

July 2013 EYMAN 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>7/31/2013 4:56 PM Entered By: Mathew Musson</p> <p>A review of the health unit appointment lists for each unit evidenced that sick call was not routinely conducted Monday through Friday during July, 2013.</p> <p>**Sick call refers to a nursing line (NL) run in response to HNRs, and does not include ERs, intakes, dressing changes, or other nursing activities.</p> <p>Days not accounted for on the July, 2013 appointment lists include:</p> <p>Meadows: 17th, 26th, 29th Cook: 4th, 5th, 16th, 17th, 23rd, 25th SMU I: 8th, 12th, 19th, 26th Browning: In compliance Rynning: 1st, 4th, 15th, 19th, 22nd-24th, 26th, 29th</p> <p>***To increase compliance, I would suggest a review of NL process to include reiterating that the official documentation for all appointments is the appointment list (Form 1101-13), and that these forms be entered daily into the appointment list log book.</p> <p>Also, when lines are not run, please have staff complete an appointment list for each day, noting the reason(s) the line was not run (i.e., lock down, lengthy ICS, etc).</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.7.2.6) sick call shall be performed daily Monday through Friday and for emergencies on Saturdays, Sundays, and Holidays.</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>7/31/2013 4:17 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a July, 2013 Nurses Line (NL), 22 (44%) IMs were not seen on NL within 24 hours following the triage of their HNR. This is an increase from 32% non-compliance in the previous month.</p> <p>SMU I: inmate , inmate , inmate , inmate Meadows: inmate , inmate , inmate , inmate , inmate inmate , inmate Rynning: inmate , inmate , inmate Browning: inmate , inmate , inmate , inmate Cook: inmate , inmate , inmate , inmate , inmate , inmate , inmate</p> <p>My recommendation is unchanged from last month's MGAR. Please address the 24 hour HNR triage/follow up issue at each unit. Staff need to include the date/time of the triage on the HNR. This will help</p>	1

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				<p>increase compliance with this measure.</p> <p>AUTHORITY: Per NCCHC P-E-07, nonemergency requests are to be reviewed within 24 hours and the inmate seen by a qualified health care professional at sick call within the next 24 hours (72 hours on weekends).</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>7/31/2013 4:28 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard), for IMs seen on a July, 2013 nursing line (NL), 18 (36%) chart entries did not contain all of the required vital signs. This is an improvement from the 64% non-compliance recorded last month, and is likely due to the increased use of the NETs.</p> <p>SMUI: 071371 Vaquera  Meadows: inmate, inmate  inmate, inmate, inmate, inmate  inmate, inmate, inmate  inmate, inmate, inmate  inmate  Rynning: inmate, inmate  Browning: inmate, inmate  Cook: inmate, inmate  inmate, inmate</p> <p>My recommendation is unchanged from last month's MGAR. Please reinforce with all nursing staff that required vital signs for all NL appointments include BP, T, RR, SP02%, WT, and P. There was no evidence that the NETs were in use at Meadows unit.</p> <p>AUTHORITY: Per the contract (Solicitation# ADOC12-00001105; Sec. 2.20.2.2) every inmate's vital signs shall be checked and documented on the appropriate assessment form each time they attend sick call. Per NCCHC P-E-04, vital signs include the patient's weight.</p>	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>7/31/2013 4:36 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a July, 2013 nursing line (NL), 15 (30%) of all NL entries were not completed in the SOAPE format. Most were missing the "e"ducation portion. This is a significant improvement over last month's 72% non-compliance.</p> <p>Cook: inmate, inmate  SMUI: inmate, inmate  Browning: In compliance  Rynning: inmate  Meadows: inmate, inmate  inmate, inmate, inmate  inmate, inmate, inmate  inmate, inmate, inmate  inmate, inmate</p> <p>My recommendation is unchanged from last month's MGAR. This compliance measure can be improved by continued use of the Corizon Nursing Evaluation Tools (NETS), which include a specific section for "e"ducation provided to the IM during sick</p>	1

