

August 2013 PHOENIX COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			8/30/2013 2:54 PM Entered By: Helena Valenzuela	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>8/30/2013 1:50 PM Entered By: Helena Valenzuela</p> <p>8/5/13, C Area: 3 out of 5 reviewed HNRs indicate non compliance- #Inmate stated does not have lithium for 5 days and no prozac, nurse reply dated 7/30/13, "forward chart to mental health for review of medication/no Plan of Action was completed. #Inmate HNR states psych meds not issued, need psych meds, nurse response on 8/2/13 "forwarded to new yard"; #Inmate HNR states loss of weight , dizzy, weakness, nurse response on 8/2/13 "forwarded to new yard"</p> <p>8/9/13, Aspen: 12 out of 12 reviewed HNRs indicated non compliance: Inmate triaged 7/26/13, evaluated 8/7/13 (stomache) Inmate triaged 8/4/13, evaluated 8/7/13(wheezing/cough) Inmate-triaged 8/4/13, listed on 8/6/13 nursing line, was not seen (toe nail) Inmate triaged 7/28/13, evaluated 8/7/13 (yellow spit, cough) Inmate-triaged 8/4/13, listed on 8/6/13 nursing line, was not seen (blood test) Inmate-triaged 8/2/13, listed on 8/6/13 nursing line, was not seen (lab results) Inmate-triaged 8/4/13, evaluated 8/6/13 Inmate-triaged 8/4/13, listed on 8/6/13 nursing line, was not seen ("fungi toenail") Inmate-triaged 8/4/13, listed on 8/6/13 nursing line, was not evaluated (shoulder injection) Inmate-triaged 8/8/13, not listed on 8/9/13 nurse line/no referral on HNR, (medication) Inmate-triaged 8/4/13, evaluated on 8/6/13 (foot color change) Inmate-triaged 7/31/13, evaluated on 8/6/13 (lower back pain)</p> <p>8/9/13, C Area: 1 out of 3 reviewed documents indicate non compliance: Inmate-inmate dated 8/7/13,triaged 8/9/13 no completion of HNR Referral section by nursing (placed in filing to forward)</p> <p>8/19/13, Echo Unit: Inmate At 0945, psych tech requested psychologist to evaluate intake inmate'smental health issues since inmate was stating self harm and/or harm to others. Psychologist directed psych tech to place inmate on 10 min watch and she would arrive soon to evaluate. At approximately 1220, psychologist had not arrived to evaluate. Inmate began banging head and trying to break door down. ICS initiated; requested psychologist did not arrive to evaluate inmate.</p> <p>8/9/13, Flamenco Ward: 8 out of 8 reviewed were non compliant: Inmate HNR nursing response reads scheduled 7/18/13; no SOAPE note indicating inmate</p>	1

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				<p>evaluated; Inmate triaged 7/30/13, medical need addressed 8/9/13 (constipation); Inmate triaged 8/7/13, medical need addressed 8/9/13 (medication) Inmate was evaluated in day room recreation area, nurse asked inmate his weight. On 8/9/13, the following HNRs were in Flamenco nursing area: Inmate inmate dated 8/3/13-not triaged Inmate triaged 7/21/13-no nursing response indicated Inmate triaged 7/31/13-no nursing response indicated Inmate triaged 7/30/13-no nursing response indicated Inmate triaged 7/30/13-no nursing response indicated</p>	
3	<p>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]</p>		X	<p>8/30/2013 1:58 PM Entered By: Helena Valenzuela 8/5/13, C Area: 3 out of 5 reviewed medical records were non compliant: Inmate vitals but no weight, Inmate Inmate -incomplete vitals and no vitals 8/5/13 Baker Ward: 1 out of 5 reviewed was non compliant: Inmate incomplete vitals 8/9/13, C Area: 3 out of 5 reviewed were non compliant: Inmate-no wt on vitals, Inmate no wt on vitals, Inmate no vitals on NET 8/15/13 Aspen: 3 out of 5 medical records reviewed were non compliant: Inmate no vitals, Inmate incomplete vitals, Inmate incomplete vitals SOAPE 8/20/13, Baker: 1 out of 5 reviewed medical records was non compliant: Inmate (incomplete vitals)</p>	1
4	<p>Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]</p>		X	<p>8/30/2013 2:13 PM Entered By: Helena Valenzuela 8/5/13 Baker Ward: 4 out of 5 reviewed medical records were non compliant: Inmate Inmate Inmate Inmate-nurse did not sign off on provider SOAPE on all listed. Inmate-no E, Inmate 8/9/13, C Area: 11 out of 11 reviewed were non compliant: Inmate notes by provider on 7/31/13 were not signed off by nursing until 8/2/13 Inmate no nurse sign off of provider orders, no E Inmate no E, no signature stamps, provider writes "HIV next yard" on 8/7/13. Inmate no E Inmate no E Inmate no E Inmate no E, no signature stamp Inmate no E, no signature stamp</p>	1

