

July 2013 PHOENIX 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>7/29/2013 3:31 PM Entered By: Helena Valenzuela</p> <p>On 7/25/13, continued review of this performance measure indicates non compliance. Intake inmates with clinical issues do not experience sick call on a consistent basis. Often, inmates are evaluated at their cell (example: Inmate [REDACTED] seen at cell front) and/or referred to "next yard" for medical assistance (examples: Inmates: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] It seems a general practice for Flamenco and Aspen inmates to be referred to the medical provider for evaluation. The provider line is inconsistent since the providers are removed from their provider line to assist at the intake process. On Aspen and Flamenco, no psychiatry line occurred the week of 7/20/13 through 7/26/13 as a result of the psychiatrist resigning. One psychiatrist remains mainly assisting by telephone medication orders.</p> <p>On 7/14/13, review of 5 medical records in C AREA, indicates 'essential' NCCHC Standard P-E-06 regarding an oral screening and an oral examination is non compliant:</p> <p>[REDACTED] Inmate arrived 6/14/13, still here on 7/14/13- only Pano</p> <p>[REDACTED] Inmate arrived 6/11/13, still here on 7/14/13- only Pano</p> <p>[REDACTED] Inmate arrived 6/19/13, still here on 7/15/13- only Pano</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>7/29/2013 3:33 PM Entered By: Helena Valenzuela</p> <p>A review 7/9/13, of C Area indicate this performance measure is non compliant: [REDACTED] -HNR dated 7/8/13 ("wound on the bottom of my foot...foot was swollen extremely...") nurse response on 7/9/13 "forward to next yard", [REDACTED] HNR dated 7/8/13 (allergic reactions)/nurse response 7/9/13 "forward to next yard", [REDACTED] HNR dated 7/8/13 (medication for arm not working-arm is swollen)/nurse response "forward to next yard", [REDACTED] HNR dated 7/8/13 (medication not given, headaches...)/nurse response "Loratidine, Ibuprofen and Excedrin were ordered-forward to pharmacy to research", [REDACTED] HNR 7/8/13 (toe nail)/ nurse response 7/9/13 "forward to next yard", [REDACTED] HNR dated 7/8/13 ("need my thyroid meds")/nurse response on 7/9/13 "forward to next yard", [REDACTED] HNR 7/8/13 ("11 staples in my head that were to come out today..."/nurse response on 7/9/13 "forward to next yard", [REDACTED] HNR dated 7/8/13 (allergic reactions)/nurse response on 7/9/13 "forward to next yard", [REDACTED] HNR dated 7/5/13 (finger nails)/nurse response 7/9/13 "forward to next yard".</p> <p>On 7/14/13 findings in C Area are: [REDACTED] HNR states mental health issues, provider wrote in Plan of Action for inmate to be</p>	1

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referred to mental health. No SOAPE note indicating inmate was evaluated by mental health. 201638-HNR responded to; however, inmate evaluated at cell, inmate HNR states painful tooth, nurse response "forward to dental provider" (no triage date indicated).

On 7/25/13, in C Area, inmate listed on nurse's appointment line as seen; however, no inmate signature and no Plan of Action completed. Inmate's HNR 7/19/13 responded by nurse 7/20/13 "refer HNR to provider". No provider SOAPE notes to verify inmate was evaluated.

On 7/25/13, findings on Ida Ward indicated non compliance in the following:

inmate HNR 7/3/13 nurse triaged 7/8/13, 7/23/13 responded "refer to medical line", no verification or SOAPE notes to indicate inmate was evaluated. HNR inmate dated 6/16/13, nurse triage dated 6/18/13, nurse response on 7/23/13.

On 7/26/13, findings on Aspen Unit indicate non compliance: inmate -HNR stating bipolar and canceled medication (inmate wrote ASAP)-listed on mental health line on 7/19/13; however, there is no inmate signature on provider appointment list to verify it occurred, no SOAPE notation and no completion of the Plan of Action.

inmate HNR stating dizzy, light headed, "lost drive to do things", 7/4/13 nurse response to HNR; however, no SOAPE notes indicating inmate was evaluated.

inmate -7/19/13 -HNR states "severe leg pains", 7/20/13 nurse response to place on nurse line-no SOAPE notes to indicate inmate was evaluated by nursing and no Plan of Action was completed. inmate HNR 7/2/13 stating "hearing voices, paranoid, help" nurse response 7/4/13 stating mental health line apt; inmate evaluated by provider on 7/19/13. inmate HNR 6/11/13 stated "I feel to depressed." 6/11/13 Nurse response is to refer to medical-mental health-no SOAPE note indicating evaluated by nurse. 7/15/13 HNR states medication and medical ice needs, 7/19/13 nurse response refer to medical provider- listed on mental health line on 7/21/13; however, there is no inmate signature to verify occurred and Plan of Action not completed. inmate HNR 7/17/13 stated wasting diet issues-no verification inmate was evaluated and no completion of the Plan of Action. inmate HNR 7/18/13 stated medication refill,

7/19/13 nurse response to refer to medical for orders-7/25/13 nurse line lists inmates name but no number and no inmate signature; therefore, no verification inmate's medical needs addressed. inmate HNR states Hep C and Hep B issues, 7/19/13 nurse response refer to medical; however, there is no verification inmate was evaluated and Plan of Action was not completed. inmate Two HNRs state stomach ache and head aches, 7/19/13 nurse response refer to medical provider; no verification inmate was evaluated within 24 hours and Plan of Action is incomplete. inmate (or inmate HNR 7/23/13 stated

