

August 2013 TUCSON 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>8/28/2013 10:04 PM Entered By: Marlena Bedoya</p> <p>There are (8) yards at ASP-Tucson. A cumulative total for this audit period is as follows:</p> <p>There were (28) missed sick call lines discovered among the yards.</p> <p>There were (68) lines that were not put into the TOS system for IM turn out tickets informing Operations that IMs had medical appointments the following day.</p> <p>Total backlog for the entire Complex for this audit period is as follows:</p> <p>HNRS - (439).</p> <p>CHARTS requiring Provider review - (252).</p> <p>NURSELINE backlog - (317).</p> <p>PROVIDER LINE backlog - (393).</p> <p>Yard by Yard:</p> <p>SANTA RITA: Audit date range (7/23-8/20). No sickcall was held on 7/24, 7/26, 8/01, 8/13. No documentation or IRs could be located as an explanation.</p> <p>Days not in TOS system - 7/23, 7/24(MD line), 7/25, 7/29, 7/30, 7/31, 8/02 through 8/20.</p> <p>Backlogs - HNRS (87), Charts (0), Nurseline (75), Provider line (59).</p> <p>WINCHESTER: Audit date range (7/25-8/26). Sickcall was held five days per week. Days not in TOS system - 7/10, 7/11, 7/12, 7/13(MD line), 7/18(Eye line), 7/19, 7/22, 7/23, 7/24, 7/25, 7/29, 7/30, 7/31, 8/01, 8/02, 8/08, 8/09, 8/12, 8/13, 8/14, 8/15, 8/16, 8/19, 8/20.</p> <p>Backlogs - HNRS (42), Charts (49), Nurseline (54), Provider line (63).</p> <p>CIMARRON: Audit date range (7/23-8/20). There is a North and South yard which hold different custody inmates therefore; a line must be performed for both yards Mon-FRI. No sickcall was held on 7/25 (Both sides), 8/20 (North side), 8/23 (South side). No documentation or IRs could be located as an explanation.</p> <p>All lines performed were input into the TOS system.</p> <p>Backlogs - HNRS (27), Charts (17), Nurseline (26), Provider line (51).</p> <p>RINCON MINORS: Audit date range (8/01-8/22). Documentation was found for only three days 8/01, 8/02, and 8/21 reflecting IMs being seen. That leaves (13) days unaccounted for with no documentation reflecting that a line was held, or that there was no need due to no HNRs being submitted.</p> <p>No days were put into the TOS system.</p> <p>Backlogs - There is no system in place like all of the other yards to track HNRs, Charts needing reviewed, Nurseline backlog, or Provider line backlog.</p> <p>RINCON WEST MEDICAL:</p> <p>Audit date range (7/18-8/19). No sickcall</p> | 1 |

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| | | | | <p>was held on 7/29, 7/30, and 7/31. IRs were located however; they had no IR numbers on them, having been officially reported. This issue was communicated to both Corizon, and the Operations Chain of Command.</p> <p>All scheduled lines were put into the TOS system .</p> <p>Backlogs - HNRS (112), Charts (27), Nurseline (47), Provider line (61).</p> <p>WHETSTONE:</p> <p>Audit date range (7/15-8/08). No sickcall was held on 7/23, 7/25. No documentation or IRs could be located as an explanation. All scheduled lines were put into the TOS system.</p> <p>Backlogs - HNRS (250), Charts (137), Nurseline (86), Provider line (118).</p> <p>CATALINA:</p> <p>Audit date range (7/08-8/07). No sickcall was held on 7/11, 7/25, 8/02. No documentation or IRs could be located as an explanation.</p> <p>Days not in TOS system - 7/12, 7/17, 8/02.</p> <p>Backlogs - HNRS (0), Charts (0), Nurseline (13), Provider line (27).</p> <p>MANZANITA:</p> <p>Audit date range (7/22-8/13). Sickcall is being held five days per week. All scheduled lines were input into the TOS system.</p> <p>Backlogs - HNRS (0), Charts (22), Nurseline (16), Provider line (14).</p> | |
| 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] | | | <p>X</p> <p>8/29/2013 2:36 PM Entered By: Marlana Bedoya</p> <p>There are (8) yards at ASP-Tucson. (10) charts were pulled randomly per yard during this audit month - from sick call lists, the daily Field Briefing reports whereby an IM had been sent out to the Hospital, from Grievance Appeals, and from concerns shared from staff.</p> <p>Of the (80) charts reviewed, (67) did not meet performance measure requirements. The totals could actually be higher in this performance measure given multiple HNRS in many cases. The breakdown is listed per yard:</p> <p>SANTA RITA: (10) of (10) charts non-compliant.</p> <p>Inmate – HNR dtd 7/17. Seen 7/23.</p> <p>Inmate – HNR dtd 8/06. Not seen to date. HNR comments state IM refused NL. There was no refusal found in chart. No exam was noted, but an Rx for Acyclovir was written by NP dtd 8/19. Chart was given to NP Holder for appropriate</p> | 1 |

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documentation.

Inmate – HNRs dtd 4/29, 7/10, 7/16, 7/22. IM needing glasses. IM was seen on 5/16 and referred to Provider. Exam should have been done and IM referred to Optometry, not Provider. Provider note dtd 7/26 states Provider does not know what he is here for.

Inmate – IM returned from the Hospital 8/03 and was seen. Discharge instructions state soft diet. No special diet form found in chart.

Inmate – HNR dtd 8/01. Seen 8/15. Second HNR dtd 8/12. IM not seen to date.

Inmate – HNR dtd 7/11. Not seen to date. Note on HNR comments state; "Diet card was sent in, you will get it once it's processed." The original diet card was still in the chart dtd 6/19.

Inmate – HNRs dtd 5/18, 6/15, 8/02 regarding medications. There was a Provider note only dtd 8/12 to start Tramadol. IM Rx profile pulled and Rx non-formulary was never submitted. Chart given to NP Holder on day of audit for appropriate documentation and action.

Inmate – IM returned from Hospital 8/03. Discharge instructions state follow up Dental. Dental follow up not noted.

Inmate – IM submitted a Grievance Appeal regarding skin cancer. Pathology dtd 4/28/12 showed basal cell cancer. There are numerous HNRs regarding when he will be sent out. His latest dtd 7/14. He was not seen by Nursing, but referred to the Provider. He was seen on 7/22 and a consult was written and sent to the HUB for scheduling. To date the appointment has not been scheduled.

Inmate – HNR dtd 8/07. Seen 8/13.

WINCHESTER: (10) of (10) charts non-compliant.

Inmate – HNR dtd 8/06. Seen 8/08.

Inmate – HNR dtd 8/19. As of date of audit, IM was not seen yet.

Inmate – HNR dtd 7/04 regarding labs. IM was not seen by Nursing, but referred to the Provider. Provider saw IM on 7/09. Second HNR dtd 7/09 requesting to be seen by Mental Health. IM seen 7/12.

Inmate – HNR dtd 8/08. Seen 8/12.

Inmate – HNR dtd 7/22. Seen 7/24.

Inmate – HNR dtd 6/18. Seen 7/19.

Inmate – HNR dtd 6/24. Seen 7/08.

Inmate # - HNRs for same issue dtd 6/30 & 7/08. IM seen 7/09.

Inmate – HNR dtd 8/23. As of date of audit, IM was not seen yet.

Inmate – HNR dtd 7/26 requesting to be seen by Mental Health. IM seen 8/09. Second HNR dtd 8/09. IM seen 8/13.

CIMARRON: (7) of (10) charts non-compliant.

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Inmate [REDACTED] – HNR dtd 8/06. As of the date of the audit, IM was not seen yet.

Inmate [REDACTED] – HNR dtd 6/24 regarding medication Rx. Not seen by Nursing, referred to Provider. As of the date of the audit, the Provider had not yet seen the IM. Second HNR dtd 8/05. Seen 8/08 and referred to the Provider. Provider saw IM on 8/09. Both issues addressed. It took from 6/24 until 8/09 for the IM to have an Rx written.

Inmate [REDACTED] – HNRs dtd 7/01 & 7/08. IM seen for this issue 7/14. HNR dtd 7/19. IM seen 7/21. HNR dtd 8/03. Seen 8/05 & 8/08. HNRs dtd 8/09 & 8/18. Not seen by Nursing for these two HNRs. Provider addressed this on 8/22.

Inmate [REDACTED] – HNR dtd 8/19. Seen 8/23.

Inmate [REDACTED] – HNR dtd 7/10 regarding surgery. HNR dtd 7/17 regarding a Baclofen Rx. HNR dtd 7/20 regarding a Coumadin Rx. HNR dtd 8/17 regarding a hernia belt and shoe inserts. To date IM has NOT been seen for any of these issues. The Coumadin was reordered on 7/31.

Inmate [REDACTED] – HNR dtd 6/10. Seen on 8/15 and referred to Optometry.

Inmate [REDACTED] – HNR dtd 8/25. Seen 8/27.

RINCON MINORS: (4) of (10) charts non-compliant.

Inmate [REDACTED] – Follow up Urgent consult request dtd 7/11/13 to Ortho, for foreign body in knee with repeated infections. To date zero documentation in the chart that the IM has gone.

Inmate [REDACTED] – HNR dtd 7/17. Seen 7/22.

Inmate [REDACTED] – HNRs dtd 7/28 & 7/29. The IM was seen however; there is no date or time recorded on the note.

Inmate [REDACTED] – HNR dtd 6/26. Seen 7/05.

Inmate [REDACTED] – HNR dtd 7/25. Seen 8/02.

RINCON WEST MEDICAL: (8) of (10) charts non-compliant.

Inmate [REDACTED] – HNR dtd 7/10. Seen 8/01.

Inmate [REDACTED] – HNR dtd 6/12 & 6/28 for same issue. Not seen by Nursing, but referred to the Provider. Provider saw the IM on 7/05. An Ortho consult was written.

Inmate [REDACTED] – HNR dtd 6/27. Not seen by Nursing, but referred to the Provider. Provider saw the IM on 7/11 and wrote a SNO for a back brace. No mention of the brace having been issued was found in the chart. Issue reported to the Nursing Supv, and a brace was ordered.

Inmate [REDACTED] – HNR dtd on 6/29. IM seen on 7/23.

Inmate [REDACTED] – HNR dtd 6/01. Seen 7/09.

Inmate [REDACTED] – HNR dtd 6/26. Not seen by Nursing, but referred to Provider. Provider saw the IM on 7/11. He ordered daily BP checks, labs, and Optometry. As of the date of the audit none had been done.