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				<p>Inmate no E, no signature stamp Inmate no E, no signature stamp Inmate no E, no signature stamp</p> <p>8/20/13 Baker Ward: 2 out of 5 reviewed medical records were non compliant: Inmate Inmate-nursing did not note and sign off on the psychiatrist's orders.</p> <p>8/15/13 Aspen: 3 out of 5 medical records were non compliant: Inmate no E, no signature stamp, nurse did not note provider orders; Inmate no E, no signature stamp, nurse did not note provider orders; Inmate no E, nurse did not note provider orders;</p> <p>8/16/13, C Area: 11 medical records (MR) reviewed. 11 MR non compliant: Inmate (no nursing notation of orders) C Area Provider using his machine copied signature and education notes on various inmate intake SOAPE notes with incorrect format: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Nursing Supervisor Auditor Headstream/Program Manager Campbell were notified.</p> <p>8/28/13, C Area: 2 out of 4 reviewed were non compliant Inmate no provider SOAPE notes on intake physical exam/inmate arrived 8/13/13, #Inmate no E</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]		X	<p>8/30/2013 4:21 PM Entered By: Helena Valenzuela refer to below notes</p> <p>8/30/2013 2:16 PM Entered By: Helena Valenzuela 8/9/13, Aspen: 3 out of 5 were non compliant: Inmate triaged 7/28/13 to provider, evaluated by provider 8/7/13; Inmate triaged 8/9/13 to provider for bump in genital area, no provider line indication seen timely, Inmate HNR triaged 7/25/13, inmate evaluated by provider 8/7/13</p>	1
6	Are nursing protocols in place and utilized by the nurses for sick call?		X	<p>8/30/2013 2:24 PM Entered By: Helena Valenzuela 8/5/13, C Area: 2 out of 5 were non compliant; Inmate (incomplete NET), Inmate not following protocol</p> <p>8/9/13, C Area: 3 out of 5 reviewed were non compliant: Inmate Inmate Inmate incomplete information on NETS on all listed</p> <p>8/9/13, Aspen: 4 out of 5 were non compliant: Incomplete NETS: Inmate Inmate Inmate Inmate</p> <p>8/20/13, Baker Ward: 1 out of 5 reviewed was non compliant: Inmate (incomplete NET)</p> <p>8/16/13, C Area: 11 medical records (MR) reviewed. 3 MR non compliant. Incomplete NETS: Inmate Inmate Inmate</p>	1

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8/9/13, Flamenco Ward: 5 out of 5 reviewed were non compliant: Inmate Inmate Inmate Inmate Inmate -incomplete information on NET form. Inmate-chronic care form not signed off by nursing

Corrective Action Plans for Performance Measure: Sick Call (Q)

2 Are sick call inmates being triaged within 24 hours (or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]
Level 1 Red User: Helena Valenzuela Date: 8/30/2013 1:50:07 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

3. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

3 Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 1:57:36 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 2:12:37 PM

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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: Helena Valenzuela Date: 8/30/2013 4:21:03 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date- 11/30/13

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

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

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 2:23:38 PM

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

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	█	X	█	<p>8/29/2013 8:18 AM Entered By: Vanessa Headstream Review demonstrates 90% compliance with this performance measure</p> <p>8/23/2013 2:12 PM Entered By: Vanessa Headstream Flamenco (George/Ida/John/King/Quiet) 12 cc charts reviewed, 10 compliant #Inmate - PPD + 2009, no annual s/s documented in chart #Inmate - HCV +, no plan or f/u documented</p> <p>8/22/2013 7:44 AM Entered By: Vanessa Headstream Baker - 4 cc charts reviewed, 3 compliant #Inmate - Problem list indicates cc HCV+, no plan or cc visits documented</p> <p>8/19/2013 1:11 PM Entered By: Vanessa Headstream Aspen - compliant</p> <p>8/26/2013 1:06 PM Entered By: Brenda McMullen Phoenix Flamenco Ida 3 charts reviewed 2 not in compliance #Inmate last cc 8/17/12 #Inmate last cc 8/16/12 George 1 chart reviewed 1 chart not in compliance #Inmate cc due 7/13 not done JKQ 3 charts reviewed 2 charts not in compliance Inmate cc 4/17/13 no RTC ordered Inmate cc 11/19/12 due 1/2/13 not done.</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>8/29/2013 8:46 AM Entered By: Vanessa Headstream 59% compliance applies to next measure.</p> <p>8/29/2013 8:44 AM Entered By: Vanessa Headstream Review demonstrates 59% compliance with this performance measure.</p> <p>8/29/2013 8:42 AM Entered By: Vanessa Headstream Review demonstrates 55% compliance with this performance measure.</p> <p>8/23/2013 2:34 PM Entered By: Vanessa Headstream Flamenco (George) - #Inmate - HTN cc dc'd 04/2013; no seizure cc appt. documented</p> <p>8/23/2013 2:27 PM Entered By: Vanessa Headstream Flamenco (George/Ida/John/King/Quiet) - 12 cc charts reviewed, 6 compliant #Inmate - cc 05/23/13, 90 day f/u ordered, no appt. documented #Inmate - cc 05/03/13 refused, no f/u ordered, no appt. documented #Inmate - cc 04/04/13, 90 day f/u ordered,</p>	2

