

**August 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>8/29/2013 11:13 AM Entered By: Yvonne Maese</p> <p>Of the five units reviewed-stats sheet versus appt list it appeared that Meadows, Cook, and Rynning were not conducting NL five days a week. Browning and SMUI appeared stat sheet versus appt list to be running NL five days a week.</p> <p>Stats sheet Cook unit- no appts listed for Aug 5, 6, 19 and 20th. Stat sheet Rynning unit- no NL appts recorded for 1,2,6,15</p> <p>Meadows unit- no appts 5th,13th</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>8/26/2013 8:12 AM Entered By: Kathy Campbell</p> <p>Rynning- Red (8/10 charts not in compliance)</p> <p><b>Inmate</b> - HNR dated 8/6/13, no received date, nor triaged as on 8/13/13. No note in chart.</p> <p><b>Inmate</b> - HNR dated 6/3/13- Date stamped 6/4/13 as received. Section III states, "NL" and Section IV "Refer to DL". Was not seen as of 8/13/13.</p> <p><b>Inmate</b> - HNR dated 8/10/13, hand written date stamp was 8/12/13. Never addressed as of 8/13/13.</p> <p><b>Inmate</b> - HNR dated 8/2/13- no received date stamped or written in. HNR was for chronic care follow up. Section III, "to coordinator" DL 8/4/13. Not seen. No nursing note in chart or NET found.</p> <p><b>Inmate</b> - HNR dated 8/7/13 with received date written in on 8/9/13. HNR has not been addressed as of 8/13/13.</p> <p><b>Inmate</b> - HNR dated 8/1/13. No received date noted. Section III, "to MD scheduler" dated 8/4/13. No signature. Not addressed as of 8/13/13.</p> <p><b>Inmate</b> - HNR dated 3/1/13 and 4/16/13. No documentation that HNRs were ever dealt with or that inmate was ever seen as of 8/13/13.</p> <p><b>Inmate</b> - HNR dated 8/9/13. Received date 8/12/13. Section III blank. Section IV "DL, please"- dated 8/12/13. Not seen as of 8/13/13. Never seen by nursing between 8/9/13-8/13/13.</p> <p><b>Inmate</b> - HNR dated 5/21/13 and date stamped 5/21/13- HNR related to increasing seizures. Section III "Doctor Line" dated 5/21/13. Also HNR dated 8/4/13 with no received date for sharp constant abdominal pain x 2 days. Section III-"Attempted NL 8/8/13, No show." No refusal in chart.</p> <p>8/30/2013 9:21 AM Entered By: Yvonne Maese</p> <p>MEADOWS-Reviewed the following ten charts for sick call compliance in the month of August: <b>Inmate</b> <b>Inmate</b> <b>Inmate</b></p>	1

August 2013 EYMAN COMPLEX

Inmate Inmate Inmate Inmate Inmate  
Inmate and Inmate Of these ten, three  
were in compliance with the performance  
measure and were seen same day of  
emergent triage or 24hr from triage date-  
Inmate Inmate and Inmate The  
remaining seven did not meet the  
performance standard- Inmate triage 8/9  
seen 8/12, Inmate triage 8/8 seen 8/12,  
Inmate not triage date, seen 8/8, Inmate  
triage 8/2 seen 8/7, Inmate no triage date,  
seen 8/9, Inmate triage 8/6 seen 8/9,  
Inmate triage 7/29 seen 8/5.

BROWNING- Reviewed the following ten  
charts for sick call compliance in the month  
of August: Inmate Inmate Inmate  
Inmate Inmate Inmate Inmate Inmate  
Inmate and Inmate Of these ten, three  
were in compliance with the performance  
measure- Inmate Inmate and Inmate  
The remaining seven were not in  
compliance with the performance measure-  
Inmate triage 8/6 seen 8/7, Inmate triage  
7/30 seen 8/8, Inmate triage 8/4 seen  
8/9, Inmate triage 8/6 seen 8/12, Inmate  
triage 8/11 seen 8/13, Inmate triage 8/6  
seen 8/13, Inmate triage 8/6 seen 8/14,  
Inmate no triage date seen 8/14.

COOK- Reviewed the following eleven  
charts for sick call compliance in the month  
of August: Inmate Inmate Inmate  
Inmate Inmate Inmate Inmate Inmate  
Inmate and Inmate Of these  
eleven, five were in compliance with the  
performance measure- Inmate Inmate  
Inmate Inmate and Inmate The  
remaining six did not meet the performance  
measure- Inmate triage 7/30 seen 8/1,  
Inmate triage 8/2 seen 8/5, Inmate triage  
8/3 seen 8/5, Inmate triage 8/5 seen 8/7,  
Inmate no triage date seen 8/17, and  
Inmate triage 8/6 seen 8/8.

SMUI- Reviewed the following ten charts for  
sick call compliance in the month of August:  
Inmate Inmate Inmate Inmate Inmate  
Inmate Inmate Inmate Inmate and  
Inmate Of these ten, three were in  
compliance with the performance measure-  
Inmate Inmate and Inmate The  
remaining seven did not meet the  
performance standard- Inmate triage 7/30  
seen 8/1, Inmate triage 7/29 seen 8/1,  
Inmate triage 8/18 seen 8/21, Inmate  
triage 8/1 seen 8/5, Inmate triage 8/6 seen  
8/8, Inmate triage 8/5 seen 8/9.

RYNNING- Reviewed the following ten  
charts for sick call compliance in the month  
of August: Inmate Inmate Inmate  
Inmate Inmate Inmate Inmate Inmate  
Inmate and Inmate Of these ten, five  
were in compliance with the performance  
measure. The remaining five did not meet  
the performance measure- Inmate no  
triage date seen 8/5, Inmate no triage date  
seen 8/9, Inmate no triage date seen 8/15,  
Inmate triage 8/13 seen 8/15, Inmate  
triage 8/13 seen 8/15.