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				<p>"can't take deep breath and have constant stabbing pain", 7/25/13 nurse response "referred to medical provider, x ray ordered- no indication inmate was evaluated on nurse line within 24 hours and he is not listed on the 7/25/13 nurse line appointment list, and no completion of Plan of Action. inmate HNR 7/23/13 states severe ear pain, 7/25/13- nurse response states refer to medical provider, no indication inmate was evaluated by nursing and Plan of Action was not completed. inmate HNR 7/19/13 states diabetic issues with bleeding toe nail, 7/19/13 nurse response, "will refer to medical-you will be seen within a month" no verification inmate was evaluated and no completion of the Plan of Action.</p> <p>On 7/18/13, the following was the finding in F AREA: inmate -HNR on 7/18/13 states hernia pain, 7/19/13 nurse response refer to nursing line (no SOAPE notes to indicate nurse evaluation occurred), physician responds on Plan of Action on 7/25/13 "medical line ASAP". C Area: inmate -HNR states pain in arm, neck, shoulder, nurse referred to medical; 181606- Inmate arrived 7/1/13, HNR 7/8/13 states Hep C issues, Nurse response on 7/9/13 Hep C, HIV will be done at next yard, (Inmate is still here on 7/18/13). inmate HNR 6/26 stating constipation, inmate evaluated at cell on 6/30/13.</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>7/29/2013 3:34 PM Entered By: Helena Valenzuela On 7/12/13, a review of 5 medical records at Aspen Unit indicate the following in non compliance: No vitals inmate on 7/10/13, inmate (no weight). On 7/14/13, a review of 5 medical records in C Area indicated the following in non compliance: inmate (Only BP), inmate (no weight) On 7/18/13, a review of 5 medical records for F Area indicate the following in non compliance: no vitals inmate and inmate On 7/18/13, a review of 5 medical records in the Baker Unit indicate the following in non compliance: no vitals inmate inmate On 7/18/13, a review of 5 medical records on the Flamenco Ward indicate the following in non compliance: inmate inmate On 7/24/13, a review of 12 medical records in C area indicate non-compliance: inmate vitals incomplete on 6/27/13, inmate incomplete 7/19/13 vitals; inmate incomplete vitals on 7/16/13. A review on 7/26/13 of 12 medical records at Aspen Unit indicate the following in non compliance: inmate -no vitals on 7/12/13; inmate no vitals on 7/24/13; inmate no vitals on 6/28/13; inmate -no vitals on 6/28/13; inmate no vitals on 7/10/13, inmate no vitals on 6/27/13.</p>	1

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4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		<p>7/29/2013 3 34 PM Entered By: Helena Valenzuela</p> <p>. On 7/12/13, at the Aspen Unit, a review of 10 medical records indicate non compliance in: inmate -SOAPE not completed with date and time inmate -no E, SOAPE inmate -illegible provider notes and no date, no signature stamp (No signature stamp inmate inmate inmate)</p> <p>On 7/14/13, a review of 12 medical records indicated the following were in noncompliance on Flamenco Ward: inmate inmate inmate inmate inmate inmate inmate inmate inmate also this medical record requires organization: Freudenthal contacted, (no signature stamp- inmate inmate inmate inmate)</p> <p>On 7/14/13, a review of 5 medical records in C area indicated the following: SOAPE format and No E inmate and no signature stamp.</p> <p>On 7/18/13, at Flamenco Ward, a review of 5 medical records indicate the following in non compliance: inmate inmate inmate inmate</p> <p>On 7/18/13, at the Baker Unit, a review of 5 medical records indicate the following in non compliance: inmate inmate inmate (also, no signature stamp).</p> <p>On 7/18/13, regarding F area, a review of 5 medical records indicate the following in non compliance: inmate inmate (also, no signature stamp)</p>	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]			X	<p>7/31/2013 4:03 PM Entered By: Helena Valenzuela</p> <p>The general practice is for nursing to refer HNR issues to the medical provider rather than conduct a nursing line. The provider does not conduct a medical line on a regular basis affecting timely inmate medical access to a provider and medical information regarding the review of laboratory results on a timely basis. On 7/31/13, a review in JKQ indicated non compliance in the following medical records: inmate HNR states headache, dizzy, nurse triage response 7/8/13, 'refer to medical', no inmate name on the provider appointment list to indicate evaluation occurred. inmate HNR states pain in feet, nurse triaged on 7/16/13 'refer to medical', no inmate name on the provider appointment list or nursing to indicate inmate was evaluated. inmate HNR states ear issues and pain, nurse response to request for provider, inmate name not on provider appointment list. HNR inmate states head hurts, nurse did not triage date HNR, response was 'forward to medical provider', no inmate name on the provider appointment lists. (Two) HNR inmate</p>	1

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				<p>states foot pain, another Hep C blood results, no nurse response 7/22/13, provider appointment list does not indicate inmate was evaluated. HNR [redacted] states rash, no nursing triage date is written and nurse response 'refer to medical', inmate not listed on provider appointment line. HNR [redacted] triaged 6/24/13 to provider; response from provider on 7/10/13 with no indication inmate was evaluated. (not on appointment line) [redacted] HNR states lesion on scrotum has become larger, triage response from nurse 'referred to medical'; not on provider appointment list; [redacted] HNR medication issues and stomach pain, nurse response, 'on Dr's line', no inmate name on the provider appointment list. [redacted] HNR stating skin issues, no triage date was listed by nurse and no Plan of Action completed. [redacted] HNR 7/21/13 stated pain/pinched nerve, nurse response on 7/23/13 'refer to provider', provider 7/29/13 appointment list reads 'HNR addressed next to inmate's name. The following laboratory results for the provider to review were not reviewed nor signed on 7/31/13: Laboratory results were ready on 7/10/13 through 7/25/13: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>7/29/2013 3:38 PM Entered By: Helena Valenzuela On 7/18/13 in F AREA [redacted] -HNR on 7/18/13 states hernia pain, 7/19/13 nurse response refer to nursing line (no SOAPE notes), physician responds on Plan of Action on 7/25/13 "medical line ASAP"</p> <p>On 7/12/13 at the Aspen Unit, the following findings were evident: [redacted] NET on 7/4/13 not completed, [redacted] NET on 7/6/13 not completed. [redacted] -HNR regarding headache not seen 24 hrs and no Plan of Action was completed, [redacted] HNR stating pain in back and right leg; need medication triaged. [redacted] -HNR regarding fracture and pain, nurse wrote "refer to MD for evaluation". No MD was on site at Aspen.</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: Helena Valenzuela Date: 7/29/2013 3:30:42 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Scheduling patients
- b.Staffing

2.In-service staff on process expectations per Sick Call 2.20.2.2 contract performance outcome 1

Sick call shall be held five days a week, Monday through Friday (excluding Holidays), for all inmates (Sick Call Attachment); and site specific process

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

3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

10/11/13 Update – All HNR s to be triaged by nursing, inclusive of MH.