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| | | | | <p>Issues reported to the Nursing Supv, BP checks were scheduled, labs ordered, and an Optometry consult forwarded.</p> <p>Inmate – Chronic Care visit dtd 6/03, had labs ordered. Encounter was no noted therefore labs had not been drawn as of the audit date. HNR dtd 6/27. A note was started on 7/16, but nothing was written regarding the issue. Comments on the HNR state referred to Provider. As of the audit date, the IM had not been seen. Issues reported to the Nursing Supv, Labs were ordered, and IM was scheduled to see the Provider.</p> <p>Inmate – HNR dtd 6/20. Seen 6/28. HNR dtd 7/02. IM not seen, but Rx was ordered on 7/19 and noted by Nursing on 7/20. HNR dtd 7/24. Seen by the Provider 8/13. The encounter's noted plan requested blood work however; the order was not charted and was never taken off by Nursing. Issue was reported to the Nursing Supv and taken care of.</p> <p>WHETSTONE: (10) of (10) charts non-compliant.</p> <p>Inmate – HNR dtd 6/07. Not seen by Nursing, referred to Provider. Provider saw IM on 7/08.</p> <p>Inmate – HNR dtd 8/03. Comments on note state IM refused, but there is no refusal in chart, and IM was charged per appointment log for the encounter. Issue brought to the attention of the Nursing Supv. HNR dtd 8/08. Not seen by Nursing, referred to Provider as his Rx expired 7/27. IM is scheduled to see the Provide on 8/15.</p> <p>Inmate – HNR dtd 7/10. Seen 7/24. HNR dtd 7/19. IM not seen as of date of audit. HNR dtd 7/22. IM not seen as of date of audit. HNR dtd 8/04. IM not seen as of date of audit. All were brought to the attention of the Nursing Supervisor for action.</p> <p>Inmate – HNRs dtd 5/30, 6/01, 6/07, 6/24, 6/30 all for the same issue. IM seen on 7/08.</p> <p>Inmate – HNRs dtd 4/13, 4/16. Seen by Nursing 4/17. A referral to see the Provider was made. HNRs dtd 4/28, 4/29, 5/06. All so far, for the same issue. IM signed a refusal to be seen on Nurseline again due to the prior referral on 5/09. HNRs dtd 5/28, 5/30 for the sam issue. IM was seen by the Provider on 6/17.</p> <p>Inmate – HNR dtd 7/24. As of the audit date, the IM had not been seen. Issues reported to the Nursing Supv.</p> <p>Inmate – HNRs dtd 3/19, 5/23, 7/15, 7/25 for the same issue. IM seen on 8/06 and was referred to the Provider.</p> <p>Inmate – HNR dtd 5/27. Seen 6/07. HNR dtd 6/19. S</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>8/29/2013 3:14 PM Entered By: Marlana Bedoya</p> <p>There are (8) yards at ASP-Tucson. (10) charts were pulled randomly per yard during this audit month. Of the (80) charts reviewed, (24) did not meet performance measure requirements. The breakdown is listed per yard:</p> <p>SANTA RITA: (1) of (10) charts non-</p> | 1 |

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compliant.

Inmate – Encounters dtd 5/27/13 & 7/26/13 had no vitals taken.

WINCHESTER: (05) of (10) charts non-compliant.

Inmate – Encounter dtd 8/08, no weight was taken.

Inmate – Encounter dtd 8/12 states vitals refused. No refusal was found in the chart.

Inmate – Encounter dtd 7/19, no vitals were taken.

Inmate # - Encounter dtd 7/09, no weight was taken.

Inmate – Encounter dtd 8/13, no weight was taken.

CIMARRON: (3) of (10) charts non-compliant.

Inmate – Encounter dtd 7/21 had no vitals taken.

Inmate – Encounter dtd 8/05 had no weight taken.

Inmate – Encounter dtd 8/09, only a temp was taken.

RINCON MINORS: (1) of (10) charts non-compliant.

Inmate – Encounter dtd 8/08, no weight taken.

RINCON WEST MEDICAL: (2) of (10) charts non-compliant.

Inmate – Encounter dtd 7/01, no weight taken.

Inmate – Encounter dtd 6/13, no weight taken.

WHETSTONE: (3) of (10) charts non-compliant. One of the charts had (2) encounters non-compliant.

Inmate – Encounter dtd 7/24, had no vitals taken.

Inmate – Encounter dtd 6/07 had no vitals taken.

Inmate – Encounter dtd 7/05 had no vitals taken.

Inmate – Encounter dtd 7/30 had no vitals taken.

CATALINA: (3) of (10) charts non-compliant.

Inmate – Encounter dtd 8/08, had no vitals taken.

Inmate – Encounter dtd 8/06, had no weight taken.

Inmate – Encounter dtd 8/05, had no BP taken.

MANZANITA: (6) of (10) charts non-compliant.

Inmate – Encounter dtd 8/06 had no vitals taken.

Inmate – Encounter dtd 8/01 had no weight taken.

Inmate – Encounter

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| | | | | | <p>dtd 8/13 had no RR or BP taken.</p> <p>Inmate – Encounter dtd 8/12 had no BP or Temp taken.</p> <p>Inmate – Encounter dtd 8/07 had no weight or BP taken.</p> <p>Inmate – Encounter dtd 5/09 had no vitals taken.</p> <p>Averaging overall, this Monitor is giving this performance measure a green. The results however; will be shared with the Director of Nursing for an Education tool.</p> | |
| 4 | Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3] | X | | | <p>8/29/2013 3:15 PM Entered By: Marlana Bedoya</p> <p>All (80) charts looked this month utilized SOAPE format.</p> | 1 |
| 5 | Are referrals to providers from sick call being seen within seven (7) days? [P-E-07] | | | X | <p>8/29/2013 4:40 PM Entered By: Marlana Bedoya</p> <p>There are (8) yards at ASP-Tucson. (10) charts were pulled randomly per yard during this audit month. Not all encounters require a referral to see the Provider.</p> <p>Of the (80) charts reviewed, (44) encounters showed Nursing having referred IMs forward for intervention by the Provider. Of the (44) referrals, (37) did not meet compliance performance measures. The breakdown is listed per yard:</p> <p>SANTA RITA: (06) of (07) referrals non-compliant.</p> <p>Inmate – Referred on 7/23. Seen by the Provider 8/07.</p> <p>Inmate – HNR dtd 8/06. Not seen by Nursing. HNR comments state IM refused NL. There was no refusal found in chart. No exam was noted, but an Rx for Acyclovir was written by NP dtd 8/19. Chart was given to NP Holder for appropriate documentation.</p> <p>Inmate – Referred on 5/16. Seen by a Provider on 7/26. IM should have been referred to Optometry, not Provider. Chart brought to the attention of Nursing for action.</p> <p>Inmate – IM returned from the Hospital 8/03 and was seen. Discharge instructions state soft diet. No special diet form found in chart having been signed by the Provider. Chart brought to the attention of Nursing for action.</p> <p>Inmate – HNRs dtd 5/18, 6/15, 8/02 regarding medications. All referred. There was a Provider note only dtd 8/12 to start Tramadol. IM Rx profile pulled and Rx non-formulary was never submitted. Chart given to NP Holder on day of audit for appropriate documentation and action.</p> <p>Inmate – IM returned from Hospital 8/03. Discharge instructions state follow up Dental. Dental follow up not noted. Chart brought to the attention of Nursing.</p> <p>WINCHESTER: (02) of (06) referrals non-compliant.</p> | 1 |

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Inmate – Referred on 7/24. Note states on-call Provider never called back with instruction. IM was seen by Provider on 8/05.

Inmate – Referred on 7/08. Seen by a Provider on 7/31.

CIMARRON: (03) of (05) referrals non-compliant.

Inmate – Referred on 8/05. Seen by Provider on 8/22.

Inmate – Referred on 8/19 to Optometry. As of the date of audit on 8/28 IM had not been seen.

Inmate – Referred on 8/15 to Optometry. As of the date of audit on 8/28 IM had not been seen.

RINCON MINORS: (05) of (07) referrals non-compliant.

Inmate – Follow up Urgent consult request dtd 7/11/13 to Ortho, for foreign body in knee with repeated infections. To date no documentation in the chart, that the IM has gone to Ortho.

Inmate – Referred on 7/05. To date IM has not been seen by a Provider.

Inmate – Referred on 7/22. To date IM has not been seen by a Provider.

Inmate – Referred on 7/05. To date IM has not been seen by a Provider.

Inmate – Referred on 8/02. To date IM has not been seen by a Provider.

RINCON WEST MEDICAL: (04) of (05) referrals non-compliant.

Inmate – Referred on 8/01 to Mental Health. To date IM has not been seen by a Provider.

Inmate – Referred on 7/05 by the Provider to Ortho. An Ortho consult was written. To date no documentation exists in chart that the IM has been seen.

Inmate – HNR dtd 6/26. Not seen by Nursing, but referred to Provider. Provider saw the IM on 7/11. He ordered daily BP checks, labs, and Optometry. As of the date of the audit none had been done. Issues reported to the Nursing Supv, BP checks were scheduled, labs ordered, and an Optometry consult forwarded.

Inmate – Referred on 6/27. As of the audit date, the IM had not been seen. Issues reported to the Nursing Supv, Labs were ordered, and IM was scheduled to see the Provider.

WHETSTONE: (11) of (11) referrals non-compliant.

Inmate – Referred on 6/07. Seen by Provider 7/08.

Inmate – Referred on 7/19. IM not seen as of date of audit.

Inmate – Referred on 7/22. IM not seen as of date of audit.

Inmate – Referred on 8/04. IM not seen as of date of audit. All were brought to the attention of the Nursing Supervisor for action.

Inmate – Referred on 7/08.

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| | | | | <p>Seen by Provider 8/05.</p> <p>Inmate – Referred on 4/17. IM was seen by the Provider on 6/17.</p> <p>Inmate – Referred on 7/24. As of the audit date, the IM had not been seen. Reported to the Nursing Supv.</p> <p>Inmate – Referred on 8/06. IM is scheduled to see the Provider on 8/27.</p> <p>Inmate – Referred on 6/07 & 7/05 for same issue. Was seen by Provider on 8/05 whereby he resubmitted Ortho consults. Issue reported to the Nursing Supv.</p> <p>Inmate – HNR dtd 7/24. As of the audit date, the IM had not been seen. HNR dtd 7/29. As of the audit date, the IM had not been seen. Both were reported to the Nursing Supv. HNR dtd 8/02. IM seen on 8/08.</p> <p>Inmate – Seen by an LPN on 7/30 whereby she gave an initial shaving waiver to an IM. Policy states that only a Physician, Mid-level Provider, or the Chaplain can grant initial shaving waivers. Issue was brought to the attention of the Nursing Supv.</p> <p>CATALINA: (02) of (06) referrals non-compliant.</p> <p>Inmate – Referred on 7/24. Seen by a Provider on 8/07.</p> <p>Inmate – Referred on 8/01 for Rx. IM was charged, chart was found filed. No Rx or documentation was made showing Rx was ordered. Issue brought to the attention of the Nurse on duty.</p> <p>MANZANITA: (04) of (07) referrals non-compliant.</p> <p>Inmate – Referred on 8/12 with referral to Optometry. Nothing was found in the chart regarding referral. Chart brought to the attention of the Nursing Supv for action.</p> <p>Inmate – Referred on 8/06 with referral to Optometry. Nothing was found in the chart regarding referral. Chart brought to the attention of the Nursing Supv for action.</p> <p>Inmate – Referred on 8/13. Scheduled to see the Provider on 8/27.</p> <p>Inmate – Referred on 5/09. Seen by Provider on 7/05.</p> | |
| 6 | Are nursing protocols in place and utilized by the nurses for sick call? | X | | <p>8/28/2013 10:16 PM Entered By: Marlena Bedoya</p> <p>8/28/2013 10:16 PM Entered By: Marlena</p> | 1 |

Bedoya

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: Marlena Bedoya Date: 8/28/2013 10:04:01 PM

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a.Scheduling patients
- b.Staffing

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

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

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

3.Monitoring (Sick Call Audit Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

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

Level 1 Red User: Marlena Bedoya Date: 8/29/2013 2:35:12 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.

