

**October 2013 FLORENCE COMPLEX**

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			<p>10/24/2013 7:53 PM Entered By: Kathy Campbell Globe- 100 % Compliant</p> <p>10/29/2013 3:51 PM Entered By: Jen fontaine</p>	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]		X		<p>10/24/2013 7:56 PM Entered By: Kathy Campbell Globe- Of the 10 charts reviewed- 7/10 Compliant (70%) #Inmate HNR dated 9/16/13 and triaged 9/17/13 "Referred to Provider", but never seen by nurse. Seen by Provider 9/20/13. #Inmate HNR dated 10/3/13, triaged 10/4/13, "Referred to Provider", but never seen by nurse. Not seen by Provider as of 10/11/13. #Inmate HNR dated 8/8/13, triaged 10/9/13, "Referred to Provider", but never seen by Nurse. Not seen by Provider as of 10/11/13.</p> <p>10/29/2013 4:30 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10 charts 7 were non-compliant and 3 were compliant. Inmate Inmate &amp; Inmate were compliant. Inmate seen 10/7 for HNR 10/1 Inmate seen 10/7 for HNR 10/1 Inmate seen 10/3 for HNR 9/1 Inmate seen 10/2 for HNR 9/23 Inmate seen 10/2 for HNR 9/19 Inmate seen 10/17 for HNR 10/15 Inmate seen 10/16 for HNR 10/10 Central is 30% compliant with this performance measure</p> <p>EAST review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 4 were non-compliant and 6 were compliant. Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate seen 10/3 for HNR 10/1 &amp; 9/26 Inmate seen 10/3 for HNR 10/1 Inmate seen 10/10 for HNR 10/6 Inmate seen 10/8 for HNR 10/6 East is 60% in compliance with this performance measure</p> <p>KASSON review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10 charts 6 were non-compliant and 4 were compliant. Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate seen 10/3 for HNR 9/9 Inmate seen 10/16 for HNR 10/8</p>	1

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					<p>Inmate seen 10/16 for HNR 10/7                  Inmate seen 10/16 for HNR 10/10                  Inmate seen 10/10 for HNR 10/7                  Inmate seen 10/22 for HNR 10/14                  Kasson is 40% in compliance with this performance measure.</p> <p>NORTH review of the following 10 medical records                  Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  &amp; Inmate Of these 10 charts 7 were non-compliant and 3 were compliant.                  Inmate &amp; Inmate                  Inmate seen 10/1 for HNR 9/22                  Inmate seen 10/4 for HNR 9/26                  Inmate seen 10/7 for HNR 10/3                  Inmate seen 10/8 for HNR 10/3                  Inmate seen 10/8 for HNR 10/1                  Inmate seen 10/17 for HNR 10/15                  Inmate seen 10/16 for HNR 10/6                  North is 30% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records                  Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  &amp; Inmate Of these 10 charts all are in compliance. South is 100% compliant with this performance measure.</p> <p>Florence complex is 52% compliant with this performance measure which is a 34% improvement over last months 18% therefore this performance measure is amber this month.</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>10/24/2013 7:57 PM Entered By: Kathy Campbell                  Globe- 100% compliant</p> <p>10/29/2013 4:59 PM Entered By: Jen fontaine                  CENTRAL review of the following 10 medical records                  Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  Inmate &amp; Inmate Of these 10 charts, 5 were in compliance and 5 were not.                  Inmate Inmate Inmate Inmate &amp; Inmate were in compliance.                  Inmate vs. without wt or respiration on 10/3                  Inmate no vital signs on 10/2                  Inmate no vital signs on 10/2                  Inmate no vital signs on 10/1                  Inmate vs without wt on 10/17                  Central is 50% compliant with this performance measure</p> <p>EAST review of the following 10 medical records                  Inmate Inmate Inmate Inmate                  Inmate Inmate Inmate Inmate Inmate                  &amp; Inmate Of these 10 charts, 2 were compliant and 8 were not.                  Inmate &amp; Inmate were in compliance.                  Inmate no vs or note on 10/3                  Inmate no vs or note on 10/3                  Inmate vs without wt on 10/3                  Inmate vs without wt on 10/10                  Inmate vs without wt on 10/8                  Inmate vs without wt on 10/23                  Inmate no vs on 10/25                  Inmate vs without wt on 10/21</p>	1

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				<p>East unit is 20% compliance with this performance measure.</p> <p>KASSON review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 5 were in compliance and 5 were not. [Inmate] [Inmate] [Inmate] &amp; [Inmate] were in compliance.</p> <p>[Inmate] vs without wt on 10/10          [Inmate] vs without wt on 10/16          [Inmate] vs without wt on 10/16          [Inmate] vs without wt on 10/16          [Inmate] vs without pulse and wt on 10/22</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, zero were in compliance</p> <p>[Inmate] only B/P on 10/1          [Inmate] vs without wt on 10/4          [Inmate] no vs on 10/7          [Inmate] vs without wt on 10/7          [Inmate] vs without wt on 10/7          [Inmate] vs without wt on 10/8          [Inmate] vs without wt on 10/8          [Inmate] only wt on 10/18          [Inmate] no vs. on 10/17          [Inmate] no vs. on 10/16          North was 0% compliant with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 6 were in compliance and 4 were not. [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] are in compliance.</p> <p>[Inmate] vs. without wt and O2 on 10/10          [Inmate] vs. without wt on 10/8          [Inmate] no vs. on 10/6          [Inmate] no vs. on 10/4          South is 60% compliant with this performance measure.</p> <p>Florence complex is 36% compliant with this performance measuer which is exactly the same percentage as last month therefore this performance measure will remain amber this month.</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>10/24/2013 7:59 PM Entered By: Kathy Campbell          Globe- 7/10 charts compliant (70%)          #Inmate 9/20/13 Provider note with only SOAP format. No "E".          #Inmate 9/20/13 Provider note with only SOAP format. No "E".          #Inmate 9/20/13 Provider note with only SOAP format. No "E".</p> <p>10/29/2013 5:19 PM Entered By: Jen fontaine          CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 4</p>	1

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				<p>were in compliance and 6 were not. [Inmate] [Inmate] [Inmate] &amp; [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] were out of compliance due to missing the "E" on the sick call encounter documentation. Central was 40% compliant with this performance measure</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 3 were in compliance and 7 were not. [Inmate] [Inmate] &amp; [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] did not have complete documentation at the time of their sick call encounter.</p> <p>KASSON review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 5 were in compliance and 5 were not. [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] were in compliance. [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] did not have complete documentation at the time of their sick call encounter. Kasson is 50% compliant with this performance measure.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, zero were in compliance. All 10 did not have complete documentation at the time of their sick call encounter. North unit was 0% compliant with this performance measure</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 7 were in compliance and 3 were not. [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] were all in compliance. [Inmate] [Inmate] &amp; [Inmate] did not have complete documentation at the time of their sick call encounter. South unit was 70% compliant with this performance measure.</p> <p>Florence complex is 38% compliant with this performance measure which is a 6% decrease in compliance over last month.</p>	
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X		<p>10/24/2013 8:00 PM Entered By: Kathy Campbell Globe- 100% complaint.</p> <p>10/24/2013 8:00 PM Entered By: Kathy Campbell Globe- 100% complaint.</p> <p>10/29/2013 5:32 PM Entered By: Jen</p>	1

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				<p>fontaine</p> <p>CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] Of these 10 charts, only 2 [Inmate] &amp; [Inmate] were referred to the provider and both were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] Of these 10 charts, only 3 were referred to the provider [Inmate] [Inmate] &amp; [Inmate] Of these 3 [Inmate] &amp; [Inmate] were in compliance. [Inmate] was referred on 10/3 and had not been seen on 10/11.</p> <p>KASSON review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] Of these 10 charts, five [Inmate] [Inmate] [Inmate] &amp; [Inmate] were referred to the provider. Of these 5, 4 were in compliance [Inmate] [Inmate] [Inmate] &amp; [Inmate] One [Inmate] was referred to the provider on 10/3 and had not been seen on 10/18.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] Of these 10 charts, seven were referred [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] were all referred and were all in compliance.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] Of these 10 charts, 4 were referred [Inmate] [Inmate] [Inmate] &amp; [Inmate] were all referred and were all in compliance with this performance measure.</p> <p>Of the 21 inmates referred to the provider from a sick call encounter 18 were in compliance or 86%.</p>	
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## Corrective Action Plans for Performance Measure: Sick Call (Q)

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

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 4:30:31 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.