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				<p>no appt. documented #Inmate - cc 01/15/13, 90 day f/u ordered, no appt. documented #Inmate - no annual TB symptomology documented PPD + 2009 #Inmate - no cc appt. or f/u documented HCV +</p> <p>8/22/2013 7:48 AM Entered By: Vanessa Headstream Baker - 4 CC charts reviewed indicates 0 compliant; #Inmate - cc 02/01/12, f/u due 05/2012, no cc appt. documented #Inmate - cc on Problem List, no cc appt. documented #Inmate - cc 06/05/13, 60 day f/u ordered, no appt. documented #Inmate - cc 09/19/12, 90 day f/u ordered, no appt. documented</p> <p>8/19/2013 1:17 PM Entered By: Vanessa Headstream Aspen - 15 CC charts reviewed demonstrates 9 compliant: #Inmate - cc 05/08/13, 90 day f/u not documented #Inmate - cc 05/01/13, 90 day f/u not documented #Inmate - cc refused 11/06/12, due 05/2013, no cc appt. documented #Inmate - cc 12/22/12, due 06/2013, no cc appt. documented #Inmate - cc 03/22/13, 90 day f/u ordered, completed 08/15/13 #Inmate - cc 03/27/13, 90 day f/u ordered, completed 07/09/13</p> <p>8/26/2013 1:09 PM Entered By: Brenda McMullen Phoenix Flamenco IDA 3charts reviewed 2 not in compliance Inmate last cc 8/17/12 Inmate last cc 8/16/12 George 1 chart reviewed 1 not in compliance Inmate cc due 7/13 not done JKQ 3 charts reviewed 2 charts not in compliance Inmate cc 4/17/13 no order RTC Inmate cc 11/19/12</p>	
3	<p>Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]</p>		X	<p>8/29/2013 8:46 AM Entered By: Vanessa Headstream Review demonstrates 59% compliance with this performance measure.</p> <p>8/23/2013 2:33 PM Entered By: Vanessa Headstream Flamenco (George/Ida/John/King/Quiet) - 12 cc charts reviewed, 6 compliant - #Inmate - no documentation #Inmate - no documentation #Inmate - no cc documented, no education provided #Inmate - no cc documented, no education provided #Inmate - no documentation #Inmate - no documentation</p>	1

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				<p>8/22/2013 7:49 AM Entered By: Vanessa Headstream Baker - 4 cc charts reviewed demonstrates 3 compliant - #Inmate - no cc appt. documented, no education provided</p> <p>8/19/2013 1:21 PM Entered By: Vanessa Headstream Aspen - 14 cc charts reviewed demonstrates 11 compliant - #Inmate - no documentation #Inmate - no documentation #Inmate - no documentation</p> <p>8/26/2013 1:12 PM Entered By: Brenda McMullen Phoenix Flamenco Ida 3 charts reviewed 2charts not in compliance Inmate no education Inmate no education George 1 chart reviewed 1 chart not in compliance Inmate no education JKQ 3 charts reviewed 2 charts not in compliance Inmate no education Inmate no education</p>	
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]	X		<p>8/23/2013 2:38 PM Entered By: Vanessa Headstream Guidelines developed, do not appear to be fully implemented - #Inmate - 01/02/13 labs not signed by provider, 06/01/13 labs not signed by medical provider, MH provider made a notation to alert medical of results #Inmate - NIDDM, no recent A1C result in file, last result 06/2012 #Inmate - HCV +, no f/u documented #Inmate - PPD +, no annual symptomology documented</p> <p>8/19/2013 1:21 PM Entered By: Vanessa Headstream</p> <p>8/26/2013 1:21 PM Entered By: Brenda McMullen Phoenix Ida 3 charts reviewed 2charts not in compliance Inmate no current labs Inmate no current labs George 1 chart reviewed 1 chart not in compliance Inmate labs ordered not done JKQ 3 charts reviewed 1 charts not in compliance Inmate no current labs</p>	2
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		<p>8/23/2013 2:38 PM Entered By: Vanessa Headstream Reports due October 2013</p>	2

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8/26/2013 1:22 PM Entered By: Brenda
Mcmullen
Phoenix
Flamenco Ida, George, JKQ due October
2013

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 1:05:50 PM

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

Corrective Actions: October Action Plan submitted by Corizon-

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

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

Target Date- 11/15/13

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

Level 2 Amber User: Brenda McMullen Date: 8/26/2013 1:08:43 PM

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

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

Target Date - 11/30/13

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

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

Level 2 Amber User: Vanessa Headstream Date: 8/29/2013 8:45:14 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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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.

**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: Vanessa Headstream Date: 8/29/2013 8:45:14 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 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: Vanessa Headstream Date: 8/29/2013 8:45:54 AM**

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

Corrective Actions: October 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

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responsible for making sure in chart.

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: Brenda McMullen Date: 8/26/2013 1:12:04 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for documenting in medical record chronic condition education per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 3.

2. In-service staff on:

- a. Documentation of chronic condition education at each visit.
- b. Agenda/sign off sheet to verify, inclusive of all pertinent staff.