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				<p>call.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) all sick call entries are documented in the medical record utilizing the "Subjective- Objective- Assessment- Plan -Education" (SOAPE) format.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>7/31/2013 4:49 PM Entered By: Mathew Musson</p> <p>Of fifty charts reviewed (10 on each yard) for IMs seen on a July, 2013 nursing line (NL), 30 charts were subsequently referred to a Medical Provider for further review. Of these 30, 22 charts (44% of 50) were not reviewed by the Medical Provider within the seven day time frame.</p> <p>Meadows: inmate [redacted], inmate [redacted]  inmate [redacted]  Browning: inmate [redacted], inmate [redacted],  inmate [redacted]  Cook: inmate [redacted], inmate [redacted],  inmate [redacted], inmate [redacted], inmate [redacted]  inmate [redacted], inmate [redacted], inmate [redacted]  SMU: inmate [redacted], inmate [redacted],  inmate [redacted], inmate [redacted], inmate [redacted]  inmate [redacted]  Rynning: inmate [redacted], inmate [redacted],  inmate [redacted], inmate [redacted]</p> <p>I would still suggest a review of the provider cart and appointment list processes, as there may be ways to increase efficiencies in these areas that will reduce time between NL referral and Provider review.</p> <p>AUTHORITY: Under the terms of the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.2) referrals from sick call to a Physician or Midlevel provider are seen within seven (7) days</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>7/31/2013 4:50 PM Entered By: Mathew Musson</p> <p>NETs are being routinely used on all yard with the exception of Meadows Unit. Please ensure that the Meadows unit Health staff are provided an additional copy of the NETs, with the expectation that they be used.</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: Mathew Musson Date: 7/31/2013 4:55:45 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 7/31/2013 4:16:51 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 7/31/2013 4:27:38 PM**

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

Corrective Actions: See above.

**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: Mathew Musson Date: 7/31/2013 4:35:48 PM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Mathew Musson Date: 7/31/2013 4:48:14 PM**

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

Corrective Actions: See above.

**6 Are nursing protocols in place and utilized by the nurses for sick call?**

**Level 1 Amber User: Mathew Musson Date: 7/31/2013 4:49:29 PM**

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

Corrective Actions: See above.

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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>7/30/2013 9:08 AM Entered By: Kathy Campbell Meadows- No urgent consults noted.</p> <p>SMU I- No urgent consults noted.</p> <p>Cook- (1/2 charts found not to be in compliance) inmate - Urgent cardiology consult dated 6/19/13, no indication or note stating inmate has gone out for appointment as of 7/29/13.</p> <p>Rynning- No urgent consults noted.</p> <p>Browning- No urgent consults noted.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>7/30/2013 9:13 AM Entered By: Kathy Campbell Cook-(1/2 consults within compliance) inmate - Opth consult received 7/17/13 was not reviewed until 7/26/13. inmate -In compliance</p> <p>Rynning- Consults written, still waiting to go out for appointments.</p> <p>Browning-(1/2 consults found not to be in compliance) inmate - Urology report received 7/10/13, but not reviewed until 7/19/13. inmate - Hospital return- see within 24 hours.</p> <p>7/28/2013 7:09 PM Entered By: Kathy Campbell Meadows- (7/10 charts reviewed not in compliance. inmate - Abnormal CD 4 count from 7/9/13 not noted as of 7/19/13. HIV-RNA result also not noted from 7/9/13. inmate - Eye Center consult faxed on 6/28/13, not reviewed until 7/15/13 (&gt; 7 days). inmate - TSLH Hospital Return from 7/13/13, not seen by Provider as of 7/21/13. inmate - TSLH return from 7/5/13, Hospital report not reviewed as of 7/19/13. inmate - FAH return from 7/1/13, not seen as of 7/19/13. inmate - Returned from hospital on 7/9/13, but not reviewed as of 7/19/13. inmate - x-ray result from 5/9/13, not noted as of 7/19/13.</p> <p>SMU I- (3 of the 6 consults reviewed are not in compliance) inmate - Audiology consult noted from 5/30/13 by nurse, but not noted by PA until 6/13/13. inmate - Report from FAH dated 7/13/13, not signed off as of 7/22/13. inmate - Abnormal labs printed</p>	2

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					6/25/13- still not reviewed as of 7/22/13.	
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>7/30/2013 9:16 AM Entered By: Kathy Campbell Multiple pending consults still waiting for appointments. Rynning- inmate ██████ - Ophthalmology dated 4/20/13, still has not gone out.</p> <p>Browning- inmate ██████ - CT Head ordered 6/11/13, still not done as of 7/30/13. inmate ██████ - CT of head and EEG ordered in May, no indication that inmate ever went out for either appointment.</p> <p>7/30/2013 9:13 AM Entered By: Kathy Campbell</p> <p>7/28/2013 7:11 PM Entered By: Kathy Campbell inmate ██████ - CT of neck resulted 8/6/12- not noted until 6/6/13. Order written on 6/6/13 for consult with head and neck surgeon. Not arranged as of 7/22/13.</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			7/30/2013 9:16 AM Entered By: Kathy Campbell	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			7/30/2013 9:17 AM Entered By: Kathy Campbell	2

### 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: Kathy Campbell Date: 7/30/2013 9:07:50 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: 7/30/2013 9:12:49 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: Kathy Campbell Date: 7/30/2013 9:16:03 AM**

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

Corrective Actions: See above.