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### 3. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date-11/30/13

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

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

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 4:59:46 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

Responsible Parties = FHA/DON/RDCQI/RVP

Target Date- 11/30/13

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

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

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

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 5:19:17 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

- a. Agenda/sign off sheet to verify

2. Monitoring (Sick Call Monitoring Tool)

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

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

Target Date- 11/30/13

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

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

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]		X		<p>10/24/2013 8:03 PM Entered By: Kathy Campbell Globe- 0/2 charts with urgent consults not in compliance. (0 % compliant) #Inmate Stat colonoscopy with date of request was 8/2/13 to r/o mass scheduled for 10/16/13. #Inmate Stat ortho consult with date of request was 9/12/13, has not been scheduled for ortho consult as of 10/11/13.</p> <p>10/30/2013 11:17 AM Entered By: Jen fontaine CENTRAL Review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 1 had an urgent consult. IM Inmate had urgent hem/onc consult written on 9/12 that had not been seen as of 10/21.</p> <p>EAST review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 2 had urgent consults Inmate &amp; Inmate and both were in compliance.</p> <p>KASSON review of 2 medical records Inmate &amp; Inmate neither had an urgent consult.</p> <p>NORTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 3 had urgent consults. Inmate Inmate &amp; Inmate All 3 were in compliance</p> <p>SOUTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 2 had urgent consults. Inmate &amp; Inmate was in compliance while Inmate had an urgent consult written on 7/31 that had not been seen as of 10/16.</p> <p>Florence complex had 8 urgent consults written. 6 were compliant and 2 were not. complex is 75% compliant which is a 55% improvement over last month. Performance measure remains amber.</p>	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		<p>10/30/2013 11:31 AM Entered By: Jen fontaine CENTRAL Review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, none of the charts had the notes from the off site medical appointment in the chart available for the HCP to review.</p> <p>EAST review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 6 were in compliance and 4 were</p>	2

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					<p>not. Inmate Inmate Inmate Inmate Inmate &amp; Inmate were all in compliance. Inmate Inmate Inmate &amp; Inmate were out of compliance as they either did not have a note from the off site medical appointment available or the note was reviewed outside of the timeframe.</p> <p>KASSON review of 2 medical records Inmate &amp; Inmate indicate both were in compliance.</p> <p>NORTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 5 were in compliance and 5 were not. Inmate Inmate Inmate Inmate &amp; Inmate were in compliance and Inmate Inmate Inmate Inmate &amp; Inmate were out of compliance as they either did not have a note from the off site medical appointment available or the note was reviewed outside of the timeframe.</p> <p>SOUTH review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 6 were in compliance and 4 were not. Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance while Inmate Inmate Inmate &amp; Inmate were out of compliance as they either did not have a note from the off site medical appointment available or the note was reviewed outside of the timeframe.</p> <p>Florence complex of the 42 charts reviewed, 18 were compliant and 24 were not. Complex is 43% compliant with this performance measure which is a 26% decrease from last month.</p> <p>Steps need to be taken to ensure the consultation notes from the offsite appointments make it into the inmates medical record in a timely fashion for review by the health care provider.</p>	
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			<p>10/30/2013 11:37 AM Entered By: Jen fontaine</p> <p>CENTRAL Review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 8 were in compliance and 2 were not. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate chart indicated a delay in an oral surgery consult. Inmate had a delay in the scheduling of an urgent hem/onc consult.</p> <p>EAST review of 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 9 were in compliance and 1 was not. Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate was not in compliance as this chart indicated a delay in a routine dermatology consult.</p>	3



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				<p>KASSON review of 2 medical records  <b>Inmate</b> &amp; <b>Inmate</b> indicate both were in compliance.</p> <p>NORTH review of 10 medical records  <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b>  <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> &amp;  <b>Inmate</b> Of these 10, all were in compliance with this performance measure.</p> <p>SOUTH review of 10 medical records  <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b>  <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> <b>Inmate</b> &amp;  <b>Inmate</b> Of these 10, all were in compliance with this performance measure.</p> <p>Of the 42 charts reviewed on Florence complex, 39 were compliant and 3 were not. Complex is 93% compliant with this performance measure.</p>	
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X		<p>10/24/2013 8:05 PM Entered By: Kathy Campbell  Globe- 100% compliant</p> <p>10/30/2013 9:51 AM Entered By: Jen fontaine</p>	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X		<p>10/24/2013 8:06 PM Entered By: Kathy Campbell  Globe- N/A.</p> <p>10/30/2013 9:51 AM Entered By: Jen fontaine</p>	2

**Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)**

**1 Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]**

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 11:17:56 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

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

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1. Standardized process to address, to include but not limited to:
  - a. Approved consults scheduled/documented within 5 days by clinical coordinator
2. Schedule and conduct training for all clinical coordinators
  - a. Agenda/sign off sheet to verify
3. Monitoring (UM Audit Tool)
  - a. Audit tools developed
  - b. Weekly site results discussed with RVP
  - c. Audit results discussed a monthly CQI meeting
  - d. Minutes and audit reported monthly to Regional office for tracking and trending

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

Target Date - 11/30/13

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

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

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 11:31:00 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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

Target Date-11/30/13

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

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<b>Prescribing Practices and Pharmacy (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	<b>X</b>			10/30/2013 12:39 PM Entered By: Martin Winland	<b>2</b>
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]			<b>X</b>	<p>10/30/2013 12:40 PM Entered By: Martin Winland</p> <p>Florence continues to struggle with policy/procedure. On my visit (October) it was evident that the facility need additional training in multiple areas concerning pharmacy. Red Books were rewritten to compensate for poor documentation, control counts were not complete, refrigerator/room temperature logs incomplete, unlabeled pills in the med cart, medication dating back to 4-23-2013 for return, stock inventories inaccurate. No weekly count of the inventory evident. A report of my findings was sent to Robert Parkinson, James Taylor, and Chrity Somner. I continue to alert the facility of medications needing reordered and or renewed. As of 10-25-2013, Formulary 74, and Non Formulary 8 appear on the Expiration Reports. With the information available Florence shows 70% compliance. Florence was one of the facilities "blitzed". The above percentage may have been affected by late renewals. Florence has not produced an Expiring Medication report for review.</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests &amp; HSTM 4.1.1 Pharmaceutical Dispensing Procedures –RED- will remain red until documentation that such deficiencies are corrected. Medications must be dispensed and administered in a timely fashion to decrease morbidity, 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. October 2013 Non –Formulary Drug Requests – Non Formulary Medication Reports indicate 519 expiring medications (09-17-2013). As of (10-25- 2013), the total number of Non-Formulary medications is 78.</p> <p>B)HSTM 4.1.1 Pharmaceutical Dispensing Procedures: Action is required to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receives continuity of care. October Formulary Report indicates: 6678 formulary medications expiring (9/17/2013). As of (10/25/2013), the total number of Formulary medication is 1100.</p>	<b>2</b>

