

**August 2013 FLORENCE 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>8/21/2013 2:39 PM Entered By: Kathy Campbell Globe-Compliant</p> <p>8/30/2013 9:37 AM Entered By: Jen fontaine There was not evidence of sick call being conducted five days a week on eny unit on Florence Complex.</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>8/21/2013 2:48 PM Entered By: Kathy Campbell Globe-6/10 non-compliant Inmate-HNR triaged 8/1/13 and not seen until 8/5/13. Inmate HNR triaged 7/9/13 and not seen until 7/17/13. Inmate-HNR triaged 7/29/13 and not seen at all by nurse, referred to Provider. Inmate HNR triaged 7/22/13, but not seen until 7/24/13. Inmate HNR triaged 7/17/13, but not seen by nurse, referred to Provider. Inmate HNR triaged 6/24/13, but not seen by nurse, referred to Provider.</p> <p>8/30/2013 10:08 AM Entered By: Jen fontaine CENTRAL reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these 10, One IM Inmate was in compliance. The other nine were all seen between 3 and 24 days after placing the HNR.</p> <p>EAST reviewed the following 7 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 7, one IM Inmate was in compliance. Two inmates Inmate &amp; Inmate were not seen at all and the other four were seen between 2 and 7 days after placing an HNR.</p> <p>KASSON reviewed the following 7 inmates who placed an HNR requesting care. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Inmate HNR for rash never seen, no note. IM Inmate HNR 8/12 for spider bite, no record of being seen as of 8/22. Same IM placed HNR for diarrhea on 8/7 and had no record of being seen for that issue either. None of these seven inmates were seen for any of their requests as of 8/22/13</p> <p>NORTH reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, three were in compliance. Inmate Inmate &amp; Inmate The other seven were seen between 5 &amp; 16 days after</p>	1

## August 2013 FLORENCE COMPLEX

					<p>placing HNR.</p> <p>SOUTH reviewed the following 10 inmates who received care on sick call in August.                  Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Of these ten, seven were in compliance.                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate The other 3 were seen between 2 and 8 days after placing HNR.</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>8/21/2013 2:50 PM Entered By: Kathy Campbell Globe-Compliant</p> <p>8/30/2013 10:23 AM Entered By: Jen fontaine                  CENTRAL reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate Of these ten, four Inmate Inmate                  Inmate Inmate were in compliance. IM Inmate &amp; Inmate were missing one or two components of complete vital signs and the other four did not have vital signs taken at all. Inmate Inmate Inmate &amp; Inmate</p> <p>EAST reviewed the following 7 inmates who received care on sick call in August.                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate Of these 7, zero were in compliance. Two IMs Inmate &amp; Inmate were missing a weight and the other five inmates did not have vital signs taken at all.</p> <p>KASSON reviewed the following 7 inmates who placed an HNR requesting care.                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate Zero of these inmates were in compliance since zero of the inmates were seen.</p> <p>NORTH reviewed the following 10 inmates who received care on sick call in August.                  Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Of these ten, two were in compliance Inmate &amp; Inmate The other eight are all out of compliance as they are missing one or more component of a full set of vital signs.</p> <p>SOUTH reviewed the following 10 inmates who received care on sick call in August.                  Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Of these ten, six were in compliance.                  Inmate Inmate Inmate Inmate Inmate                  Inmate The other four Inmate Inmate                  Inmate &amp; Inmate were all missing one or more componenet necessary for a full set of vital signs.</p>	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]		X		<p>8/21/2013 3:03 PM Entered By: Kathy Campbell                  Globe-1/10 charts not in compliance.                  Inmate No "E" on note.</p>	1

August 2013 FLORENCE COMPLEX

				<p>8/30/2013 10:29 AM Entered By: Jen fontaine  CENTRAL reviewed the following 10 inmates who received care on sick call in 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>. Of these ten, nine were in compliance. One inmate <b>Inmate</b> did not have a note at all.</p> <p>EAST reviewed the following 7 inmates who received care on sick call in August. <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> &amp; <b>Inmate</b>. Of these 7, zero were in compliance.</p> <p>KASSON reviewed the following 7 inmates who placed an HNR requesting care. <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> &amp; <b>Inmate</b>. Zero of these inmates were in compliance since zero of the inmates were seen.</p> <p>NORTH reviewed the following 10 inmates who received care on sick call in 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>. Of these ten, two were in compliance <b>Inmate</b> &amp; <b>Inmate</b>. The other eight are all out of compliance as they are missing then "E" portion of the note.</p> <p>SOUTH reviewed the following 10 inmates who received care on sick call in 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>. Of these ten, eight were in compliance. <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b>. The other two <b>Inmate</b> &amp; <b>Inmate</b> were out of compliance. <b>Inmate</b> was missing the "E" and <b>IM</b> <b>Inmate</b> had an incomplete NET form, the back was not filled out at all.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>8/21/2013 3:14 PM Entered By: Kathy Campbell  Globe-6/10 non-compliant  <b>Inmate</b>-Referred to Provider on 8/5/13, but not seen until 8/22/13.  <b>Inmate</b> Referred to Provider on 7/17/13, but not until 8/13/13.  <b>Inmate</b> Referred to Provider and was seen on 7/19/13 with a two week follow up, but has not been seen as of 8/21/13.  <b>Inmate</b>-Referred to Provider on 6/6/13, but not see until 8/2/13.  <b>Inmate</b>-Referred to Provider w/o being seen by nurse after HNR was triaged on 7/17/13 with "Provider Line". Not seen until 8/2/13.  <b>Inmate</b> Referred to Provider from HNR that was triaged on 6/24/13, but not seen until 8/2/13.</p> <p>8/30/2013 11:11 AM Entered By: Jen fontaine</p>	1