2 Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]

Level 1 Red User: Helena Valenzuela Date: 7/29/2013 3:32:36 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

2.In-service staff on policy titled "Routine Appointments – Request" Chapter 5, Section 3.1 (Attachment II.2.) and per Sick Call 2.20.2.2 contract performance outcome 2 (Sick Call Attachment);

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

3.Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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: Helena Valenzuela Date: 7/29/2013 3:33:19 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Agenda/sign off sheet to verify

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2. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

Level 1 Amber User: Helena Valenzuela Date: 7/29/2013 3:34:06 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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

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

Level 1 Red User: Helena Valenzuela Date: 7/31/2013 4:03:05 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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

Level 1 Amber User: Helena Valenzuela Date: 7/29/2013 3:37:48 PM

Corrective Plan: 9/9/13 - Nursing Encounter Tools are used with standing orders that can be located in the NETs binder found on every unit. These forms are to be used with every nursing-inmate encounter. The process of completeing Nursing Encounter Tools, (NETs), will continue to be reviewed on a monthly and ad lib basis.

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		7/8/2013 8:14 AM Entered By: Vanessa Headstream #inmate - URGENT c/s written 05/15/13, entered into ORC 05/24/13; has not been scheduled as of today's date	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		7/26/2013 11:27 AM Entered By: Vanessa Headstream Baker - #inmate - hospital records from April 2013 not signed by provider 7/8/2013 8:16 AM Entered By: Vanessa Headstream #inmate - c/s & hospital reports 06/13/13 not signed off by provider	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			7/19/2013 8:29 AM Entered By: Vanessa Headstream	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			7/19/2013 8:29 AM Entered By: Vanessa Headstream	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			7/19/2013 8:29 AM Entered By: Vanessa Headstream	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 U er Vane a Head tream Date 7/8/2013 8 14 58 AM

Corrective Plan: Not accurate. #inmate consult was ordered on 5/15/13. It was received by the CC on 5/16/13. It was entered in ORC on 5/24/13. It went through our approval process and #inmate went for consultation on 6/13/13. He had went for surgery on 7/19/13 and his follow up was today, (8/1/13).

8/16/13 - Answer is final. Patient was scheduled appropriately; Monitor's information was not accurate, (see above).

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized monitoring process
2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RCQI/FHA/DON

Target Date -11/30/13

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

1. Standardized process to address, to include but not limited to:

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- a. Approved consults scheduled/documented within 5 days by clinical coordinator
- 2. Schedule and conduct training for all clinical coordinators
 - a. Agenda/sign off sheet to verify
- 3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = DON/Clinical Systems Business Analyst II/FHA/DON/RDCQI/RVP

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 7/26/2013 11:27:20 AM

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

Corrective Actions: October Action plan submitted by Corizon-

- 1. Standardized monitoring process
- 2. Communicate expectations via FHA/DON at quarterly training Regional office and obtain sign off sheet to verify
- 3. Monitoring (UM Audit Tool)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = ARMD/RDON/RVP/RDCQI/DON/

Target Date-11/30/13

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

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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 7:28 AM Entered By: Martin Winland	2
2	Are pharmacy policies, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>7/24/2013 7:30 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity 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>Phoenix On 7-15-2013 Cathy Campbell and I visited the facility. Concerns are as follows: 1. Boxes of medications were found that had not been returned. Dates were March 2013 to current (photographs were taken). There is concern that medications are not being transferred with the inmates. 2. Clinic Stock is not being recorded. Medication is being administered unit dose with no readily retrievable system to track administration. I was told by the nurse on duty that this is the way they have done it since the new vendor arrived. I confirmed with Julie Carter and Curtis Miles that this was an incorrect procedure. Julie Carter states that she has spoken with the D.O.N. concerning this matter and a process is in place to correct. That being noted, administered medication from Clinic Stock will be almost impossible to track. 3. Also found 64 expired med cards in the</p>	2

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				<p>currently used bins, some with stop dates in April 2013. The largest # of expired cards was for the first week of July 2013.</p> <p>I wanted to bring to your attention that inmates are still leaving Alhambra without medications. When I was at Phoenix West this am, nursing staff informed me that Inmate Robles arrived yesterday without his seizure medication. They did not have any in stock and had to go out to back up Pharmacy to make sure he did not go without.</p> <p>Is there a plan to make sure inmates are not leaving intake without medications? I fear we will end up with a bad outcome and I would like to avoid this possibility</p>	
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 7:30 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 7:30:11 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

2. In-service staff

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

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

- a. Audit tools developed
- b. Weekly site results discussed with RVP
- c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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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			7/31/2013 5:46 PM Entered By: Nicole Taylor Baker: No issues King: No issues John: inmate was not triaged within 24 hours Ida: No issues George: No issues MTU: No issues	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		7/31/2013 5:47 PM Entered By: Nicole Taylor Baker: No issues King: No issues John: The following were not seen within 7 days of referral inmate inmate inmate – Very long time past time frames. Ida: No issues George: No issues MTU: No issues	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			7/31/2013 5:47 PM Entered By: Nicole Taylor Baker: inmate was out of time frame, no treatment plans for inmate and inmate King: No issues John: No issues Ida: No issues George: No issues MTU: No issues	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			7/31/2013 5:49 PM Entered By: Nicole Taylor Baker: inmate was not seen within time frames; many SMI inmates did not have a brown sticker on them King: Notes were found in the chart without a signature / stamp or date John: No issues Ida: No issues George: Notes were found in the chart without a signature / stamp or date MTU: No issues	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		7/31/2013 5:50 PM Entered By: Nicole Taylor Baker: Psychiatry orders not noted by a nurse inmate inmate King: The following were not seen within time frames inmate inmate John: Psychiatry orders not noted by a nurse inmate inmate Ida: inmate was not seen within time frames George: No issues MTU: No issues	2