August 2013 EYMAN COMPLEX

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>8/26/2013 8:14 AM Entered By: Kathy Campbell Rynning- 2/10 charts not in compliance Inmate - 8/6/13 PA note without Vital Signs or weight. Inmate - 7/30/13 PA note without Vital Signs or weight.</p> <p>8/30/2013 9:35 AM Entered By: Yvonne Maese MEADOWS-Reviewed the following ten charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, seven were in compliance with the performance measure and were seen same day of emergent triage or 24hr from triage date- Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining three did not meet the performance standard- Inmate no vitals, Inmate no weight, Inmate no weight. BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, nine were in compliance with the performance measure- Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining one Inmate was not in compliance with the performance measure- no weight included in vital signs COOK- Reviewed the following eleven charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these eleven, eight were in compliance with the performance measure- Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining three did not meet the performance measure- Inmate no vitals, Inmate no vitals, and Inmate no vitals. SMUI- Reviewed the following ten charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, nine were in compliance with the performance measure-: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining one did not meet the performance standard- Inmate no vitals however the inmate was uncooperative, no refusal in chart. RYNNING- Reviewed the following ten charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, seven were in compliance with the performance measure- Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate The remaining three did not meet the performance measure- Inmate no vitals, Inmate no vitals, and Inmate no vitals.</p>	1
---	---	--	---	--	---

**August 2013 EYMAN COMPLEX**

4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X	<p>8/26/2013 8:14 AM Entered By: Kathy Campbell  Rynning- 2/10 charts not in compliance  Inmate - 8/6/13 PA note without E in SOAPE note.  Inmate - 7/30/13 PA note only with S/P in note.</p> <p>8/30/2013 10:01 AM Entered By: Yvonne Maese  MEADOWS-Reviewed the following ten charts for sick call compliance in the month of August: Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. Of these ten, two were in compliance with the performance measure Inmate and Inmate. The remaining eight did not meet the performance measure and did not have education documented in the soap note- Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate.</p> <p>BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. Of these ten, all are in compliance with the performance measure.</p> <p>COOK- Reviewed the following eleven charts for sick call compliance in the month of August: Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. Of these eleven, five were in compliance with the performance measure- Inmate   Inmate   Inmate   Inmate and Inmate. The remaining six did not meet the performance measure by not providing education to the inmates at the encounter: Inmate   Inmate   Inmate   Inmate   Inmate, and Inmate.</p> <p>SMUI- Reviewed the following ten charts for sick call compliance in the month of August: Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. Of these ten, eight were in compliance with the performance measure- Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. The remaining two did not meet the performance standard- Inmate and Inmate did not provide education at visit.</p> <p>RYNNING- Reviewed the following ten charts for sick call compliance in the month of August: Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate. Of these ten, nine were not in compliance with the performance measure- Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate   Inmate and Inmate and no education was provided in the soap note. The remaining one Inmate was in compliance with the performance measure.</p>	1
---	--	--	---	---	---

August 2013 EYMAN COMPLEX

<p>5</p>	<p>Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]</p>	<p>X</p>	<p>8/26/2013 8:17 AM Entered By: Kathy Campbell  Rynning- (5/10 charts not in compliance)  <b>Inmate</b> - HNR dated 6/3/13- Date stamped 6/4/13 as received. Section III states, "NL" and Section IV "Refer to DL". Was not seen as of 8/13/13.  <b>Inmate</b> - HNR dated 8/2/13- no received date stamped or written in. HNR was for chronic care follow up. Section III, "to coordinator" DL 8/4/13. Not seen. No nursing note in chart or NET found.  <b>Inmate</b> - HNR dated 8/1/13. No received date noted. Section III, "to MD scheduler" dated 8/4/13. No signature. Not addressed as of 8/13/13.  <b>Inmate</b> - HNR dated 8/9/13. Received date 8/12/13. Section III blank. Section IV "DL, please"- dated 8/12/13. Not seen as of 8/13/13. Never seen by nursing between 8/9/13-8/13/13.  <b>Inmate</b> - HNR dated 5/21/13 and date stamped 5/21/13- HNR related to increasing seizures. Section III "Doctor Line" dated 5/21/13. Also HNR dated 8/4/13 with no received date for sharp constant abdominal pain x 2 days. Section III-"Attempted NL 8/8/13, No show." No refusal in chart.</p> <p>8/30/2013 10:13 AM Entered By: Yvonne Maese  MEADOWS-Reviewed the following ten charts for sick call compliance in the month of August: <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> Of these ten, three had referrals to the provider. Two met performance measure and were either seen same day or seen within seven days <b>Inmate</b> and <b>Inmate</b> <b>Inmate</b> referred to provider on 8/5 appt date is 8/27 did not meet performance measure.  BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> Of these ten, nine were referred to provider, eight were in compliance with performance measure, one <b>Inmate</b> did not meet standard and was not seen within seven days from referral.</p> <p>COOK- Reviewed the following eleven charts for sick call compliance in the month of August: <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> Of these eleven, three were referred to provider and in compliance with the performance measure <b>Inmate</b> and <b>Inmate</b>  SMUI- Reviewed the following ten charts for sick call compliance in the month of August: <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> Of these ten, four were referred to provider. three were not in compliance with the performance measure- <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> One <b>Inmate</b> was seen day of referral and met performance measure  RYNNING- Reviewed the following ten</p>	<p>1</p>
----------	---	----------	---	----------



**August 2013 EYMAN COMPLEX**

				<p>charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, two were referred to the provider and were in compliance with the performance measure [Inmate] and [Inmate].</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>8/30/2013 10:22 AM Entered By: Yvonne Maese  MEADOWS-Reviewed the following ten charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, none were in compliance with the performance measure and did not utilize nursing protocols for inmate encounters for sick call.</p> <p>BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, all were in compliance with the performance measure and utilized the nursing protocols for inmate encounters.</p> <p>COOK- Reviewed the following eleven charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these eleven, five were in compliance with the performance measure. The remaining six were not in compliance and did not utilize the nursing protocols for inmate encounters- [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate].</p> <p>SMUI- Reviewed the following ten charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, nine were in compliance with the performance measure and utilized nursing protocols. The remaining one, [Inmate] did not utilize the nursing protocols for nursing encounter with inmate.</p> <p>RYNNING- Reviewed the following ten charts for sick call compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, four were in compliance with the performance measure and utilized nursing protocols- [Inmate] [Inmate] [Inmate] and [Inmate]. The remaining six were not in compliance and did not utilize nursing protocols [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate].</p>	1