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

Level 1 Red User: Marlena Bedoya Date: 8/29/2013 4:40:01 PM

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

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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.

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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>8/27/2013 11:10 AM Entered By: Trudy Dumkrieger Amber finding.</p> <p>8/20/2013 10:53 AM Entered By: Trudy Dumkrieger IPC/HU9 10/charts reviewed 8/10 not in compliance. Inmate Cardiac, HTN, CA,HD last CC 8/8/12. No acurrent plan. Inmate HTN No CC on chart starts 1/16/13 no plan. Inmate HCV, cardiac, HTN. No CC on chart starts 12/5/13. No plan. Inmate CHF, COPD, DM, HCV. No CC on chart starts 5/20/13. No plan. Inmate HTN No CC on chart starts 12/4/12. No plan. Inmate CA, cardiac, HTN, SZS. No plan Inmate CA, HTN, =PPD, HD No plan Inmate HTN No plan. Inmate HTN, cardiac No plan.</p> <p>8/20/2013 10:38 AM Entered By: Trudy Dumkrieger Whetstone 10 charts reviewed, 3/10 not in compliance. Inmate No CC in chart starts 1/23/13 no plan. Inmate IAST cc 12/27/03 no current plan. Inmate CC not done due to IM not speaking English, plan no.</p> <p>8/20/2013 10:32 AM Entered By: Trudy Dumkrieger Manzanita 10 charts reviewed all charts in compliance.</p> <p>8/20/2013 8:56 AM Entered By: Trudy Dumkrieger Catalina 10 charts reviewed, 1/10 charts not in compliance. Inmate No plan.</p> <p>8/20/2013 8:54 AM Entered By: Trudy Dumkrieger CDU/Minors 11 charts reviewed 6/11 charts not in compliance. Inmate No plan. Inmate No current plan. Inmate No current plan Inmate Plan not current Inmate Plan not current. Inmate No plan.</p> <p>8/20/2013 8:47 AM Entered By: Trudy Dumkrieger Winchester 10 charts reviewed 2/10 charts not in compliance. Inmate No plan. Inmate No plan.</p> <p>8/20/2013 8:43 AM Entered By: Trudy Dumkrieger Cimarron 10 charts reviewed, 3/10 charts</p> | 1 |

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| | | | | <p>not in compliance.</p> <p>Inmate No plan. Inmate No chronic done no plan. Inmate No current plan.</p> <p>8/20/2013 8:39 AM Entered By: Trudy Dumkrieger Santa Rita 10 charts reviewed. 1/10 charts not in compliance. Inmate No current pan.</p> <p>8/19/2013 1:57 PM Entered By: Trudy Dumkrieger Rincon 10 charts reviewed 3/10 charts not in compliance. Inmate No chronic condition in current chart starting 12/6/12. No plan. Inmate Minimal plan from 3/13/12. Inmate No chronic in current chart. Last cc 4/12. Plan no.</p> | |
| 2 | Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4] | | X | <p>8/19/2013 10:16 AM Entered By: Trudy Dumkrieger Catalina 10 charts reviewed. 1/10 charts not in compliance. Inmate COPD, DM, HTN. Education no.</p> <p>8/19/2013 10:01 AM Entered By: Trudy Dumkrieger CIMARRON 10 Charts reviewed. 4/10 charts out of compliance. Inmate Asthma No CC done. IM scheduled Inmate Cardiac, Asthma, HCV, HTN. No chronic condition since 6/11/12. Inmate HTN, cardiac. Last CC appt. 7/24/12 Inmate HTN, cardiac Last CC appt. 8/2/13, next not scheduled. Last CC form not signed or dated by provider.</p> <p>WINCHESTER 10 charts reviewed. 6/10 charts not in compliance Inmate NIDDM +PPD Last CC visit 3/18/12 next not scheduled Inmate Asthma HTN Hep C+, + PPD Last CC 9/4/12 next 180 days not done Inmate NIDDM Asthma CC 7/3/12 next 90 days Inmate HTN NIDDM Last CC 1/17/12 scheduled mid Feb. did not occur. Inmate SZs Needs CC visit. Inmate HTN NIDDM Last CC 2/1/13 PL 10/1/13. Visits should be every 3-6 months.</p> <p>CDU 10 charts reviewed. 6/10 charts out of compliance. Inmate Hep C+ No CC done. Inmate HTN Hep C+ CC 10/16/12 return 180 days. Did not</p> | 2 |

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occur.
Inmate Asthma
 CC 3/13 next not scheduled.
Inmate HepC+
 CC 7/18/12 scheduled 7/13/13 not done.
Inmate HepC+
 Last CC 12/20/04 needs CC visit.
Inmate Hep C+
 No CC on Chart.

MINORS 1 chart reviewed. None out of compliance.

RINCON 10 charts reviewed. 8/10 out of compliance.
Inmate HTN HEP C+ IDDM Asthms CA HIV
 No CC visit on current chart 3/14/13-8/1/13.
Inmate HTN +PPD
 Last CC 8/23/11 needs cc.
Inmate HC+
 Last CC 3/13/12 next 180 days.
Inmate NIDDM HV+
 Last CC 10/2/12 next 12/24/12 .
Inmate Cardiac +PPD HepC+ DM
 HTN Asthma
 Last CC 4/25/12 return 5/9/12 did not happen.
Inmate HTN HepC+
 No CC on chart from 12/6/12-8/1/12.
Inmate Asthma Hep C+
 Last CC 7/15/13 no f/u ordered.
Inmate Cardiac SZ Hep C+
 Last CC for Cardiac done 3/29/13 / SZ and Hep C+ not addressed, not ordered.

HU9 10 charts reviewed from HU9 10/10 charts non-compliant.

Inmate CC Cardiac, HTN, CA, +PPD, HD.
 Last CC 8/8/12
Inmate CC HTN
 No CC on chart from 1/16/13 to 8/13/13.
Inmate CC HTN, HCV, Cardiac
 No CC appt in chart from 12/5/12 to 8/13/13.
Inmate CC HTN.
 No CC on chart 12/4/12-8/13/13.
Inmate CC CA, cardiac, HTN, SZS.
 No CC in current volume.
Inmate CC CA, HTN, cardiac, +PPD< HD
 No CC in current volume. No TB symtomology since 7/11.
Inmate CHF, COPDDM, HCV
 No CC in current chart.

IPC 5 charts reviewed 4/5/charts not in compliance.
Inmate Lymphoma. No CC visit sheet in chart.
Inmate Endocarditis, HTN no CC in chart.
Inmate IDDM, A-fib, HCV no CC in chart.
Inmate HTN, cardiac no CC in chart.

SANTA RITA 10 charts reviewed. 8/10 non-compliant.
Inmate NIDDM HTN
 Last CC 1/10/13 next 90 days. Order not noted and did not occur.
Inmate COPD HTN HCV

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Last CC 12/4/12 RTC 90 days not happen.
Inmate Asthma NIDDM
 Last CC 6/25/13 no appt ordered.
Inmate HCV HTN
 Last CC 4/27/13 RTC 90 days did not happen.
Inmate SZ, Hep C+
 Last CC 6/25/13 Hep C /not SZ return 180 days.
Inmate HTN CA
 Last cc Cardiac HTN, not CA 3/12/13 return 6/12/13 did not happen.
Inmate Diabetes
 Last CC 7/15/13 partially noted.
Inmate HTN
 CC overdue.

Manzanita 10 charts reviewed. 2/10 not in compliance.
Inmate NIDDM, HTN, COPD, Cardiac.
 Last CC 7/30/13 HTN/DM . No COPD, Cardiac addressed.
Inmate HTN NIDDM
 CC 7/3/13 for NIDDM, HTN not addressed
 RTC 90 days

Catalina 10 charts reviewed. 2/10 charts out of compliance.
Inmate HCV, SZs, Asthma
 Last CC 6/19/13 Asthma. RTC 90 days.
 SZS and HCV not addressed.
Inmate HTN
 Last CC 4/30/13 No RTC ordered.

Whetstone 10 charts reviewed. 8/10 not in compliance.
Inmate HTN IDDM
 Last CC 4/15/13 RTC 5/13/13 not done.
Inmate Cardiac, DM, Asthma, HTN, Hep C .
 Last CC Asthma 7/24/13 RTC 90 days.
 Cardiac, DM, HTN, HCV not addressed.
Inmate DM SZ Cardiac COPD HTN
 CC 7/22/13 not completed .
Inmate HTN Cardiac IDDM
 No CC on chart 1/23/13
Inmate DM HTN
 Last CC 12/27/12 RTC 3/27/13 not done.
Inmate COPD HTN IDDM CA
 Last CC 7/17/13 CA not done RTC 90 days out of compliance
Inmate DM HTN
 Last CC 7/17/13 not done rescheduled to 8/8/13 ou of compliance
Inmate HTN DM
 Last CC 6/1/13. RTC 7/1/13. Did not occur.

8/8/2013 1:54 PM Entered By: Trudy Dumkrieger
 Santa Rita
Inmate NIIDM, HTN. Last CC visit 7/10/13. Next visit 90 days not noted.Out of compliance.
Inmate Asthma, HTN, NIDDM. Last CC visit 6/5/12 next 180 days. 12/9/13.
Inmate COPD, HTN, HCV. Last CC 12/4/12 for cardiac only. RTC 90 days did not happen. Out of compliance.
Inmate Asthma, NIDDM. Last

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| | | | | <p>CC visit 6/25/13. Next appt not ordered. Not signed or dated.</p> <p>Inmate Last CC visit 4/27/13. Next 90 days, did not happen. Out of compliance.</p> <p>Inmate SZS, HCV. Last CC visit 6/25/13 HCV only. Return in 180 days. 12/13. CC did not address szs.</p> <p>Inmate Cardiac, HTN, Cancer. Last CC visit 3/12/13. RTC 6/12/13. Did not happen. Out of compliance</p> <p>Inmate HTN, SZ, Asthma. Last CC visit 4/30/13. Next scheduled 180 days. 10/13.</p> <p>Inmate Diabetes. Last CC visit 7/15/13. Order only partly noted.</p> <p>Inmate HTN. CC overdue. Out of compliance.</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>8/27/2013 11:11 AM Entered By: Trudy Dumkrieger Also no documentation of nursing education being done.</p> <p>8/19/2013 1:51 PM Entered By: Trudy Dumkrieger Rinconm 10 charts checked, 3/10 charts not in compliance.</p> <p>Inmate HTN, +PPD Education no.</p> <p>Inmate Asthma, HTN, HVC, +PPD, IDDM, CAD. Education no.</p> <p>Inmate HTN, HCV. Education no.</p> <p>8/19/2013 10:48 AM Entered By: Trudy Dumkrieger Catalina 10 charts reviewed. 1/10 charts not in compliance.</p> <p>Inmate COPD, DM, HTN. Education no.</p> <p>8/19/2013 10:30 AM Entered By: Trudy Dumkrieger HU9 and IPC had no charts that were checked that were in compliance for CC appts. And no education provided for chronic conditions.</p> <p>8/19/2013 10:26 AM Entered By: Trudy Dumkrieger Manzanita 10 charts reviewed.</p> <p>Inmate Cardiac, HCV Education no.</p> <p>8/19/2013 10:25 AM Entered By: Trudy Dumkrieger Whetstone 10 charts reviewed. 1/10 charts not in compliance.</p> <p>Inmate HTN, cardiac, IDDM, Education no.</p> <p>8/19/2013 10:14 AM Entered By: Trudy Dumkrieger CDU 10 charts reviewed. 2/10 charts out of compliance.</p> <p>Inmate Hep C+ Education no.</p> <p>Inmate Hep C+ Education no.</p> <p>8/19/2013 10:10 AM Entered By: Trudy Dumkrieger</p> | 1 |