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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>7/31/2013 5:51 PM Entered By: Nicole Taylor</p> <p>7/31/2013 5:51 PM Entered By: Nicole Taylor On a random sample, there were not issues found</p>	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: 7/31/2013 5:46:16 PM

Corrective Plan: Problem Identified: Inmates not being seen within seven days of referral

Discussion and Action Plan: In response to this finding, the FHA, in conjunction with the Clinical Director, has developed a provider schedule that ensures that psychiatry lines on all units run consistently on a weekly basis. HNRs (as well as emergent issues) shall be prioritized to ensure compliance. The specific inmates listed in the finding will be prioritized for action ASAP.

Responsible Person: FHA is responsible for scheduling.

Status: New psychiatrist, Dr. Ernesto Quesea, starts 8/1/13 and will provide coverage on Tuesdays and Thursdays to Flamenco and MTU. Additional providers are also currently being sought. Recruitment for a Psychiatric Supervisor has a candidate who is currently in the interview process.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

Corrective Actions: Approved by Dr. Taylor.

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: 7/31/2013 5:49:20 PM

Corrective Plan: Problem Identified: Inmates not being seen within timeframes by psychiatry and orders not being noted by nursing staff.

Discussion and Action Plan: In response to this finding, the FHA, in conjunction with the DON and the Clinical Director, has sent a directive to all nursing staff to ensure that all orders are being noted in charts. This component will also be added to the MH chart auditing process that is currently in place to ensure future compliance. Additionally, the out of timeframes follow ups will be prioritized for action ASAP.

Responsible Person: DON is responsible for ensuring orders are noted. Clinical Director is responsible for maintaining chart audit reports. FHA is responsible for process implementation and oversight.

Status: This process will be instituted as of August 1, 2013.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

Corrective Actions: Approved by Dr. Taylor.

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Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			7/29/2013 3:12 PM Entered By: Helena Valenzuela Compliant	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			7/29/2013 3:12 PM Entered By: Helena Valenzuela Compliant	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			7/29/2013 3:12 PM Entered By: Helena Valenzuela Compliant	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			7/29/2013 3:13 PM Entered By: Helena Valenzuela Compliant	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			7/29/2013 3:13 PM Entered By: Helena Valenzuela not a female intake facility	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			7/29/2013 3:13 PM Entered By: Helena Valenzuela Compliant	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			7/29/2013 3:13 PM Entered By: Helena Valenzuela Compliant	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		7/29/2013 3:20 PM Entered By: Helena Valenzuela Nurse Auditor Vanessa Headstream and I went to Pharmacy at approximately 1300 on 7/11/13 regarding inmates being transferred from here without their medication. The discussion evolved to include talking about how to expedite the medical intake process so as to improve medication orders going out prior to 1400. Supervising nurse Jones and Corizon staff were present and acknowledged the problematic issue.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			7/31/2013 4:08 PM Entered By: Helena Valenzuela At this time, difficult to determine and am not completely sure it is in compliance; therefore, green marking in good faith Corizon is in compliance. I will continue checking this measure during August.	1

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Corrective Action Plans for Performance Measure: Intake (Reception)
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]
Level 1 Amber User: Helena Valenzuela Date: 7/29/2013 3:19:38 PM
Corrective Plan: See October action plan as submitted by Corizon.
Corrective Actions: Reinforce to staff ADC Policy that inmate prescribed medications must be transferred with a 45 day supply.

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No Shows						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are No-Shows being brought to health unit to sign a refusal? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/29/2013 3:23 PM Entered By: Helena Valenzuela Nurses report no shows are not occurring.	1
2	Are unresolved No-Shows being reported to the unit deputy warden for a written response? [DO 1101]	X			7/29/2013 3:24 PM Entered By: Helena Valenzuela Nurses report no shows do not occur.	1
3	Are providers being notified of medication line No-Shows? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/29/2013 3:24 PM Entered By: Helena Valenzuela Nurses report no shows do not occur.	1
4	Are No-Shows being rescheduled if medically indicated? [DO 1101, HSTM Chapter 5, Section 7.1]	X			7/29/2013 3:24 PM Entered By: Helena Valenzuela Nurses report no shows do not occur.	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			7/19/2013 8:28 AM Entered By: Vanessa Headstream	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			7/19/2013 8:28 AM Entered By: Vanessa Headstream	1

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			7/29/2013 1:06 PM Entered By: Vanessa Headstream	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		7/31/2013 2:01 PM Entered By: Vanessa Headstream referred to HSA to obtain training/testing rosters this date, HSA stated she would provide by the end of this week. Advised that the information was needed today, as of this time has not been received. HSA stated that new hires have completed NEO book 1 of 2, longer term employees have not. 7/26/2013 11:27 AM Entered By: Vanessa Headstream requested from DON	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			7/16/2013 9:47 AM Entered By: Vanessa Headstream KOP tracking system is in place, the inmate signs a roster showing the medication & date received	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		7/31/2013 2:38 PM Entered By: Vanessa Headstream John - #inmate - Tramadol administered per Controlled Med Book (red book) on 07/15/13; prescription stop date 07/14/13 7/31/2013 2:10 PM Entered By: Vanessa Headstream John/King/Quiet - #inmate - blank spaces on administration of ant biotics, no start date shown, no diagnosis #inmate - no start date, no diagnosis #inmate - blank spaces on administration of meds, no start dates, no diagnosis #inmate - no start date, 2 MARs for this inmate - one indicates No Known Allergies, the other indicates allergy to Kiwi fruit & Motrin 7/26/2013 11:32 AM Entered By: Vanessa Headstream #inmate - no start date, no diagnosis, no nurse signature for initials #inmate - no start date, no nurse signature for initials #inmate - no route, no start/stop date, no nurse signatures #inmate - no start/stop dates #inmate - no allergies, no nurse signatures 7/19/2013 8:49 AM Entered By: Vanessa Headstream c area - review of MARs indicates non compliance - #inmate - no start dates, no nurse signature to match to initials	1