August 2013 FLORENCE COMPLEX

				<p>CENTRAL reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, six inmates were referred. Inmate Inmate Inmate Inmate Inmate &amp; Inmate all were in compliance. The other 4 were not referred to the provider.</p> <p>EAST reviewed the following 7 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 7, three were referred and were in compliance. the other 4 were not referred to the provider.</p> <p>KASSON reviewed the following 7 inmates who placed an HNR requesting care. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Zero of these inmates were referred since zero of the inmates were seen.</p> <p>NORTH reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, eight were not referred. The other two Inmate &amp; Inmate inmates were referred but not seen within 7 days as required.</p> <p>SOUTH reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, four were in compliance. Inmate Inmate Inmate &amp; Inmate One was out of compliance. Inmate referral was due 8/12 not seen as of 8/27. The other five were not referred to the provider.</p>	
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>8/21/2013 3:15 PM Entered By: Kathy Campbell Globe-1/10 non in compliance. Inmate No NET utilized.</p> <p>8/30/2013 11:21 AM Entered By: Jen fontaine CENTRAL reviewed the following 10 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, seven inmates Inmate Inmate Inmate Inmate Inmate Inmate Inmate were in compliance. The other 3 did not have NETs used.</p> <p>EAST reviewed the following 7 inmates who received care on sick call in August. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 7, zero were in compliance.</p> <p>KASSON reviewed the following 7 inmates who placed an HNR requesting care. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Zero of these inmates were in compliance since zero of the inmates were seen.</p>	1

## August 2013 FLORENCE COMPLEX

					<p>NORTH reviewed the following 10 inmates who received care on sick call in August.</p> <p><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></p> <p>Of these ten, two <b>Inmate</b> &amp; <b>Inmate</b> were in compliance. The other 8 did not have NETs being used.</p> <p>SOUTH reviewed the following 10 inmates who received care on sick call in August.</p> <p><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></p> <p>Of these ten, nine were in compliance. One was out of compliance <b>Inmate</b> did not have a nurse protocol used at the time of encounter.</p>	

### 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: Jen fontaine Date: 8/30/2013 9:36:34 AM**

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

Corrective Actions: Action plan submitted by Corizon-

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

- a.Scheduling patients
- b.Staffing

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

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

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

3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

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

**Level 1 Amber User: Jen fontaine Date: 8/30/2013 10:07:53 AM**

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

Corrective Actions: 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)

## August 2013 FLORENCE COMPLEX

- 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: Jen fontaine Date: 8/30/2013 10:22:18 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Jen fontaine Date: 8/30/2013 10:29:02 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.

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

**Level 1 Amber User: Jen fontaine Date: 8/30/2013 11:10:44 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

## August 2013 FLORENCE COMPLEX

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: Jen fontaine Date: 8/30/2013 11:21:09 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 FLORENCE 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>8/21/2013 2:13 PM Entered By: Kathy Campbell Globe-1/10 charts not in compliance. Inmate arrived 1/30/13, but wasn't seen for chronic condition until 4/4/13. Not within 30 days of arrival to facility.</p> <p>8/29/2013 8:04 AM Entered By: Jen fontaine CENTRAL reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate &amp; Inmate. Of these ten charts all ten were in compliance.</p> <p>EAST reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, &amp; Inmate. Of these ten charts all ten were in compliance.</p> <p>KASSON reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, &amp; Inmate. Of these ten charts all ten were in compliance.</p> <p>NORTH reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, &amp; Inmate. Of these ten charts all ten were in compliance.</p> <p>SOUTH reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate. Of these ten charts all ten were in compliance.</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>8/21/2013 2:17 PM Entered By: Kathy Campbell Globe-1/10 charts not in compliance. Inmate Previous cc visit was 1/7/13 with 180 day follow up. Last seen 8/2/13. Was past the 180 day follow up.</p> <p>8/29/2013 8:57 AM Entered By: Jen fontaine CENTRAL reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate &amp; Inmate. Of these ten, three were in compliance Inmate, Inmate, &amp; Inmate. The other 7 were overdue for follow up or did not have a follow up appointment requested.</p> <p>EAST reviewed the following ten charts, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, Inmate, &amp; Inmate. Of these ten, two were in compliance Inmate &amp; Inmate. The other eight were all overdue for follow up.</p> <p>KASSON reviewed the following ten charts,</p>	2