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				<p>C)Corizon has initiated a state wide "blitz" in an effort to correct site issues/concerns. It is evident from the totals remaining that the "blitz" has been somewhat effective.</p> <p>D)The October 25, 2013 Expiring Medication Report (Formulary and Non Formulary ) was sent to Vickie Bybee, Brenda Mastopietro, James Taylor, Winifred Williams, and Christy Somner for follow up.</p> <p>E)To Date, (10-30-2013) my request for Expiring Medication Reports and documentation as to actions taken to resolve the expiring medication, although agreed upon with Corizon, has not materialized. Perryville and Winslow are the only facilities that have followed through with this request.</p> <p>F)Although the blitz has helped to correct, thus far, the Expiring Medication concerns, I am still concerned with refills for active medication being filled in a timely manner.</p>	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X		10/30/2013 12:40 PM Entered By: Martin Winland	1
4	When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]		X	<p>10/30/2013 12:41 PM Entered By: Martin Winland</p> <p>10/30/2013 12:28 PM Entered By: Jen fontaine</p> <p>The failure to administer the correct drug is part of the definitio of a med error therefore all missed doses of medication would be technically defined as a med error to include dates left blank on MARs indicating the medication was not offered to the inmates. These med errors are not documented or forwarded to the FHA</p>	2
5	Are the dosages of medication being changed, increased or decreased contrary to time frames stated in appropriate clinical compendia, such as Drug Facts and Comparisons and/or the package insert, unless the need is clinically documented in the chart and a non-formulary request is approved?	X		10/30/2013 12:41 PM Entered By: Martin Winland	1

**Corrective Action Plans for PerformanceMeasure: Prescribing Practices and Pharmacy (Q)**

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

**Level 2 Red User: Martin Winland Date: 10/30/2013 12:40:38 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.Expired Medications (Appendix I.1.a.)

b.Re-order medications

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- 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 - 21/13 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.

**4 When a medication error occurs, is nursing staff completing a medication error report, documenting per policy and notifying Nursing Supervisor, Facility Health Administrator, who will notify all other Program Managers and ADC On-site Monitor? [HSTM Chapter 5, Section 6.6]**

**Level 2 Amber User: Martin Winland Date: 10/30/2013 12:41:35 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.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.

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<b>Mental Health (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			<p>10/24/2013 8:08 PM Entered By: Kathy Campbell Globe-100% compliant.</p> <p>10/29/2013 3:51 PM Entered By: Jessica Raak *Out of 60 charts pulled, 57 were in compliance = 95% North: (10 out of 10 charts pulled were in compliance) No findings. East: (9 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be an amber finding. <b>Inmate</b> HNR dated 9/11/13 and not triaged until 9/13/13 = +2 days. South: (10 out of 10 charts pulled were in compliance) No findings. Kasson: (9 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be an amber finding. <b>Inmate</b>(SMI): HNR dated 10/5/13 was never triaged. Central: (19 out of 20 charts pulled were in compliance) – Note: This unit standing alone would be an amber finding. <b>Inmate</b> HNR dated 10/14/13 was not triaged until 10/17/13 = +3 days.</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>10/24/2013 8:09 PM Entered By: Kathy Campbell Globe- 100%. <b>Inmate</b> HNR triaged 10/3/13, seen by Psych 10/7/13.</p> <p>10/29/2013 3:52 PM Entered By: Jessica Raak *Out of 60 charts pulled, 56 were in compliance = 93% The following inmates have been referred to psychiatry and have not been seen in 7 days since referral date: North: (10 out of 10 charts pulled were in compliance) No findings. East: (8 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be a red finding. <b>Inmate</b>(SMI): Referred 9/13/13 and was not seen until 9/26/13. <b>Inmate</b> Referred 8/16/13 and seen 9/5/13. Also referred 9/13/13 and seen 9/26/13. South: (10 out of 10 charts pulled were in compliance) No findings. Kasson: (10 out of 10 charts pulled were in compliance) No findings. Central: (18 out of 20 charts pulled were in compliance) – Note: This unit standing alone would be an amber finding. <b>Inmate</b> Inmate was referred at Eyman Complex on 1/7/13 and 10/14/13 at Florence Complex. Inmate has not yet been</p>	2

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				seen. <b>Inmate</b> (SMI): Inmate should have been referred on 10/8/13 and was not.	
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>10/24/2013 8:10 PM Entered By: Kathy Campbell Globe- N/A. No SMI, no MH 3s at Globe.</p> <p>10/29/2013 3:53 PM Entered By: Jessica Raak *Out of 60 charts pulled, 55 charts in compliance = 91% North: (7 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be a red finding. <b>Inmate</b> (SMI): Treatment plan needs update (This was also a finding from September that was never corrected). <b>Inmate</b> Treatment plan was incompletely filled out. <b>Inmate</b> Treatment plan was incompletely filled out. East: (10 out of 10 charts pulled were in compliance) No findings. South: (8 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be a red finding. <b>Inmate</b> Treatment plan was incomplete. <b>Inmate</b> No treatment plan found in chart. Kasson: (10 out of 10 charts pulled were in compliance) No findings. Central: (20 out of 20 charts pulled were in compliance) No findings.</p>	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]		X	<p>10/24/2013 8:10 PM Entered By: Kathy Campbell Globe- N/A. No MH 3s at Globe.</p> <p>10/29/2013 3:56 PM Entered By: Jessica Raak *Out of 60 charts pulled, 46 charts were in compliance = 76% It is important to note that this performance measure increased in compliance this month – This performance measure is at a 76% compliance rate this month from a 70% compliance rate in September. However, October's compliance rate of 76% is still under the threshold for compliance and is receiving a Red Finding. The following inmates are out of timeframes for their psychology visit. North: (5 out of 10 charts pulled were in compliance) <b>Inmate</b> (SMI): Last psychology visit was 9/3/13. <b>Inmate</b> Last psychology visit was 6/7/13. <b>Inmate</b> Inmate has never see psychology- not psychology notes found in chart. <b>Inmate</b> (SMI): Last psychology visit was 9/12/13. <b>Inmate</b> Last psychology visit was 1/24/13.</p>	2