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|---|---|--|---|--|---|
| | | | | <p>WINCHESTER 10 charts reviewed. 2/10 charts not in compliance</p> <p>Inmate HTN NIDDM Education no. Inmate SZs Education no.</p> <p>8/19/2013 10:06 AM Entered By: Trudy Dumkrieger CIMARRON 10 Charts reviewed. 3/10 charts out of compliance.</p> <p>Inmate HTN, cardiac. Education no Inmate HTN, cardiac Education no. Inmate Cardiac, asthma, HCV, HTN Education no.</p> <p>8/8/2013 1:58 PM Entered By: Trudy Dumkrieger Santa Rita</p> <p>Inmate NIIDM, HTN. Education yes. Inmate Asthma, HTN, NIDDM. Education yes. Inmate COPD, HTN, HCV. Education yes. Inmate Asthma, NIDDM. Education yes. Inmate HCV, HTN. Education yes. Inmate SZS, HCV. Education yes. Inmate Cardiac, HTN, Cancer. Education yes. Inmate HTN, SZ, Asthma. Education yes. Inmate Diabetes. Education no. Inmate HTN. 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>8/27/2013 11:12 AM Entered By: Trudy Dumkrieger Amber Finding</p> <p>8/21/2013 10:50 AM Entered By: Trudy Dumkrieger</p> <p>Whetstone 10 charts reviewed. 7/10 charts not in compliance.</p> <p>Inmate IDDM, HCV, HTN No diabetic eye exam, no diabetic ft. exam. Inmate HTN, DM. No diabetic eye exam, no diabetic foot exam Last A1c 5/30/13 was 13.1. Needs another one. Inmate HTN, cardiac, IDDM. No CC in chart starts 1/23/13. Needs diagnostic profile, EKG, A1c, diabetic foot exam, diabetic eye exam. Microalbumin. Inmate CC form states unable to complete reschedule does not speak English. Inmate DM, HTN No diabetic eye exam. Inmate Cardiac, asthma, DM, HCV No diabetic eye exam, needs HgA1c, microalbumin. Inmate DM, SZS, Cardiac, COPD, HTN. No diabetic eye exam. No diabetic foot exam, No labs on line, needs A1c, diagnostic profile, microalbumin, EKG, peak flow.</p> | 2 |

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8/20/2013 2:23 PM Entered By: Trudy Dumkrieger
Catalina 10 charts reviewed. 8/10 charts not in compliance.

Inmate HTN,CA,SZS,COPD Needs labs,peak flow,EKG.

Inmate COPD, DM,HTN Needs peak flow, diabetic eye exam,labs

Inmate DM, HTN Needs microfilament, labs, diabetic eye exam, EKG

Inmate HTN,Cardiac. Needs EKG,diagnostic profile,microalbumin,microfilament.

Inmate HTN,Asthma Needs peak flow, diagnostic profile, microalbumin.

Inmate HTN Needs diagnostic profile, EKG, microalbumin.

Inmate HCV, COPD Need peak flow.

Inmate COPD, HTN, prostate CA. Needs peak flow.

8/20/2013 1:53 PM Entered By: Trudy Dumkrieger
Manzanita 10 charts reviewed. 7/10 charts not in compliance.

Inmate Asthma, cardiac, HTN. Needs labs, peak flow.EKG.

Inmate HTN, NIDDM. Needs labs, diabetic eye exam, monofilament test.

Inmate HTN, NIDDM needs diabetic eye exam, monofilament.

Inmate Cardiac, HCV. Needs all labs.

Inmate HTN. Needs labs and EKG.

Inmate HTN, HCV, COPD. Needs all labs , EKG, peak flow.

Inmate HTN, DM, CA. no diabetic eye exam, needs labs, no microfilament.

8/20/2013 1:32 PM Entered By: Trudy Dumkrieger
Cimarron 10 charts reviewed 7/10 charts not in compliance.

Inmate Asthma Needs peak flow.

Inmate Asthma needs peak flow and labs

Inmate Cardiac, HTN. Needs labs, EKG, and microalbumin.

Inmate Asthma Needs peak flow

Inmate needs peak flow.

Inmate Cardiac, asthma, HCV, HTN Needs labs, peak flow ekg.

Inmate SZS, HIV needs absolute CD4 done, serum blood level

8/20/2013 1:10 PM Entered By: Trudy Dumkrieger
Winchester 10 charts reviewed. 6/10 charts not in compliance.

Inmate NIDDM, asthma. Needs A1c, visual foot check, labs, peak flow.

Inmate HTN, NIDDM Needs repeat A1c.

Inmate Needs diagnostic profile, microalbumin, EKG.

Inmate Needs A1c, labs, foot inspection.

Inmate Needs foot check.

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Inmate Needs peak flow, needs labs, needs microa bumion.

8/20/2013 12:31 PM Entered By: Trudy Dumkrieger
Santa Rita 10 charts reviewed. 3/10 not in compliance.

Inmate NIDDM, HTN. Needs visual foot insspection, monofilament, A1c, diabetic eye exam.

Inmate Nedds UA with micro. Waas ordred but not done.

8/20/2013 11:54 AM Entered By: Trudy Dumkrieger
CDU/Minors 11 charts reviewed.8/11 chartys not in compliance.

Inmate HCV Needs LFTs.

Inmate asthma Needs peak flow.

Inmate HTn, needs diagnostic panel, ekg, UA.

Inmate Asthma Needs peak flow.

Inmate HTN. Need diagnostic panel, ekg, UA.

Inmate HCV. Needs labs done.

Inmate HCV Needs labs done.

Inmate Needs peak flow done.

8/20/2013 11:43 AM Entered By: Trudy Dumkrieger
IPC/HU9 10 charts audited 7/10 not in compliance.

Inmate Cardiac, HTN, CA, +PPD, HD. Last TB symptomology 8/12. Last vitals done 1/23/13. Needs EKG, UA, lab work for CC.

Inmate HTN.Needs EKG, UA, and labs for CC.

Inmate HCV, cardiac, HTN. Last vitals 1/2/13. Needs EKG. labs prior to next visit.

Inmate CHF, COPD, DM, HCV.

Needs peak flow meter, EKG, HgA1c, LFTs, and cardiac labs prior to next cc. Also needs monofilament foot exam with next visit.

Inmate HTN. Needs Needs ekg, ya, and diagnostic profile before next visit.

Inmate CA, cardiac, HTN, SZS.

Next visit will need UA, LFT, renal function, EKG, diagnostic panel, serum drug levels.

Inmate HTN, cardiac, +PPD, HD. Needs TB symptomology, UA, diagnostic panel, EKG.

8/19/2013 2:19 PM Entered By: Trudy Dumkrieger

Rincon **Inmate** HCV, IDDM, +PPD Lg B Cell lymphoma,asthma,HTN, HIV. Last labs Reported 7/13/13. AFP 8.10, Alt,AST, GGPT all elevated. HgA1c 5.6, HIV neg.IM has not been on HIV medications. Needs a diabetic eye exam.

Inmate +PPD, HTN needs labs.

Inmate HCV, asthma. Last labs 6/22/13 ALT, AST elevated. CBC not done as ordered, needs peak flow meter at next CC.

Inmate Asthma, HCV. Needs peak flow with next CC.

Inmate Asthma, HTN, IDDM,

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|---|--|---|--|---|---|
| | | | | <p>CAD. Last labs 8/13. Needs diabetic eye exam, foot exam, ekg, and peak flow meter next visit.</p> <p>Inmate HCV, NIDDM. Needs diabetic foot exam, diabetic eye exam, and HgA1c ordered.</p> <p>Inmate HCV, HTN, Fabrry disease. Needs LFTs.</p> <p>8/19/2013 2:07 PM Entered By: Trudy Dumkrieger</p> <p>Disease guidelines have been developed and they are in the process of distributing them. They are suppose to have been following DOC guidelines until then.</p> | |
| 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>8/21/2013 1:26 PM Entered By: Trudy Dumkrieger</p> | 2 |

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

1 Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]

Level 1 Amber User: Trudy Dumkrieger Date: 8/27/2013 11:09:19 AM

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: Trudy Dumkrieger Date: 8/19/2013 10:15:58 AM

Corrective Plan: We are working on improving the tracking of Chronic Disease management program. This is one of the Process studies that we in Tucson are working on for the NCCHC.

I have ordered more memory for our computers and Corizon IT department will install as soon as it arrives. We will then be able to input all of the Chronic care clients into the new data base CARELOG. This data base will be uploaded into the Electronic health record which is also in the developing stages. Tucson is expected to begin in April of 2014.

Currently we had staff scrubb all the charts and enter them into the IHAS database. Medical records continues to input all new arrivals in IHAS and this information will be used to transfer to CARELOG. In the meantime we are continuing to use the appointment books. We have hired a lot of staff and have trained them to use the appointment books for now. Select staff members have been chosed and trained in CARELOG.

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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: Trudy Dumkrieger Date: 8/19/2013 10:15:58 AM

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

Corrective Actions: October Action plan submitted by Corizon-

Process statewide to include, but not limited to :

1. Chronic Care inmates seen by provider every 3-6 months, as specified in the treatment plan per Chronic Condition and Disease Management Programs 2.20.2.4 contract performance outcome 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: Trudy Dumkrieger Date: 8/27/2013 11:10:18 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

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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: Trudy Dumkrieger Date: 8/27/2013 11:11:11 AM

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

Corrective Actions: October 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

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.