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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			7/24/2013 7:08 AM 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	<p>7/24/2013 7:15 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity and mortality and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non-Formulary drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. July 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 1223 Non-Formulary medications expiring for 1038 patients.</p> <p>B) HSTM4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to the morbidity or mortality and so that the inmate population receives continuity of care. Medication should be renewed prior to the expiration date to provide continuity of care. July Formulary Report indicates: 8072 formulary medications for 4598 patients expiring in July.</p> <p>C) Total expiring medications for July: 9295 medication for 5636 patients.</p> <p>Eyman Several issues are of concern with this location. They include no response from the existing D.O.N. on multiple medication issues that have been printed and sent from the online Pharmacorr/Corizon Patient profile. The patient continuity of care may be jeopardized. Additionally there has been an issue with sharps counts, refrigerator logs, and existing medication in an area that was accessed by multiple employees. A Summary of Investigation and Corrective Action Plan was submitted by Jim Taylor, Corizon. As per Mr. Taylor's report, he states that due to multiple accesses by various personnel, both Medical and Security, the discrepancies that were discovered are almost impossible to trace. To date, the D.O.N. will oversee the dispensing of sharps. I have included Christy Somner on emails, hoping to get some response to medications in question. I</p>	2

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					have also been told by an Eyman staff member that they have been instructed to not give any information to the Monitors. Further, if we want the information, we need to look for it. I spoke to Christy Somner, Statewide D.O.N., concerning this conversation and she confirmed that this was not a directive from Corizon.	
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			7/24/2013 7:16 AM Entered By: Martin Winland	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 Red User: Martin Winland Date: 7/24/2013 7:15:22 AM**

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

Corrective Actions: See above.

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			7/30/2013 10:43 AM Entered By: Nicole Taylor All Units did well on this performance factors. Browning had three HNRs that were triaged 1-2 days outside of the 24 hour requirement inmate inmate inmate	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		7/30/2013 10:50 AM Entered By: Nicole Taylor SMU: inmate referred on 6/12, not seen by 7/9 inmate HNR on 7/2, not seen by 7/9  Cook: inmate needs a Psychiatric eval based on 14 day eval  Meadows: inmate referred 6/20, not seen by 7/9 inmate referred on 6/13, not seen until 6/21  Browning: inmate referred on 6/14, not seen until 6/27 inmat referred on 3/12, still not seen inmate referred 6/5, not seen until 6/20  Rynning: inmate HNR on 5/29, stillnot seen	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		7/30/2013 10:56 AM Entered By: Nicole Taylor Cook: There were a lot of treatment plans out of compliance and standing alone should be a Red finding, but based on Complex wide, the Complex is receiving an Amber finding The following charts had outdated treatment plans inmate inmate inmate inmate inmate did not have a treatment plan  SMU I: The following charts had outdated treatment plans inmate inmate inmate inmate  Meadows: The following charts had outdated treatment plans inmate inmate inmate inmate  Browning: Green inmate needs to be updated  Rynning: Green	1
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	7/30/2013 11:25 AM Entered By: Nicole Taylor The mental health staff are not filling out their notes completely at SMU I and Browning.  The mental health staff are not filing their notes in chronological order - especially at Cook Unit	2

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				<p>SMU I: RED          The following inmates were not seen within 30 days per policy [inmate] [inmate] [inmate] [inmate] [inmate] [inmate]</p> <p>The Problem list does not reflect the correct MH score for those that are receiving specialized programming.</p> <p>Browning: RED          The following inmates were not seen within 30 days per policy [inmate] [inmate] [inmate] [inmate] [inmate] [inmate]. Some may be MH-2s as they are not on meds and have not been followed up with, but there is not indication in the chart that their score was changed.</p> <p>Cook: RED          The following inmates were not seen within time frames per policy [inmate] [inmate] [inmate] [inmate] [inmate] [inmate] - seen on 3/8, reported severe depression and turned in HNR on 5/20 and still not seen by any Mental Health</p> <p>Meadows: Amber          There were outstanding chart reviews that were 20+ days old.          The following inmates were not seen within time frames per policy [inmate] [inmate] [inmate]</p> <p>Rynning: Green          [inmate] - not seen within time frames.</p>	
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>7/30/2013 11:07 AM Entered By: Nicole Taylor          Due to the lack of Psych Nurses - orders at Meadows from Friday July 5th had still not been noted and faxed in by Tuesday July 9th. Also, [inmate] was due a Haldol injections on 6/29 and this had not been completed as of 7/9.</p> <p>As there is currently limited Psychiatry coverage at Eyman complex, it is likely that next month will be a Red finding</p> <p>SMU I: Red          [inmate] - meds expired on 6/2 and inmate was not seen or followed up with. I/M turned in HNR on 7/2 asking about missing meds, still no follow-up          [inmate] - last Psychiatry note indicated that inmate may need a PMRB, no follow up by any mental health staff since 3/15</p> <p>Browning: Amber          [inmate] - meds allowed to expire 5/17 without any follow up with I/M          [inmate] - not seen by Psychiatry within 90 days          [inmate] - referred on 3/12 but never seen by Psychiatry</p> <p>Cook: Green          163110 - not seen within 90 days</p> <p>Rynning: Green          199296 - not seen within 90 days</p> <p>Meadows: Green</p>	2