## August 2013 EYMAN COMPLEX

### 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: Yvonne Maese Date: 8/29/2013 11:12:54 AM**

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: Yvonne Maese Date: 8/30/2013 9:20:23 AM**

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: Yvonne Maese Date: 8/30/2013 9:34:43 AM**

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: Yvonne Maese Date: 8/30/2013 10:00:41 AM**

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: Yvonne Maese Date: 8/30/2013 10:12:43 AM**

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: Yvonne Maese Date: 8/30/2013 10:21:24 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

**August 2013 EYMAN COMPLEX**

<b>Chronic Condition and Disease Management (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	█	X	█	<p>8/19/2013 6:54 AM Entered By: Kathy Campbell Rynning- N/A. None found.</p> <p>8/26/2013 11:00 AM Entered By: Brenda McMullen Meadows 10 charts reviewed 1 chart not in compliance #Inmate no cc in chart SMU 10 charts reviewed 4 charts not in complianc #Inmate last CC 7/11/12 #Inmate last cc 6/21/01 #Inmate last cc 11/14/12 #Inmate no cc found in chart Cook 10 charts reviewed 1 not in compliance Inmate last CC 1/12</p> <p>8/30/2013 10:29 AM Entered By: Yvonne Maese BROWNING- No new disease diagnosis in the past 30 days.</p>	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	█	X	█	<p>8/19/2013 7:08 AM Entered By: Kathy Campbell Rynning- 7/10 charts not in compliance. Inmate - Hep C. Last seen 12/4/12 with 90 day follow up. Not seen as of 8/13/13. IM sent HNR dated 6/3/13 wanting to get blood work done for Hep C and losing weight. HNR was never addressed by nursing. Inmate - cc COPD. Last seen 11/18/12 with follow up scheduled for 5/8/13. Not seen as of 8/13/13. Inmate - cc HTN; Asthma. Last seen 2/2/12 with 180 day follow up. Not see as of 8/13/13. Inmate - cc HTN; Seizures. Last seen 8/21/12. Not seen as of 8/13/13. Inmate cc Asthma; Hep C. Last cc visit was 4/4/12. Inmate - cc DM; HTN; Hep C. Last seen was 1/8/13 with 180 day follow up. Not see as of 8/13/13. Inmate - cc HTN. Last seen 1/26/12.</p> <p>8/26/2013 11:18 AM Entered By: Brenda McMullen Meadows 10 charts reviewed 2 out of compliance #Inmate last cc 9/23/10 no RTC #Inmate no CC found in chart'</p> <p>Cook 10 charts reviewed 1 chart out of compliance #Inmate last cc 1/12 no RTC</p>	2



August 2013 EYMAN COMPLEX

				<p>SMU 10 charts reviewed 6charts out of compliance                  #Inmate last cc 7/11/12                  #Inmate last cc 6/21/01                  #Inmate last cc 11/14/12                  #Inmate last cc 424/13 No RTC ordered                  #Inmate last cc 4/17/13 ordered 7/13/13 not done                  #Inmate No cc found on chart</p> <p>8/30/2013 10:41 AM Entered By: Yvonne Maese                  BROWNING- Reviewed the following ten charts with chronic conditions: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, one was in compliance with the performance measure Inmate The remaining nine are out of compliance with the performance measure Inmate last cc 5/7/13 no future appt set, Inmate last cc appt 3/18, next sched 11/13, Inmate last cc 3/18/13, next sched 10/13, last cc 3/25/13, next sched 10/13, Inmate last cc 12/31/12, next sched 9/13, Inmate last cc 1/14/13 next sched 10/13, Inmate last cc 04/04/12 no sched appt as of 8/15, Inmate last cc 3/21/13 next sched 10/13, Inmate last cc 01/23/13 next sched 9/13.</p>	
<p>3</p>	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>		<p>X</p>	<p>8/19/2013 7:09 AM Entered By: Kathy Campbell                  Rynning- 10/10 charts in compliance.</p> <p>8/26/2013 11:26 AM Entered By: Brenda McMullen                  Meadows 10 charts reviewed 7 charts out of compliance                  #Inmate no educations documented                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  SMU 10 charts reviewed 5 out of compliance                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented                  Cook 10 charts reviewed 3charts out of compliance                  #Inmate no education documented                  #Inmate no education documented                  #Inmate no education documented.</p> <p>8/30/2013 11:07 AM Entered By: Yvonne Maese                  BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Inmate Of these ten, all are in compliance with the performance measure and documented coaching and education in</p>	<p>1</p>

August 2013 EYMAN COMPLEX

				<p>medical record.</p>	
<p>4</p>	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>	<p>X</p>		<p>8/19/2013 7:10 AM Entered By: Kathy Campbell  Rynning- 8/10 charts not in compliance.  #Inmate - Hep C. Last seen 12/4/12 with 90 day follow up. Not seen as of 8/13/13. IM sent HNR dated 6/3/13 wanting to get blood work done for Hep C and losing weight. HNR was never addressed by nursing.  #Inmate - cc COPD. Last seen 11/18/12 with follow up scheduled for 5/8/13. Not seen as of 8/13/13.  #Inmate - cc HTN; Asthma. Last seen 2/2/12 with 180 day follow up. Not see as of 8/13/13.  #Inmate - cc HTN; Seizures. Last seen 8/21/12. Not seen as of 8/13/13.  #Inmate - cc Asthma; Hep C. Last cc visit was 4/4/12.  #Inmate - cc DM; HTN; Hep C. Last seen was 1/8/13 with 180 day follow up. Not see as of 8/13/13.  #Inmate - cc HTN. Last seen 1/26/12.  #Inmate - cc HTN. Was last seen 2/26/13, no notation on cc form when follow was to be done.</p> <p>8/26/2013 11:41 AM Entered By: Brenda McMullen  Meadows 10 charts reviewed 5 out of compliance  #Inmate no PEFR  #Inmate no current labs  #Inmate no cc on chart  #Inmate no PEFR  #Inmate no current labs  Cook 10 charts reviewed 6 out of compliance  #Inmate incomplete CC  #Inmate no PEFR  #Inmate no PEFR  #Inmate no current labs  #Inmate no current labs  #Inmate no PEFR  SMU 10 charts reviewed 7charts out of compliance  #Inmate no current labs  #Inmate no current labs  #Inmate no PEFR  #Inmate no PEFR  #Inmate no PEFR  #Inmate no PEFR  #Inmate no PEFR</p> <p>8/30/2013 11:12 AM Entered By: Yvonne Maese  BROWNING- Reviewed the following ten charts for sick call compliance in the month of August: #Inmate   #Inmate   #Inmate   #Inmate   #Inmate   #Inmate   #Inmate   #Inmate   #Inmate   #Inmate and #Inmate   Of these ten, Nine are in compliance with the performance standard and have DM guidelines developed and implemented for CC and others. One, #Inmate did not meet the</p>	<p>2</p>