3. Monitoring

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

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

Target Date - 11/30/13

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

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			8/28/2013 7:18 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 7:24 AM Entered By: Martin Winland</p> <p>Medications must be filled/refilled in a timelier manner. As per our snapshot, 317 prescriptions reviewed, 145 expired prior to the reorder date, 43 were reordered on or prior to the expiration date. Out of the 145 expired prescriptions, 127 expired without renewal and 18 were reordered after expiration. Please note that prescriptions may not have been reordered due to therapy changes etc.</p> <p>Issues</p> <ol style="list-style-type: none"> 1. Orders need to be reviewed in a timelier manner. 2. Some discrepancy on MAR documentation. In one case an inmate was receiving medication not available to him and also refused medication not available to him. 3. Stop date concerns based on proper documentation to extend the life of the blister pack. 4. A few Non Formulary medications needing provider attention that were faxed back to the site for use of an improper form was noted. <p>Vanessa Headstream and I visited Phoenix "C area" and Baker yesterday (8-7-2013). I am extremely concerned with a few issues. On 7-15-2013 Kathleen Campbell and I visited the Phoenix site and at that time I expressed the absolute need for tracking medication via a perpetual inventory. As of our visit yesterday (8-7-2013), that process, Corizon/Pharmacorr's process, has still not been implemented. I cannot stress enough the need for this to be corrected. Medication is being administered with no readily retrievable record of the recipient. I was told in my initial visit with Phoenix, that this has not been done from day one of Corizon's assumption of the contract. Nurse Isaac Jones brought me a copy of the perpetual inventory form that will be implemented, in his words, as of today. He was aware of the necessity of this inventory and was willing to correct this unfortunate situation as quickly as possible. It is my understanding that he created the form. Vanessa offered some information that would be needed on the perpetual inventory. Christy, as you know from a pharmacy perspective, this must be done. We have also talked about issues at Lewis concerning the same challenges. When I last spoke to Julie Carter in regards to this issue she informed me that this was an operational issue. That is why I am once again bringing this to your attention. There also seems to be some disconnect with the Non Formulary process. Inmate Inmate has had a non formulary medication order sitting for</p>	2

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approximately 1 month. When I asked the nurse on duty if he knew anything about this he said that he was relatively new. An order for Absorbace was written on 7-5-13 for this medication. The inmate had a previous approval with a date range of 4-17-2013 to 7-16-2013. That prescription was filled on 4-17, 5-15, and 7-9 respectively. On 7-5 Pharmacorr communicated with the site that the new prescription needed a more recent Non Formulary approval. On 7-9 the site resent the prescription and Pharmacorr again alerted them that this prescription needed to follow the Non formulary process. On 7-22, 7-27, 7-30, and 7-31, the site tried to refill the previous prescription that was authorized through 7-16-2013. On all of those submittals, Pharmacorr communicated that this prescription had expired. On 8-7 the site again tried to resubmit the 7-5 prescription and Pharmacorr alerted the site once again that the new prescription needs to enter the non formulary process. This information was supplied by Adam Curling of Pharmacorr. I also have documentation of Non Formulary issues for [redacted] Inmate written on 8-7, And [redacted] Inmate written on 8-6 for Gabapentin, Elavil and Gabapentin respectively. It was my understanding that Bridge Therapy for 42 days is issued as long as "Bridge Therapy" is written on the prescription and the Non Formulary process is initially waived allowing the inmate to receive medication without delay. I also confirmed this process with Adam Curling to solidify my understanding of the process. I checked the Online Patient Profile this morning and the medication does not show.

Vanessa and I also came across charts that said "labs next site" on "C" area , could not locate July MAR's for patient charts on Baker and was unable to locate a nurse on Baker for approximately 15 minutes to ask about the MAR's. When I spoke to an officer, she told me that she wasn't sure where the nurse was and that poss bly she may be at "C" area. The nurse was initially there upon our arrival.

I would like to add that all the staff with whom I had contact was willing to help. It is appreciated. I believe that with so many changes in such a short amount of time, site level staff remains somewhat confused. Please contact me if I can help.

I visited the facility on 8-22-2013 and the facility, from documentation perspective, has done quite well since the above 8-8-13 email. A random audit of the clinic stock and syringes yielded no discrepancies. A perpetual inventory has been instituted. A system seemed to be in place to address non formulary issues in a timelier manner. No refrigerator outdates or improper documentation was noted. We continue to gather evidence of inmates being transferred from Phoenix to other complexes without medications. This will be addressed in the MGAR by nursing.

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		X				1
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?				8/28/2013 7:25 AM Entered By: Martin Winland	

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 Amber User: Martin Winland Date: 8/28/2013 7:24:03 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Expired Medications (Appendix I.1.a.)
- b. Re-order medications
- c. Invalid chart orders (Appendix I.1.c.)
 - i. Therapeutic dose ranges
 - ii. Dose changes must have supporting documentation
- d. Non-formulary process (Appendix I.1.d.)
 - i. Reviewed for approval within 24-48 hrs
 - ii. Providers notified decision within 24-48 hrs

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			8/29/2013 5:20 PM Entered By: Nicole Taylor 59 charts reviewed, 59 in compliance = 100% Baker: No findings. MTU: No findings. Ida: No findings. John: No findings. George: No findings. King: 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 5:22 PM Entered By: Nicole Taylor 59 out of 59 charts in compliance. Baker: No findings. MTU: No findings. Ida: No findings. John: No findings. George: No findings. King: No findings.	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 5:34 PM Entered By: Nicole Taylor 59 charts reviewed, 48 charts were in compliance = 81%. Although overall the complex percentage was high enough for an amber finding, 3 out of 6 units were low enough for a red finding. Therefore the complex in total is receiving a red finding. The following inmates need treatment plans or need treatment plan updates: Baker: 7/10 charts in compliance - Standing alone, this unit would have been a red finding. Inmate Inmate Inmate MTU: 6/10 charts in compliance - Standing alone, this unit would have been a red finding. Inmate Inmate Inmate Inmate Ida: No findings. John: 9/10 charts in compliance Inmate - inconsistent designation of SMI, chart treated as SMI. George: 6/9 charts in compliance - Standing alone, this unit would have been a red finding. Inmate Inmate Inmate (incomplete treatment plan). King: 9/10 Inmate (treatment plan not filled out all of the way).	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X		8/29/2013 5:43 PM Entered By: Nicole Taylor 59 charts reviewed, 54 found in compliance = 92%. Complex-wide this is an acceptable percentage, but 80% of SMI charts pulled at MTU had not been seen as per policy. Baker: 10/10 charts in compliance. No findings. MTU: 6/10 charts in compliance.	2