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					73811 - psychiatry orders never noted by a nurse	
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			7/30/2013 11:29 AM Entered By: Nicole Taylor All units were Green based on the random sample of charts that were pulled.	2

### 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: Nicole Taylor Date: 7/30/2013 10:49:39 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: Nicole Taylor Date: 7/30/2013 10:56:10 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 Red User: Nicole Taylor Date: 7/30/2013 11:24:46 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: Nicole Taylor Date: 7/30/2013 11:06:20 AM**

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

Corrective Actions: See above.

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<b>Intake (Reception)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			7/5/2013 9:27 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/5/2013 9:27 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/5/2013 9:28 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			7/5/2013 9:28 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/5/2013 9:29 AM Entered By: Kristan Sears  N/A - This is not an intake facility. This facility does not house females.	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			7/5/2013 9:35 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/5/2013 10:11 AM Entered By: Kristan Sears  7/5/2013 9:36 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			7/5/2013 9:38 AM Entered By: Kristan Sears  N/A - This is not an intake facility.	1
9	Are inmates on medications prior to being	X			7/5/2013 10:12 AM Entered By: Kristan	1

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placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]				Sears N/A - This is not an intake facility.	
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<b>No Shows</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]		X		<p>7/31/2013 3:37 PM Entered By: Mathew Musson</p> <p>Following a review of the open yard (Meadows, Cook, Rynning) appointment records, MARs documentation, IRs, and medical records, I could find no evidence that no-shows are being routinely brought to the health unit to sign refusals.</p> <p>There are no no-shows on the closed yards as all IM movement is coordinated by operations.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.9) when an inmate "no shows" for appointments, clinic visits, misses a medication dose or other medical, dental or mental health service, nursing staff must document per policy, Department Order 1101, and notify the Health Facility Administrator and Shift Commander.</p>	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]		X		<p>7/31/2013 3:39 PM Entered By: Mathew Musson</p> <p>Following a review of the open yard (Meadows, Cook, Rynning) appointment records, MARs documentation, IRs, and medical records, I could find no evidence that the DWs are being advised of unresolved no-show IMs.</p> <p>There are no no-shows on the closed yards as all IM movement is coordinated by operations.</p> <p>AUTHORITY: Per the contract (Solicitation #ADOC12-00001105; Sec. 2.20.2.9) when an inmate "no shows" for appointments, clinic visits, misses a medication dose or other medical, dental or mental health service, nursing staff must document per policy, Department Order 1101, and notify the Health Facility Administrator and Shift Commander/DW.</p>	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]		X		<p>7/31/2013 3:51 PM Entered By: Mathew Musson</p> <p>Following a review of the open yard (Meadows, Cook, Rynning) appointment records, MARs documentation, IRs, and medical records, I could find no evidence that the Medical Providers are routinely being advised of unresolved no-show IMs.</p> <p>At the lock down yards, there were numerous examples of IMs who repetitively refused their medications, as noted on the July MARs. However, there was no evidence in the medical records for those IMs for either signed refusals forms for each refusal, nor that notifications had been made to the Medical Provider. Twice I was informed that the Medical Provider will not discontinue an IMs medications without first seeing him.</p>	1



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Communications of Patients Health Needs						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are security staff (Wardens & Shift Commanders) being notified of an inmate's special needs that may affect housing, work, program assignments, disciplinary measures, transfers-communication is documented (Special Needs Form)? [NCCHC Standard P-A-08]	X			7/30/2013 9:19 AM Entered By: Kathy Campbell  7/30/2013 9:19 AM Entered By: Kathy Campbell Meadows-5/5 In Compliance Cook- 5/5 In Compliance SMU I- 4/4 In Compliance Rynning- 15/15 In Compliance Browning- 5/6 In Compliance	1
2	Is security given brief written instructions regarding appropriate interventions for medical emergencies that may arise from a chronic condition? [NCCHC Standard P-A-08]	X			7/30/2013 9:20 AM Entered By: Kathy Campbell Meadows-3/3 In Compliance Cook- 3/3 In Compliance SMU I- 4/4 In Compliance Rynning- 3/3 In Compliance Browning- 3/3 In Compliance	1