## August 2013 EYMAN COMPLEX

					performance measure and had no current labs done since 1/18/13.	
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			8/26/2013 11:42 AM Entered By: Brenda McMullen  8/26/2013 11:42 AM Entered By: Brenda McMullen Due on October 2013	2

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

**1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]**  
**Level 1 Amber User: Brenda McMullen Date: 8/26/2013 10:59:43 AM**

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

Corrective Actions: Action Plan submitted by Corizon-

1. Process to for treatment plan development after identification of chronic condition, to include but not limited to:
  - a. Plan development within 30 calendar days per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 1 (Chronic Care Attachment)
2. In-service staff on process expectations/policy
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - b. Preparation of chart for clinic
3. Monitoring (Chronic Condition Monitoring Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/15/13

**1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]**  
**Level 1 Amber User: Yvonne Maese Date: 8/30/2013 10:28:47 AM**

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

Corrective Actions: See previous response for #1.

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**  
**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 10:40:12 AM**

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

Corrective Actions: See previous response for #2.

**2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**  
**Level 2 Amber User: Brenda McMullen Date: 8/26/2013 11:17:58 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome

## August 2013 EYMAN COMPLEX

- 2 (I.- IV.Chronic Care Attachment).
2. In-service staff on policy titled "Treatment Plans" Chapter 5, Section 1.4 (Appendix II.2.) and outcome measure .
- Agenda/sign off sheet to verify, inclusive of all pertinent staff .
3. Monitoring
- Audit tools developed.
  - Weekly site results discussed with RVP.
  - Audit results discussed a monthly CQI meeting.
  - Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date - 11/30/13

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

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

**Level 1 Amber User: Yvonne Maese Date: 8/30/2013 11:06:23 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date - 11/30/13

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

### **4 Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]**

**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 11:11:19 AM**

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

Corrective Actions: Action plan submitted by Corizon-

- In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)
  - Agenda/sign off sheet to verify, inclusive of all pertinent staff
- Monitoring
  - Audit tools developed
  - Weekly site results discussed with RVP
  - Audit results discussed a monthly CQI meeting
  - Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date- 11/30/13

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

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

## August 2013 EYMAN COMPLEX

<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	<b>X</b>			8/28/2013 6:43 AM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			<b>X</b>	<p>8/28/2013 6:47 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. August 2013 Non formulary Drug Requests – Non-Formulary Reports indicate: 923 Non-Formulary medications expiring. As of 8-25-13 total Non Formulary Medications needing addressed is 692.</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. August Formulary Report indicates: 6594 formulary medications expiring. As of 8-25-13 Formulary medications needing addressed is 3,961.</p> <p>C) Total Expiring Medications for August 2013: 7,517 (Formulary/Non Formulary) medications.</p> <p>D) July 2013 Medications not addressed as of August 1, 2013 is 5,318 (Formulary/Non Formulary) medications.</p> <p>E) Total medications not addressed from March2013 thru July 2013 is approximately 16,000 (Formulary/Non Formulary) medications</p> <p>As per our snapshot 119 prescriptions reviewed, 49 prescriptions reordered on or prior to the expiration date , 6 prescriptions reordered after the expiration date, 64 prescriptions not reordered. Please note that medications may not have been reordered due to therapy changes. Medications need to be ordered/reordered</p>	<b>2</b>

### August 2013 EYMAN COMPLEX

					in a timelier manner. I continue to alert the facility on chronic medications needing ordered/reordered.	
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			8/28/2013 6:47 AM Entered By: Martin Winland	1

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

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

**Level 2 Red User: Martin Winland Date: 8/28/2013 6:46:20 AM**

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

Corrective Actions: See above.



**August 2013 EYMAN COMPLEX**

<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			8/29/2013 2:03 PM Entered By: Nicole Taylor Total Charts reviewed were 49. 3 were not in compliance = 94% Rynning: 9/9 in compliance No findings. Browning: 8/10 in compliance <b>Inmate</b> +5 days before HNR triaged. <b>Inmate</b> +4 days before HNR triaged. SMU: 9/10 in compliance <b>Inmate</b> +2 days before HNR triaged. Cook: 10/10 in compliance No findings. Meadows: 10/10 in compliance No findings.	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	8/29/2013 2:00 PM Entered By: Nicole Taylor Total Charts Reviewed 49. 12 were not in compliance = 75% Rynning: 5/9 were in compliance <b>Inmate</b> (SMI): Referred 7/16/13 and seen 8/14/13. <b>Inmate</b> Referred 8/13/13 and seen 8/22/13. <b>Inmate</b> Referred 7/25/13 via chart review and not yet seen. <b>Inmate</b> Referred in SOAP note dated 7/31/13 and seen 8/14/13. Browning: 8/10 were in compliance <b>Inmate</b> (SMI): Referred 7/15/13 & 8/11/13 and still not seen. <b>Inmate</b> Referred 7/13/13, 8/7/13 & 8/13/13 in HNR's and still not seen. SMU: 7/10 were in compliance <b>Inmate</b> Inmate has seen 4 HNR's asking for help and has not yet been seen. Note: site staff notified of inmate's requests to be seen. <b>Inmate</b> 07/05/13- SOAP note documented that inmate was reporting an increase in depression and anxiety, referral made and inmate has not yet been seen. <b>Inmate</b> (SMI): Since inmate's arrival to Eyman Complex on 5/21/13, the chart reflects that the inmate has not been seen by psychology or psychiatry. Inmate should have been referred to psychiatry and psychology for an evaluation.  Cook: 9/10 were in compliance <b>Inmate</b> Referred 7/19/13 and seen 8/16/13. Meadows: 8/10 were in compliance <b>Inmate</b> (SMI): Inmate requested to see psychiatry 7/22/1 and was not seen until 8/15/13. <b>Inmate</b> Referred 8/7/13 and not yet 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	8/29/2013 2:07 PM Entered By: Nicole Taylor Total charts reviewed 49. 29 were in compliance = 59% Rynning: 8/9 were in compliance	1

