - a. Plan development within 30 calendar days per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 1 (Chronic Care Attachment)
2. In-service staff on process expectations/policy
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
 - b. Preparation of chart for clinic
3. Monitoring (Chronic Condition 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/MRL

Target Date- 11/15/13

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: Troy Evans Date: 6/28/2013 3:32:14 PM

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

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

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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.

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: Jen fontaine Date: 6/24/2013 7:20:04 PM

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

Corrective Actions: Action plan submitted by Corizon-

Process statewide to include, but not limited to :

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

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

Target Date - 11/30/13

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

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

Level 1 Amber User: Jen fontaine Date: 6/25/2013 4:14:47 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.
2. In-service staff on:
 - a. Documentation of chronic condition education at each visit.
 - b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring
 - a. Audit tools developed.
 - b. Weekly site results discussed with RVP.
 - c. Audit results discussed a monthly CQI meeting.
 - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

Plan weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.10/11/13 Update – Documentation on education sheet located in front of chart, medical records responsible for making sure in chart.

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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]

Level 2 Amber User: Jen fontaine Date: 6/25/2013 4:25:29 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

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

2. Monitoring

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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]

Level 2 Amber User: Troy Evans Date: 6/28/2013 3:34:01 PM

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

Corrective Actions: Action plan submitted by Corizon-

1. In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)

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

2. Monitoring

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

10/11/13 Update – Make sure guidelines available at sites; need to prep chart for clinic visit so everything the provider needs is available.

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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			6/26/2013 12:47 PM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		6/26/2013 12:52 PM Entered By: Martin Winland 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 NFDR 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. June 2013 Non Formulary Drug Requests – Non-Formulary Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients 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. June 2013 Expired Medications - Stop Date Report indicates: 13,754 Expired Medications for 6,627 patients.	2
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			6/26/2013 12:52 PM Entered By: Martin Winland	1

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

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

Level 2 Amber User: Martin Winland Date: 6/26/2013 12:52:23 PM

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

Corrective Actions: See above.

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Grievances (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are grievances being responded to within fifteen (15) working days of receipt per Department Order 802? [P-A-11, DO 802, HSTM Chpt. 1, Sec. 8.0, CC 2.20.2.8]	X			<p>6/24/2013 6:45 PM Entered By: Jen fontaine As of 6/24/13 Florence complex is in compliance with this performance measure.</p> <p>6/28/2013 2:59 PM Entered By: Troy Evans Globe-Per The Health Unit staff, grievances are handled directly thru Programs and she does not handle them</p>	2

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notification	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			<p>6/28/2013 11:18 AM Entered By: Kristan Sears</p> <p>In a review of fifty charts (10 at each yard) for mental health inmates, June, 2013 HNRs for MH services were found in three health records. Of these three HNRs, each was triaged by MH staff within 24 hours of receipt.</p> <p>6/28/2013 3:02 PM Entered By: Troy Evans Globe- 1 Mental Health HNR for June. It was received on 06/26/13, seen by Provider(Medical) on 06/27/13.</p>	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		X		<p>6/28/2013 11:21 AM Entered By: Kristan Sears</p> <p>In a review of sixty charts (10 on each yard; 20 on east) for MH inmates, referrals made to the MH provider in June, 2013 were found in fourteen (14) records. Of these, 13(22% of 60) had not been reviewed by the Psychiatric Provider within the seven day time frame.</p> <p>***Note: this performance measure does not assess compliance for appointment scheduled as regular follow-up (i.e., every three or six months), only referrals made to the psychiatric provider.</p> <p>To increase compliance, I would suggest an efficiency review to include a review of psychiatric staffing patterns (for providers and nurses) to ensure process/staffing levels are commensurate with the established need.</p> <p>6/28/2013 3:03 PM Entered By: Troy Evans Globe- There have been no referrals in June.N/A</p>	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]		X		<p>6/28/2013 11:23 AM Entered By: Kristan Sears</p> <p>In a review of sixty charts (10 on each yard; 20 on East), 16 (27% of 60) either did not have a treatment plan, or were in need of an updated treatment plan.</p> <p>Again, to increase compliance, I would suggest an efficiency review to include a review of psychology staffing patterns (Psychologist, psychology associates, and psychology technicians) to ensure process/staffing levels are commensurate with the established need.</p> <p>6/28/2013 3:04 PM Entered By: Troy Evans</p>	1