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					<p>Inmate Inmate Inmate Inmate Ida: 10/10 charts in compliance. No findings. John: 9/10 charts in compliance. Inmate George: 9/9 charts in compliance. No findings. King: 10/10 charts in compliance. No findings.</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 5:49 PM Entered By: Nicole Taylor 59 charts reviewed, 46 were in compliance = 78%. Although this percentage just clears the threshold as a complex for not being a red finding, 3 of the 6 units were red findings. Baker: 10/10 charts in compliance. No findings. MTU: 6/10 charts in compliance- Standing along this unit would have been a red finding. Inmate RTC date & psychiatry notes were unclear... but inmate appears to have nearing RTC date. Inmate Inmate was last seen by psychiatry 4/22/13, had a med renewal 5/6/13 but was not seen. RTC date was 5/22/13. Inmate RTC date was 1/15/13, Inmate had a med renewal (but possibly not seen) on 3/6/13. Inmate doesn't appear to have been seen since 11/15/12. Inmate RTC date was 5/29/13. Ida: 9/10 charts in compliance Inmate RTC date was 8/5/13. John: 7/10 charts in compliance - Standing alone this unit would have been a red finding. Inmate RTC date was 8/6/13. Inmate RTC date was 8/20/13. Inmate RTC date was 8/2/13 **Incomplete psychiatrist note and note not signed. George:6/9 charts in compliance - Standing along this unit would have been a red finding. Inmate RTC date was 8/14/13. Inmate RTC date was 7/31/13. Inmate RTC date was 8/1/13. King: 8/10 charts in compliance. Inmate RTC date was 7/11/13. Inmate RTC date was 7/11/13.</p>	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X			<p>8/29/2013 5:51 PM Entered By: Nicole Taylor 59 out of 59 charts reviewed in compliance = 100% Baker: No findings. MTU: No findings. Ida: No findings. John: No findings. George: No findings. King: No findings.</p>	2

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Corrective Action Plans for Performance Measure: Mental Health (Q)

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 5:33:35 PM

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

Corrective Actions: October Action plan submitted by Corizon-

1. In-service staff on process expectations per Mental Health 2.20.2.10 contract performance outcome 3 (Mental Health Attachment) related to treatment plan updates every 90 days and use of SMI monthly report tool

a. SMI monthly report tool will be maintained by the MH Clinicians to assist with tracking appointments; copy given to MH Leader monthly and submitted to MH Directly monthly to track and trend (III.1.a. SMI Monthly Report)

b. Review AIMS and update when changes in MH status

c. Inmates with mental health score of three or above are seen by MH staff per policy titled "Levels of Mental Health Services Delivery" (Appendix III.1.c.)

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

2. 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 = FHA/DON/Mental Health Director/RVP/RDON/RDCQI/MH Lead

Target Date- 11/30/13

Continue to monitor daily, then monthly until meet compliance, then ongoing monthly monitoring.

10/11/13 Update: Staff in-serviced on how to use SMI monthly report tool; review of audit tool data to begin in November.

4 Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]

Level 2 Amber User: Nicole Taylor Date: 8/29/2013 5:43:01 PM

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

Corrective Actions: October 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 Red User: Nicole Taylor Date: 8/29/2013 5:48:49 PM

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

Corrective Actions: October 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.

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Intake (Reception)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]	X			8/30/2013 2:37 PM Entered By: Helena Valenzuela 8/30/2013 2:36 PM Entered By: Helena Valenzuela	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			8/30/2013 2:38 PM Entered By: Helena Valenzuela 8/30/2013 12:30 PM Entered By: Helena Valenzuela	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]		X		8/30/2013 2:58 PM Entered By: Helena Valenzuela 8/28/13, C Area: 10 out of 10 reviewed medical records indicated non compliance: Inmate PPD form empty except written, "CPX ordered 8/19/13" (no SOAPE notes indicating occurred) Inmate staff wrote, "inmate refused TB test", PPD form contained incomplete information in the following: Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate	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			8/30/2013 12:30 PM Entered By: Helena Valenzuela	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			8/30/2013 2:39 PM Entered By: Helena Valenzuela Phx Alhambra is not a female intake facility.	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			8/30/2013 2:39 PM Entered By: Helena Valenzuela	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only		X		8/30/2013 2:51 PM Entered By: Helena Valenzuela 8/28/13, C Area: 3 out of 5 reviewed were non compliant: Inmate triaged 8/27/13, inmate evaluated 8/28/13 (oral pain) C Area: 2 out of 5 reviewed were non compliant: Inmate inmate arrived 7/18/13 and still here on 8/28/13-only has pano, Inmate -inmate arrived 7/27/13 and still here on 8/28/13-only has pano	1
8	Are inmate prescribed medications transferred	X			8/30/2013 3:02 PM Entered By: Helena	1

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	with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]				Valenzuela	
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, Section 2.0.4.2]	X			8/30/2013 3:02 PM Entered By: Helena Valenzuela	1

Corrective Action Plans for Performance Measure: Intake (Reception)

3 Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 2:57:13 PM

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

Corrective Actions: Reinforce to staff that those inmates coming into intake need to have a PPD planted and read (Unless alternative utilized d/t shortage of tuberculin), which still needs to be completed upon coming into intake.