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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 7:25 AM Entered By: Martin Winland | 2 |
| 2 | Are pharmacy policies, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6] | | | X | <p>8/28/2013 7:36 AM Entered By: Martin Winland</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Red- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity and mortality and maintain continuity of care.</p> <p>A) HSTM 4.1.6 Non-Formulary drug Requests: Corizon must ensure that requests for necessary non-formulary medications at each Complex Site are received by the inmate in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFDR is being processed. Documentation of approval or denial is required and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. 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 March 2013 thru July 2013 is appMedications 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. A snapshot of the August 25, 2013 Expiring Medication Report for a date ranged of August 1, 2013 thru August 27, 2013 yields the following results. 100 medications reviewed, 63 prescriptions expired, 16 prescriptions discontinued, 21 renewed or therapy changed roximately 16,000 (Formulary/Non</p> | 2 |

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|---|---|---|--|--|---|
| | | | | Formulary) medications. | |
| 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 7:37 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 7:36:06 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 | | | <p>8/29/2013 7:24 PM Entered By: Nicole Taylor</p> <p>92 charts reviewed, 86 charts compliant = 95%</p> <p>Catalina: No findings.</p> <p>Manzanita: No findings.</p> <p>Whetstone: No findings.</p> <p>Minors & CDU: 8/10 charts compliant.</p> <p>Inmate (+12 days before triaged), Inmate (+3 days before triaged).</p> <p>Rincon: No findings.</p> <p>Santa Rita: 9/10 charts compliant.</p> <p>Inmate (+2 days before triaged).</p> <p>Cimarron: 8/10 charts compliant.</p> <p>Inmate (+2 days before triaged), Inmate (+6 days before triaged).</p> <p>Winchester: 11/12 charts compliant.</p> <p>Inmate (+2 days before triaged).</p> | 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 | <p>8/29/2013 7:30 PM Entered By: Nicole Taylor</p> <p>92 charts reviewed, 69 in compliance = 75%. Many of the delays between referral date and date seen were extremely lengthy.</p> <p>Catalina: 9/10 charts compliant.</p> <p>Inmate (Referred 7/26/13 & 7/5/13, not seen until 7/30/13).</p> <p>Manzanita: 9/10 charts compliant.</p> <p>Inmate (Referred 7/11/13 and not seen until 8/12/13).</p> <p>Whetstone: 11/20 charts compliant. 6 referrals have yet to be seen.</p> <p>Inmate (Referred 6/3/13, 7/30/13, 5/7/13, not seen until 8/9/13. Note: Clinician's note dated 5/2/13 documented that inmate stated he is out of his psych meds, no action taken by clinician or no referral to psychiatry documented about inmate not receiving psych meds).</p> <p>Inmate (Referred 5/30/13 and not seen until 7/5/13).</p> <p>262676 (Referred 5/30/13 and not yet seen).</p> <p>Inmate (Referred 5/7/13 via HNR regarding no psych meds... on 5/8/13 an emergency med renewal was completed for 90 day med supply, inmate has still not been seen).</p> <p>Inmate (Referred 6/24/13 and still not seen. Note: Inmate was referred via nursing note, HNR and chart review on 3/24/13, 4/5/13, 4/26/13, 5/16/13 and inmate was not seen until 5/31/13).</p> <p>Inmate (Referred 4/8/13 and not yet seen).</p> <p>165158 (Referred 7/2/13 & 7/25/13 and not yet seen).</p> <p>Inmate (Referred 6/19/13 and not yet seen).</p> <p>Inmate (Referred 4/26/13 & 8/5/13 and not yet seen).</p> <p>Minors & CDU: 7/10 charts compliant.</p> <p>Inmate (Referred 6/12/13 and not seen until 7/30/13).</p> <p>Inmate (Referred 7/9/13 and not yet seen).</p> <p>Inmate (On 8/2/13 Clinician documented</p> | 2 |

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| | | | | <p>that he wanted to see psychiatry, Inmate was advised to put in HNR. Inmate should have also been referred to psychiatry. Inmate has not yet been seen).</p> <p>Inmate (Referred 7/10/13 & 7/21/13, inmate not seen until 7/30/13).</p> <p>Rincon: 9/10 charts compliant.</p> <p>Inmate (Referred 6/14/13 & 7/18/13 and not yet seen). Note: Inmate Had a referral date of 5/17/13 and a watch dating from 5/29/13-6/10/13... inmate wasn't seen until 6/28/13.</p> <p>Santa Rita: 9/10 charts compliant.</p> <p>Inmate Inmate referred 6/27/13 and placed an HNR with referral date of 7/5/13, not seen until 7/16/13.</p> <p>Cimarron: 6/10 charts compliant.</p> <p>Inmate Referred 6/26/13, 6/24/13, 7/25/13 and not seen until 8/1/13.</p> <p>Inmate Referred 7/29/13 and not seen until 8/6/13.</p> <p>Inmate Referred 6/14/13 and not seen until 7/11/13.</p> <p>Inmate Referred 7/31/13 and not seen yet.</p> <p>Winchester: 9/12 charts compliant, all 3 inmates referred have not yet been seen.</p> <p>Inmate (SMI): Referred 5/20/13 and not seen to date.</p> <p>Inmate (SMI): Referred 7/1/13 and not seen to date.</p> <p>Inmate Referred 5/8/13 and not seen to date.</p> | |
| 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 | <p>8/29/2013 7:35 PM Entered By: Nicole Taylor</p> <p>92 charts reviewed, 78 in compliance = 85%.</p> <p>Catalina: 7/10 charts compliant- this standing alone would be a red finding.</p> <p>Inmate (SMI), Inmate (SMI), Inmate (SMI).</p> <p>Manzanita: 9/10 charts compliant.</p> <p>Inmate (SMI). The following charts were not completely filled out, ie- the "strength" and "limitation" categories were left blank. Moving forward, I will be looking for completely filled out treatment plans, or be provided with reasoning as to why treatment plans are not filled out completely and in the chart. Note: I had a conversation with Whetstone mental health staff, and they provided me with their reasoning and plan for incomplete treatment plans.</p> <p>Inmate Inmate Inmate Inmate Inmate</p> <p>Whetstone: 20/20 charts compliant.</p> <p>No findings, however several incomplete treatment plans found. Per conversation with mental health staff, they will be focusing on completing treatment plans per their plan.</p> <p>Minors & CDU: 6/10 charts compliant - Standing alone this would be a red finding.</p> <p>Inmate Inmate</p> <p>Inmate Inmate</p> <p>Rincon: 10/10 charts in compliance.</p> <p>No findings.</p> <p>Santa Rita: 7/10 charts compliant- Standing alone this would have been a red finding.</p> <p>Inmate Inmate Inmate (all charts given to Dr Eblen to update/create treatment plans).</p> <p>Cimarron: 9/10 charts compliant.</p> <p>Inmate (Updated by Ms. Paul at time of finding).</p> | 1 |

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| | | | | | <p>Winchester: 10/12 charts complaint. <u>Inmate</u> (Unclear date of last update... might want to update anyway since update is past due or nearly due depending on actual last update date). <u>Inmate</u></p> | |
| 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 | <p>8/29/2013 7:45 PM Entered By: Nicole Taylor 92 charts reviewed, 72 in compliance = 78%. Although as a complex, this is over the threshold for a red finding. However, when looking at the individual units, 3 were red findings. I also have concerns that the inmates are receiving medication management and not other therapeutic interventions. Catalina: 8/10 charts compliant. 3 of which were last seen by psychiatry and not a psychologist or psych associate. <u>Inmate</u> (SMI), <u>Inmate</u> (SMI), <u>Inmate</u> (This chart was unclear as to what the inmate's mental health score is. The problem list indicated MH-2, however the rest of the chart indicated MH-3. Also, inmate's psych meds were DC's 3/27/13... there would need to be a minimum of 6 months of stable bx off psych meds before inmate can be considered for lower mental health score. Also, treatment plan needs to indicate inmate was lowered to MH-2 with a SOAP note documenting reasoning for reducing mental health score filed on top of treatment plan. Please look into making this chart clearly and MH-2 or MH-3. Manzanita: 7/10 charts compliant. 4 of which were last seen by psychiatry and not a psychologist or psych associate. <u>Inmate</u> (chart indicated SMI and last seen 01/13), <u>Inmate</u> <u>Inmate</u> (Inmate hasn't seen psychology staff since his arrival to Tucson Complex 05/21/13), <u>Inmate</u> (Hasn't had psychology visit since 12/27/12). Whetstone: 18/20 charts in compliant. 5 of which were last seen by psychiatry and not psychology staff. <u>Inmate</u> (SMI), <u>Inmate</u> Minors & CDU: 6/10 charts compliant. 1 of which was last seen by psychiatry and not psychology staff. <u>Inmate</u> <u>Inmate</u>, <u>Inmate</u> <u>Inmate</u>. Rincon: 9/10 charts compliant. 2 of which were last seen by psychiatry and not psychology staff. <u>Inmate</u> Santa Rita: 10/10 charts compliant. No findings. Cimarron: 8/10 compliant. <u>Inmate</u> (SMI), <u>Inmate</u> (SMI). Winchester: 6/12 compliant, 1 of which was last seen by psychiatry and not psychology staff. <u>Inmate</u> (SMI?), <u>Inmate</u> (SMI?), <u>Inmate</u> <u>Inmate</u> <u>Inmate</u> <u>Inmate</u></p> | 2 |
| 5 | Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10] | | | X | <p>8/29/2013 7:49 PM Entered By: Nicole Taylor 92 charts reviewed, 66 complaint = 72%. Catalina: 8/10 compliant. <u>Inmate</u> (SMI) Psych meds DC'd 01/23/13, <u>Inmate</u> <u>Inmate</u> <u>Inmate</u></p> | 2 |

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| | | | | <p>but provider indicated in note that they wanted to see inmate again with full chart and for re-evaluation.</p> <p>Inmate 03/27/13 psych meds DC'd but provider requested 3 month follow-up. Manzanita: 8/10 compliant.</p> <p>Inmate On 6/13/13, a 90-day bridge psych meds were ordered, per the SOAP note, it doesn't appear that inmate was formally seen for evaluation at that time. ME date for that order is 9/13/13. Inmate hasn't been evaluated by psychiatry formally since 12/18/12.</p> <p>Inmate Meds DC'd 5/6/13 and provider requested 1 month follow up. Whetstone: 14/20 compliant.</p> <p>Inmate (SMI RTC date was 5/20/13), Inmate (SMI RTC date was 8/3/13), Inmate (SMI RTC date was 5/24/13), Inmate (RTC date 5/22/13), Inmate (RTC date 2/21/13), Inmate (RTC date 8/9/13). Minors & CDU: 9/10 compliant.</p> <p>Inmate (RTC date 7/11/13). Rincon: 7/10 complaint.</p> <p>Inmate (RTC date 5/28/13), Inmate (RTC date 8/8/13), Inmate (RTC date 6/28/13). Santa Rita: 10/10 complaint.</p> <p>No findings.</p> <p>Cimarron: 8/10 compliant.</p> <p>Inmate (SMI & RTC date 6/14/13), Inmate (SMI & RTC date was 7/18/13). Winchester: 2/12 compliant.</p> <p>Inmate (RTC date was 4/8/13), Inmate (SMI & RTC date was 5/21/13), Inmate (SMI & RTC date was 7/2/13), Inmate (SMI & RTC date was 4/15/13), Inmate (SMI & RTC date was 6/29/13), Inmate (RTC was 3/25/13), Inmate (RTC date was 6/28/13), Inmate (RTC date was 5/5/13), Inmate (RTC date was 8/3/13).</p> | |
| 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 7:50 PM Entered By: Nicole Taylor</p> <p>92 out of 92 charts compliant = 100%</p> <p>Catalina: No findings.</p> <p>Manzanita: No findings.</p> <p>Whetstone: No findings.</p> <p>Minors: No findings.</p> <p>CDU: No findings.</p> <p>Rincon: No findings.</p> <p>Santa Rita: No findings.</p> <p>Cimarron: No findings.</p> <p>Winchester: No findings.</p> | 2 |

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

2 Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]

Level 2 Red User: Nicole Taylor Date: 8/29/2013 7:29:10 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 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.

3 Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]

Level 1 Amber User: Nicole Taylor Date: 8/29/2013 7:34:10 PM

Corrective Plan: individual yard reports are prepared and given back to the MH staff on that yard to address the deficiencies on the treatment plans for the MH3's and SMIs.

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 Red User: Nicole Taylor Date: 8/29/2013 7:44:52 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.