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					<p>East: (10 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be a green finding. No findings.</p> <p>South: (7 out of 10 charts pulled were in compliance) – This standing alone would have been a red finding.</p> <p><b>Inmate</b> (SMI): Last psychology visit was 7/17/13.</p> <p><b>Inmate</b> (SMI): Last psychology visit was 7/16/13. (Note: This was also a finding in September, but was never corrected).</p> <p><b>Inmate</b> Last psychology visit was 5/29/13.</p> <p>Kasson: (10 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be a green finding. No findings.</p> <p>Central: (14 out of 20 charts pulled were in compliance) – Note: It was discovered during the audit that up to three months of notes documenting individual therapy contacts and group therapy contacts were not yet filed in charts at Central Unit. This performance measure would have been at a 71% compliance rate had the notes not been located and filed at the time of audit. However, with these located and filed notes, compliance went from 71% compliance to a 76% compliance rate, which is still under the threshold for compliance.</p> <p><b>Inmate</b> Past due for psychology visit, Last psychology visit was 8/6/13.</p> <p><b>Inmate</b> Past due for psychology visit, last visit was 8/9/13.</p> <p><b>Inmate</b> Past due for psychology visit- Last visit was 8/7/13.</p> <p><b>Inmate</b> Past due for psychology visit- Last visit was 7/2/13.</p> <p><b>Inmate</b> Past due for psychology visit- Last visit was 7/2/13.</p> <p><b>Inmate</b> Past due for psychology visit- Last visit was 8/5/13.</p>	
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]			X	<p>10/24/2013 8:11 PM Entered By: Kathy Campbell Globe- N/A.</p> <hr/> <p>10/29/2013 3:57 PM Entered By: Jessica Raak *Out of 60 charts pulled, 43 charts were in compliance = 71% It is important to note that this performance measure decreased in compliance this month – This performance measure is at a 71% compliance rate this month from a 75% compliance rate in September.</p> <p>North: (8 out of 10 charts pulled were in compliance)</p> <p><b>Inmate</b> Inmate is past due for psychiatry visit- return to clinic date was 8/21/13.</p> <p><b>Inmate</b> Inmate is past due for psychiatry visit- return to clinic date was 9/28/13.</p> <p>East: (9 out of 10 charts pulled were in compliance) – Note: This unit standing alone would be an amber finding.</p> <p><b>Inmate</b> (SMI): Past due for psychiatry visit- RTC date was 10/21/13.</p> <p>South: (9 out of 10 charts pulled were in compliance) – Note: This unit standing</p>	2



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					<p>alone would be an amber finding.  <b>Inmate</b> Past due for psychiatry visit- return to clinic date was 10/5/13.                  Kasson: (7 out of 10 charts pulled were in compliance  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 9/18/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 10/14/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 10/1/13.                  Central: (10 out of 20 charts pulled were in compliance  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 9/11/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 8/16/13.  <b>Inmate</b>(SMI): Past due for psychiatry visit-Return to clinic date was 9/16/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 6/12/13.  <b>Inmate</b> Past due for psychiatry visit- return to clinic date was 9/4/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 8/23/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 10/4/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 9/11/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 10/2/13.  <b>Inmate</b> Past due for psychiatry visit-Return to clinic date was 9/11/13.</p>	
6	<p>Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]</p>			X	<p>10/24/2013 8:12 PM Entered By: Kathy Campbell                  Globe- N/A. No MH-3s at Globe.</p> <p>10/29/2013 3:58 PM Entered By: Jessica Raak                  *Out of 14 charts pulled, 9 were in compliance = 64%                  Note: In order to better assess this performance measure, specific charts were pulled regarding releasing inmates. Compliance was calculated from these specific charts, not from the total number of charts pulled which included non-releasing inmates. Therefore, there is a significant decrease in compliance state-wide.                  North: (2 out of 4 charts pulled were in compliance)  <b>Inmate</b>(SMI): No release planning documents found in chart.  <b>Inmate</b>(SMI): No release planning documents found in chart.                  East: (2 out of 3 charts pulled were in compliance)  <b>Inmate</b>(SMI): No release planning documents found in chart.                  South: (2 out of 2 charts pulled were in compliance) – Note: This unit standing alone would be a green finding.                  No findings.                  Kasson: (1 out of 1 chart pulled were in compliance) – Note: This unit standing alone would be a green finding.                  No findings.                  Central: (2 out of 4 charts pulled were in compliance)</p>	2

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**Inmate** No release planning documents found in chart.  
**Inmate** No release planning documents found in chart.

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

**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: Jessica Raak Date: 10/29/2013 3:56:19 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI  
 Target Date-11/30/13

**5 Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]**  
**Level 2 Red User: Jessica Raak Date: 10/29/2013 3:57:19 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

1. Mental Health staff to receive education the importance of MH-3 inmates being seen according to policy.
2. Reinforce this in monthly staff meetings.
3. Continue to perform chart reviews to ensure inmates with an MH-3 score and above are being seen by Mental Health staff per policy.
4. Review treatment plans to ensuring that the IMs current MH score, according to the recognized system, is captured within the current treatment plan.

Responsible Parties = MH Lead/RN/FHA/DON/MH Director/RCQI  
 Target Date-11/30/13

**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]**  
**Level 2 Red User: Jessica Raak Date: 10/29/2013 3:58:17 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 7 (Mental Health Attachment) related to re-entry plan
  - a. SMI patients will be followed by discharge planners utilizing the data from the SMI monthly report tool; MH3 patients will be given community resources by MH Clinicians and documented in the chart; all patients receiving psychotropic medications will be seen by Psychiatrist/Psychiatry CNP
  - b. 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  
 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 monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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<b>Quality and PEER Review (Q)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is the contractor physician conducting monthly and quarterly chart reviews? [HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/29/2013 11:41 AM Entered By: Jen fontaine last completed in August	1
2	Is contractor conducting monthly CQI committee meetings and meeting NCCHC standard? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/29/2013 11:42 AM Entered By: Jen fontaine First monthly CQI meeting held 10/25. will continue to monitor	1
3	Are CQI committee improvement recommendations acted on timely and progress reported back to committee in the next meeting? [P-A-06, HSTM Chpt. 1, Sec. 5.0; CC 2.20.2.12]	X			10/29/2013 11:43 AM Entered By: Jen fontaine recommendations from 10/25 meeting being implemented. Will continue to monitor	1
4	Is the contractor conducting annual PEER reviews for physicians, nurse practitioners, physician assistants, dentists, psychiatrists, psychiatric nurse practitioners and Phd. level psychologists? [P-A-04, P-C-02, HSTM Chpt. 1, Sec. 5.1, CC 2.20.2.12]	X			10/29/2013 11:44 AM Entered By: Jen fontaine Annual reviews not due until March 2014	1
5	Did the contractor conduct a quarterly on-site review of the site CQI program? [P-A-06, CC 2.20.2.12]	X			10/29/2013 11:45 AM Entered By: Jen fontaine	1

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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			10/7/2013 2:43 PM Entered By: Jen fontaine Not an intake facility.	1
2	Has a Pano been completed? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.6]	X			10/7/2013 2:44 PM Entered By: Jen fontaine Not an intake facility	1
3	Has a PPD been planted and read? Alhambra, Perryville, Tucson Minors only [HSTM 2.9.2.3]	X			10/7/2013 2:44 PM Entered By: Jen fontaine not an intake facility	1
4	Has inmate been given written instructions on how to file a grievance, access health care and health information? Alhambra, Perryville, Tucson Minors only	X			10/7/2013 2:44 PM Entered By: Jen fontaine not an intake facility	1
5	Has a PAP been completed (Female)Perryville? [HSTM 2.9.3.3]	X			10/7/2013 2:44 PM Entered By: Jen fontaine Not an intake facility	1
6	Are all inmates having their needs communicated from the sending facility to the receiving facility by a Continuity of Care form and verbally at the time of transfer? [HSTM 2.9.6.1]	X			10/29/2013 3:04 PM Entered By: Jen fontaine	1
7	Are dental emergencies being addressed at the reception center? Alhambra, Perryville, Tucson Minors only	X			10/7/2013 2:45 PM Entered By: Jen fontaine not an intake facility.	1
8	Are inmate prescribed medications transferred with a 45 day supply? Alhambra, Perryville, Tucson Minors only [HSTM Chapter 5, Section 6.1 and CC 2.12.22]	X			10/7/2013 2:45 PM Entered By: Jen fontaine not an intake facility.	1
9	Are inmates on medications prior to being placed under ADC custody continued on the medication or a therapeutic substitute? Alhambra, Perryville, Tucson Minors only [P-D-02, HSTM Chapter 5, Setion 2.0.4.2]	X			10/7/2013 2:45 PM Entered By: Jen fontaine not an intake facility.	1