August 2013 EYMAN COMPLEX

				<p><b>Inmate</b> No treatment plan.  <b>Inmate</b> Inmate arrived to Eyman Complex on 7/18/13 and does not yet have a treatment plan.          Browning: 5/10 were in compliance          The following inmates are in need of a treatment plan update: <b>Inmate</b>(SMI), <b>Inmate</b>(SMI), <b>Inmate</b>(SMI), <b>Inmate</b>(SMI), <b>Inmate</b>(SMI).          SMU: 5/10 were in compliance  <b>Inmate</b> Inmate arrived to Eyman on 5/21/13 and does not yet have an updated treatment plan.  <b>Inmate</b>(SMI): Inmate needs updated treatment plan.  <b>Inmate</b>(SMI): Inmate needs updated treatment plan.  <b>Inmate</b> Inmate needs updated treatment plan.  <b>Inmate</b> Inmate needs treatment plan.          Cook: 8/10 were in compliance  <b>Inmate</b>(SMI): Inmate needs updated treatment plan.  <b>Inmate</b> Inmate needs updated treatment plan.  <b>Inmate</b> Inmate needs treatment plan.          Meadows: 3/10 were in compliance  <b>Inmate</b>(SMI): Inmate needs treatment plan update.  <b>Inmate</b>(SMI): Inmate needs treatment plan update.  <b>Inmate</b>(SMI): Inmate needs treatment plan update.  <b>Inmate</b> Inmate needs treatment plan update.  <b>Inmate</b> Inmate needs treatment plan.  <b>Inmate</b> Inmate needs treatment plan update.  <b>Inmate</b> Inmate needs treatment plan.</p>	
4	<p>Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]</p>		X	<p>8/29/2013 2:09 PM Entered By: Nicole Taylor          Total charts reviewed 49. 21 were in compliance = 43%          Rynning: 8/9 were in compliance  <b>Inmate</b> Inmate arrived at Eyman Complex on 7/18/13 and has not had contact with psychology to date.          Browning: 4/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.          SMU: 0/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit. Note: SOAP note indicated inmate was refusing to leave cell for visit. Due to inmate's SMI status, Inmate should have been required to be pulled out for evaluation.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.</p>	2

August 2013 EYMAN COMPLEX

					<p><b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.          Note: Inmate has placed 4 HNR's asking for help.  <b>Inmate</b> Past due for psychology visit.          Cook: 7/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Inmate past due for psychology visit because of inmate's SMI designation. This chart was also inconsistent regarding what inmate's mental health score actually is.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Inmate arrived to Eyman Complex on 4/23/13. Inmate has not yet been seen by psychology.          Meadows: 2/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b>(SMI): Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Inmate arrived at Eyman Complex on 4/4/13 and has not yet been seen by psychology.</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>8/29/2013 2:11 PM Entered By: Nicole Taylor          Total charts reviewed 49. 33 were in compliance = 67%          Rynning: 8/9 were in compliance  <b>Inmate</b> Past due for psychiatry visit.          Browning: 5/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychiatry visit.  <b>Inmate</b>(SMI): Past due for psychiatry visit.  <b>Inmate</b> Past due for psychiatry visit.  <b>Inmate</b> Past due for psychiatry visit.  <b>Inmate</b> Past due for psychiatry visit.          SMU: 4/10 were in compliance  <b>Inmate</b>(SMI): Past due for psychiatry visit.  <b>Inmate</b>(SMI): Past due for psychiatry visit.          No notes in chart documenting a psychiatry visit since inmate's arrival.  <b>Inmate</b>(SMI): Past due for psychiatry visit.  <b>Inmate</b>(SMI): Past due for psychiatry visit.  <b>Inmate</b> Past due for psychiatry visit. Per chart, inmate's psych meds were DC'd without seeing the inmate... RTC date to check on inmate was 6/13/13.  <b>Inmate</b> Inmate was last seen 5/8/13 when psych meds were DC'd. Since that date, inmate has sent 4 HNR's asking for help and reporting he wants back on his psych meds. Inmate has yet to be seen.          Cook: 9/10 were in compliance  <b>Inmate</b>(SMI): Mental health section of chart doesn't go prior to 3/8/13. Inmate should be evaluated by psychiatry to see if there is a need for inmate to be on psych meds due to inmate's SMI status.  <b>Inmate</b> Past due for psychiatry visit.  <b>Inmate</b> RTC date was 8/28/13... make sure inmate has been seen. Since his arrival to Eyman Complex on 4/23/13, inmate has only been seen once by mental health which was a psychiatry visit on 5/29/13.</p>	2

## August 2013 EYMAN COMPLEX

		X			Meadows: 7/10 were in compliance Inmate (SMI): Past due for psychiatry visit. Inmate Past due for psychiatry visit. Inmate Past due for psychiatry visit.	
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			8/29/2013 2:13 PM Entered By: Nicole Taylor Total charts reviewed 49. 49 were in compliance = 100% Rynning: No findings. Browning: No findings. SMU: No findings. Cook: No findings. Meadows: No findings.	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 Red User: Nicole Taylor Date: 8/29/2013 1:59:48 PM**

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 Red User: Nicole Taylor Date: 8/29/2013 2:06:20 PM**

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: 8/29/2013 2:08:53 PM**

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 Red User: Nicole Taylor Date: 8/29/2013 2:10:49 PM**

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

Corrective Actions: See above.