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				<p>#inmate - no start/stop dates #inmate - no start/stop dates, no nurse signature to match to initials #inmate - no start date #inmate - no start date #inmate - no start/stop dates, no nurse signature to match to initials #inmate - no start/stop dates, no dose on IVF</p> <p>7/19/2013 8:21 AM Entered By: Vanessa Headstream Aspen - MARs appeared to be compliant with this measure</p> <p>7/16/2013 9:57 AM Entered By: Vanessa Headstream C area - #inmate - Glipizide 2.5mg po qd ordered & filed 06/25/13; MAR states "until KOP arrives", no doses documented 07/01/13 thru 07/10/13, two doses documented 07/11/13 & 07/12/13 #inmate - no start/stop dates #inmate - no start dates #inmate - nurse initials do not have corresponding signature</p> <p>7/17/2013 9:12 PM Entered By: Kathy Campbell inmate - Levetiracetam without frequency or start or stop date. inmate - Lisinopril order was ordered x 1 now (dated 7/11/13, but signed off on 7/12-7/14 @ 2100. inmate - Vistaril and clonidine without start date. inmate - Bactrim without route. inmate - ASA without route. inmate - Ibuprofen without route.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>7/31/2013 2:23 PM Entered By: Vanessa Headstream referred to HSA to obtain this information, HSA stated she would provide by the end of this week; advised that the information was needed by today's date. Have not received requested information regarding med error reports.</p> <p>7/26/2013 11:33 AM Entered By: Vanessa Headstream requested from DON</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>7/31/2013 2:21 PM Entered By: Vanessa Headstream John/King/Quiet - #inmate - Keflex 500mg 2 po BID ordered 07/22/13; started 07/23/13 with 9 pills remaining on blister pack, should have 6 pills left #inmate - Risperidone 1mg documented "refused", Risperidone 2mg documented "refused" - medication ordered 07/18/13, not filled per Pharmacorr profile #inmate - Lidex cream ordered 07/10/13, documented "other" 07/11/13 thru 07/27/13, no documentation on 07/21/13 & 07/22/13</p> <p>7/29/2013 1:05 PM Entered By: Vanessa</p>	2

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				<p>Headstream see previous entries</p> <p>7/19/2013 8:50 AM Entered By: Vanessa Headstream C area - #inmate - Allopurinol ordered 07/16/13, documented "not in stock" on MAR</p> <p>7/30/2013 1:59 PM Entered By: Kathy Campbell inmate - Transferred to Cook Unit on 7/24/13. Went without medication (Sertraline) as of 7/28/13. Medication was not sent with Inmate from Alhambra, per Cook RN. inmate - Inmate transferred to Cook on 7/16/13. Went without medications (Escitalopramine and Risperidone) from 7/16-7/22/13. Cook Nurse indicated Inmate was not sent with his medications from Alhambra. inmate - Inmate arrived to Cook Unit on 7/25/13. Went without medications (Fluoxetine, Lamictal and Risperdal) from 7/25- through at least 7/28/13. Medication was not sent with Inmate from Alhambra, per Cook Unit Nurse.</p> <p>7/23/2013 9:40 AM Entered By: Kathy Campbell Inmate - Arrived at Phoenix West on 7/22/13 without his seizure medication. Inmate was transferred from Alhambra without his medications. Phx West had to utilize back up Pharmacy and this resulted in a delay in the inmate receiving his prescribed medication.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		7/16/2013 9:57 AM Entered By: Vanessa Headstream	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	7/25/2013 2:48 PM Entered By: Vanessa Headstream Review of stop date report indicates non compliance: 46 inmates reviewed, 103 prescriptions; 51 Rx renewed on or before their stop date, 52 Rx expired prior to renewal date.	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	7/26/2013 11:34 AM Entered By: Vanessa Headstream #inmate - NFDR submitted 07/05/13, no response documented #inmate - NFDR submitted 07/05/13, no response documented #inmate - NFDR submitted 07/05/13, approval documented 07/12/13	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X	7/26/2013 11:35 AM Entered By: Vanessa Headstream see #9 entry	2

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11	Are medication error reports being completed and medication errors documented?		X		<p>7/31/2013 2:23 PM Entered By: Vanessa Headstream referred to HSA to obtain this information, HSA stated she would provide by the end of this week; advised that the information was needed by today's date. Have not received requested information regarding med error reports.</p> <p>7/26/2013 11:35 AM Entered By: Vanessa Headstream requested from DON</p>	2

Corrective Action Plans for Performance Measure: Medication Administration

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]

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:00:39 PM

Corrective Plan: All requested information sent same day as requested.

8/16/13 - Answer is final. Corizon policies followed and information sent same day as requested.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
- c. Administration of DOT/KOP.
- d. Printing MARs (Pharmacy Appendix).
- e. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

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

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

Target Date- 11/30/13

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

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: Vanessa Headstream Date: 7/31/2013 2:37:16 PM

Corrective Plan: Problem Identified: Incomplete MARs

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The 26th of each month prior to the printing of the MARs, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.

See below.

CAP Revision #1 - It is illegal to back chart, so the records cannot be altered. All we can do is focus on prevention, education and monitoring. Training and increased observation by leadership is the focus.

8/15/13 - The answer provided is final.

Corrective Actions: October Action plan submitted by Corizon-

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

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- a. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
- b. MAR documentation.
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- b. Weekly site results discussed with RVP.
- c. Audit results discussed at a monthly CQI meeting.
- d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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: Vanessa Headstream Date: 7/31/2013 2:37:16 PM

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Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.

Corrective Actions: Approved.