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<b>Oral Care (Dental)</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is an oral examination performed by a dentist within 30 days of admission to ADC? [NCCHC Standard P-E-06]	X			<p>10/24/2013 8:12 PM Entered By: Kathy Campbell Globe- 100% compliant of the 7 charts reviewed.</p> <p>10/29/2013 5:58 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 10 were in compliance with this performance measure.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all are in compliance with this performance measure.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 all were in compliance with this performance measure.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all were in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts all were in compliance with this performance measure.</p>	1
2	Is instruction on oral hygiene and preventive oral education given within one month of admission to ADC? [NCCHC Standard P-E-06]	X			<p>10/24/2013 8:13 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/29/2013 5:59 PM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 10 were in compliance with this performance measure.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all are in compliance with this performance measure.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 all were in compliance with this performance measure.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all were in</p>	1

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					<p>compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts all were in compliance with this performance measure.</p>	
3	Are there inmates waiting over 90 days for routine dental care? [NCCHC Standard P-E-06]	X			<p>10/24/2013 8:14 PM Entered By: Kathy Campbell Globe-No. 100% compliant.</p> <p>10/30/2013 8:07 AM Entered By: Jen fontaine No evidence on any inmate waiting over 90 days for routine dental care on Florence complex.</p>	1
4	Are 911's seen within 24 hours of HNR submission? [NCCHC Standard P-E-06]	X			<p>10/24/2013 8:14 PM Entered By: Kathy Campbell Globe- 100%. One emergency HNR noted and was seen within 24 hours.</p> <p>10/30/2013 8:16 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 only 2 were seen for 911. [Inmate] &amp; [Inmate] both were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 4 were seen for 911's, [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 4 of these were in compliance with this performance measure.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 zero were seen for a 911 issue.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 3 were seen for 911 issues. [Inmate] [Inmate] &amp; [Inmate]. All 3 were in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 3 were seen for 911 issue [Inmate] [Inmate] &amp; [Inmate]. All 3 were in compliance with this performance measure.</p> <p>Florence complex was 100% compliant with this performance measure.</p>	1

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5	Are treatment plans developed and documented in the medical record? [NCCHC Standard P-E-06]	X			<p>10/24/2013 8:15 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:25 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 10 were in compliance with this performance measure.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all are in compliance with this performance measure.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 all were in compliance with this performance measure.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 all were in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts all were in compliance with this performance measure.</p> <p>Florence complex is 100% compliant with this performance measure.</p>	1
6	Are daily inventories for all dental instruments being conducted before the first patient and after the last?	X			<p>10/24/2013 8:15 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:27 AM Entered By: Jen fontaine</p>	2
7	Are all supplies that have an expiration date checked monthly?	X			<p>10/24/2013 8:16 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:28 AM Entered By: Jen fontaine</p>	2
8	If items are within 30 days of expiration, are they flagged and disposed of when they expire?	X			<p>10/24/2013 8:16 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:28 AM Entered By: Jen fontaine</p>	2

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9	Are X-Rays taken of the tooth/teeth that are addressed during an emergency (911) visit?	X			<p>10/24/2013 8:16 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:24 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 only 2 were seen for 911. [Inmate] &amp; [Inmate] both had x-rays &amp; were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 4 were seen for 911's, [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 4 of these had x-rays &amp; were in compliance with this performance measure.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 zero were seen for a 911 issue.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 3 were seen for 911 issues. [Inmate] [Inmate] &amp; [Inmate]. All 3 had x-rays &amp; were in compliance with this performance measure.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10 charts, 3 were seen for 911 issue. [Inmate] [Inmate] &amp; [Inmate]. All 3 had x-rays &amp; were in compliance with this performance measure.</p> <p>Florence complex was 100% compliant with this performance measure.</p>	2
10	Is the dental wait time log/report being maintained?	X			<p>10/24/2013 8:16 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/30/2013 8:29 AM Entered By: Jen fontaine</p>	1
11	Is the MSDS binder being maintained?	X			<p>10/24/2013 8:18 PM Entered By: Kathy Campbell Globe-100% compliant.</p> <p>10/30/2013 8:33 AM Entered By: Jen fontaine</p>	1



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12	Are patients provided with the medications that are prescribed by the dentist?	X			<p>10/24/2013 8:18 PM Entered By: Kathy Campbell Globe-100% compliant.</p> <p>10/30/2013 8:42 AM Entered By: Jen fontaine CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 4 were prescribed medication by the Dentist. [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 4 received the prescribed medication and were in compliance.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 3 were prescribed medication by the Dentist. [Inmate] [Inmate] &amp; [Inmate]. All 3 received the prescribed medication and were in compliance.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 8 4 were prescribed medication by the Dentist. [Inmate] [Inmate] [Inmate] &amp; [Inmate]. All 4 received the prescribed medication and were in compliance.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 3 were prescribed medication by the Dentist. [Inmate] [Inmate] &amp; [Inmate]. All 3 received the prescribed medication and were in compliance.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, 3 were prescribed medication by the Dentist. [Inmate] [Inmate] &amp; [Inmate]. All 3 received the prescribed medication and were in compliance.</p> <p>Florence complex was 100% compliant with this performance measure.</p>	2
13	Are equipment repairs being addressed in a timely manner?	X			<p>10/24/2013 8:18 PM Entered By: Kathy Campbell Globe-100% compliant.</p> <p>10/30/2013 8:42 AM Entered By: Jen fontaine</p>	1
14	Are all orders for materials/supplies being fulfilled in a timely manner?	X			<p>10/24/2013 8:20 PM Entered By: Kathy Campbell Globe-100% compliant.</p>	1

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				10/30/2013 8:43 AM Entered By: Jen fontaine	
15	Are dental entries complete with military time and signature over name stamp?		X	<p>10/24/2013 9:14 PM Entered By: Kathy Campbell                  Globe-2/8 compliant (25% compliant)                  #Inmate 9/26/13 note w/o military time.                  #Inmate 9/5/13 note w/o military time.                  #Inmate 9/26/13 note w/o military time.                  #Inmate 10/10/13 note w/o military time.                  #Inmate 9/26/13 note w/o military time.                  #Inmate 9/5/13 note w/o military time.                  #Inmate 9/26/13 note w/o military time.                  #Inmate 9/5/13 note w/o military time.</p> <p>10/30/2013 8:46 AM Entered By: Jen fontaine                  CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] All 10 were missing the military time documented at the time of the encounter.</p> <p>EAST review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] All 10 were missing the military time documented at the time of the encounter.</p> <p>KASSON review of the following 8 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] All 8 were missing the military time documented at the time of the encounter.</p> <p>NORTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] All 10 were missing the military time documented at the time of the encounter.</p> <p>SOUTH review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] All 10 were missing the military time documented at the time of the encounter.</p> <p>Florence complex was 0% compliant with this performance measure</p>	1
16	Is treatment plan section C and priority section D of the dental chart completed?		X	<p>10/24/2013 9:16 PM Entered By: Kathy Campbell                  Globe-100% compliant.</p> <p>10/30/2013 9:35 AM Entered By: Jen fontaine                  CENTRAL review of the following 10 medical records [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate]</p>	2