## August 2013 EYMAN COMPLEX

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			8/1/2013 9:57 PM 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			8/1/2013 9:57 PM 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			8/1/2013 9:58 PM 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			8/1/2013 9:59 PM 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			8/1/2013 10:00 PM 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			8/1/2013 10:00 PM 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			8/1/2013 10:01 PM 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			8/1/2013 10:01 PM Entered By: Kristan Sears  N/A - This is not an intake facility.	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-	X			8/1/2013 10:02 PM Entered By: Kristan Sears  N/A - This is not an intake facility.	1

**August 2013 EYMAN COMPLEX**

	02, HSTM Chapter 5, Setion 2.0.4.2]	■	■	■		■
--	-------------------------------------	---	---	---	--	---



### August 2013 EYMAN COMPLEX

<b>Grievances</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	<b>X</b>			8/29/2013 8:01 AM Entered By: Yvonne Maese Currently a monthly categorized grievance log is utilized for the grievance tracking system.	<b>1</b>
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	<b>X</b>			8/29/2013 8:00 AM Entered By: Yvonne Maese Currently the grievance log is utilized to track and address monthly grievances.	<b>1</b>

**August 2013 EYMAN COMPLEX**

<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]	<b>X</b>			8/26/2013 7:32 AM Entered By: Kathy Campbell Rynning- Green  8/26/2013 2:17 PM Entered By: Brenda McMullen yes  8/30/2013 11:13 AM Entered By: Yvonne Maese	<b>1</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>X</b>		8/30/2013 11:15 AM Entered By: Yvonne Maese Per DON currently no training on file for staff administering or delivering medication.	<b>1</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>X</b>			8/26/2013 7:32 AM Entered By: Kathy Campbell Rynning- Green  8/26/2013 2:49 PM Entered By: Brenda McMullen Nursing at SMU, Cook, Meadows sign KOP MAR  8/30/2013 11:16 AM Entered By: Yvonne Maese	<b>1</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>X</b>		8/26/2013 7:35 AM Entered By: Kathy Campbell Rynning- Amber- (7/10 MARs not in compliance.) Inmate -MAR w/o diagnosis. Naproxen without a start date. Inmate - No diagnosis. Warfarin without a stop date. Inmate - No allergies or diagnosis. Inmate - No allergies or diagnosis. Inmate - No allergies or diagnosis. Inmate - Naproxen without route, start and stop date. Inmate - Naproxen without route.  8/26/2013 2:51 PM Entered By: Brenda McMullen Meadows 10 Mars 10 reviewed 10 out of compliance #Inmate no start date on all medication no check by nursing on all medications, no transcriber of order Flomax .Flomax	<b>1</b>

August 2013 EYMAN COMPLEX

ordered 8/12/13 not given until 8/19/13, no dx  
#Inmate not checked by nursing, no start date on Nortriptyline, no dx, Nortriptyline not given 8/2/13, 8/5/13  
#Inmate not checked by nursing, no start dates for Divalproex, Sertraline  
#Inmate not checked by nursing, no start date for all medication, no dx, Ziprasidone, not given 8/5/13  
#Inmate not checked by nursing, no start date on medications, no dx  
#Inmate not checked by nursing, no start date on Carbamazepine, Carbamazepine not given 8/5, 8/15, no dx  
#Inmate not checked by nursing, no start date Vitamin B, no transcriber for Gabapentin, no dx  
#Inmate not checked by nursing, no start date on Carbamazepine, no dx  
#Inmate not checked by nursing, no start date on Divalproex, Levetiracetam, sertraline, no dx  
#Inmate not checked by nursing, no start date on Risperidone, no dx, Risperidone not given 8/2, 8/3, 8/5, 8/9  
SMU Mars 10 reviewed 10 out of compliance  
#Inmate no dx, no start date for all medications, no refusals found for Benzotropine, Buspirone, Carbamazepine, Loxapine 8/3, 8/12, 8/18, 8/19.  
#Inmate no start date for all medications, no dx, no allergy  
#Inmate no start date for all medication, no dx  
#Inmate no dx, no start date for all medications  
#Inmate no start date for all medications no dx, no transcriber for Baclofen ordered 8/7/13 started 8/14/13  
#Inmate no start date on Carbamazepine, no dx  
#Inmate no start date on all medications, no dx  
#Inmate transcriber, no allergy, no dx Carbamazepine / Flexeril ordered 8/8/13 started 8/14/13  
#Inmate no start date on all medication, no dx,  
Cook  
Mars 10 reviewed 8 Mars out of compliance  
#Inmate no order date on Carbamazepine, no transcriber  
#Inmate no start date on Carbamazepine, no dx, no explanation why meds not given 8/1-12/13  
#Inmate no start date on all medication, not checked by nursing staff, no dx,  
#Inmate not checked by nursing staff, no start date on all medication, no dx  
#Inmate no dx, no provider, no allergy, no transcriber, no order date, no month/year, no start/stop date,  
#Inmate not checked by nursing staff, no start date, no documentation on Absent 8/4-6/13  
#Inmate not checked by nursing staff, no start date no dx  
#Inmate no transcriber, on prescriber on Gabapentin, no order date

**August 2013 EYMAN COMPLEX**

				<p>8/30/2013 11:23 AM Entered By: Yvonne Maese          BROWNING- Reviewed the following ten MARS for compliance in the month of August: [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] and [Inmate]. Of these ten, seven were in compliance with the performance measure. The remaining three [Inmate] [Inmate] and [Inmate] had missing signature on the 9th of August indicating medication was not offered to inmate.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?	X		<p>8/30/2013 11:24 AM Entered By: Yvonne Maese          Currently DON reviews and forwards medication to FHA for review.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X		<p>8/26/2013 7:36 AM Entered By: Kathy Campbell          Rynning- Arnold # [Inmate] Nortriptyline ordered 8/1/13. N/A noted in boxes from 8/1/13-8//13.</p> <p>8/30/2013 11:26 AM Entered By: Yvonne Maese          BROWNING-NO UNNECESSARY DELAY IN INMATES RECEIVING MEDICATION.</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>8/26/2013 7:36 AM Entered By: Kathy Campbell          Rynning- Green</p> <p>8/30/2013 11:26 AM Entered By: Yvonne Maese</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>8/26/2013 2:26 PM Entered By: Kathy Campbell          Browning-          [Inmate] - Kepra          [Inmate] - Atenolol and Pravastatin          [Inmate] - Enalapril and Pravastatin          [Inmate] - Glyburide and Metformin</p> <p>Meadows-          [Inmate] - HCTZ          [Inmate] -Enalapril          [Inmate] -ASA, Atenolol, HCTZ</p> <p>8/26/2013 7:45 AM Entered By: Kathy Campbell          Rynning-          [Inmate] - Simvastatin expired 8/4/13          [Inmate] - Metformin and Simvastatin expired 8/20/13</p>	2