7 Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 2:51:03 PM

Corrective Plan: 9/17/2013 CAP: None based on the following information found during the review of the above inmates. Reason for recommendation of None; Based on the Dental procedure 770.2, performance measure description.

Dental Classification System- A system that establishes priorities of dental treatment based on dental conditions diagnosed by institutional dentists and established as a total dental treatment plan.

3.1.1 Priority 1 - (Emergency Care) Requiring immediate assessment and/or treatment such as;

1. Postoperative uncontrolled bleeding, Facial swelling that is of a life threatening nature or is causing facial deformity; fracture of the mandible, maxilla, or zygomatic arch; Avulsed dentition; an extremely painful condition that is non-responsive to implementation of dental treatment guidelines. Intraoral lacerations that require suturing to include the vermilion border of the lips.

All the above inmates did not meet the definitions/criteria of dental emergencies per dental records reviewed on 9/17/2013. Exception(s) to above MGAR inmate # **Inmate** Aims reviewed this inmate number was an invalid inmate number. Please review MGAR based on none of the inmates mentioned in the MGAR met any of definitions or criteria's of Emergencies.

Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only
Compliance. See below.

Corrective Actions: Approved. See above.

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			8/30/2013 12:27 PM Entered By: Helena Valenzuela	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			8/30/2013 2:34 PM Entered By: Helena Valenzuela	1

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			8/12/2013 12:31 PM Entered By: Vanessa Headstream	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]		X		8/30/2013 9:51 AM Entered By: Vanessa Headstream Training information requested 08/30/13, was advised information is not available since the person maintaining the files is not in the office today. 8/29/2013 8:51 AM Entered By: Vanessa Headstream Training information requested 08/23/13, not received yet.	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			8/29/2013 8:51 AM Entered By: Vanessa Headstream 8/23/2013 2:39 PM Entered By: Vanessa Headstream Baker - all medication DOT Flamenco (George/Ida/John/King/Quiet) - all medication DOT 8/19/2013 1:22 PM Entered By: Vanessa Headstream Aspen - nurse initials the MAR when giving medication to i/m, no i/m signature is obtained 8/12/2013 12:42 PM Entered By: Vanessa Headstream KOP tracking is in place, the inmate signs a roster with name, ADC #, medication prescription # & date received	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]		X		8/29/2013 8:53 AM Entered By: Vanessa Headstream Review demonstrates continued non compliance issues with documentation on MARs, supervisory personnel have been working with staff nurses to ensure proper and complete medication documentation. 8/23/2013 2:43 PM Entered By: Vanessa Headstream Flamenco (George/Ida/John/King/Quiet) - MARs demonstrate documentation of medications consistently and in accordance to standard practice; nurses continue to not sign the back of the MARs when they have administered medications per their initials on the front, start dates are not being shown on the MAR, no diagnosis is being entered on the MAR. At George ward, the am medication pass is not documented as administered on 08/19/13. 8/22/2013 7:51 AM Entered By: Vanessa Headstream Baker - MARs are in pretty good shape; the	1

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					<p>medications appear to be getting delivered consistently and in a timely manner. Nurses continue to not sign the back of the MARs when they have administered medications per their initials on the front, start dates are not being shown on the MAR, no diagnosis is being entered on the MAR.</p> <p>8/19/2013 1:29 PM Entered By: Vanessa Headstream Aspen - #Inmate - no start/stop dates, no diagnosis #Inmate - no start date, no diagnosis #Inmate - no start date #Inmate - no nursing signatures to match initials #Inmate - no start date, no diagnosis #Inmate - no start date, no diagnosis</p> <p>8/12/2013 1:04 PM Entered By: Vanessa Headstream C area - #Inmate - no start/stop dates, no nursing signatures for initials "JS", diagnosis "prostate"; #Inmate - no start/stop dates, no prescriber name, unclear directions of administration "Coumadin 5mg qhs except every Tuesday us 7.5mg", no diagnosis; #Inmate - no start/stop dates, no nursing signatures for initials "JS", no diagnosis; #Inmate - no start date, no nursing signature for initials "W, M, JS"; #Inmate - no start date, no nursing signature for initials "JS, W"</p> <p>8/28/2013 1:45 PM Entered By: Brenda McMullen Flamenco-IDA 10 Mars reviewed 8Mars not in compliance #Inmate no dx #Inmate no transcriber int. no start date #Inmate no dx, no start date #Inmate no dx #Inmate no dx #Inmate no dx #Inmate no start date, no dx #Inmate no start date, no dx JKQ 2Mars reviewed 2 Mars not in compliance #Inmate no start/stop date #Inmate no start date, no dx</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X		<p>8/30/2013 1:05 PM Entered By: Vanessa Headstream Medications not documented as administered @ Aspen unit 08/18/13 & George unit 08/19/13 did not have completed error reports to be submitted to the FHA. Reports being completed today per DON.</p> <p>8/30/2013 9:52 AM Entered By: Vanessa Headstream Per FHA, no medication errors received for review.</p> <p>8/29/2013 8:54 AM Entered By: Vanessa Headstream</p>	2