August 2013 FLORENCE COMPLEX

				<p>Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, one was in compliance Inmate The other nine were overdue for a follow up or did not have a follow up ordered.</p> <p>NORTH reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, one was in compliance Inmate The other nine were overdue for follow up or did not have follow up ordered.</p> <p>SOUTH reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, one was in compliance Inmate The other nine were overdue for follow up or did not have a follow up ordered.</p>	
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]		X	<p>8/21/2013 2:18 PM Entered By: Kathy Campbell Globe- 10/10 charts compliant</p> <p>8/29/2013 9:12 AM Entered By: Jen fontaine CENTRAL reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, five had received education at the time of their last chronic care appointment Inmate Inmate Inmate Inmate &amp; Inmate The other five did not have education documented at the time of their last chronic care appointment and the appointments were overdue.</p> <p>EAST reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, seven received education at the time of their last chronic care appointment Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate the other three did not have any education documented.</p> <p>KASSON reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, six, Inmate Inmate Inmate Inmate Inmate &amp; Inmate all had education documented at the time of their last chronic care appointment. The other four were not in compliance.</p> <p>NORTH reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, eight were in compliance, Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate The other two Inmate &amp; Inmate did not have any education documented during last chronic care appointment.</p> <p>SOUTH reviewed the following ten charts,</p>	1

August 2013 FLORENCE COMPLEX

				<p>Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Of these ten, seven Inmate Inmate                  Inmate Inmate Inmate Inmate &amp;                  Inmate The other three Inmate Inmate                  Inmate did not have education documented                  during last chronic care appointment.</p>	
4	<p>Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]</p>		X	<p>8/21/2013 2:18 PM Entered By: Kathy Campbell                  Globe- 10/10 charts compliant.</p> <p>8/29/2013 9:29 AM Entered By: Jen fontaine                  CENTRAL reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, two were in compliance Inmate &amp; Inmate The other eight were found to be out of compliance as the did not have regular follow up or tests required by disease management guidelines.</p> <p>EAST reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, two were in compliance Inmate &amp; Inmate The other eight were found to be out of compliance as the did not have regular follow up or tests required by disease management guidelines.</p> <p>KASSON reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, zero were in compliance. They were all found to be out of compliance as the did not have regular follow up or tests required by disease management guidelines.</p> <p>NORTH reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, zero were in compliance. They were all found to be out of compliance as the did not have regular follow up or tests required by disease management guidelines.</p> <p>SOUTH reviewed the following ten charts, Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these ten, one Inmate was in compliance. The other nine were zero were in compliance. They were all found to be out of compliance as the did not have regular follow up or tests required by disease management guidelines.</p>	2
5	<p>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]</p>	X		<p>8/29/2013 9:30 AM Entered By: Jen fontaine</p>	2

## August 2013 FLORENCE COMPLEX

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

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

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 8:56:36 AM**

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

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

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

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

Target Date - 11/30/13

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

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

**Level 1 Amber User: Jen fontaine Date: 8/29/2013 9:12:02 AM**

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

Corrective Actions: Action plan submitted by Corizon-

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

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

Target Date - 11/30/13

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

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

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 9:29:00 AM**

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

Corrective Actions: Action plan submitted by Corizon-

- 1.In-service staff on Corizon Clinical Guidelines (I. – IV. Chronic Care Attachment)
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 2.Monitoring
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP

### **August 2013 FLORENCE COMPLEX**

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

## August 2013 FLORENCE 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]	X			8/28/2013 6:47 AM Entered By: Martin Winland	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			X	<p>8/28/2013 6:50 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>Medications need to be ordered/reordered in a timelier manner. I continue to alert the facility on chronic medications needing ordered/reordered on a daily basis. Per a snap shot using the Expiring Medication Report for August 25, 2013 with a date range of August 1, 2013 thru August 27, 2013 the findings are as follows: 100 medications reviewed, 72 prescriptions expired, 21 prescriptions discontinued, 7</p>	2

## August 2013 FLORENCE COMPLEX

		X			renewed or therapy changed.	
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 6:50 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: 8/28/2013 6:49:30 AM**