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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 7:49:01 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 | | <p>8/29/2013 7:29 AM Entered By: Marlena Bedoya</p> <p>There were (8) Minors that arrived between 7/10 and 8/22. (5) out of the (8) did NOT have complete lab results in their charts yet on the day of the audit. Required labs being UA Dip, CBC, RPR.</p> <p>Inmate - Arrived 7/10. Chart only contained UA.</p> <p>Inmate - Arrived 8/06. Chart only contained UA.</p> <p>Inmate - Arrived 8/06. Chart only contained UA.</p> <p>Inmate - Arrived 8/14. Chart only contained UA.</p> <p>Inmate - Arrived 8/14. Chart only contained UA.</p> | 1 |
| 2 | Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6] | | X | | <p>8/29/2013 7:38 AM Entered By: Marlena Bedoya</p> <p>There were (8) Minors that arrived between 7/10 and 8/22. (8) out of the (8) had NOT had any Dental exam or Xray completed yet on the day of the audit.</p> <p>Inmate - Arrived 7/10.</p> <p>Inmate - Arrived 7/17.</p> <p>Inmate - Arrived 7/17.</p> <p>Inmate - Arrived 7/30.</p> <p>Inmate - Arrived 8/06.</p> <p>Inmate - Arrived 8/06.</p> <p>Inmate - Arrived 8/14.</p> <p>Inmate - Arrived 8/14.</p> | 1 |
| 3 | Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3] | | | X | <p>8/29/2013 8:01 AM Entered By: Marlena Bedoya</p> <p>ADC Health Services Technical Manual - Chpt 5, Section 2.0, para 4.1 states: All arriving inmates must receive the PPD-Mantoux test at the reception center. The test must be read between 48-72 hours following administration.</p> <p>There were (8) Minors that arrived between 7/10 and 8/22. (8) out of the (8) did NOT receive a PPD-Mantoux test. (1) out of the (8) had documentation of a previous PPD (+). A PPD Symptomology sheet was NOT completed.</p> <p>Inmate - Arrived 7/10. Prior PPD (+). No TB Symptomology sheet was found to be completed.</p> <p>Inmate - Arrived 7/17. Nothing documented in chart.</p> <p>Inmate - Arrived 7/17. Nothing documented in chart.</p> <p>Inmate - Arrived 7/30. Had documentation of a 2/22/13 test in chart however, the policy is clear when arriving at ADC a test will be administered.</p> <p>Inmate - Arrived 8/06. Staff used a Pinal County test result dtd 11/2012. The</p> | 1 |

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| | | | | <p>policy is clear when arriving at ADC a test will be administered.</p> <p>Inmate - Arrived 8/06. Staff used a Pinal County test result dtd 05/2012. The policy is clear when arriving at ADC a test will be administered.</p> <p>Inmate - Arrived 8/14. Nothing documented in chart.</p> <p>Inmate - Arrived 8/14. Nothing documented in chart.</p> | |
| 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 | | 8/29/2013 8:16 AM Entered By: Marlana Bedoya | 1 |
| 5 | Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3] | X | | 8/29/2013 8:17 AM Entered By: Marlana Bedoya N/A. | 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 | <p>8/29/2013 8:07 AM Entered By: Marlana Bedoya</p> <p>There were (8) Minors that arrived between 7/10 and 8/22. (4) out of the (8) did NOT have a Continuity of Care form that had been completed by the transferring facility.</p> <p>Inmate - Arrived 7/17. Inmate - Arrived 7/17. Inmate - Arrived 8/14. Inmate - Arrived 8/14.</p> | 1 |
| 7 | Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only | | X | <p>8/29/2013 8:15 AM Entered By: Marlana Bedoya</p> <p>There were (8) Minors that arrived between 7/10 and 8/22. (8) out of the (8) had NOT had any Dental exam or Xray completed yet on the day of the audit.</p> <p>Inmate - Arrived 7/10. Inmate - Arrived 7/17. Inmate - Arrived 7/17. Inmate - Arrived 7/30. Inmate - Arrived 8/06. Inmate - Arrived 8/06. Inmate - Arrived 8/14. Inmate - Arrived 8/14.</p> <p>Further, since the findings produced the above results, this Monitor looked at every chart at Minors and found the following (3) still had NOT received any Dental exam to date.</p> <p>Inmate - Arrived 8/29/12. Inmate - Arrived 6/27/13. Inmate - Arrived 6/27/13.</p> <p>Upon re-audit it was discovered that Inmate, Inmate and Inmate were seen on 8/22/13.</p> | 1 |

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| 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 | | | 8/29/2013 8:15 AM Entered By: Marlena Bedoya | 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, Section 2.0.4.2] | X | | | 8/29/2013 8:16 AM Entered By: Marlena Bedoya | 1 |

Corrective Action Plans for Performance Measure: Intake (Reception)

1 Have Base Line labs been drawn? Alhambra, Perryville, Tucson Minors only. [P-E-04 and HSTM 2.9.2]
Level 1 Amber User: Marlena Bedoya Date: 8/29/2013 7:28:47 AM

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

Corrective Actions: Reinforce to staff that baseline labs need to be drawn on intake.
 Responsible Parties = Providers/RN

2 Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]
Level 1 Amber User: Marlena Bedoya Date: 8/29/2013 7:37:51 AM

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

Corrective Actions: Reinforce the need for a Pano to be completed on all intakes.

3 Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]
Level 1 Red User: Marlena Bedoya Date: 8/29/2013 8:00:55 AM

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

Corrective Actions: Continue to monitor

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]

Level 1 Amber User: Marlena Bedoya Date: 8/29/2013 8:06:20 AM

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

Corrective Actions: Reinforce to staff that all inmates need to have their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer.

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

Level 1 Amber User: Marlena Bedoya Date: 8/29/2013 8:14:30 AM

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

Corrective Actions: Reinforce to dental staff and nursing staff that dental emergencies need to be placed on Dental line ASAP for dental emergencies. If appropriate have dental emergencies seen by Medical Provider until dental is available.

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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 | | | 8/28/2013 3:00 PM Entered By: Marlena Bedoya Yes. There is a tracking system data base in place and utilized. | 1 |
| 2 | Are grievance trends being tracked and addressed? [P-A-11; P-A-04] | | X | | 8/28/2013 3:01 PM Entered By: Marlena Bedoya As of the report dtd 8/26/2013 there are (16) IM Grievances and (55) IM letters past due. | 1 |

Corrective Action Plans for Performance Measure: Grievances

2 Are grievance trends being tracked and addressed? [P-A-11; P-A-04]

Level 1 Amber User: Marlena Bedoya Date: 8/28/2013 3:00:31 PM

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

Corrective Actions: Corizon developing a tracking log to be able to track and see the trend of the grievances.

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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 | | | 8/21/2013 1:27 PM Entered By: Trudy Dumkrieger | 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 | | | 8/28/2013 1:16 PM Entered By: Trudy Dumkrieger | 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 | | | 8/23/2013 2:10 PM Entered By: Trudy Dumkrieger | 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 | | <p>8/26/2013 10:59 AM Entered By: Trudy Dumkrieger</p> <p>RINCON MARS reviewed for 10 IMs. 8/10 MARS non-compliant.</p> <p>Inmate no transcribers initials, Resperdone not given 13 = 14 no explanation. No start date, No meds given 1st – 6th.</p> <p>Inmate 8/14 meds not signed out.</p> <p>Inmate 8/14 no AM meds signed out.</p> <p>Inmate No transcribers initials, no prescribers name on glyburide, no order date, no start/stop date, 8/14 meds not signed out.</p> <p>Inmate Missing stop/start dates, no transcribers initials, 8/14 med not signed out.</p> <p>Inmate Cogentin, marked as refused 7 times but no refusals in book.</p> <p>Inmate Tegretol no start or stop dates, no allergies, no diagnosis.</p> <p>Inmate No diagnosis, no allergies, no start dates, no DOB.</p> <p>Santa Rita 10 MARS checked. 6/10 MARS not in compliance.</p> <p>Inmate No diagnosis, no order date, no start date, not signed off 8/1-8/4.</p> <p>Inmate No allergies, no diagnosis, no start date, 8/5-8/12 circled. No explanation for not giving.</p> <p>Inmate No diagnosis, no allergies, no start/stop dates, no transcribers initials.</p> <p>Inmate No start /stop date, QVAR ordered 8/9/13 not started, no diagnosis, no transcribers initials.</p> <p>Inmate No diagnosis, no allergies, meds not here.</p> <p>Inmate No start /stop date, no diagnosis, no transcribers initials.</p> <p>Manzanita 10 IMs MARS audited. 6/10 MARS not in compliance.</p> <p>Inmate Carbamazapin not signed out 8/5-8/6. Sertraline not signed out 8/5-8/6.</p> <p>Inmate No start date, no order date, no month, no diagnosis, no allergies.</p> <p>Inmate No transcribers initials, no month, no start/stop date, no diagnosis.</p> <p>Inmate No providers name, meds ordered 7/29/13 not given yet. 8/13/13</p> <p>Inmate No month or year, no</p> | 1 |

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allergies, no diagnosis, no start date.

Inmate No IM number, no diagnosis, no stop date on nortryptiline.

Whetstone 10 IM MARS checked. 8/10 not in compliance.

Inmate Prozac and propranolol not designated KOP or DOT. Hep A vaccine was due 8/2/13, not signed off.

Inmate No transcribers initials, no start date, no diagnosis, no allergies.

Inmate No transcribers initials, no allergies, no diagnosis.

Inmate Risperidone circled 8/2-8/8 no explanation.

Inmate No DOB, no allergies, no diagnosis, no transcribers initials, no start/stop date, stop date indicated with 180 days.

Inmate No diagnosis, no allergies, no transcribers initials, risperidol no stop date, colace no prescribers name, no order date, no stop/start date. No month or year only one nurses signature.

Inmate No diagnosis, no DOB, no transcribers initials. Stop dates indicated by 7 days, 90 days, 180 days.

Inmate No allergies, no diagnosis, no transcribers initials, stop date 180 days.

Inmate good except only one nurse signed her name.

Inmate Wrong DOC number, nspendaol no stop date, Buspar and depakote have a circle drawn with a number under it. Not sure what this designates.

Catalina 12 MARS reviewed 6/12 not compliant.

Inmate Nothing signed off 8/1-8/6, no explanation why meds not given.

Inmate No stop dates.

Inmate Refusal 8/7/13 not completely filled out. same for refusal 8/5/13. Refusal of 8/3/13 has no witnesses signature.

Inmate Embrel 50mg/ml inj.SQ Qweek. No providers name, no order/start/stop dates, no transcribers initials, no diagnosis. HCTZ no order/start/stop dates, not sig. KOP or DOT, no transcribers initials.

Inmate Venlafaxine no stop date.

Inmate Insulin flow sheets. No providers names, no signature of nurse verifying order, no start/stop dates, no allergies.

Winchester 10 IMs MARS checked 5/10 not in compliance.

Inmate no allergies

Inmate No DOB, no allergies, meds signed off in AM., PM circled NS.

Inmate No allergies, multiple circled R 8/1-8/8 then circle A 9th and 10th then given.

Inmate No DOB. Tamulosin and metformin both have stop date 180 days. Tamulosin ordered 8/6/13 still not available 8/12/13.

Inmate No DOB, no allergies, no dxs., not signed out 8/6 or 8/8. No nurses signatures on sheet.

Minors Only 8 MARS. 8/8 are not in

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compliance.

Inmate No diagnosis, no allergies, no start date, new month MAR not checked and verified.

Inmate No diagnosis, no start date, new month MAR not checked and verified.

Inmate No orderdate/start/stop date. No diagnosis.