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					<p>Inmate &amp; Inmate 7 were compliant and 3 were not. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate was incomplete. Inmate C was complete, D was not Inmate C was complete, D was not Central unit is 70% compliant with this performance measure</p> <p>EAST review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 7 were compliant and 3 were not. Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate C was complete, D was not Inmate neither section complete Inmate neither section complete East unit is 70% compliant with this performance measure</p> <p>KASSON review of the following 8 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 8, 5 were compliant and 3 were not. Inmate Inmate Inmate Inmate Inmate were in compliance. Inmate C was complete, D was not Inmate C was complete, D was not Inmate neither section had been completed Kasson unit is 63% compliant with this performance measure.</p> <p>NORTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 8 were compliant and 2 were not. Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate were in compliance. Inmate C was complete, D was not 042327 neither section complete North unit was 80% compliant with this performance measure</p> <p>SOUTH review of the following 10 medical records Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate &amp; Inmate Of these 10, 4 were compliant and 6 were not. Inmate Inmate Inmate &amp; Inmate were all in compliance. Inmate C was complete, D was not Inmate C was complete, D was not Inmate C was complete, D was not Inmate C was complete, D was not Inmate C was complete, D was not Inmate C was complete, D was not South unit was 40% compliant with this performance measure</p> <p>Florence complex was 65% compliant with this performance measure.</p>	
17	Is the X-Ray certification/registration certificate posted in the dental clinic?	X			10/30/2013 9:36 AM Entered By: Jen fontaine Expires Jan 2018	1
18	Are weekly SPORE testing logs available for the Autoclaves?	X			10/30/2013 9:36 AM Entered By: Jen fontaine	2

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19	Is there a mechanism in place for immediate notification of a positive SPORE count?	X			10/30/2013 9:36 AM Entered By: Jen fontaine
					2

**Corrective Action Plans for Performance Measure: Oral Care (Dental)**

**15 Are dental entries complete with military time and signature over name stamp?**

**Level 1 Amber User: Jen fontaine Date: 10/30/2013 8:46:27 AM**

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

Corrective Actions: Reinforce with dental staff to write signature over name stamp and use military time.

**16 Is treatment plan section C and priority section D of the dental chart completed?**

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 9:35:06 AM**

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

Corrective Actions: Reinforce to dental staff that treatment plan section C and priority section D of the dental chart be completed.

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<b>Segregated Inmates</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]		X		10/24/2013 9:39 PM Entered By: Kathy Campbell Globe- N/A.  10/29/2013 3:46 PM Entered By: Jen fontaine Medical records of inmates transferred from another complex into a segregation area are reviewed by mental health and nursing for conraindications prior to placement in segregation however inmates who are moved into segregation from a unit on the same complex are not reviewed.	1
2	Are inmates in segregation being monitored by medical staff or Mental Health staff in accordance with NCCHC standard for the level of segregation the inmate has been placed? [NCCHC Standard P-E-09; DO 1101; DO 804; HSTM Chapter 7, Section 6.0]	X			10/24/2013 9:39 PM Entered By: Kathy Campbell Globe- N/A.  10/29/2013 3:47 PM Entered By: Jen fontaine	2
3	Are inmates in segregation provided an opportunity to submit HNR daily? [NCCHC Standard P-E-09; DO 1101]	X			10/24/2013 9:39 PM Entered By: Kathy Campbell Globe-N/A.  10/29/2013 3:47 PM Entered By: Jen fontaine	1
5	Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]		X		10/24/2013 9:40 PM Entered By: Kathy Campbell Globe-N/A.  10/29/2013 3:49 PM Entered By: Jen fontaine No record of this being completed on inmates in segregation on Florence complex	1

**Corrective Action Plans for PerformanceMeasure: Segregated Inmates**

**1 Are medical records being review for contraindications by nursing when notified an inmate has been placed in administrative segregation and documented in the chart? [NCCHC Standard P-E-09; DO 1101; HSTM Chapter 7, Section 6.0]**

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 3:46:56 PM**

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

Corrective Actions: Reinforce with staff the need to review medical records for contraindications when inmate has been placed in administrative segregation; document review in chart. Continue to monitor.

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**5 Are vital signs done on all segregated inmates every month? [HSTM Chpt. 7, Sec. 6.3.9]**

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 3:49:38 PM**

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

Corrective Actions: Reinforce with staff the need for vital signs being completed on all segregated inmates every month.

Responsible Parties= RN/LPN/CNA

Target Date-11/30/13

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Emergency Response Plan						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are written policy and procedures in place? [NCCHC Standard P-A-05; P-A-07, HSTM Chapter 1, Section 6.0]	X			10/7/2013 2:43 PM Entered By: Jen fontaine  10/29/2013 8:08 AM Entered By: Jen fontaine	1
2	Are health aspects of the emergency response plan are approved by the Site Manager? [NCCHC Standard P-A-07]	X			10/29/2013 8:08 AM Entered By: Jen fontaine	1
3	Are mass disaster drills being scheduled / conducted annually so that all shifts have participated over a three year period (Actual events may be used to meet this requirement)? [NCCHC Standards P-A-04; P-A-07]	X			10/29/2013 11:28 AM Entered By: Jen fontaine	1
4	Are man down drills being scheduled / conducted once a year on all units for all shifts (Actual ICS may be used to meet requirement)? [NCCHC Standard P-A-07]	X			10/29/2013 11:29 AM Entered By: Jen fontaine	1
5	Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]		X		10/29/2013 11:38 AM Entered By: Jen fontaine Critique of man down drills or actual events not found	1
6	Are emergency supplies stored and check monthly? [NCCHC Standard P-A-07]	X			10/24/2013 9:42 PM Entered By: Kathy Campbell Globe-Non-compliant. RN reports man down bag has nothing in there to be checked and has not been opened in 2 years.  10/29/2013 11:40 AM Entered By: Jen fontaine Evidence of monthly man down bag inventory with expiration dates available on each yard.	1

### Corrective Action Plans for Performance Measure: Emergency Response Plan

**5 Are mass disaster and man down drills critiqued and shared with all health staff? [NCCHC Standard P-A-07]**

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 11:38:57 AM**

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

Corrective Actions: Reinforce the need for mass disaster and man down drills to be critiqued and shared with staff. Continue to monitor.

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<b>Professional Development</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Do the qualified health care professionals obtain 12 hours of continuing education per year that are appropriate for their position? [NCCHC Standard P-C-03]	X			10/29/2013 5:38 PM Entered By: Jen fontaine	1
2	Do Part-time qualified health care professionals pro-rate their continuing education hours based on full-time equivalency? [NCCHC Standard P-C-03]	X			10/29/2013 5:38 PM Entered By: Jen fontaine	1
3	Do health staff demonstrate compliance with C.E. Licensure requirements? [HSTM Chapter 3, Section 4.0 and NCCHC Standard P-C-03]	X			10/29/2013 5:38 PM Entered By: Jen fontaine	1
4	Are all qualified healthcare professionals who have patient contact current in cardiopulmonary resuscitation technique? [HSTM Chapter 3. Section 4.0, NCCHC Standard P-C-03]	X			10/30/2013 9:53 AM Entered By: Jen fontaine	1