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				6/28/2013 3:03 PM Entered By: Troy Evans Globe- There are no SMI Inmates on this Yard. N/A	
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X	<p>6/28/2013 11:25 AM Entered By: Kristan Sears</p> <p>In a review of 60 charts (10 on each yard; 20 on East) for MH IMs, 18 (30% Of 60) did not have a current MH score on the existing treatment plan, or did not have a treatment plan in their chart.</p> <p>To increase compliance with this competency, I would suggest that the MH staff complete a review of all treatment plans; ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.</p> <p>6/28/2013 3:05 PM Entered By: Troy Evans N/A</p>	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]		X	<p>6/28/2013 11:26 AM Entered By: Kristan Sears</p> <p>In a review of 60 charts (10 on each yard; 20 on East) for MH IMs, 58 IMs were prescribed psychiatric medications at the time of monitor's review. Of these 58, 23 (40% of 58) had not been seen by the Psychiatric Provider within the specific time frame.</p> <p>To increase compliance, I would suggest a review of the Psychiatric Provider staffing levels at all Florence Units, to ensure that the required staffing level is commensurate with the patient need. I would also recommend a review of the psychiatric appointment list process to ensure that as many patients as possible are seen on the unit's Provider line.</p> <p>6/28/2013 3:06 PM Entered By: Troy Evans Globe- There are no psychotropic meds on this yard.</p>	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]		X	<p>6/28/2013 11:28 AM Entered By: Kristan Sears</p> <p>In a review of 60 (10 on each yard; 20 on East) MH charts, four IMs are scheduled for release within the next 30 days. Of these 4 IMs, 2 inmate and inmate had no documentation within their chart indicate that they had been seen by the MH release planner to date.</p> <p>To increase compliance, please have the MH release planner check upcoming MH releases each month, or more frequently as</p>	2

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					<p>needed. This can be accomplished using the DA04 MH IIS screen in AIMS specific to MH IMs.</p> <p>6/28/2013 3:06 PM Entered By: Troy Evans Globe- N/A</p>	
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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: Kristan Sears Date: 6/28/2013 11:21:19 AM

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

Corrective Actions: See above.

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: Kristan Sears Date: 6/28/2013 11:23:36 AM

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

Corrective Actions: See above.

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: Kristan Sears Date: 6/28/2013 11:25:09 AM

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

Corrective Actions: See above.

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: Kristan Sears Date: 6/28/2013 11:26:54 AM

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

Corrective Actions: See above.

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: Kristan Sears Date: 6/28/2013 11:28:15 AM

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

Corrective Actions: See above.

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Administrative Meetings and Reports						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the Site Manager (or designee in the absence of the Site Manager) attending weekly warden executive staff meetings? [NCCHC Standard P-A-04; DO 117]	X			6/25/2013 2:21 PM Entered By: Jen fontaine 6/25 yes 6/24/2013 10:42 AM Entered By: Jen fontaine 6/4 yes 6/11 yes 6/18 no 6/25	1
2	Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include: -responsibilities of health staff -procedures for triage -predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system -procedures for evacuating patients -alternate back-ups for each plan element? [DO 117]		X		6/24/2013 10 44 AM Entered By Jen fontaine monthly Medical Advisory Committee meetings are not being conducted at Florence Complex.	1
3	Are monthly staff meetings being conducted and documented? [NCCHC Standard P-A-04]		X		6/24/2013 6:42 PM Entered By: Jen fontaine monthly staff meetings are not being conducted with all staff. Meetings are conducted with staff on an as needed basis. 6/28/2013 3:11 PM Entered By: Kathy Campbell Globe- Amber RN reports she has neve been involved in a monthly staff meeting, either in person or via teleconference. No other Corizon employee has been in Globe since April (per Corizon RN).	1
4	Are monthly reports identified in Exhibit 2 of the health services contract being submitted in accordance with the contract?	X			6/25/2013 2:50 PM Entered By: Jen fontaine 6/28/2013 3 12 PM Entered By Kathy Campbell Globe- Green	2

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Corrective Action Plans for Performance Measure: Administrative Meetings and Reports

2 Is the Site Manager conducting monthly meetings with Warden and unit Deputy Wardens and include:

-responsibilities of health staff

-procedures for triage

-predetermination of site for care -telephone #s & procedures for calling health staff & the community emergency response system

-procedures for evacuating patients

-alternate back-ups for each plan element? [DO 117]

Level 1 Amber User: Jen fontaine Date: 6/24/2013 10:44:06 AM

Corrective Plan: Administrative meetings are held regularly with Deputy Wardens in response to incidences on the yards, and logistical planning of care. All emergency contact information has been updated and in the event that a community response is required, the Charge Nurse on duty will notify the FHA, AFHA, DON and ADON respectively and a determination will be made by Nursing Leadership as to who should report to site if after hours events occur.

Corrective Actions: See above.