August 2013 EYMAN COMPLEX

				<p>Cook-                  Inmate - Simvastatin expired 8/20/13                  Inmate - Gemfibrozil, Glyburide, Levothyroxine and prazosin expired 8/5-8/20/13                  Inmate - Glipizide expired 8/17/13                  Inmate - Lisinopril expired 8/12/13                  Inmate - Simvastatin expired 8/12/13                  Inmate - Phenytoin expired 8/1/13                  Inmate - propranolol expired 8/6/13</p> <p>Meadows-                  Meadows-                  Inmate - ASA, Enalapril, HCTZ expired 8/3/13                  Inmate - Lamivudine expired 8/17/13                  Inmate - Lisinopril expired 8/14/13                  Inmate - Nitro expired 8/20/13                  Inmate - Losartan expired 8/20/13                  Inmate - ASA and HCTZ expired 8/18/13                  Inmate - Warfarin expired 8/7/13                  Inmate - Emtricitab-Rilpivirine expired 8/20/13                  Inmate - Levothyroxine expired 8/19/13                  Inmate - Tegretol and Paroxetine expired 8/2/13                  Inmate - HCTZ and Simvastatin expired 8/20/13                  Inmate - ASA, Atenolol, Plavix, Enalapril, Potassium, Simvastatin, Lasix, Metformin and Nitro expired 8/5/13</p> <p>SMU I-                  Inmate - HCTZ expired 8/13/13                  Inmate - Humulin N expired 8/12/13</p>	
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X	<p>8/30/2013 11:28 AM Entered By: Yvonne Maese                  SEE ANNOTATED DATA</p>	2
				<p>8/30/2013 11:29 AM Entered By: Yvonne Maese                  Currently non-formulary medications are not being tracked on this complex.</p>	

## August 2013 EYMAN COMPLEX

10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		8/30/2013 11:29 AM Entered By: Yvonne Maese Currently providers are not being notified of non-formulary decisions within 24 to 48 hours.	2
11	Are medication error reports being completed and medication errors documented?		X		8/30/2013 11:31 AM Entered By: Yvonne Maese Currently medication errors such as missing signatures from MARS are not being documented by medical staff.	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: Yvonne Maese Date: 8/30/2013 11:14:50 AM**

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

Corrective Actions: See above.

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

**Level 1 Amber User: Yvonne Maese Date: 8/30/2013 11:22:59 AM**

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

Corrective Actions: See above.

**8 Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]**

**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 11:27:26 AM**

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

Corrective Actions: See above.

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

**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 11:28:18 AM**

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

Corrective Actions: See above.

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

**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 11:28:47 AM**

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

Corrective Actions: See above.

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

**Level 2 Amber User: Yvonne Maese Date: 8/30/2013 11:30:14 AM**

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

Corrective Actions: See above.



**August 2013 EYMAN COMPLEX**

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			8/12/2013 10:49 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:49 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:49 AM Entered By: Kathy Campbell	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/12/2013 10:50 AM Entered By: Kathy Campbell	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/12/2013 10:50 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:50 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:51 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:51 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:52 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:52 AM Entered By: Kathy Campbell There is no infirmiry at this complex.	1
					8/12/2013 10:52 AM Entered By: Kathy Campbell	

### August 2013 EYMAN COMPLEX

					There is no infirmary at this complex.	
11	Are vital signs done daily when required?	X			8/12/2013 10:53 AM Entered By: Kathy Campbell There is no infirmary at this complex.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			8/12/2013 10:53 AM Entered By: Kathy Campbell There is 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			8/12/2013 10:54 AM Entered By: Kathy Campbell There is no infirmary at this complex.	1

## August 2013 EYMAN COMPLEX

Return to Custody						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a physical examination completed by a medical provider as part of the RTC intake process??	X			<p>8/29/2013 9:27 AM Entered By: Yvonne Maese MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. Of these four charts all were in compliance with the performance measure and had physical exams completed within 24hrs but no later than two days of return to custody.</p> <p>BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This chart was in compliance with the performance measure and had a physical exam completed within 24hrs but no later than two days of return to custody.</p> <p>COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b>. Both are in compliance with the performance standard and are being seen for PE within 24hrs but no later than two days from return to custody.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. All were in compliance with the performance measure and are being seen for PE within 24hrs but no later than two days from return to custody.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This chart not in compliance. RTC date 08/09/13. Seen for PE on 08/12/13.</p>	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?	X			<p>8/29/2013 9:36 AM Entered By: Yvonne Maese</p> <p>8/29/2013 9:36 AM Entered By: Yvonne Maese MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. Of these four charts all were in compliance with the performance measure and had mental health screening completed within 24hrs but no later than two days of return to custody.</p> <p>BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This chart was in compliance with the performance measure and had a MH screening completed within 24hrs but no later than two days of return to custody.</p> <p>COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b>. <b>Inmate</b> performance standard met and are being seen for MH screening within 24hrs but no later than two days from return to custody. <b>Inmate</b> did not meet performance measure for MH screening. RTC date 08/07 and seen for MH screening on 08/13.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. All were in</p>	1