Inmate No diagnosis, no allergies, no prescribers name, no start/stop date, no transcribers initials.

Inmate No diagnosis, no transcribers initials, nothing to indicate new MAR was verified, no start/stop date.

Inmate No check of new months MAR, no start date, no diagnosis.

Inmate No transcribers initials, no start/stop date, no allergies, no diagnosis, no check of new month MAR.

Inmate No transcribers initials, no start/stop date, no check on new MAR, no diagnosis, no allergies.

Inmate No start date, no diagnosis, no allergies, and no verified check of new month MARS.

CDU 10 IMs MARS checked. 9/10 not in compliance.

Inmate No diagnosis. Order date 5/7/13. Buspar marked as unavailable 8/1-8/3, then blank 8/4 and 5. Per back of MAR medication came in 8/6/13.

Inmate No diagnosis. No verification of new month MARS. Prozac 40mg po QAM X180 days. No start date, no stop date, no transcribers initials.

Inmate No diagnosis. No DOB, D/C Zoloft KOP – why is this written on MAR. Paxil 40 mg take ½ tablet PO QHS X & days – DOT then At this point has an arrow pointing down. No start/stop date. Next Paxil order reads Paxil 40mg X 180 days DOT. Again no start or stop date. Order written 8/14/13 meds not there by 8/16/13.

Inmate Thiothixine and benzotropine not initialed off as given 8/1,2,7,8. This dates are blank.

Inmate No diagnosis. Tegretol order renewed no start/stop date. No transcribers initials.

Inmate No allergies, no diagnosis, no DOB. Wellbutrin Neither order has a start/stop date, doxycycline has no start/stop date no transcribers initials, Depakote no transcribers initials, no order date.

Inmate No diagnosis, no start/stop dates just 180 days, 8/4 left blank.

Inmate No DOB, no diagnosis, no stop dates for cogentin or Haldol. 8/4/13 blank.

Inmate No DOB, no diagnosis, no start/stop dates.

IPC/HU9 10 Inmates MARS checked 7/10 not in compliance.

Inmate No initials of who verified MARS/meds, no start date, no diagnosis, one dose not signed out on 8/4/13 at 1300 hours.

Inmate Lorazepam ordered 7/31/13 still not given by 8/13/13.

Inmate Flagyl last dose given 8/7/13 at 0500 no note why the rest wasn't given,

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| | | | | | |
|---|---|--|---|--|---|
| | | | | <p>no stop date for Norco, metoprolol ordered 7/31/13 has not been given yet. Does not expire until 8/31/13.</p> <p>Inmate Docusate not signed off on 8/1/13. Ensure not signed off since 8/5/13.</p> <p>Inmate No allergies, no diagnosis, no transcribers initials, no start/stop date. Coumadin not signed off since 8/6/13.</p> <p>Inmate Baclofen not signed off, docusate not signed off 8/1, 8/6, 8/7. Risperidone 2mg tablet not signed off since 8/5/13. No providers name on Jevity order, no start or stop date on vanco order.</p> <p>Inmate No start/stop dates, no transcribers initials, lisinopril not given 8/4 no reason documented.</p> <p>Cimarron 10 inmates MARS reviewed. 9/10 not in compliance.</p> <p>Inmate KOPs not signed off.</p> <p>Inmate Baclofen order date 6/17/13 No start date, has not been signed off all month, no diagnosis, KOP not signed off, Norco and phenergan no transcribers initials, phenergan no start or stop date, no diagnosis.</p> <p>Inmate No transcribers initials, no allergies, no diagnosis, no DOB.</p> <p>Inmate Pg1, No diagnosis, KOPS not signed off. Omeprazole, gabapentin, baclofen, vistaryl, no transcribers initials, no start or stop date except a stop date for gabapentin.</p> <p>Page 2 no month, no yea</p> | |
| 5 | Are medication errors forwarded to the FHA to review corrective action plan? | | X | <p>8/28/2013 1:28 PM Entered By: Trudy Dumkrieger</p> <p>17 medication errors from the complex. 10 of 17 did not have corrective action plans. All were forwarded.</p> <p>Inmate 8/17/13 No corrective action plan.</p> <p>Inmate 8/18/13 No corrective action plan.</p> <p>Inmate 8/14/13 No corrective action plan.</p> <p>Inmate 8/13 No corrective action plan.</p> <p>Inmate 8/7/13 No corrective action plan.</p> <p>Inmate 8/7/13 No corrective action plan.</p> <p>Inmate 8/7/13 No corrective action plan.</p> <p>Inmate 8/7/13 No corrective action plan.</p> <p>Inmate 8/1/13 No corrective action plan.</p> <p>Inmate 8/11/13 No corrective action plan.</p> | 2 |
| 6 | Are there any unreasonable delays in inmate receiving prescribed medications? | | X | <p>8/21/2013 12:11 PM Entered By: Trudy Dumkrieger</p> <p>IPC</p> <p>Inmate Lorazepam 2mg. ordered 7/31/13 Non-formulary not sent. IM has not received as of 8/16/13.</p> <p>Inmate Flagyl PO start date 7/31/13 stop date 8/14/13 only signed out until 0500 hours 8/7/13. Metoprolol 20 mg start 7/31 stop 8/31. Not given. Order changed to 25mg on 8/7 still not given.</p> <p>Winchester</p> | 2 |

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| | | | | | | |
|---|---|---|---|--|---|---|
| | | | | | <p>Inmate Tamsulosin ordered 8/6/13 not available as of 8/12/13. CDU</p> <p>Inmate Buspirone ordered 5/7/13 stop 11/3/13 Not given on 8/1/13-8/5/13 no explanation.</p> | |
| 7 | Are inmates being required to show ID prior to being administered their medications? | X | | | 8/21/2013 1:28 PM Entered By: Trudy Dumkrieger | 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>8/27/2013 11:14 AM Entered By: Trudy Dumkrieger Pr Corizon the non-formularies have been replaced with formulary meds.</p> <p>8/8/2013 8:47 AM Entered By: Trudy Dumkrieger NON-FORMULARY</p> <p>Cataliana</p> <p>Inmate Levalbuterol Inmate Levalbuterol Inmate Avesco, leva buterol.</p> <p>Cimarron</p> <p>Inmate Alvesco, levalbuterol. Inmate A vesco, leva buterol Inmate Levalbuterol Inmate Hydrodiuril Inmate levalbuterol</p> <p>IPC</p> <p>Inmate Lovenox Inmate Lantus insulin, lavalbuterol.</p> <p>Manzanita</p> <p>Inmate Symbicort Inmate Duoneb Inmate Alvesco , Xopenex Inmate Combivent Inmate Aggrenox Inmate Lantus insulin Inmate Xopenex Inmate Xopenex</p> <p>Rincon</p> <p>Inmate Xopenex Inmate Alvesco, levalbuterol</p> <p>Santa Rita</p> <p>Inmate Xopenex Inmate Alvesco Inmate Advair Inmate Advair, Xopenex Inmate Alvesco, levalbuterol Inmate Xopenex Inmate Dulera Inmate Alvesco, levalbuterol</p> <p>Whetstone</p> <p>Inmate Xopenex Inmate Xopenex Inmate levalbuterol Inmate glipizide Inmate Advair Inmate Seroguel Inmate Levalbuterol Inmate Alvesco, levalbuterol</p> | 2 |

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Inmate [REDACTED] leva buterol
Inmate [REDACTED] Risperidone
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] Lithobid
Inmate [REDACTED] Advair
Inmate [REDACTED] Lantus

Winchester

Inmate [REDACTED] levalbuterol
Inmate [REDACTED] leva buterol
Inmate [REDACTED] Alvesco, leva buterol
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] lanatus
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] Alvesco
Inmate [REDACTED] leva buterol
Inmate [REDACTED] levalbuterol
Inmate [REDACTED] Atorvastatin.

Formulary

Catalina

Inmate [REDACTED] Albuterol, pravacol exp 8/6/13
Inmate [REDACTED] albuterol, Qvqr exp 8/13/13
Inmate [REDACTED] Cardura exp 8/11/13
Inmate [REDACTED] Novir exp 8/11/13
Inmate [REDACTED] albuterol, lisinopril exp 8/13/13
Inmate [REDACTED] simvastatin exp 8/6/13
Inmate [REDACTED] Albuterol, Qvar, coreg, lisinopril, zocor exp 8/6/13

Cimarron

Inmate [REDACTED] Clonidine exp 8/6/13
Inmate [REDACTED] a buterol, qvar exp 8/6/13
Inmate [REDACTED] A buterol exp 8/10/13

IPC

Inmate [REDACTED] Potassium Cl. Exp 8/13/13

Manzanita

Inmate [REDACTED] hydrochlorothiazide, lisinopril exp 8/5/13
Inmate [REDACTED] hydrochlorothiazide, metformin, prazosin exp 8/6/13
Inmate [REDACTED] Atenolol exp 8/6/13
Inmate [REDACTED] a buterol exp 8/6/13
Inmate [REDACTED] glyburide, lisinopril, metformin exp 8/6/13
Inmate [REDACTED] lasix, atrovent, metformin theophylline exp. 8/6/13
Inmate [REDACTED] Determir insulin exp 8/2/13, regular exp 8/6/13

Minors

Inmate [REDACTED] lisinopril exp 8/6/13

Rincon

Inmate [REDACTED] lisinopril exp 8/6/13
Inmate [REDACTED] albuterol exp 8/12/13
Inmate [REDACTED] Depakote exp 8/12/13
Inmate [REDACTED] Insulin Determir, Metformin exp 8/12/13
Inmate [REDACTED] Albuterol exp 8/6/13
Inmate [REDACTED] lisinopril exp 8/6/13
Inmate [REDACTED] Albuterol, Qvar exp 8/2/13
Inmate [REDACTED] Albuterol exp 8/6/13
Inmate [REDACTED] A buterol exp 8/16/13