3 Are monthly staff meetings being conducted and documented?

[NCCHC Standard P-A-04]

Level 1 Amber User: Jen fontaine Date: 6/24/2013 6:42:30 PM

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

Corrective Actions: Reinforce with staff that monthly meetings are conducted and documented. Continue to monitor.

3 Are monthly staff meetings being conducted and documented?

[NCCHC Standard P-A-04]

Level 1 Amber User: Kathy Campbell Date: 6/28/2013 3:11:57 PM

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

Corrective Actions: Reinforce that monthly staff meetings need to be conducted and documented. Continue to monitor.

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					<p>inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, five inmate inmate inmate inmate & inmate had their medication renewed prior to expiration. One, inmate had his medication renewed 9 days after it had expired and four, inmate inmate inmate & inmate all had medication allowed to expire without renewal.</p> <p>EAST reviewed the following ten inmates with medication expiring in June. inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, zero had their medication renewed prior to expiration. Six inmates inmate inmate inmate inmate inmate & inmate all had their medication renewed after it was already expired and four inmate inmate inmate & inmate all had medication expired without renewal.</p> <p>KASSON reviewed the following ten inmates with medication expiring in June. inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, six inmate inmate inmate inmate inmate & inmate had their medication renewed prior to expiration. Two, inmate & inmate had their medication renewed after it had already expired. Two inmates inmate & inmate had medication expired without renewal.</p> <p>NORTH reviewed the following ten inmates with medication expiring in June. inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, three inmate inmate & inmate had their medication renewed prior to expiration. Two inmate & inmate had their medication renewed after it had already expired. The remaining five, inmate inmate inmate inmate & inmate had medication that was allowed to expire without renewal.</p> <p>SOUTH reviewed the following ten inmates with medication expiring in June. inmate inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these ten, four inmate inmate inmate & inmate had their medication renewed prior to expiration. One IM inmate had his medication renewed after it had expired. The remaining five inmates, inmate inmate inmate inmate & inmate all had medication expire without renewal.</p> <p>6/28/2013 3:03 PM Entered By: Kathy Campbell Globe- Green</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		<p>6/27/2013 9:12 AM Entered By: Jen fontaine CENTRAL inmate had a non-formulary written on 6/20 not approved until 6/24. EAST no specific examples to note.</p>	2

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				<p>KASSON #inmate had a non-formulary written on 6/4/13 denied on 6/5/13</p> <p>NORTH #inmate had non-formulary written on 6/17/13 not approved until 6/20/13.</p> <p>SOUTH #inmate had non-formulary written on 6/10/13 approved an returned on 6/11/13.</p> <hr/> <p>6/28/2013 3:05 PM Entered By: Kathy Campbell Globe- Amber #inmate Request for Retina-A noted on 6/7/13, but first dose was not given until 6/12/13. Difficult to evaluate if approval was within 24 to 48 hours. #inmate Request made 4/26/13, but ATP was provided on 5/2/13, unclear of approval date.</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X		<p>6/27/2013 9:14 AM Entered By: Jen fontaine Upon receipt of PharmaCorr's decision nursing is notifying the HCP if any further action is required.</p> <hr/> <p>6/28/2013 3:06 PM Entered By: Kathy Campbell Globe- Green #inmate Request for Retina-A noted on 6/7/13, but first dose was not given until 6/12/13. Difficult to evaluate if approval was within 24 to 48 hours. #inmate Request made 4/26/13, but ATP was provided on 5/2/13, unclear of approval date.</p>	2
11	Are medication error reports being completed and medication errors documented?	X		<p>6/24/2013 7:24 PM Entered By: Jen fontaine</p> <hr/> <p>6/28/2013 3:07 PM Entered By: Kathy Campbell Globe- Green.</p>	2

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Corrective Action Plans for Performance Measure: Medication Administration

4 Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]

Level 1 Amber User: Kathy Campbell Date: 6/28/2013 3:01:46 PM

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

Corrective Actions: See above.

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: Jen fontaine Date: 6/26/2013 11:06:40 AM

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

Corrective Actions: See above.

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: Jen fontaine Date: 6/27/2013 8:59:52 AM

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

Corrective Actions: See above.

9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?

Level 2 Amber User: Jen fontaine Date: 6/27/2013 9:13:00 AM

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

Corrective Actions: See above.