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					Requested 08/23/13, not received yet.	
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X		<p>8/29/2013 8:58 AM Entered By: Vanessa Headstream Review demonstrates improvement in documentation with C area requiring more focus on getting medications in a timely manner.</p> <p>8/23/2013 2:49 PM Entered By: Vanessa Headstream Flamenco (George/Ida/John/King/Quiet) - no unreasonable delays noted during review of MARs</p> <p>C area - 5 inmates had clarification requests from Pharmacorr regarding medications ordered earlier in the week; requests do not appear to be addressed yet as medications do not appear on inmate's profiles - #Inmate - 08/20/13 Tramadol, needs NFDR #Inmate - 08/22/13 Gabapentin, needs NFDR #Inmate - 08/21/13 Lorazepam, needs NFDR #Inmate - 08/20/13 Lipitor, needs NFDR #Inmate - 08/21/13 Lantus/Diclofenac/Isosorbide Dinitrate, need NFDR; Colazol dose needs clarification</p> <p>8/22/2013 7:51 AM Entered By: Vanessa Headstream Baker - no unreasonable delays noted during review of MARs</p> <p>8/19/2013 1:35 PM Entered By: Vanessa Headstream Aspen - 08/19/13 review of MARs indicates on 08/18/13 1700 meds were not delivered - Examples are: #Inmate - Naproxen 500mg, Prazosin 5mg (2), Tramadol 50mg, Cortisporin Otic Soln, Augmentin 875mg, Neurontin 300mg (2), Buspar 15mg (2), Lithium 300mg (2), Trilafon 4mg, Paxil 40mg #Inmate - Buspar 15mg (2) #Inmate - Benzotropine 2mg, Paroxetine 30mg, Risperidone 4mg, Gemfibrozil 60mg #Inmate - Lamotrigine 300mg, Abiligy 10mg, Nortriptyline 50mg, Buspar 15mg #Inmate - Benzotropine 0.5mg, Thiothixene 5mg #Inmate - Gemfibrozil 600mg, Prilosec 20mg, Risperidone 1mg</p> <p>8/12/2013 1:22 PM Entered By: Vanessa Headstream C area - #Inmate - Lopid 600mg ordered 07/15/13, fill date 08/09/13 per Pharmacorr profile</p>	2
7	Are inmates being required to show ID prior to being administered their medications?	X			8/22/2013 7:52 AM Entered By: Vanessa Headstream	2

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8	<p>Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]</p>		X		<p>8/29/2013 9:08 AM Entered By: Vanessa Headstream Review demonstrates 66% compliance with this performance measure.</p> <p>8/23/2013 2:51 PM Entered By: Vanessa Headstream The stop date report for August 15 - 21, 2013 @ ASPC-Phoenix demonstrates - A total of 75 Prescriptions were reviewed, 36 expired prior to reorder date; 39 were reordered on or prior to the expiration date, however "last fill date" indicates 4 inmates ran out of medication prior to receiving the reordered prescription.</p> <p>Out of the 36 expired prescriptions, 35 expired without renewal and 1 were reordered after expiration.</p> <p>8/19/2013 1:38 PM Entered By: Vanessa Headstream The stop date report for August 1 - 14, 2013 @ ASPC-Phoenix demonstrates - A total of 317 Prescriptions were reviewed, 145 expired prior to reorder date; 43 were reordered on or prior to the expiration date, however the "last fill date" indicates the inmates ran out of medication prior to receiving the reordered prescription.</p> <p>Out of the 145 expired prescriptions, 127 expired without renewal and 18 were reordered after expiration.</p> <p>8/12/2013 1:08 PM Entered By: Vanessa Headstream King/Quiet - 08/09/13 - 9 medications found in patient bins that were past the stop date shown on the label; stop dates of 04/2013, 05/2013, 07/2013; medications given to RN on unit</p>	2
9	<p>Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?</p>		X		<p>8/29/2013 9:09 AM Entered By: Vanessa Headstream Review demonstrates 34% compliance with this performance measure.</p> <p>8/23/2013 2:52 PM Entered By: Vanessa Headstream Flamenco/Ida - NFDR submitted 07/24/13, no response found in file</p> <p>8/22/2013 7:52 AM Entered By: Vanessa Headstream Baker - NFDR not found during chart review</p> <p>8/19/2013 1:38 PM Entered By: Vanessa Headstream Aspen - NFDR submitted 08/01/13 was approved the same day</p> <p>8/12/2013 1:10 PM Entered By: Vanessa Headstream C-area - #Inmate - NFDR submitted 07/15/13, no response found in file</p>	2
10	<p>Are providers being notified of non-formulary decisions within 24 to 48 hours?</p>		X		<p>8/29/2013 9:09 AM Entered By: Vanessa Headstream</p>	2

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					<p>Review demonstrates 34% compliance with this performance measure.</p> <p>8/23/2013 2:53 PM Entered By: Vanessa Headstream Flamenco/Ida - NFDR submitted 07/24/13, no response found in file</p> <p>8/22/2013 7:53 AM Entered By: Vanessa Headstream Baker - NFDR not found during chart review</p> <p>8/19/2013 1:39 PM Entered By: Vanessa Headstream Aspen - NFDR submitted 08/01/13 was approved the same day, noted in medical chart</p> <p>8/12/2013 1:11 PM Entered By: Vanessa Headstream C-area - #Inmate - NFDR submitted 07/15/13, no response found in file</p>	
11	Are medication error reports being completed and medication errors documented?		X		<p>8/30/2013 1:05 PM Entered By: Vanessa Headstream Medications not documented as administered @ Aspen unit 08/18/13 & George unit 08/19/13 did not have completed error reports. Reports being completed today per DON.</p> <p>8/30/2013 9:52 AM Entered By: Vanessa Headstream Per DON, no medication error reports completed/submitted.</p> <p>8/29/2013 9:10 AM Entered By: Vanessa Headstream Requested 08/23/13, not received yet.</p>	2