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<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			7/30/2013 9:20 AM Entered By: Kathy Campbell	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		7/30/2013 9:32 PM Entered By: Kathy Campbell Still awaiting documentation of completed training and testing for staff who administer or delivers medications. This information has not been received as of today.	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		7/30/2013 9:17 PM Entered By: Kathy Campbell See below.  7/30/2013 9:25 AM Entered By: Kathy Campbell Meadows- Tracking of KOP medications is precise. Cook- Tracking of KOP medications varies. Some are written in on MARs, others are lacking documentation. SMU I- Tracking of KOP medications is documented. Rynning- Tracking of KOPS medications is documented on MARs. Browning- Tracking of KOPS medications is documented.	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	7/30/2013 1:58 PM Entered By: Kathy Campbell Browning- No Diagnosis on majority of MARs. Those with a diagnosis were handwritten in on MAR by Nursing. This is a small sample of my findings in regards to MAR documentation not being according to Nursing standards. inmate -Risperdal without stop date. O R's noted on Risperdal for July MAR. No refusals in chart. No note on back of MAR to indicate why medication was not administered. inmate -Sertaline, Benztropine and Thiothixene with lines through Prescriber, start and stop dates with new information written over all three areas. Post-it dated 7/17/13 on MAR states, "I/M no longer wants Zolof. I informed Ashley and Dr. Bishop to have it d/c'd." No refusals noted, despite multiple "R"s noted and no documentation in chart stating Ashley or Dr. Bishop were notified. inmate - No Dx. Lamictal with BID doses with "R" for July MAR. No refusals found in chart. No documentation on back of MAR. inmate -No Dx. No Allergies. Carbamazepine with multiple "R"s in chart with no refusals and no notes on back of MAR. inmate -No Dx; No Allergies. Carr #120406-No Dx. Furosemide, Potassium and Spironolactone with start and stop dates with line through them and	1

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new dates written over both start and stop dates. Medication order should have been rewritten as this is not standard practice.  
inmate [redacted] - No Dx. Sharpie used to black out an apparent mistake on MAR. Sharpie should not be utilized on MARs.  
inmate [redacted] - No Dx. Benzotropine, Citalopram and Risperidone with lines through Prescriber, start and stop dates with new information written over all three areas. This is not standard practice.  
inmate [redacted] - No Dx; No Allergies.

7/30/2013 1:30 PM Entered By: Kathy Campbell  
Rynning- No Diagnosis on majority of MARs, Those with a diagnosis were handwritten in on MAR by Nursing. This is a small sample of my findings in regards to MAR documentation not being according to Nursing standards.

inmate [redacted] - No Dx; No Allergies. Divalproex with "Refusal Signed" under directions of medication on July MAR. Refusal found in chart dated 6/19/13. No other refusal found. No note indicating Provider was ever contacted. Does not appear to have even accepted KOP Divalproex in June.

inmate [redacted] - No Dx. Nortriptyline with "R" most of month of July. No refusals located in chart. D/C written on 7/18/13, but no discontinuation noted in Pharmacorr system.

inmate [redacted] - No Dx. Ditropan with multiple "NS" or "R" in boxes on July MAR. No refusals located in chart. Medication was finally discontinued on 7/16/13.

inmate [redacted] - No Dx. Naproxyn order without route, frequency, Prescriber, start and stop date.

inmate [redacted] - No Dx. Bactrim ordered on 7/17/13 does not indicate inmate ever received KOP.

inmate [redacted] - No Dx. Colace without route, frequency, Prescriber, start and stop date.

inmate [redacted] - No Dx. Carvamazepine- with frequent "NS" and initials circled for almost the entire month of July. No refusals noted. No note on back of MAR.

inmate [redacted] - No Dx. Methotrexate was to be administered on 7/26/13, per MAR, but was never signed off as given. No note on back of MAR to indicate why it wasn't given.

inmate [redacted] - Multiple "NS" for Buspar and Remeron on July MAR without note of back of MAR.

inmate [redacted] - Multiple "NS" for Risperdal and Vistari on July MAR without note of back of MAR.

7/30/2013 10:51 AM Entered By: Kathy Campbell  
Cook- No Diagnosis on majority of MARs, Those with a diagnosis were handwritten in on MAR by Nursing. This is a small sample of my findings in regards to MAR documentation not being according to Nursing standards.