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: Vanessa Headstream Date: 7/31/2013 2:37:16 PM

Corrective Plan: Problem Identified: Incomplete MARs

Discussion and Action Plan: As a result of this finding, the FHA and DON have instituted a process of confirming that all medications currently prescribed for patients have an accurate MAR. The 26th of each month prior to the printing of the MARs, the DON shall run a census (through AIMS) of all inmates in designated housing areas (excluding intakes) and distribute this census to the nursing staff responsible for those areas. Nursing staff shall then do a chart review of each patient and confirm that MARs are accurate and present in the MAR books. Nurses shall notate on the census report if MARs are present and accurate and shall immediately correct or replace any missing or inaccurate MARs. At the completion of this task, the census report shall be delivered back to the DON for review and a copy of this report shall be maintained in the DON's office for compliance inspection by contract monitors. These reports shall be made available on the second Monday of each month. Inventory coordinators may assist in this task as supervised by nursing staff.

Responsible Person: Nursing staff assigned to units for task completion. DON for review and training. FHA for process implementation/development/direction.

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Status: Initial reviews will begin immediately and the formal process is to begin August 2013. First reports with any luck will be available on August 12th.

Corrective Actions: Approved.

5 Are medication errors forwarded to the FHA to review corrective action plan?

Level 2 Amber User: Vanessa Headstream Date: 7/31/2013 2:23:03 PM

Corrective Plan: Problem Identified: Medication Error corrective action plan completion

Discussion and Action Plan: As a result of this finding, the FHA has instituted a plan to ensure compliance. By COB on the last day of the month, the DON shall submit a medication error report to the FHA. This report shall be reviewed by the FHA and shall be available for review by monitors on the first Monday of the following month.

Responsible Person: Nursing staff is responsible for submitting error reports to DON. DON is responsible for submitting compiled reports to FHA and for action on any medication errors. FHA is responsible for maintaining records and reporting of medication errors.

Status: A formal process has been in place but this process shall begin 8/1/13.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

Corrective Actions: CAP Revision #1 - Process worked out with Ms. Campbell today, that all future med errors will be scanned to Ms. Headstream as processed.

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

Level 2 Amber User: Vanessa Headstream Date: 7/31/2013 2:20:32 PM

Corrective Plan: See October action plan as submitted by Corizon. In process of gathering knowledge needed to respond, (MGAR won't let me close without a response, so I had to write in something?).

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

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

- a. Intake Orders
- b. Private Prisons

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

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

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

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

- a. Audit tools developed

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 7/31/2013 2:20:32 PM

Corrective Plan: See October action plan as submitted by Corizon. In process of gathering knowledge needs to respond, (MGAR won't let me close without a response, so I had to write in something?).

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

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

- a.Intake Orders
- b.Private Prisons

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

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

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

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

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

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

Target Date - 11/30/13

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

8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care?

[NCCHC Standard P-D-01]

Level 2 Amber User: Vanessa Headstream Date: 7/25/2013 2:48:15 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

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

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

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

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

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

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

- a. Internal
- b. External

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

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

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

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

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 7/26/2013 11:34:46 AM

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

8/16/13 - Please refer this to Regional level. Site does not control Pharmacorr P&P.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

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

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

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

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

Target Date-11/30/13

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

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

10 Are providers being notified of non-formulary decisions within 24 to 48 hours?

Level 2 Amber User: Vanessa Headstream Date: 7/26/2013 11:35:11 AM

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013.

8/16/13 - Please refer this to the Regional level. Site does not control Pharmacorr P7P.

See below.

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

h. Practitioner Cards (Appendix I.1.h.)

i. Controlled Medications (Appendix I.1.i.)

2. In-service staff

a. Using information from 8/19 - 11/13 Regional office mandatory in-service and PharmaCorr policy

b. Agenda/sign off sheet to verify, inclusive of all pertinent staff (Appendix I.2.b.)

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Vanessa Headstream Date: 7/31/2013 2:23:13 PM

Corrective Plan: Problem Identified: Medication Error reporting on time

Discussion and Action Plan: As a result of this finding, the FHA has instituted a plan to ensure compliance. By COB on the last day of the month, the DON shall submit a medication error report to the FHA. This report shall be reviewed by the FHA and shall be available for review by monitors on the first Monday of the following month.

Responsible Person: Nursing staff is responsible for submitting error reports to DON. DON is responsible for submitting compiled reports to FHA and for action on any medication errors. FHA is responsible for maintaining records and reporting of medication errors.

Status: A formal process has been in place but this process shall begin 8/1/13.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

CAP Revision #1 - Process worked out with Ms. Campbell today, that all future med errors will be scanned to Ms. Headstream as processed.

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Corrective Actions: October Action plan submitted by Corizon-

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

a. Medication error documentation/reporting (Pharmacy Appendix).

2. In-service staff on process and PharmaCorr policy.

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

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

a. Audit tools developed.

b. Weekly site results discussed with RVP.

c. Audit results discussed a monthly CQI meeting.

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

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

Target Date- 11/30/13

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

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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			7/29/2013 3:24 PM Entered By: Helena Valenzuela compliant	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		7/29/2013 3:26 PM Entered By: Helena Valenzuela Non compliant: The requested psychiatric staffing information submitted by FHA on 7/26/13 was not in compliance with NCCHC Standard P-C-07: "A staffing plan lays out the full-time equivalent (FTE) staff coverage required, lists current incumbents and vacancies, and addresses how full coverage will be accomplished if all positions are not filled (e.g., use of agency, temporary, or part-time staff). A staffing plan is a detailed schedule on which classification of staff are assigned to posts and positions for the health care unit."	3
3	Are all positions filled per contractor staffing pattern?		X		7/29/2013 3:28 PM Entered By: Helena Valenzuela Non compliant	2
4	Is the Site Manager (FHA) kept informed of recruiting efforts being taken to fill vacant positions by the corporate office?	X			7/29/2013 3:28 PM Entered By: Helena Valenzuela compliant	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: Helena Valenzuela Date: 7/29/2013 3:26:14 PM

Corrective Plan: 8/16/13 - Per the Montior's request, all schedules are on the Shared Drive for reference.