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

Corrective Actions: Action plan submitted by Corizon-

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

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

2. In-service staff

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

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

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

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

Target Date-11/30/13

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

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

**August 2013 FLORENCE COMPLEX**

<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	<b>X</b>			8/29/2013 2:23 PM Entered By: Nicole Taylor Total charts reviewed 59. All charts were in compliance = 100% North: No findings. East: No findings. South: No findings. Kasson: No findings. Central: No findings.	<b>2</b>
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]		<b>X</b>		8/29/2013 2:28 PM Entered By: Nicole Taylor Total charts reviewed 59. 47 were in compliance = 79% North: 9/10 were in compliance <b>Inmate</b> (SMI): Referred 6/26/13 and still not seen. East: 6/10 were in compliance <b>Inmate</b> (SMI): Referred 8/15/13 and still not seen. <b>Inmate</b> Referred 7/30/13 and seen 8/8/13. <b>Inmate</b> Medications ordered for 180 days (rather than the policy of a 42 days) at ARTC on 5/28/13. Inmate has not seen psychiatry for evaluation since he arrived at East Unit. <b>Inmate</b> inmate should have been referred to Psychiatry upon arrival to the unit, but was not. South: 9/9 were in compliance No findings. Kasson: 7/10 were in compliance <b>Inmate</b> (SMI): Referred 8/7/13 and not seen until 8/19/13. <b>Inmate</b> (SMI): Referred 8/6/13 and not yet seen. <b>Inmate</b> (SMI): Referred 8/8/13 and seen 8/25/13. Central: 16/20 were in compliance <b>Inmate</b> Referred 8/6/13 in HNR and 8/2/13 via clinician note, seen 8/16/13. <b>Inmate</b> Referred 7/15/13 and seen 8/7/13. <b>Inmate</b> Referred 8/1/13 and seen 8/9/13. <b>Inmate</b> (SMI): Referred 7/22/13 and not seen until 8/9/13.	<b>2</b>
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]	<b>X</b>			8/29/2013 2:30 PM Entered By: Nicole Taylor Total charts reviewed 59. 57 were in compliance = 97% North: No findings. East: No findings. South: 7/9 were in compliance <b>Inmate</b> (SMI): Needs tx plan update. <b>Inmate</b> (SMI): Needs tx plan update. Kasson: No findings. Central: No findings.	<b>1</b>
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]			<b>X</b>	8/29/2013 2:33 PM Entered By: Nicole Taylor Total charts reviewed 59. 40 were in	<b>2</b>

## August 2013 FLORENCE COMPLEX

				<p>compliance = 68%  North: 10/10 were in compliance  No findings.  East: 8/10 were in compliance  <b>Inmate</b> SMI): Past due for psychology visit.  <b>Inmate</b> SMI): Past due for psychology visit.  South: 5/9 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.  Kasson: 6/10 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.  Central: 11/20 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.  <b>Inmate</b> Past due for psychology visit.  <b>Inmate</b> Past due for psychology visit.</p>	
5	<p>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]</p>		X	<p>8/29/2013 2:38 PM Entered By: Nicole Taylor  Total charts reviewed 59. 48 were in compliance = 81%  North: 9/10 were in compliance  <b>Inmate</b> Past due for psychiatry visit.  East: 8/10 were in compliance  <b>Inmate</b> SMI): Past due for psychiatry visit.  <b>Inmate</b> Inmate had an order of 180 days at ARTC, but needed a face-to-face contact with Psychiatry within 6 weeks of reception and has not yet been seen by psychiatry.  South: 8/9 were in compliance  <b>Inmate</b> SMI): Past due for psychiatry visit.  Kasson: 9/10 were in compliance  <b>Inmate</b> Past due for psychiatry visit.  Central: 14/20 were in compliance  <b>Inmate</b> Past due for psychiatry visit.  <b>Inmate</b> Past due for psychiatry visit.  <b>Inmate</b> SMI): Past due for psychiatry visit.  <b>Inmate</b> SMI): Past due for psychiatry visit.  <b>Inmate</b> SMI): Past due for psychiatry visit.  <b>Inmate</b> SMI): Past due for psychiatry visit.</p>	2
6	<p>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]</p>	X		<p>8/29/2013 2:40 PM Entered By: Nicole Taylor  Total charts were 59. 58 were in compliance = 98%  North: No findings.  East: No findings.  South: No findings.  Kasson: 9/10 were in compliance  <b>Inmate</b> Inmate is releasing 9/5/13 and no release plan was found.  Central: No findings.</p>	2



## August 2013 FLORENCE COMPLEX

### 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: 8/29/2013 2:27:49 PM**

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

Corrective Actions: Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 2 (Mental Health Attachment) related to psychiatric providers seeing HNR or sick call referrals within 7 days

a. HNR triaged by medical; seen at medical nurse line, referred to psychiatric providers within 7 days, when appropriate

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

c. Have MH staff increase their contacts if appointment cannot be made in 7 days

2. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

Responsible Parties = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date -11/30/13

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

10/11/13 Update – Educator and Dr. Shaw training all RNs on basic mental health and medical assessment; Eyman completed.

**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 2:32:22 PM**

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

Corrective Actions: Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.

2. Reinforce this in monthly staff meetings.

3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.