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inmate [REDACTED] - No Dx  
inmate [REDACTED] - No Dx  
inmate [REDACTED] - No Dx. Amitriptyline @  
1500 with "A" 7/1-7/3, 7/7-7/10, 7/14-7/17,  
7/21. "R" 7/4-7/6, 7/11, 7/12, 7/18-7/20,  
7/22-7/23. Inmate has not received  
medication at all in July to date. No  
refusals in chart, no SOAPE note to indicate  
why he isn't receiving medication.  
inmate [REDACTED] - Thiothixene for almost  
entire month of July with either "R" or "A" in  
boxes, no notes on the back of MAR and no  
SOAPE note to indicate why inmate isn't  
receiving his medication.  
inmate [REDACTED] - No Dx; No Allergies listed  
on MAR. Phenytoin 200 mg and 300 mg  
without Prescriber name and with "A" for  
almost entire month of July. Again, no note  
on back of MAR or SOAPE note to indicate  
why inmate isn't receiving medication.  
inmate [REDACTED] - No Dx; No allergies listed  
on MAR. Buspirone and Citalopram with  
"A" or "R" for almost entire month of July.  
No note on back of MAR, no SOAPE note  
to indicate why inmate isn't receiving  
medication. No note that Provider was  
notified of 3 in a row refusals of Psych  
meds.  
inmate [REDACTED] - No Dx. Divalproex with "A"  
or "R"s for almost the entire month of July.  
No refusals in chart, no documentation on  
back of MAR to indicate why inmate isn't  
taking medications.  
inmate [REDACTED] - Phenytoin without KOP  
or DOT information on MAR. There is no  
indication on MAR that inmate received this  
medication for the Month of July.  
inmate [REDACTED] - No Dx; No Allergies.  
Benzotropine, Buspar and Geodone with  
multiple missed doses represented by an  
"A" without any documentation on MAR or  
in chart.  
inmate [REDACTED] - No Dx. Nortriptyline order  
without start/stop date, No Prescriber name,  
no route. Multiple blanks. Multiple "A" in  
boxes on MAR. Appears inmate has only  
received 11 doses for the entire month of  
July. No documentation to indicate why  
doses were missed.  
inmate [REDACTED] - No Dx. Propranolol is  
not indicate if KOP or DOT. To be taken  
daily for 180 days. Last filled 4/17/13. No  
notes or refusals noted. Nortriptyline, which  
was ordered by Dr. Gogek with multiple  
"R"s and "A"s for the month of July. Again,  
no notes or refusals. No indicate Psych  
was contacted in regards to inmate not  
taking his medication.  
inmate [REDACTED] - No Dx. Cogentin order  
without route, start date or Prescriber.  
Risperidone order apparently changed to  
4mg and the 2mg was written through on  
the MAR and 4mg replaced it. Order  
should have been rewritten. Also  
Buspirone and Carbamazepine orders with  
stop date marked off and new stop date  
written over old stop date, instead of  
rewriting the entire order.  
inmate [REDACTED] - No Dx. Carbamazepine  
with multiple "A"s and "R"s on MAR. No  
indication on back of MARs as to why  
inmate isn't taking medications. Also  
Inmate had ASA, Enalapril, Metformin and  
Niacin refilled on 7/18 or 7/19 and there is  
no indication on MAR that medication was

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				<p>ever given to inmate as of 7/28/13. No KOP or DOT indicated on MAR for these medications.</p> <p>inmate [redacted] - No Dx. Risperidone with circled initials on 7/14-7/16 and NA with circles on 7/18 + 7/19. Also initials circled on 7/21-7/23 and 7/25. No indication on MAR as to why medication was not given.</p> <p>inmate [redacted] - Phenytoin with multiple "A"s and "R"s on MAR. No refusals noted, no note on back of MAR to indicate why medication was not taken.</p> <p>inmate [redacted] - Haldol with multiple "R"s and "A"s on MAR. No refusals noted, no note on back of MAR to indicate why medication was not taken. Note that Provider was notified of 3 refusals in a row.</p> <p>inmate [redacted] - Risperdal and Cogentin with multiple "R"s and "A"s on MAR. No refusals noted, no note on back of MAR to indicate why medication was not taken. No note that Provider was notified of 3 refusals in a row. Checked Pharmacorr for last filled date, no date in system.</p> <p>inmate [redacted] - Carbamazepine with multiple "R"s and "A"s on MAR. No refusals noted, no note on back of MAR to indicate why medication was not taken.</p> <p>inmate [redacted] - Lithium and Benadryl with multiple "R"s and "A"s on MAR. No refusals noted, no note on back of MAR to indicate why medication was not taken. No note that Provider was notified of 3 refusals in a row.</p> <p>7/28/2013 8:45 PM Entered By: Kathy Campbell M</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>7/30/2013 9:32 PM Entered By: Kathy Campbell No med errors forwarded from the FHA.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>7/30/2013 8:58 PM Entered By: Kathy Campbell Cook-</p> <p>inmate [redacted] - Citalopram expired 7/24/13 and has not been renewed as of 7/30/13. Awaiting to be seen by Psych.</p> <p>inmate [redacted] - Risperdal and Benzotropine have not been reordered per Pharmacorr System. MAR shows "A" and "R", no refusals signed, no indication as to why inmate is not receiving his medication.</p> <p>Rynning-</p> <p>inmate [redacted] - Buspirone and Citalopram expired 7/8/13 and still awaiting renewal by Psych as of 7/29/13.</p> <p>inmate [redacted] - Lamictal expired 7/20/13. Awaiting renewal by Psych as of 7/29/13.</p> <p>inmate [redacted] - Gabapentin- MAR shows awaiting approval since 7/7/13. This is as of 7/29/13.</p> <p>inmate [redacted] - Vistaril and Risperdal were ordered 7/10/13 and there is no indication that inmate has received medication as of 7/29/13.</p> <p>inmate [redacted] - Bactrim ordered 7/8/13. No indication on MAR that inmate ever received this medication as of 7/29/13.</p>	2