9/9/13 - The CAP provided is final. See below.

Corrective Actions: All clinical staff at admitted areas and MTU were advised of client contact expectations. Admitted inmates to be seen weekly, (individually), by clinical staff in addition to groups run by non-clinical staff. MTU inmates to be seen monthly by clinical staff, (individually), in addition to groups. MH team will be auditing charts weekly to ensure compliance, (monitored by Clinical Director).

3 Are all positions filled per contractor staffing pattern?

Level 2 Amber User: Helena Valenzuela Date: 7/29/2013 3:27:52 PM

Corrective Plan: Problem: Staffing

Discussion: Schedules are shared (posted) on the K-drive of the 15th of each month as requested by monitor discussed at leadership.

Action: AFHA is concert with DON is leadership in counsel by FHA, who is responsible for recruitment.

Status: We our currently reviewing applications to improve our staffing levels.

Action: We have new hires in backgrounds, as well as continual recruitment and pending offers. Pool/prn staff and

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Locums are used to cover vacancies.

Corrective Actions: Approved. See above.
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Infirmary Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting?	X			7/16/2013 9:44 AM Entered By: Vanessa Headstream No infirmary at this facility	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			7/16/2013 9:44 AM Entered By: Vanessa Headstream No infirmary at this facility	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?	X			7/16/2013 9:44 AM Entered By: Vanessa Headstream No infirmary at this facility	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			7/16/2013 9:44 AM Entered By: Vanessa Headstream No infirmary at this facility	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			7/16/2013 9:44 AM Entered By: Vanessa Headstream No infirmary at this facility	1
6	Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	1
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X			7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	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			7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart?	X			7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	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			7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	1
11	Are vital signs done daily when required?	X			7/16/2013 9:45 AM Entered By: Vanessa Headstream	1

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				No infirmary at this facility	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X		7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X		7/16/2013 9:45 AM Entered By: Vanessa Headstream No infirmary at this facility	1

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?		X		<p>7/31/2013 2:35 PM Entered By: Vanessa Headstream John - Tramadol was noted to be kept in the bottom drawer of an unsecured medication cart.</p> <p>7/31/2013 2:24 PM Entered By: Vanessa Headstream George/Ida & John/King/Quiet - med rooms secured when not occupied</p> <p>7/19/2013 8:31 AM Entered By: Vanessa Headstream Aspen - door M11 (nsg station/med room) unsecured & open, cabinets containing OTC meds also unsecured; door M4 (med room) left ajar when nurse left to enter a different area of the unit</p> <p>7/16/2013 10:00 AM Entered By: Vanessa Headstream C area - compliant with this performance measure</p> <p>7/16/2013 9:57 AM Entered By: Vanessa Headstream</p>	1
2	Are quarterly audits of the unit (Floor Stock/RDSA) medication by a pharmacist being conducted and documented?		X		<p>7/25/2013 2:59 PM Entered By: Vanessa Headstream Audits not completed per Pharmacy Monitor</p> <p>7/16/2013 9:58 AM Entered By: Vanessa Headstream C area audit completed 07/12/13</p>	2
2	Are open medication vials being marked with the date they were opened?		X		<p>7/31/2013 2:27 PM Entered By: Vanessa Headstream John - 2 ziplock sandwich bags of food found inside medication refrigerator</p> <p>7/31/2013 2:26 PM Entered By: Vanessa Headstream George/Ida & John/King/Quiet - open MDV were dated and within time frames</p> <p>Baker - expired TB soln remains in med room refrigerator</p> <p>7/26/2013 11:36 AM Entered By: Vanessa Headstream see previous entries</p> <p>7/26/2013 11:36 AM Entered By: Vanessa Headstream Baker - TB soln open, dated 04/13; expired in refrigerator</p> <p>7/19/2013 8:32 AM Entered By: Vanessa Headstream Aspen - MDV vials opened were dated, Insulin R expired</p> <p>7/16/2013 9:58 AM Entered By: Vanessa Headstream</p>	1

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				C area - MDV vials were compliant with this performance measure	
3	Is nursing staff checking for outdated (expiring) medications?		X	<p>7/31/2013 2:34 PM Entered By: Vanessa Headstream George/Ida - 8 expired medications noted to be in current meds being administered (DOT); med nurse advised of findings</p> <p>John/King/Quiet - 12 expired medications noted to be in current meds being administered (DOT); med nurse advised of findings - #inmate - coal tar shampoo stop date 07/03/13 (1 bottle) Naproxen 500mg - stop date 07/17/13 (3 cards) Chlorpheniramine 4mg stop date 07/17/13 (5 cards) Baclofen 10mg stop date 07/17/13 (2 cards) #inmate - Diphenhydramine 25mg stop date 07/28/13 (1 card) #inmate - Prazosin 2mg stop date 07/28/13 (1 card) #inmate - Benztropine 1mg stop date 07/07/13 (1 card) #inmate - Naproxen 500mg stop date 07/17/13 (1 card) Doxycycline 100mg stop date 07/13/13 (1 card) #inmate - IBU 400mg stop date 07/17/13 (1 card) Dicyclomine 10mg stop date 04/23/13 (1 card) Citalopram 40mg stop date 04/14/13 (1 card)</p> <p>7/26/2013 11:37 AM Entered By: Vanessa Headstream Baker - 10 expired medications noted to be in with current meds being administered (DOT); med nurse advised of findings</p> <p>7/19/2013 8:33 AM Entered By: Vanessa Headstream Aspen - 64 expired medication cards noted to be in with current medications being administered (KOP & DOT), med nurse advised of findings</p> <p>7/16/2013 9:59 AM Entered By: Vanessa Headstream C area - no outdated medications noted to be in medications used</p>	1

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Corrective Action Plans for Performance Measure: Medication Room

1 Is the medical room kept locked when not occupied?

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:34:43 PM

Corrective Plan: Problem Identified: Medical room's not kept secured.