4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI

Target Date-11/30/13

**5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)? [CC 2.20.2.10]**

**Level 2 Amber User: Nicole Taylor Date: 8/29/2013 2:38:02 PM**

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

Corrective Actions: Action plan submitted by Corizon-

1. Monitoring (Mental Health Monitoring Tool)

a. Audit tools developed

b. Monthly site results discussed with RVP/MH Director

c. Audit results discussed at monthly CQI meeting

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

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

Target Date- 11/30/13

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

## August 2013 FLORENCE 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			8/28/2013 2:59 PM Entered By: Jen fontaine Florence complex not a reception center.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			8/28/2013 2:59 PM Entered By: Jen fontaine Florence complex not a reception center.	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			8/28/2013 3:00 PM Entered By: Jen fontaine Florence complex not a reception center.	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			8/28/2013 3:00 PM Entered By: Jen fontaine Florence complex not a reception center.	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			8/28/2013 3:00 PM Entered By: Jen fontaine Florence complex not a reception center.	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			8/28/2013 3:01 PM Entered By: Jen fontaine Florence complex not a reception center.	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			8/28/2013 3:01 PM Entered By: Jen fontaine Florence complex not a reception center.	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			8/28/2013 3:01 PM Entered By: Jen fontaine Florence complex not a reception center.	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			8/28/2013 3:02 PM Entered By: Jen fontaine Florence complex not a reception center.	1

### August 2013 FLORENCE 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>			8/28/2013 2:58 PM Entered By: Jen fontaine spreadsheet maintained by Corizon administration	<b>1</b>
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	<b>X</b>			8/28/2013 2:58 PM Entered By: Jen fontaine	<b>1</b>

**August 2013 FLORENCE 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>			<p>8/21/2013 2:19 PM Entered By: Kathy Campbell Globe-Compliant.</p> <p>8/26/2013 2:14 PM Entered By: Brenda McMullen</p> <p>8/26/2013 1:31 PM Entered By: Brenda McMullen Florence yes</p>	<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>			<p>8/21/2013 2:20 PM Entered By: Kathy Campbell Globe-Compliant</p> <p>8/29/2013 10:33 AM Entered By: Jen fontaine Maintained by DON</p>	<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>			<p>8/21/2013 2:20 PM Entered By: Kathy Campbell Globe- 10/10 charts compliant.</p> <p>8/26/2013 1:56 PM Entered By: Brenda McMullen Nursing in signing KOP Mars for inmates when medications are delivered at Meadows, SMU, COOK</p> <p>8/29/2013 10:33 AM Entered By: Jen fontaine Every unit on FLOrence is tracking delivery of KOP medication on MARs.</p>	<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>		<p>8/21/2013 2:35 PM Entered By: Kathy Campbell Globe- 7/10 MARs reviewed non-compliant. <b>Inmate</b> Red line was drawn through start, stop, and Provider name changed, instead of the order being re-written. <b>Inmate</b> No diagnosis. <b>Inmate</b> No diagnosis. <b>Inmate</b> No diagnosis. <b>Inmate</b> No diagnosis, no allergies. Meloxicam expired 8/18/13. <b>Inmate</b> Enbrel expired 8/5/13 per MAR, but in chart was renewed 8/2/13. <b>Inmate</b> No diagnosis.</p> <p>8/29/2013 11:43 AM Entered By: Jen fontaine CENTRAL on 8/23/13 the MAR books were</p>	<b>1</b>

August 2013 FLORENCE COMPLEX

reviewed and a small sample was taken. This sample included [Inmate] (2 pgs), [Inmate] (2 pgs), [Inmate] [Inmate] [Inmate] [Inmate] (2 pgs), [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] (2 pgs), [Inmate] & [Inmate] (3 pgs). Of these 12 MARs [Inmate] had refused meds for the entire month of August but was without a signed refusal. His MARs were also missing the diagnosis. [Inmate] page one in compliance page two without diagnosis and dose not signed on 8/16 [Inmate] no diagnosis [Inmate] no diagnosis or allergies listed. [Inmate] both pages without diagnosis [Inmate] no diagnosis listed [Inmate] no diagnosis listed [Inmate] no diagnosis listed [Inmate] No diagnosis listed [Inmate] both pages without diagnosis listed [Inmate] in compliance [Inmate] all three pages without diagnosis

EAST on 8/8/13 the MAR book was reviewed and a small sample was taken. This sample included [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] Barnes (no number), [Inmate] [Inmate] None of these twelve MARs had a diagnosis listed. [Inmate] had multiple no shows without signed refusals, [Inmate] had dates left blank and many no shows without signed refusals, [Inmate] had doses not signed for on 8/4, [Inmate] not signed on 8/4, [Inmate] doses not signed for on 8/4 & 8/5 and 3 days of no show without signed refusals. [Inmate] multiple no shows without signed refusals, [Inmate] one med not signed for on 8/6, Barnes, Tyler MAR is without inmate number, DOB, Allergies, diagnosis, has multiple dates left blank, no start date, no stop date, ordering physician and a couple of no shows without refusals, [Inmate] no DOB or start date and doses not signed off. [Inmate] doses not signed for and med without start date.

KASSON on 8/14/13 the MAR book was reviewed and a small sample was taken. This sample included [Inmate] (2 pgs), [Inmate] [Inmate] (3 pgs), [Inmate] [Inmate] [Inmate] [Inmate] (2 pgs), [Inmate] [Inmate] & [Inmate] [Inmate] & [Inmate] None of these twelve MARs had diagnosis listed. [Inmate] had doses not signed for on 8/9 & 8/10. [Inmate] has multiple doses circled as not given but refusals were found.