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				<p>7/30/2013 7:21 PM Entered By: Kathy Campbell Browning- inmate [REDACTED] - Risperdal ordered 7/16/13, but per MAR, "O" marked on MAR from 7/17/13-7/23/13. No refusals were signed. inmate [REDACTED] - Perphenazine ordered 7/11/13, but not started until 7/23/13. Per Pharmacorr, last filled on 7/16/13. Unable to determine why the delay in starting the medication. inmate [REDACTED] - Carvedilol, Protonix and Spironactone expired 7/16/13. MAR states, "Waiting for renewal" across 7/20-7/29/13. Pharmacorr website indicates last filled on 7/23/13. inmate [REDACTED] - Baclofen ordered on 7/8/13, but not started on 7/20/13. Delay in starting meds of 12 days. inmate [REDACTED] - Omeprazole ordered 7/13/13, but not started until 7/28/13. Delay in starting meds of 15 days. inmate [REDACTED] - Pepcid ordered 7/22/13, but not started per MAR, as of 7/29/13. inmate [REDACTED] - Nortriptyline ordered 6/29/13, per July MAR, not filled until 7/10/13.</p> <p>7/28/2013 8:51 PM Entered By: Kathy Campbell Meadows- inmate [REDACTED] - Wellbutrin ordered 7/12/13, but not received until 7/18/13. inmate [REDACTED] - Wellbutrin ordered 7/12/13, but not received until 7/18/13. inmate [REDACTED] - Celexa with #6 (Not available) 7/1-7/7/13 and with #6 7/10 and 7/11/13 and N/A on 7/14/13.</p> <p>SMU I- inmate [REDACTED] - Nortriptyline ordered 6/27/13, not started until 7/2/13. inmate [REDACTED] - Paroxetine was not given in July until 7/14/13. inmate [REDACTED] - Benztropine and Carbamezapine N/A 7/18-7/21. inmate [REDACTED] - Baclofen ordered 7/10/13, N/A noted on MAR 7/13 and 7/14 and blank 7/16, unclear if not started until 7/17, one week after ordered.</p>		
7	Are inmates being required to show ID prior to being administered their medications?	X		7/30/2013 8:58 PM Entered By: Kathy Campbell	2	
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]			X	7/30/2013 8:58 PM Entered By: Kathy Campbell See # 6.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		7/30/2013 9:12 PM Entered By: Kathy Campbell Browning- inmate [REDACTED] - Protonix request submitted 7/18/13, but fax was not sent back until 7/22/13. (> 24-48 hours). inmate [REDACTED] - Elavil request submitted on	2

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				<p>7/18/13, but order was not ordered until 7/23/13 (&gt; 24-48 hours).</p> <p>Meadows - inmate ██████ - Biaxin requested on 7/8/13, but approved received 7/15/13, but not ordered until 7/25/13 (per Pharmacorr System).</p> <p>SMU I- inmate ██████ - Gabapentin requested on 7/17/13, but fax approval received 7/15/13 and filled 7/20/13. inmate ██████ - Gabapentin requested on 7/5/13, but fax approval received on 7/14/13.</p> <p>Cook- inmate ██████ - Eucerin Cream requested on 6/26/13, but fax approval received 7/14/13 and filled on 7/24/13. inmate ██████ - Valproic Acid requested on 6/4/13, but fax approval received 7/10/13 and filled 7/11/13.</p>	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	7/30/2013 9:12 PM Entered By: Kathy Campbell See # 9.	2
11	Are medication error reports being completed and medication errors documented?	X		7/30/2013 9 33 PM Entered By Kathy Campbell No medication error reports submitted by FHA as to date.	2