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Corrective Action Plans for Performance Measure: Medication Administration

2 Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]

Level 1 Amber User: Vanessa Headstream Date: 8/30/2013 9:50:22 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- 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 Amber User: Vanessa Headstream Date: 8/29/2013 8:53:05 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- 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: Vanessa Headstream Date: 8/30/2013 1:04:21 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- 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)

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- 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: Vanessa Headstream Date: 8/29/2013 8:57:35 AM

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

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

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
 - a. Intake Orders
 - b. Private Prisons
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff
3. Custody educated regarding contract requirements regarding inmate transfer with meds.
4. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - c. Audit results discussed a monthly CQI meeting
 - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

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

1. Monitoring (Appendix I. - IV Monitoring Tools)
 - a. Audit tools developed
 - b. Weekly site results discussed with RVP
 - 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: Vanessa Headstream Date: 8/29/2013 9:07:41 AM

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

Corrective Actions: October Action plan submitted by Corizon-

1. Standardized process for meds to be available to inmate upon transfer (Pharmacy Appendix 1 & 2)
2. In-service staff on process per PharmaCorr policy,
 - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff

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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.

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

Level 2 Amber User: Vanessa Headstream Date: 8/29/2013 9:08:28 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.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.

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

Level 2 Amber User: Vanessa Headstream Date: 8/29/2013 9:09:02 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

e. Manifest Reconciliation

f. Inventory control

g. Stock Medications

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

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

2. In-service staff

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

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

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

a. Audit tools developed

b. Weekly site results discussed with RVP

c. Audit results discussed a monthly CQI meeting

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

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

Target Date-11/30/13

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

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

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

Level 2 Amber User: Vanessa Headstream Date: 8/30/2013 1:05:02 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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

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

a. Audit tools developed.

b. Weekly site results discussed with RVP.

c. Audit results discussed a monthly CQI meeting.

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

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

Target Date- 11/30/13

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

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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 12:29 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			8/12/2013 12:29 PM Entered By: Vanessa Headstream No infirmiry at this facility	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 12:29 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			8/12/2013 12:29 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	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 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	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 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream No infirmiry at this facility	1
11	Are vital signs done daily when required?	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream	1

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					No infirmary at this facility	
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			8/12/2013 12:30 PM Entered By: Vanessa Headstream No infirmary at this facility	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			8/12/2013 12:31 PM Entered By: Vanessa Headstream No infirmary at this facility	1

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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 12:11 PM Entered By: Helena Valenzuela	1
2	Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process?	X			8/30/2013 12:11 PM Entered By: Helena Valenzuela	1
3	Have Base Line labs been drawn?	X			8/30/2013 2:55 PM Entered By: Helena Valenzuela	1
4	Has a PPD been planted and read?		X		8/30/2013 12:16 PM Entered By: Helena Valenzuela 8/28/13, C Area: 10 out of 10 reviewed medical records indicated non compliance: Inmate PPD form empty except written, "CPX ordered 8/19/13" (no SOAPE notes indicating occurred) Inmate staff wrote, "inmate refused TB test", following PPD forms contained incomplete information: Inmate Inmate , Inmate Inmate Inmate Inmate Inmate Inmate	1
5	Has a PAP been completed (Female)?	X			8/30/2013 12:17 PM Entered By: Helena Valenzuela Females are not processed at this intake facility.	1
6	Is a continuity of care completed prior to transfer to permanent unit?	X			8/30/2013 2:35 PM Entered By: Helena Valenzuela	1
7	Are dental emergencies being addressed at the reception center?		X		8/30/2013 12:25 PM Entered By: Helena Valenzuela 8/28/13, C Area: 1 out of 5 reviewed was non compliant: Inmate triaged 8/27/13, inmate evaluated 8/28/13 (oral pain) Additionally, Inmate inmate arrived 7/18/13 and still here on 8/28/13-only has pano, Inmate -inmate arrived 7/27/13 and still here on 8/28/13-only has pano (non compliant according to NCCHC standards)	1
8	Are inmates seen the day of arrival?	X			8/30/2013 4:20 PM Entered By: Helena Valenzuela	1
9	Are inmates on medications prior to being	X			8/30/2013 3:01 PM Entered By: Helena	1

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placed under ADC custody continued on the medication or a therapeutic substitute?				Valenzuela	
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Corrective Action Plans for Performance Measure: Return to Custody

4 Has a PPD been planted and read?

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 12:16:01 PM

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

Corrective Actions: Reinforce to staff that those inmates returning to custody need to have a PPD planted and read (Unless alternative utilized d/t shortage of tuberculin), which still needs to be completed upon return to custody.

7 Are dental emergencies being addressed at the reception center?

Level 1 Amber User: Helena Valenzuela Date: 8/30/2013 12:24:43 PM

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

Corrective Actions: Reinforce with dental staff of the added specialty in CDS of urgent care and use only emergency specialty for true emergencies.