## August 2013 EYMAN COMPLEX

					<p>compliance with the performance measure and are being seen for MH screening within 24hrs but no later than two days from return to custody.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> This is in compliance and meets the performance measure. RTC 08/09 MH screening 08/09.</p>	
3	Have Base Line labs been drawn?		X		<p>8/29/2013 9:50 AM Entered By: Yvonne Maese MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. Of these four, two <b>Inmate</b> and <b>Inmate</b> was in compliance with the performance measure and had base line labs completed within 24hrs but no later than two days of return to custody. The remaining two <b>Inmate</b> and <b>Inmate</b> did not have baseline labs drawn upon return to custody.</p> <p>BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> This chart was not in compliance with the performance measure and had base line labs completed within 24hrs but no later than two days of return to custody. RTC 07/17 labs 07/23</p> <p>COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b>. <b>Inmate</b> performance standard met and base line labs drawn within 24hrs but no later than two days from return to custody. <b>Inmate</b> did not meet performance measure no baseline labs drawn upon RTC date of 08/07.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. All were in compliance with the performance measure and baseline labs drawn within 24hrs but no later than two days from return to custody.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> This is not in compliance, no baseline labs drawn upon RTC 08/09.</p>	1
4	Has a PPD been planted and read?	X			<p>8/29/2013 10:03 AM Entered By: Yvonne Maese MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b>, <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b>. Of these four, All were in compliance with the performance measure and had PPD planted and read upon RTC.</p> <p>BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> This chart was in compliance with the performance measure. RTC 7/17 last PPD 05/20 OMM.</p> <p>COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b>. Of these two, all were in compliance and met the standard. Each</p>	1

## August 2013 EYMAN COMPLEX

					<p>had a PPD planted and read upon RTC.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate Inmate</b> and <b>Inmate</b>. All were in compliance with the performance measure and PPD planted and read upon RTC.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This is in compliance with performance measure. RTC 08/09 last CXR 7/8/13 asymptomatic.</p>	
5	Has a PAP been completed (Female)?	X			<p>8/5/2013 3:25 PM Entered By: Kristan Sears</p> <p>N/A - This facility does not house female inmates.</p> <hr/> <p>8/29/2013 10:04 AM Entered By: Yvonne Maese N/A, no female inmates housed at Eyman complex.</p>	1
6	Is a continuity of care completed prior to transfer to permanent unit?		X		<p>8/29/2013 10:09 AM Entered By: Yvonne Maese</p> <p>MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate Inmate, Inmate</b> and <b>Inmate</b>. Of these four, All were in compliance with the performance measure and had continuity of care completed prior to care.</p> <p>BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This chart was in compliance with the performance measure and had continuity of care completed prior to care.</p> <p>COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b>. Of these two, <b>Inmate</b> did not have continuity of care completed. <b>Inmate</b> had continuity of care completed prior to care.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate Inmate</b> and <b>Inmate</b>. All were in compliance with the performance measure and had continuity of care completed prior to care.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b>. This is not in compliance with performance measure, no continuity of care was completed prior to care.</p>	1
7	Are dental emergencies being addressed at the reception center?	X			<p>8/29/2013 10:12 AM Entered By: Yvonne Maese</p> <p>MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate Inmate, Inmate</b> and <b>Inmate</b>. No dental emergencies presented at reception</p>	1

## August 2013 EYMAN COMPLEX

					<p>facility.          BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> No dental emergencies presented at reception facility.          COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b> No dental emergencies presented at reception facility.          SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> No dental emergencies presented at reception facility.          RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> No dental emergencies presented at reception facility.</p>	
8	Are inmates seen the day of arrival?		X		<p>8/29/2013 10:27 AM Entered By: Yvonne Maese          MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b> Of these four, all were in compliance and were seen day of RTC and day of arrival at new unit.          BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> are in compliance. Seen day of RTC and day of arrival at new unit.          COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b> Of these two all were in compliance and were seen day of RTC and within 24hrs of arrival at new unit.          SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b> <b>Inmate</b> seen day of RTC, seen four days after arrival at new unit, <b>Inmate</b> seen day of RTC, seen nine days after arrival at new unit, <b>Inmate</b> seen day of RTC, seen four days after arrival at new unit.          RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> seen for PE on 8/12 RTC date 08/09, transfer date 8/26 not seen as of 8/28 on new unit.</p>	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?	X			<p>8/29/2013 10:37 AM Entered By: Yvonne Maese          MEADOWS-The following RTC charts were reviewed for the month of August: <b>Inmate</b> <b>Inmate</b>, <b>Inmate</b> and <b>Inmate</b> Of these four, all were in compliance with the performance standard and either had provider review of medication for continuation or substitute prior to custody.          BROWNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> are in compliance with the performance standard and either had provider review of medication for continuation or substitute prior to custody. Seen day of RTC and day of arrival at new unit.          COOK- The following RTC charts were reviewed for the month of August: <b>Inmate</b> and <b>Inmate</b> Of these two all were in</p>	1



## August 2013 EYMAN COMPLEX

					<p>compliance with the performance standard and either had provider review of medication for continuation or substitute prior to custody. Of these two all were in compliance and were seen day of RTC and within 24hrs of arrival at new unit.</p> <p>SMU I- The following RTC charts were reviewed for the month of August: <b>Inmate</b> <b>Inmate</b> and <b>Inmate</b>. Of these three all were in compliance with the performance standard and either had provider review of medication for continuation or substitute prior to custody.</p> <p>RYNNING- The following RTC charts were reviewed for the month of August: <b>Inmate</b> is in compliance. Medications prior to custody or appropriate substitute continued.</p>	
--	--	--	--	--	--	--

### Corrective Action Plans for Performance Measure: Return to Custody

**3 Have Base Line labs been drawn?**

**Level 1 Amber User: Yvonne Maese Date: 8/29/2013 9:50:00 AM**

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

Corrective Actions: Reinforce that Base Line labs are drawn for RTC inmates. Continue to monitor.

**6 Is a continuity of care completed prior to transfer to permanent unit?**

**Level 1 Amber User: Yvonne Maese Date: 8/29/2013 10:08:16 AM**

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

Corrective Actions: Reinforce that a continuity of care is completed prior to transfer to permanent unit. Continue to monitor.

**8 Are inmates seen the day of arrival?**

**Level 1 Amber User: Yvonne Maese Date: 8/29/2013 10:26:49 AM**

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

Corrective Actions: Reinforce that all inmates are being seen on the day of arrival.