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<b>Corrective Action Plans for Performance Measure: Medication Administration</b>
<b>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]</b> <b>Level 1 Amber User: Kathy Campbell Date: 7/30/2013 9:31:34 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>3 Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]</b> <b>Level 1 Amber User: Kathy Campbell Date: 7/30/2013 9:16:18 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>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]</b> <b>Level 1 Red User: Kathy Campbell Date: 7/30/2013 1:57:56 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>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]</b> <b>Level 1 Red User: Kathy Campbell Date: 7/30/2013 1:57:56 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>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]</b> <b>Level 1 Red User: Kathy Campbell Date: 7/30/2013 1:57:56 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>6 Are there any unreasonable delays in inmate receiving prescribed medications?</b> <b>Level 2 Red User: Kathy Campbell Date: 7/30/2013 8:57:30 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?</b> <b>[NCCHC Standard P-D-01]</b> <b>Level 2 Red User: Kathy Campbell Date: 7/30/2013 8:58:02 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>9 Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</b> <b>Level 2 Amber User: Kathy Campbell Date: 7/30/2013 9:11:18 PM</b>
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: See above.
<b>10 Are providers being notified of non-formulary decisions within 24 to 48 hours?</b> <b>Level 2 Amber User: Kathy Campbell Date: 7/30/2013 9:11:32 PM</b>
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			7/31/2013 4:57 PM Entered By: Mathew Musson A monthly staffing plan is available to the FHA and ADC Complex Monitor.	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		7/31/2013 5:04 PM Entered By: Mathew Musson No. Although several vacancies have been filled, there are presently no staff working on site in several key positions. These include nursing supervision (3x) Medical Director, Clinical Coordinator, and the Assistant FHA.  Although Corizon has made significant strides in the last 60 days, additional attention needs to be paid to areas of nursing staff, provider efficiency, appointment backlogs, and Mental Health staffing levels.	3
3	Are all positions filled per contractor staffing pattern?		X		7/31/2013 5:04 PM Entered By: Mathew Musson No No. Although several vacancies have been filled, there are presently no staff working on site in several key positions. These include nursing supervision (3x) Medical Director, Clinical Coordinator, and the Assistant FHA.	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			7/31/2013 5:05 PM Entered By: Mathew Musson Yes. The FHA and DON are informed each week during teleconference of staffing efforts.	2

### 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: Mathew Musson Date: 7/31/2013 5:03:21 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: Mathew Musson Date: 7/31/2013 5:03:52 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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<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			7/5/2013 7:24 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	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			7/5/2013 7:24 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	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			7/5/2013 7:24 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/5/2013 7:24 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			7/5/2013 7:24 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	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			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmiry at this complex.	1
11	Are vital signs done daily when required?	X			7/5/2013 7:25 PM Entered By: Kathy Campbell	1

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					N/A. No infirmary at this complex.	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			7/5/2013 7:25 PM Entered By: Kathy Campbell N/A. No infirmary at this complex.	1

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<b>Medication Room</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the medical room kept locked when not occupied?		<b>X</b>		<p>7/30/2013 9:17 PM Entered By: Kathy Campbell See below.</p> <p>7/28/2013 7:13 PM Entered By: Kathy Campbell Meadows- Med room kept wide open and no staff was in med room on 7/19/13 at approximately 1645. SMU I- Med room door was kept closed and locked during 7/22/13 visit at approximately 0800.</p> <p>7/30/2013 12:35 PM Entered By: Steve Bender Cook unit - medication room was locked when staff left the nurse station. Rynning unit - staff were observed going in and out of the room during the time I was there. The door was locked when there were no staff in the the nurse station. Browning Unit - the medication room was locked when I entered the nurse station. The medication over flow room door was opened. There was a coat rack in this room with protective vests. It had to be moved in order to close the door. This finding was briefed to the Nursing Supervisor. When another monitor visited the nurse station later in the morning she found the door locked and secure.</p>	<b>1</b>
2	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?	<b>X</b>			7/30/2013 9:18 PM Entered By: Kathy Campbell	<b>2</b>
2	Are open medication vials being marked with the date they were opened?		<b>X</b>		<p>7/30/2013 9:18 PM Entered By: Kathy Campbell See below.</p> <p>7/28/2013 7:15 PM Entered By: Kathy Campbell Meadows- Only 1/10 bottles of Insulin were dated during my 7/19/13 visit.</p> <p>SMU I- 7/9 bottles of Insulin were dated during my 7/22/13 visit.</p> <p>7/30/2013 12:38 PM Entered By: Steve Bender On Cook and Rynning unit there were no open vials. The (1) open vial on Browning unit had a sticker with the required open date.</p>	<b>1</b>
3	Is nursing staff checking for outdated (expiring)medications?		<b>X</b>		7/30/2013 9:18 PM Entered By: Kathy Campbell See below.	<b>1</b>

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					<p>7/28/2013 7:17 PM Entered By: Kathy Campbell Meadows-                  inmate - Amlodopine stop dated noted to be 7/8/13 and Spironalactone with stop date 7/9/13, still noted to be in med room in with current meds on 7/19/13.                  inmate - Cogentin with stop date 7/13/13 still in med room with current meds on 7/19/13.</p> <p>SMUI-                  No expired medications found.</p>
					<p>7/30/2013 12:49 PM Entered By: Steve Bender                  On Cook, Rynning and Browning unit they have an inventory technician assigned (20) hours a week. Part of their responsibilities is to locate and dispose of expired medications. There were no expired medications found at any of these (3) units</p>

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

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

**Level 1 Amber User: Kathy Campbell Date: 7/30/2013 9:17:08 PM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Kathy Campbell Date: 7/30/2013 9:17:30 PM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Kathy Campbell Date: 7/30/2013 9:17:43 PM**

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

Corrective Actions: See above.