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| | | | | | |
|---|---|--|---|--|---|
| | | | | <p>Santa Rita</p> <p>Inmate ASA 81 mg. , HCTZ, lisinopril exp 8/10/13.</p> <p>Inmate Metformin exp. 7/27/13</p> <p>Inmate amlodipine, pravastatin exp. 7/11/13</p> <p>Inmate enalapril exp 5/15/13.</p> <p>Inmate Albuterol exp 8/9/13</p> <p>Inmate ASA 81mg, lopid, glyburide, lisinopril, metformin, metoprolol exp 8/4/13.</p> <p>Inmate enalapril exp 8/5/13</p> <p>Inmate Coreg exp 8/5/13</p> <p>Inmate Albuterol exp 8/13, Qvar exp 8/15/13.</p> <p>Inmate ASA 81mg, metoprolol exp 8/4/13</p> <p>Inmate lisinopril exp 8/6/13</p> <p>Inmate hydrochlorothiazide, lisinopril exp 8/10/13.</p> <p>Whetstone</p> <p>Inmate Warfarin 8/8/13</p> <p>Inmate ASA exp 8/3/13</p> <p>Inmate Metformin exp 8/6/13</p> <p>Inmate Albuterol, Qvar, exp 8/13/13</p> <p>Inmate allopurinol exp 8/11/13</p> <p>Inmate Albuterol, dilantin exp 8/10/13.</p> <p>Inmate Plavix exp 8/6/13</p> <p>Inmate Albuterol exp 8/6/13</p> <p>Inmate Warfarin exp 8/7/13</p> <p>Inmate ASA EC exp 8/13/13</p> <p>Inmate Potassium exp 8/7/13</p> <p>Inmate Lisinopril exp 8/10/13</p> <p>Inmate ASA 81 mg, lisinopril, metformin exp 8/13/13.</p> <p>Inmate ASA 81mg, exp 8/6/13</p> <p>Inmate lisinopril exp 8/6/13</p> <p>Inmate Albuterol, Qvar exp 8/10/13</p> <p>Inmate enalapril exp 8/10/13</p> <p>Inmate Norvasc, maxide, exp 8/10/13</p> <p>Inmate lasix exp 8/11/13</p> <p>Inmate Lisinopril exp 8/6/13</p> <p>Winchester</p> <p>Inmate Insulin NPH exp 8/7/13</p> <p>Inmate Albuterol, lisinopril exp 8/5/13</p> <p>Inmate Insulin Detemir exp 8/7/13</p> <p>Inmate Simvastatin exp 8/11/13</p> <p>Inmate ASA 81mg, plavix , lisinopril, metoprolol, zocor exp 8/11/13</p> <p>Inmate ASA EC, lisinopril, hydrochlorothiazide exp 8/11/13.</p> <p>Inmate a buterol, ASA, coreg, digoxin, lasix, lisinopril, metformin, nitroglycerin, potassium exp 8/11/13.</p> <p>Inmate Dilantin exp 8/11/13</p> <p>Inmate albuterol exp 8/4/13</p> <p>Inmate plavix exp 8/11/13.</p> <p>Inmate A buterol exp 8/13/13</p> <p>Inmate Ventolin, Qvar, exp 8/4/13.</p> <p>Inmate Qvar exp 8/12/13.</p> <p>Inmate A buterol exp 8/10/13</p> <p>Inmate lactulose exp 8/8/13.</p> <p>Inmate insulin insulin Detemir exp 7/12/13.</p> | |
| 9 | Are non-formulary requests being reviewed for | | X | 8/27/2013 11:14 AM Entered By: Trudy | 2 |

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| | | | | | | |
|----|--|--|---|---|--|---|
| | approval or disapproval within 24 to 48 hours? | | | | Dumkrieger Current system makes it difficult to track. 8/21/2013 3:32 PM Entered By: Trudy Dumkrieger Manzanita Inmate Recommendation from Cancer Specialist to start Casodex on 8/1/13. Faxed to Corizon after review on 8/17/13 and again 8/21/13. | |
| 10 | Are providers being notified of non-formulary decisions within 24 to 48 hours? | | | X | 8/26/2013 2:09 PM Entered By: Trudy Dumkrieger Providers are not directly being notified of approval or denial. If approved it arrives if denied they may get an e-mail or it may show on the manifest. | 2 |
| 11 | Are medication error reports being completed and medication errors documented? | | X | | 8/28/2013 1:36 PM Entered By: Trudy Dumkrieger 17 medication errors, 10 have no corrective action plans, 8 have no narrative, only one is filled out completely, and none are signed off as required at the bottom. | 2 |

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: Trudy Dumkrieger Date: 8/26/2013 10:58:19 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: Trudy Dumkrieger Date: 8/28/2013 1:27:23 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).

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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.

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

Level 2 Amber User: Trudy Dumkrieger Date: 8/21/2013 12:10:38 PM

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: Trudy Dumkrieger Date: 8/27/2013 11:13:20 AM

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

Corrective Actions: October Action plan submitted by Corizon-

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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
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: Trudy Dumkrieger Date: 8/27/2013 11:14:07 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

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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 Red User: Trudy Dumkrieger Date: 8/26/2013 2:08:28 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 (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: Trudy Dumkrieger Date: 8/28/2013 1:35:17 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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| Infirmary Care | | | | | | |
|----------------|--|-----|-----|-----|---|-------|
| | Performance Measure (Description) | Grn | Amb | Red | Notifications | Level |
| 1 | Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmary setting? | X | | | 8/12/2013 10:55 AM Entered By: Trudy Dumkrieger Yes, they are currently operating under DOC policy. They have been given copies of Post Orders, the HSTM, and NCCHC guidelines. | 1 |
| 2 | Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?) | X | | | 8/12/2013 10:56 AM Entered By: Trudy Dumkrieger | 1 |
| 3 | Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required? | | X | | 8/26/2013 2:12 PM Entered By: Trudy Dumkrieger No they have no acuity scale for rating inmates. Staff is held to One RN starting at 6AM, one LPN starting at 6AM, one CNA, and a second RN starting at 10AM. Next shift is two liscensed and one CNA. | 1 |
| 4 | Is a supervising registered nurse in the IPC 24 hours a day? | X | | | 8/12/2013 10:56 AM Entered By: Trudy Dumkrieger | 1 |
| 5 | Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements? | X | | | 8/16/2013 1:38 PM Entered By: Trudy Dumkrieger | 1 |
| 6 | Does admission to or discharge from infirmary care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice? | X | | | 8/12/2013 10:57 AM Entered By: Trudy Dumkrieger | 1 |
| 7 | Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided? | | | X | 8/16/2013 1:44 PM Entered By: Trudy Dumkrieger Per policy IPC IMs must be seen every 72 hours. Inmate 8/1 - 8/7 one provider visit Inmate 8/1 - 8/7 no provider visits documented. Inmate 8/1-8/7 seen by provider 8/7 Inmate 8/1-8/7 seen by provider 8/1 and 8/2. Inmate No providers visits 7/25-8/14. | 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 | | | 8/21/2013 1:30 PM Entered By: Trudy Dumkrieger | 1 |

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| | | | | | | |
|----|---|---|---|---|---|---|
| 9 | If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmary care placed in the patient's outpatient chart? | X | | | 8/12/2013 10:59 AM Entered By: Trudy Dumkrieger Yes. The IPC record if different than the regular health record is incorporated into the Inmates regular file. | 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 | | | 8/23/2013 2:13 PM Entered By: Trudy Dumkrieger | 1 |
| 11 | Are vital signs done daily when required? | X | | | 8/23/2013 2:13 PM Entered By: Trudy Dumkrieger | 1 |
| 12 | Are there nursing care plans that are reviewed weekly and are signed and dated? | | | X | 8/23/2013 2:14 PM Entered By: Trudy Dumkrieger Only part of the IPC IMs had care plans and they were not updated. | 1 |
| 13 | Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03] | | X | | 8/26/2013 2:15 PM Entered By: Trudy Dumkrieger The medication nurse checks the meds on the MARS, and everyone contr butes to the supply list. | 1 |

Corrective Action Plans for PerformanceMeasure: Infirmary Care

3 Is the number of appropriate and sufficient qualified health professionals in the infirmary determined by the number of patients, severity of illnesses and level of care required?

Level 1 Amber User: Trudy Dumkrieger Date: 8/26/2013 2:11:53 PM

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

Corrective Actions: An acuity tool will be developed to ensure appropriate staffing levels for infirmary patient care.

7 Is the frequency of physician and nursing rounds in the infirmary specified based on categories of care provided?

Level 1 Red User: Trudy Dumkrieger Date: 8/16/2013 1:43:31 PM

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

Corrective Actions: Once acuity tool is developed and implemented, frequency of physician/nursing rounds will be based on categories of care

12 Are there nursing care plans that are reviewed weekly and are signed and dated?

Level 1 Red User: Trudy Dumkrieger Date: 8/23/2013 2:13:27 PM

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

Corrective Actions: Reinforce with staff to initiate a care plan upon admission and regularly update, making sure plan is signed and dated.

13 Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]

Level 1 Amber User: Trudy Dumkrieger Date: 8/26/2013 2:14:29 PM

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

Corrective Actions: Reinforce to nurse that a designated person needs to be identified to check supplies regularly and nurses to check medications regularly.

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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 | | | 8/29/2013 8:52 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, all (10) had Physical exams completed. Inmates had re-offended and re-entered through Alhambra, Winslow, and Kingman within the charts. | 1 |
| 2 | Is a mental health assessment completed by a mental health practitioner as part of the RTC intake process? | X | | | 8/29/2013 8:54 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, all (10) had Mental Health assessments completed. Inmates had re-offended and re-entered through Alhambra, Winslow, and Kingman within the charts. | 1 |
| 3 | Have Base Line labs been drawn? | | X | | 8/29/2013 9:01 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, (03) did not contain base line labs. Inmate - On Catalina yard when audited. This Monitor communicated this finding with the Nurse. We did go into the computer and found them, printed them, and submitted them to the Provider for review. Inmate - On Whetstone yard when audited. Only a UA dip result was found in the chart. Issue communicated to the Nursing Supv upon out-brief of audit. Inmate - On Manzanita yard when audited. No labs had been completed upon review. Issue communicated to the Nursing Supv upon out-brief of audit. | 1 |
| 4 | Has a PPD been planted and read? | X | | | 8/29/2013 9:06 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, (02) did not meet requirements. Inmate - On Catalina yard when audited. Was a prior PPD (+). A TB Symptomology form had not been completed. Issue communicated to the Nursing Supv upon out-brief of audit. Inmate - On Whetstone yard when audited. TB was planted on 7/12 and read on 7/19 per documentation. Issue communicated to the Nursing Supv upon out-brief of audit to administer another test. Overall this Monitor is assigning a Green finding for this performance measure. | 1 |
| 5 | Has a PAP been completed (Female)? | X | | | 8/29/2013 9:24 AM Entered By: Marlana Bedoya N/A for this complex. | 1 |

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| | | | | | | |
|---|---|---|--|--|--|---|
| 6 | Is a continuity of care completed prior to transfer to permanent unit? | X | | | <p>8/29/2013 9:24 AM Entered By: Marlana Bedoya</p> <p>8/29/2013 9:10 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, (01) did not contain a Continuity of Care form. IM arrived from Alhambra.</p> <p>Inmate .</p> <p>Overall this Monitor is assigning a green finding for this performance measure.</p> | 1 |
| 7 | Are dental emergencies being addressed at the reception center? | X | | | <p>8/29/2013 9:19 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, (04) did not have documentation reflecting Dental had addressed issues upon return to custody.</p> <p>Inmate - On Catalina yard when audited. Chart contained no PANO, or documentation a hands on exam took place, only a chart review.</p> <p>Inmate - On Whetstone yard when audited. IM not seen until 8/01.</p> <p>Inmate - On Whetstone yard when audited. IM not seen until after arrival at Tucson.</p> <p>Inmate - On Whetstone yard when audited. IM not seen until after arrival at Tucson.</p> <p>Overall this Monitor is assigning a green finding for this performance measure.</p> | 1 |
| 8 | Are inmates seen the day of arrival? | X | | | <p>8/29/2013 9:25 AM Entered By: Marlana Bedoya</p> | 1 |
| 9 | Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? | X | | | <p>8/29/2013 9:23 AM Entered By: Marlana Bedoya Of the (10) charts audited throughout the Complex, documentation revealed (1) was HIV +, his meds were ordered within 48 hours of intake. (3) were on no medication, and the remaining (6) medications were ordered.</p> | 1 |

Corrective Action Plans for Performance Measure: Return to Custody

3 Have Base Line labs been drawn?

Level 1 Amber User: Marlana Bedoya Date: 8/29/2013 9:00:38 AM

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

Corrective Actions: Reinforce to staff to ensure base line labs are drawn at intake.