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<b>Medication Administration</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			10/7/2013 2:46 PM Entered By: Jen fontaine	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			10/30/2013 8:47 AM Entered By: Jen fontaine	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			10/24/2013 9:55 PM Entered By: Kathy Campbell Globe- 100% compliant.  10/30/2013 8:48 AM Entered By: Jen fontaine Every unit on Florence complex is tracking delivery of KOP medication on MARS	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		10/24/2013 10:01 PM Entered By: Kathy Campbell Globe- 4/10 MARs not in compliance (60% Compliant) #Inmate No Allergies. #Inmate ASA, HCTZ, and Lisinopril expired 10/2/13 on the October MAR, orders in chart show renewed 9/20/13, but not changed on the MAR as of 10/11/13. Signed off on expired MAR on 10/7/13, despite expiration MAR dated 10/2/13. #Inmate HCTZ expired 10/2/13 on the October MAR, orders in chart denotes reordered 9/25/13, but not transcribed to MAR as of 10/11/13. #Inmate Terazosin expired 10/3/13 on the October MAR, orders in chart denotes reordered 9/20/13, but not on MAR.  10/30/2013 12:25 PM Entered By: Jen fontaine CENTRAL review of the MAR books on 10/11 and a small sample was taken. That sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate. Of these 10 MARs onit one was found to be out of compliance. IM Inmate MAR was not signed on 10/2 indicating the medication was not offered to the inmate. Also found on Central #Inmate - no signatures on the back of MAR for initials, meds documented 10/22/13 that were ordered 10/23/13 (Atenolol, Lisinopril, ASA) Central 90% compliant  EAST on 10/11 the MAR book was reviewed and a small sample was taken. That sample included Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate and Hylton, Mortmeir. All were in compliance with the exception of Hylton, Mortmeir whos MAR was written without the month and year the documentation was being kept	1

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				<p>for, without the name of the prescribing HCP, without and end date, and without an inmate number. East 90% compliant</p> <p>KASSON on 10/18 the MAR book was reviewed and a small sample was taken. That sample included [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 6 were compliant and 4 were not. [Inmate] [Inmate] [Inmate] &amp; [Inmate] all had dates left blank indicating the medication was not offered to the inmate. Kasson 60% compliant</p> <p>NORTH on 10/10 the MAR books were reviewed and a small sample was taken. Thank sample included [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these 10, [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] were all out of compliance due to dates left blank on the MAR indicating the medication was not offered to the inmate. North is 30% compliant</p> <p>SOUTH on 10/16 the MAR book was reviewed and a small sample was taken. That sample included [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate]. Of these [Inmate] [Inmate] [Inmate] [Inmate] &amp; [Inmate] had dates left blank indicating the medication was not offered to the inmate. South is 50% compliant</p> <p>Florence complex is 68% compliant with this performance measure.</p>	
5	Are medication errors forwarded to the FHA to review corrective action plan?		X	<p>10/24/2013 10:02 PM Entered By: Kathy Campbell Globe-N/A. No med errors reported in October.</p> <p>10/30/2013 12:27 PM Entered By: Jen fontaine The failure to administer the correct drug is part of the definitio of a med error therefore all missed doses of medication would be technically defined as a med error to include dates left blank on MARs indicating the medication was not offered to the inmates. These med errors are not documented or forwarded to the FHA.</p>	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?		X	<p>10/24/2013 10:02 PM Entered By: Kathy Campbell Globe-100% compliant.</p> <p>10/28/2013 3:33 PM Entered By: Vanessa Headstream Central - review of MARs demonstrates noncompliance - #Inmate - MVI liquid ordered 10/09/13 documented "NA" until 10/23/13</p>	2

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				<p>#Inmate - Protonix documented "NA" 10/07/13 until 10/10/13, Benadryl ordered 10/02/13 documented "NA" until 10/08/13, Magnesium Oxide "NA" 10/18/13 until 10/21/13, Isosorbide "NA" 10/18/13 until 10/23/13                  #Inmate - Mirtazapine documented "NA" 10/11/13 until 10/14/13                  #Inmate - Mesalamine Suppository documented "NA" 10/16/13 until current date</p> <p>10/30/2013 11:55 AM Entered By: Jen fontaine                  Inmate Inmate had Mesalamine 1 gm suppository ordered on 10/16. MAR states NA (Not available) since the 16th. Prior to that med he was ordered Mesalamine 1 gm in 15 ml (more of an enema type) on 10/11 and not receive that either. The enema type medication order was changed to the suppository med on the 16th.</p> <p>Finding by Vanessa Headstream: Inmate #Inmate moved from East to Central after a 1 day stay @ TSL, his Ceftriaxone (filled 10/21/13) remains @ East; his dates of transfer were 10/23/13 to TSL &amp; back to Central, then on 10/24/13 from East to Central. He had 3 doses of Ceftriaxone ordered 10/20/13, 2 were missing; he also had 10 doses ordered 10/21/13 that were found in the med room @ East unit.</p>	
7	Are inmates being required to show ID prior to being administered their medications?	X		<p>10/24/2013 10:03 PM Entered By: Kathy Campbell                  Globe- 100% compliant.</p> <p>10/30/2013 8:50 AM Entered By: Jen fontaine</p>	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]		X	<p>10/24/2013 10:03 PM Entered By: Kathy Campbell                  Globe-100% compliant.</p> <p>10/30/2013 12:28 PM Entered By: Jen fontaine                  I reviewed all chronic care and psych meds expiring between 10/1 and 10/15 with results for Florence Complex as follows:</p> <p>total # of prescriptions reviewed, 174                  # of prescriptions reordered on or prior to expiration date, 87                  # of prescriptions reordered after expiration date , 8                  # of prescriptions not reordered, 79</p>	2

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9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			<p>10/24/2013 10:04 PM Entered By: Kathy Campbell Globe-1/1 NFR noted and responded to within 48 hours. 100% compliant.</p> <p>10/30/2013 12:31 PM Entered By: Jen fontaine Logs were started this month on each unit on Florence complex to track the non-formulary medication approvals and denials</p>	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			<p>10/24/2013 10:04 PM Entered By: Kathy Campbell Globe- 100% compliant (1/1 noted)</p> <p>10/30/2013 12:31 PM Entered By: Jen fontaine Logs were started this month on each unit on Florence complex to track the non-formulary medication approvals and denials</p>	2
11	Are medication error reports being completed and medication errors documented?		X		<p>10/24/2013 10:04 PM Entered By: Kathy Campbell Globe-N/A. No med errors reported in October.</p> <p>10/30/2013 12:28 PM Entered By: Jen fontaine The failure to administer the correct drug is part of the definitio of a med error therefore all missed doses of medication would be technically defined as a med error to include dates left blank on MARs indicating the medication was not offered to the inmates. These med errors are not documented or forwarded to the FHA.</p>	2
12	Are quarterly audits of the unit (Floor Stock/RDSA)medicaton by a pharmacist being conducted and documented? [NCCHC Standard P-0-3]	X			10/30/2013 8:49 AM Entered By: Jen fontaine	1

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

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

**Level 1 Amber User: Jen fontaine Date: 10/30/2013 12:25:14 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. Refusals/No Show - Policy titled "Appointment or Treatment Refusals" Chapter 5, Section 7.2 (Appendix VI.1.a.).
  - b. MAR documentation.
  - c. Administration of DOT/KOP.
  - d. Printing MARs (Pharmacy Appendix).
  - e. Medication error documentation/reporting (Pharmacy Appendix).
2. In-service staff on process and PharmaCorr policy.
  - a. Agenda/sign off sheet to verify, inclusive of all pertinent staff.
3. Monitoring (Appendix I. - IV Monitoring Tools)
  - a. Audit tools developed.
  - b. Weekly site results discussed with RVP.
  - c. Audit results discussed a monthly CQI meeting.
  - d. Minutes and audit reported monthly to Regional office for tracking and trending.