NORTH on 8/15/13 the MAR books were reviewed and a small sample was taken. This sample included [Inmate] [Inmate] (2 pgs), [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] (2 pgs) [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] None of these twelve MARs had a diagnosis listed. [Inmate] had meds not available for 10 days and multiple dates blank, [Inmate] had multiple doses not signed off. [Inmate] had meds not available for 7 days, no allergies listed, no diagnosis no DOB. [Inmate] had doses not signed for and was a no show for am month without a signed refusal. [Inmate] had doses not signed for. [Inmate] had meds not signed off on 8/11. [Inmate] had meds not available for

## August 2013 FLORENCE COMPLEX

					<p>7 days. Inmate was no show for 4 days without signed refusal. Inmate meds not signed for on 8/11.</p> <p>SOUTH on 8/27/13 the MAR books were reviewed and a small sample was taken. This sample included Inmate Inmate (2 pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs), Inmate Inmate (2pgs). All twelve were without a diagnosis. All twelve had doses/dates not signed indicatin the meds were not offered.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		<p>8/21/2013 2:36 PM Entered By: Kathy Campbell Globe- No medication errors reported.</p> <p>8/29/2013 11:47 AM Entered By: Jen fontaine The failure to administer the correct drug is part of the definition of a med error therefore all missed doses of medicaiton would be technically defined as a medication error to include dates left blank on MARs indicating medication was not offered to the inmate. These med errors are not documented or forwarded to the FHA.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		<p>8/21/2013 2:37 PM Entered By: Kathy Campbell Globe- No unreasonable delays noted.</p> <p>8/29/2013 3:20 PM Entered By: Jen fontaine CENTRAL MAR os IM Inmate indicates ordered medication not available to inmate for 5 days.</p> <p>EAST no delay found</p> <p>KASSON MAR of IM Inmate indicates ordered medication not available to inmate for 10 days after it was ordered.</p> <p>NORTH MAR of IM Inmate indicates medicaion was not available to inmatate for eight days after it was ordered. MAR of IM Inmate indicates a ten day order for pain medication was not available to the inmate at all for those ten days after order MAR of IM Inmate indicates a seven day order for pain medication was not available to the inmate at all for those seven days after order</p> <p>SOUTH no delay found</p>	2

## August 2013 FLORENCE COMPLEX

7	Are inmates being required to show ID prior to being administered their medications?	X			<p>8/21/2013 2:37 PM Entered By: Kathy Campbell Globe-Compliant</p> <p>8/26/2013 1:42 PM Entered By: Brenda McMullen Not witnessed medication administration. Nursing staff discussed policy and procedure for medication administration.</p> <p>8/29/2013 11:48 AM Entered By: Jen fontaine</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>8/21/2013 2:37 PM Entered By: Kathy Campbell Globe-Compliant</p> <p>8/30/2013 12:00 PM Entered By: Jen fontaine CENTRAL reviewed the following ten inmates with meds due to expire in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, five Inmate Inmate Inmate were in compliance. one inmate Inmate had his meds renewed after they were allowed to expire and the other 4 had meds expire without renewal.</p> <p>EAST reviewed the following ten inmates with meds due to expire in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, nine were in compliance. one inmate Inmate had his meds renewed after they were allowed to expire.</p> <p>KASSON reviewed the following seven inmates with meds due to expire in August. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these seven, three Inmate Inmate &amp; Inmate were in compliance. The other 4 had meds expire without renewal.</p> <p>NORTH reviewed the following ten inmates with meds due to expire in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, three Inmate Inmate &amp; Inmate were in compliance. One inmate Inmate had his meds renewed after they were allowed to expire and the other six had meds expire without renewal.</p> <p>SOUTH reviewed the following ten inmates with meds due to expire in August. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these ten, six Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Two inmates Inmate &amp; Inmate had their meds renewed after they were allowed to expire and the other two had meds expire without renewal.</p>	2

### August 2013 FLORENCE COMPLEX

9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?		X		8/21/2013 2:38 PM Entered By: Kathy Campbell Globe-Compliant	2
					8/29/2013 3:10 PM Entered By: Jen fontaine Florence complex does not have a tracking mechanism in place to ensure non-formulary requests are reviewed and returned within 24 to 48 hours.	
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?		X		8/21/2013 2:38 PM Entered By: Kathy Campbell Globe-Compliant	2
					8/29/2013 3:12 PM Entered By: Jen fontaine Florence complex does not have a tracking mechanism in place to ensure non-formulary requests are reviewed and returned within 24 to 48 hours.	
11	Are medication error reports being completed and medication errors documented?		X		8/21/2013 2:38 PM Entered By: Kathy Campbell Globe-Compliant	2
					8/29/2013 11:47 AM Entered By: Jen fontaine The failure to administer the correct drug is part of the definition of a med error therefore all missed doses of medication would be technically defined as a medication error to include dates left blank on MARs indicating medication was not offered to the inmate. These med errors are not documented or forwarded to the FHA.	