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Staffing						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there an approved staffing pattern available to the Site Manager (FHA)? [NCCHC Standard P-C-07; HSTM Chapter 3, Section 2.0]	X			<p>6/20/2013 9:55 AM Entered By: Jen fontaine</p> <p>6/28/2013 3:08 PM Entered By: Kathy Campbell Globe- Green</p>	1
2	Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]		X		<p>6/24/2013 6:52 PM Entered By: Jen fontaine Inmates housed on each of Florence's five units are not being seen within 24 hours of placing an HNR.</p> <p>Inmates are not being seen every 3 to 6 months as needed for chronic conditions.</p> <p>Refusals are not being completed when inmates miss doses of medication on an open yard pill call.</p> <p>Inmates housed in IPC or HU8 are not being seen by the HCP every 72 hours for infirmary level care or weekly for sheltered housing unit care.</p> <p>Sick call lines are not conducted Monday thru Friday on all units. Some sick call lines have been cancelled due to report of staff shortage.</p> <p>6/28/2013 3:09 PM Entered By: Kathy Campbell Globe- 1 RN FTE assigned to Globe. Last labs drawn for Globe was in March. RN unable to get all required assignments, including lab draws being the only FTE in Globe.</p>	3
3	Are all positions filled per contractor staffing pattern?		X		<p>6/25/2013 2:49 PM Entered By: Jen fontaine Florence complex currently has 15 open FTE's and we are 83.42% staffed. There are also 3 resignations not factored into these numbers. the medical director resigned, one mid level provider resigned as well as one psych associate.</p> <p>6/28/2013 3:09 PM Entered By: Kathy Campbell Globe- Green</p>	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			6/24/2013 6:46 PM Entered By: Jen fontaine	2

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					6/28/2013 3:10 PM Entered By: Kathy Campbell Globe- Green	
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Corrective Action Plans for Performance Measure: Staffing

2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]
Level 3 Amber User: Kathy Campbell Date: 6/28/2013 3:09:40 PM

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

Corrective Actions: Corizon continues to evaluate staffing patterns and assignments and make adjustments as needed.

2 Are the adequacy and effectiveness of the staffing assessed by the facility's sufficient to meet the needs of the inmate population? [NCCHC Standard P-C-07; HSMT Chapter 3, Section 2.0]
Level 3 Amber User: Jen fontaine Date: 6/24/2013 6:52:33 PM

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

Corrective Actions: Corizon continues to evaluate staffing patterns and assignments and make adjustments as needed.

3 Are all positions filled per contractor staffing pattern?
Level 2 Amber User: Jen fontaine Date: 6/25/2013 2:49:07 PM

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

Corrective Actions: Corizon's recruiting team is working tirelessly at recruiting for the open positions. Locums/Registry and over time being utilized to fill open positions.

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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			6/3/2013 4:08 PM Entered By: Jen fontaine Infirmiry and sheltered housing management care is outlined in HSTM Chapter 7 section 4.0	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		6/24/2013 10:47 AM Entered By: Jen fontaine Call bells originally in place for isolation cells remain "misplaced" and inmates housed in these cells are without a way to contact medical staff without pounding on the door or yelling.	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		6/24/2013 4:45 PM Entered By: Jen fontaine Reviewed the following 12 charts of inmates receiving care in the IPC, inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these 12 zero had HCP documenting they were seen every 72 hours as required in an infirmiry setting. Daily nursing round/notes are being completed and vital signes are taken daily.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			6/24/2013 10:47 AM Entered By: Jen fontaine	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			6/20/2013 9:52 AM Entered By: Jen fontaine	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			6/24/2013 10:47 AM Entered By: Jen fontaine	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?		X		6/24/2013 4:52 PM Entered By: Jen fontaine Reviewed the following 12 charts of inmates receiving care in the IPC, inmate inmate inmate inmate inmate inmate inmate inmate & inmate Of these 12 zero had HCP documenting they were seen every 72 hours as required in an infirmiry setting. Three had not been seen since 6/11, inmate inmate & inmate inmate was last seen on 6/17, inmate inmate had not been seen since 6/18, inmate not seen since 6/20, three inmate inmate and inmate were last seen on 6/21. One inmate inmate had not been seen by the HCP at all since arrival. Daily nursing notes are being completed and vital signes are taken daily.	1

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P-D-03]					members to check medications and supplies.	
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Corrective Action Plans for Performance Measure: Infirmary Care

2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)

Level 1 Amber User: Jen fontaine Date: 6/24/2013 10:47:02 AM

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

Corrective Actions: See above.

3 Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?

Level 1 Amber User: Jen fontaine Date: 6/24/2013 4:45:40 PM

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

Corrective Actions: See above.

7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?

Level 1 Amber User: Jen fontaine Date: 6/24/2013 4:52:07 PM

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

Corrective Actions: See above.

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

Level 1 Amber User: Jen fontaine Date: 6/24/2013 4:53:49 PM

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

Corrective Actions: See above.