Discussion and Action Plan: As a result of this finding, the FHA, Assistant FHA, and DON have sent a directive to all staff instructing them to ensure that doors to medical rooms be kept closed and locked in order to ensure compliance. The Assistant FHA or designee will make rounds on a daily basis to ensure that all med rooms are locked when not in use. A log of these rounds will be kept and maintained in the Assistant FHA's office and shall be available for review. Automatic door closers have been requested of ADC's physical plant/maintenance staff.

Responsible Person: Assistant FHA (or designee) for daily rounds and log maintenance. FHA for process implementation/development/direction.

Status: This process shall begin 8/1/13.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

CAP Revision #1 - The narcotics have been taken to be stored on King/Quiet until our new lock comes in, (the company sent the keys but not the lock).

Corrective Actions: See above.

1 Is the medical room kept locked when not occupied?

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:34:43 PM

Corrective Plan: Problem Identified: Medical room's not kept secured.

Discussion and Action Plan: As a result of this finding, the FHA, Assistant FHA, and DON have sent a directive to all staff instructing them to ensure that doors to medical rooms be kept closed and locked in order to ensure compliance. The Assistant FHA or designee will make rounds on a daily basis to ensure that all med rooms are locked when not in use. A log of these rounds will be kept and maintained in the Assistant FHA's office and shall be available for review.

Responsible Person: Assistant FHA (or designee) for daily rounds and log maintenance. FHA for process implementation/development/direction.

Status: This process shall begin 8/1/13.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

CAP Revision #1 - The narcotics have been taken to be stored on King/Quiet until our new lock comes in, (the company sent the keys but not the lock).

Corrective Actions: See above.

1 Is the medical room kept locked when not occupied?

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:34:43 PM

Corrective Plan: Problem Identified: Medical room's not kept secured.

Discussion and Action Plan: As a result of this finding, the FHA, Assistant FHA, and DON have sent a directive to all staff instructing them to ensure that doors to medical rooms be kept closed and locked in order to ensure compliance. The Assistant FHA or designee will make rounds on a daily basis to ensure that all med rooms are locked when not in use. A log of these rounds will be kept and maintained in the Assistant FHA's office and shall be available for review.

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Responsible Person: Assitant FHA (or designee) for daily rounds and log maintenance. FHA for process implementation/development/direction.

Status: This process shall begin 8/1/13.

Anticipated Completion Date: Ongoing process that will require ongoing monitoring and as such, no date of completion can be given.

Date Completed: See immediate previous response.

CAP Revision #1 - The narcotics have been taken to be stored on King/Quiet until our new lock comes in, (the company sent the keys but not the lock).

Corrective Actions: See above.

2 Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented?

Level 2 Amber User: Vanessa Headstream Date: 7/25/2013 2:59:51 PM

Corrective Plan: This process is in committee, as is a statewide Corizon/Pharmacorr issue. First committee meeting is Friday, August 2, 2013. This is not site specific.

8/16/13 - Regional Management confirmed the quarterly audit was done. Please see Regional Team for access to reports.

Corrective Actions: See above.

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

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:26:19 PM

Corrective Plan: Problem Identified: Marking medication vials.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response.

CAP Revision #1 - We will trial doing those audits weekly, to monitor the effectiveness, for one month. Additionally, there was some confusion as to stop dates vs expiration dates, which Ms Headstream and Ms. Somner were happy to address.

Corrective Actions: 9/12/13 addition to CAP: The Assistant Facility Health Administrator has been added to the inspection team. He will conduct two inspections per month approximately two weeks apart. He will check for stop dates, contraband within refrigerators, and out of date product. The AFHA completed his first walk through today (9/12/13).

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

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:26:19 PM

Corrective Plan: Problem Identified: Marking medication vials.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion,

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the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response.

CAP Revision #1 - We will trial doing those audits weekly, to monitor the effectiveness, for one month. Additionally, there was some confusion as to stop dates vs expiration dates, which Ms Headstream and Ms. Somner were happy to address. We were unable to identify the employee reported to have left food in the fridge. There are notes going up on the units today.

Corrective Actions: See above.

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

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:26:19 PM

Corrective Plan: Problem Identified: Marking medication vials.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response. CAP Revision #1 - We will trial doing those audits weekly, to monitor the effectiveness, for one month. Additionally, there was some confusion as to stop dates vs expiration dates, which Ms Headstream and Ms. Somner were happy to address.

Corrective Actions: See above.

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

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:33:57 PM

Corrective Plan: Problem Identified: Checking outdates (expiring) medications.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response

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CAP Revision #1 - We will trial doing those audits weekly, to monitor the effectiveness, for one month. Additionally, there was some confusion as to stop dates vs expiration dates, which Ms Headstream and Ms. Somner were happy to address.

Corrective Actions: 9/12/13 addition to CAP: The Assistant Facility Health Administrator has been added to the inspection team. He will conduct two inspections per month approximately two weeks apart. He will check for stop dates, contraband within refrigerators, and out of date product. The AFHA completed his first walk through today (9/12/13).

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

Level 1 Amber User: Vanessa Headstream Date: 7/31/2013 2:33:57 PM

Corrective Plan: Problem Identified: Checking outdates (expiring) medications.

Discussion and Action Plan: As a result of this finding, the DON has instituted a process to ensure compliance. The DON has instructed the Medication Inventory Coordinators to, on a monthly basis, do an audit of all stock and vial medications. This audit is to include the medication name and the corresponding expiration date. Upon completion, the audit report is to be submitted to the DON for review and action. Copies of this report are maintained in the DON's office.

Responsible Person: Medication Inventory Coordinators responsible for medication audits and report. DON is responsible for oversight and review of reports as well as actions required for proper medication disposal.

Status: This process has been in place since June 2013.

Anticipated Completion Date: As this is an ongoing process, no completion date can be given.

Date Completed: See immediately previous response

CAP Revision #1 - We will trial doing those audits weekly, to monitor the effectiveness, for one month. Additionally, there was some confusion as to stop dates vs expiration dates, which Ms Headstream and Ms. Somner were happy to address.

Corrective Actions: See above.