## August 2013 FLORENCE COMPLEX

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

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

**Level 1 Amber User: Jen fontaine Date: 8/29/2013 11:43:00 AM**

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

Corrective Actions: Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

**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 User: Brenda McMullen Date: 8/26/2013 1:38:28 PM**

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

Corrective Actions: Action plan submitted by Corizon-

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

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

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

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

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

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 11:46:37 AM**

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

Corrective Actions: 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)

## August 2013 FLORENCE COMPLEX

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

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 3:19:19 PM**

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

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

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

- a. Internal
- b. External

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

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

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

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

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

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

Target Date - 11/30/13

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

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

**[NCCHC Standard P-D-01]**

**Level 2 User: Brenda McMullen Date: 8/26/2013 1:43:37 PM**

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

Corrective Actions: 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

## August 2013 FLORENCE COMPLEX

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

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

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

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

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

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

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

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

- a.Internal
- b.External

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

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

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

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

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

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: Jen fontaine Date: 8/30/2013 11:59:14 AM**

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

Corrective Actions: Action plan submitted by Corizon-

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

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

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

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

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

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

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

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

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

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

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

- a.Internal
- b.External

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

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

## August 2013 FLORENCE COMPLEX

- 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: Jen fontaine Date: 8/29/2013 3:09:38 PM**

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

Corrective Actions: 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.

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

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 3:11:21 PM**

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

Corrective Actions: Action plan submitted by Corizon-

- 1.Standardized process statewide to include, but not limited to (Pharmacy Appendix 1 & 2):
  - a.Inventory Coordinator role and responsibilities
- 2.In-service staff on process and expectations
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
  - b.Maintain non-formulary binders
- 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/

Target Date- 11/30/13

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

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

## August 2013 FLORENCE COMPLEX

**Level 2 Amber User: Jen fontaine Date: 8/29/2013 11:46:53 AM**

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

Corrective Actions: 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.

**August 2013 FLORENCE COMPLEX**

<b>Infirmiry Care</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notification</b>	<b>Level</b>
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			8/29/2013 9:46 AM Entered By: Jen fontaine Infirmiry and sheltered housing management is outlined in HSTM Chapter 7 section 4.0	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)		X		8/29/2013 9:52 AM Entered By: Jen fontaine The single man rooms are without a working call light system.	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			8/29/2013 10:13 AM Entered By: Jen fontaine On 8/9/13 I reviewed the following 12 inmate files [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] All 12 of these inmates were seen daily by nursing staff but only two of the inmates [Inmate] & [Inmate] were seen every 72 hours by the physician as required. The other 10 were seen at least once a week by the HCP.  On 8/22/13 I returned and reviewed the following seven charts of inmates in IPC [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] and ten charts of inmates in HU8 [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate]  Of the seven charts reviewed in the IPC all seven had daily nursing notes documented and all seven were seen by the HCP at least every 72 hours as required. Of the ten charts reviewed in HU8 all were seen by nursing and documented as required and nine of the ten were seen at least weekly by the HCP. Only one [Inmate] had twelve days pass between HCP visits. He was seen on 8/7 and not again until 8/19.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/29/2013 10:14 AM Entered By: Jen fontaine Charge RN onsite in IPC at all times.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?		X		8/29/2013 10:17 AM Entered By: Jen fontaine There is not a manual of nursing care procedures present in the IPC.	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			8/29/2013 10:18 AM Entered By: Jen fontaine On 8/9/13 I reviewed the following 12 inmate files [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] & [Inmate] All 12 were in compliance.  On 8/22/13 I returned and reviewed the	1

August 2013 FLORENCE COMPLEX

				<p>following seven charts of inmates in IPC                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate and ten charts of                  inmates in HU8 Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate</p> <p>Of the seven charts reviewed in the IPC all seven were in compliance. Of the ten charts reviewed in HU8 all were in compliance.</p>	
7	Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?	X		<p>8/29/2013 10:18 AM Entered By: Jen fontaine                  On 8/9/13 I reviewed the following 12 inmate files. Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate &amp; Inmate All 12 of these inmates were seen daily by nursing staff but only two of the inmates Inmate &amp; Inmate were seen every 72 hours by the physician as required. The other 10 were seen at least once a week by the HCP.</p> <p>On 8/22/13 I returned and reviewed the following seven charts of inmates in IPC                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate and ten charts of                  inmates in HU8 Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate</p> <p>Of the seven charts reviewed in the IPC all seven had daily nursing notes documented and all seven were seen by the HCP at least every 72 hours as required. Of the ten charts reviewed in HU8 all were seen by nursing and documented as required and nine of the ten were seen at least weekly by the HCP. Only one Inmate had twelve days pass between HCP visits. He was seen on 8/7 and not again until 8/19.</p>	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	<p>8/29/2013 10:23 AM Entered By: Jen fontaine                  On 8/9/13 I reviewed the following 12 inmate files Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate &amp; Inmate None of these inmates had a complete admission note or discharge plan.</p> <p>On 8/22/13 I returned and reviewed the following seven charts of inmates in IPC                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate and ten charts of                  inmates in HU8 Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate</p> <p>Of the seven charts reviewed in the IPC I did not find complete admission notes or plans for discharge. Of the ten charts reviewed in HU8 I was not able to find complete admission notes or plan for discharge in the files.</p>	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from	X		<p>8/29/2013 10:24 AM Entered By: Jen fontaine</p>	1