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

Target Date- 11/30/13

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

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

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 12:27:59 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.

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

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 11:55:25 AM**

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

Corrective Actions: October Action plan submitted by Corizon-

Intakes-

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

## October 2013 FLORENCE COMPLEX

d.Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

- 1.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending
- 2.Standardized process statewide to include, but not limited to (Appendix III.1.):
  - a.Internal
  - b.External
- 2.In-service staff on process and ADC policy titled "Continuity of Care Upon Transfer" Chapter 5, Section 5.0 (Appendices III.2.);
  - a.Agenda/sign off sheet to verify, inclusive of all pertinent staff
- 3.Custody educated regarding contract requirements regarding inmate transfer with meds
- 4.Monitoring (Appendix I. - IV Monitoring Tools)
  - a.Audit tools developed
  - b.Weekly site results discussed with RVP
  - c.Audit results discussed a monthly CQI meeting
  - d.Minutes and audit reported monthly to Regional office for tracking and trending

Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Target Date - 11/30/13  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results

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

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

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 12:28:56 PM**

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

Corrective Actions: October Action plan submitted by Corizon-

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

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c. Audit results discussed a monthly CQI meeting  
d. Minutes and audit reported monthly to Regional office for tracking and trending  
Responsible Parties = FHA/DON/Custody/RDCQI/RVP  
Target Date - 11/30/13  
Continue to monitor weekly x 3 weeks, monthly until within compliance, then quarterly; monitoring frequency using audit tool per audit results.

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

**Level 2 Amber User: Jen fontaine Date: 10/30/2013 12:28:11 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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<b>Nursing Assessment Protocols</b>						
	<b>Performance Measure (Description)</b>	<b>Grn</b>	<b>Amb</b>	<b>Red</b>	<b>Notifications</b>	<b>Level</b>
1	Are protocols/NETs developed and reviewed annually by the health administrator and responsible physician? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:38 PM Entered By: Jen fontaine	<b>1</b>
2	Is there documentation that nurses have been trained in the use of nursing protocols/NETs, demonstration of knowledge and skills, evidence of annual review of skills and evidence of retraining when new protocols/NETs are introduced or revised? [NCCHC Standard P-E-11]	<b>X</b>			10/29/2013 2:23 PM Entered By: Jen fontaine	<b>1</b>
3	Do nursing assessment protocols/NETs exclude the use of prescription medications except for those covering emergency, life-threatening situations (Nitro, Epinephrine)? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:39 PM Entered By: Jen fontaine	<b>1</b>
4	Do protocols/NETs include acceptable first-aid procedures for identification and care of ailments that would ordinarily be treated by over-the-counter medications through self-care? [NCCHC Standard P-E-11]	<b>X</b>			10/7/2013 2:39 PM Entered By: Jen fontaine	<b>1</b>





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					<p>Inmate [redacted] Inmate [redacted] Inmate [redacted] Inmate [redacted] &amp; Inmate [redacted] Of these 22 only 6 received counseling. Inmate [redacted] Inmate [redacted] Inmate [redacted] Inmate [redacted] &amp; Inmate [redacted] Florence complex is 27% compliant with this performance measure.</p>	
4	Are diet orders forwarded to food service liaison within 24 hours?	X			<p>10/24/2013 9:44 PM Entered By: Kathy Campbell Globe-N/A.</p> <p>10/30/2013 10:45 AM Entered By: Jen fontaine Diet cards are forwarded to food service liaison within 24 hours of the diet being entered into AIMS by medical records.</p>	1
5	Are non-formulary diets being approved by the Medical Review Committee/Medical Director?	X			<p>10/24/2013 9:44 PM Entered By: Kathy Campbell Globe-N/A.</p> <p>10/30/2013 10:47 AM Entered By: Jen fontaine Non-formulary diets are approved by the Medical Director.</p>	1

**October 2013 FLORENCE COMPLEX**

Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			10/7/2013 2:40 PM Entered By: Jen fontaine Infirmiry and sheltered housing management care is outlined in HSTM Chapter 7 section 4.0	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			10/29/2013 12:57 PM Entered By: Jen fontaine Call bell system has been installed. Unit is in compliance	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			10/29/2013 1:10 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 10 of 10 are in compliance. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			10/29/2013 1:11 PM Entered By: Jen fontaine Nursing supervisor or RN charge nurse on site 24 hours a day	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			10/29/2013 1:13 PM Entered By: Jen fontaine	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			10/29/2013 1:16 PM Entered By: Jen fontaine Admission to or discharge from infirmiry care occurs only on the order of the Health Care Provider	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			10/29/2013 1:19 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 10 of 10 are in compliance. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate	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		X		10/29/2013 1:28 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 1 of 10 are in compliance. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate IMInmate was in compliance having a complete admission note and	1

## October 2013 FLORENCE COMPLEX

	-Medication administration record -Discharge plan and discharge notes				discharge plan. The remaining 9 were all missing all or a portion of the required information. Unit is 10% compliant with this performance measure.	
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			10/29/2013 1:31 PM Entered By: Jen fontaine The same record is used for the inmates while they receive care in the infirmary and HU8.	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			10/29/2013 1:35 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 10 of 10 are in compliance. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate	1
11	Are vital signs done daily when required?	X			10/29/2013 1:35 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 10 of 10 are in compliance. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?		X		10/29/2013 1:44 PM Entered By: Jen fontaine Review of 10 medical records of inmates receiving care in the IPC indicate 7 non-compliant and 3 compliant. Inmates reviewed were Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate Inmate & Inmate Inmate Inmate & Inmate had a weekly nursing assesment present in their chart. Inmate Inmate Inmate Inmate Inmate Inmate & Inmate did not have a weekly assessment or care plan present in the medical record. Unit is 30% compliant with this performance measure which is 10% improvement over last months findings therefore this performance measure remains amber.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			10/29/2013 1:46 PM Entered By: Jen fontaine Nursing supervisor checks medications and supplies. I found no out dated or expired supplies or medication.	1

## October 2013 FLORENCE COMPLEX

### Corrective Action Plans for Performance Measure: Infirmary Care

**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

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 1:28:36 PM**

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

Corrective Actions: Reinforce to staff that a complete inmate health record is kept and must include: -Admitting orders (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes.

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

**Level 1 Amber User: Jen fontaine Date: 10/29/2013 1:44:13 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.

### October 2013 FLORENCE COMPLEX

Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			<p>10/24/2013 9:50 PM Entered By: Kathy Campbell Globe-Compliant.</p> <p>10/29/2013 12:02 PM Entered By: Jen fontaine</p>	1
2	Are open medication vials being marked with the date they were opened?	X			<p>10/24/2013 9:51 PM Entered By: Kathy Campbell Globe-2/2 open vials were dated appropriately. 100% compliant.</p> <p>10/29/2013 12:07 PM Entered By: Jen fontaine Central 10/11/13, 15 vials all with date 10/16/13, 12 vials all with date</p> <p>East 10/11/13, 5 vials, 3 with date &amp; 2 without. re check 10/22, 4 vials all with date</p> <p>Kasson 10/18 7 vials all with date</p> <p>North 10/10, 5 vials, 1 with date &amp; 4 without. re check 10/23, 4 vials all with date.</p> <p>South 10/16, 6 vials all with date.</p>	1
3	Is nursing staff checking for outdated (expiring)medications?	X			<p>10/24/2013 9:52 PM Entered By: Kathy Campbell Globe- 100% compliant.</p> <p>10/29/2013 12:07 PM Entered By: Jen fontaine</p>	1