## August 2013 FLORENCE COMPLEX

	the infirmary care placed in the patient's outpatient chart?				The same record is used for the inmates while they receive care in the infirmary and HU8.	
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			8/29/2013 10:24 AM Entered By: Jen fontaine	1
11	Are vital signs done daily when required?	X			<p>8/29/2013 10:26 AM Entered By: Jen fontaine</p> <p>On 8/9/13 I reviewed the following 12 inmate files [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] All 12 of these inmates had vital signs taken daily.</p> <p>On 8/22/13 I returned and reviewed the following seven charts of inmates in IPC [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] and ten charts of inmates in HU8 [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]</p> <p>Of the seven charts reviewed in the IPC all seven had daily vital signs recorded. Of the ten charts reviewed in HU8 all ten had weekly vital signs taken as required.</p>	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X		<p>8/29/2013 10:28 AM Entered By: Jen fontaine</p> <p>On 8/9/13 I reviewed the following 12 inmate files. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] None of these 12 inmates had completed care plans found in their charts though there is a binder of care plans present on the unit they are not being utilized.</p> <p>On 8/22/13 I returned and reviewed the following seven charts of inmates in IPC [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]</p> <p>Of the seven charts reviewed inmates zero had completed care plans found in their charts though there is a binder of care plans present on the unit they are not being utilized.</p>	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			<p>8/29/2013 10:30 AM Entered By: Jen fontaine</p> <p>Nursing supervisor checked supplies and medication recently and I did not find any missing or expired medication or supplies.</p>	1



## August 2013 FLORENCE COMPLEX

<p><b>Corrective Action Plans for Performance Measure: Infirmiry Care</b></p>
<p><b>2 Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)</b>  <b>Level 1 Amber User: Jen fontaine Date: 8/29/2013 9:51:44 AM</b></p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Ensure that inmates have a method available to contact nursing staff.</p>
<p><b>5 Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?</b>  <b>Level 1 Amber User: Jen fontaine Date: 8/29/2013 10:16:14 AM</b></p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Updated Manual ordered and Infirmiry Manual in development for ADC approval.</p>
<p><b>8 Is a complete inmate health record kept and include:</b>  <b>-Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up</b>  <b>-Complete document of care and treatment given</b>  <b>-Medication administration record</b>  <b>-Discharge plan and discharge notes</b>  <b>Level 1 Amber User: Jen fontaine Date: 8/29/2013 10:22:43 AM</b></p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (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.</p>
<p><b>12 Are there nursing care plans that are reviewed weekly and are signed and dated?</b>  <b>Level 1 Amber User: Jen fontaine Date: 8/29/2013 10:27:44 AM</b></p>
<p>Corrective Plan: See October action plan as submitted by Corizon.</p>
<p>Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.</p>

## August 2013 FLORENCE 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			8/30/2013 9:06 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these 11 all were in compliance with this performance measure.	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?		X		8/30/2013 9:09 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these eleven, nine were in compliance. Two were out of compliance. IM Inmate did not have mental health assessment in his file and IM Inmate was seen 5 days after arrival insted of the 24 to 48 hours as required by NCCHC standards.	1
3	Have Base Line labs been drawn?		X		8/30/2013 9:11 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these eleven, five were in compliance. Six inmates, Inmate Inmate Inmate Inmate & Inmate did not have any labs on file.	1
4	Has a PPD been planted and read?	X			8/30/2013 9:12 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these eleven, all were in compliance with this performance measure	1
5	Has a PAP been completed (Female)?	X			8/29/2013 3:25 PM Entered By: Jen fontaine Florence complex houses male offenders.	1
6	Is a continuity of care completed prior to transfer to permanent unit?	X			8/30/2013 9:13 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Of these eleven, all were in compliance with this performance measure.	1

### August 2013 FLORENCE COMPLEX

7	Are dental emergencies being addressed at the reception center?	X			8/30/2013 9:13 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]. Of these eleven, all were in compliance with this performance measure.	1
8	Are inmates seen the day of arrival?	X			8/30/2013 9:33 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]. Of these eleven, nine were in compliance with this performance measure. Two IMs [Inmate] & [Inmate] were not seen that day of arrival.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute?	X			8/30/2013 9:34 AM Entered By: Jen fontaine Reviewed the following eleven return to custody inmates on Florence Complex [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]. Of these eleven, all were in compliance with this performance measure.	1

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

**2 Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?**

**Level 1 Amber User: Jen fontaine Date: 8/30/2013 9:08:43 AM**

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

Corrective Actions: Reinforce that a mental health assessment is completed by a mental health practitioner as part of the RTC intake process.

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

**Level 1 Amber User: Jen fontaine Date: 8/30/2013 9:10:39 AM**

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

Corrective Actions: Reinforce that Base Line labs are drawn.