



**CALIFORNIA CORRECTIONAL  
INSTITUTION**  
**MEDICAL INSPECTION RESULTS**  
BUREAU OF AUDITS AND INVESTIGATIONS

OFFICE OF THE  
INSPECTOR GENERAL

DAVID R. SHAW  
INSPECTOR GENERAL

STATE OF CALIFORNIA

September 2009



September 10, 2009

J. Clark Kelso, Receiver  
California Prison Health Care Receivership Corporation  
501 J Street, Suite 100  
Sacramento, California 95814

Dear Mr. Kelso:

Enclosed is the Office of the Inspector General's final report on its inspection of medical care delivery at the California Correctional Institution. The purpose of our inspection was to evaluate and monitor the progress of medical care delivery to inmates at the institution.

The report finds that based on our weighted scoring system encompassing 19 components, the California Correctional Institution received 64.3 percent of the total weighted points possible. The report contains a detailed breakdown of the institution's score in each of the 19 relevant categories, including the results of all 153 questions. A copy of the report can also be found on our website at [www.oig.ca.gov](http://www.oig.ca.gov).

Thank you for the courtesy and cooperation extended to my staff during the inspection. Please call Nancy Faszer, Deputy Inspector General, In-Charge, at (916) 830-3600 if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "David R. Shaw".

David R. Shaw  
Inspector General

Enclosure

cc: Theresa Kimura-Yip, Associate Director, Support Operations Section, Plata Field Division  
William Walsh, Ph.D., Health Care Manager (A), California Correctional Institution  
Arnel Joaquin, M.D., Chief Medical Officer, California Correctional Institution  
Fernando Gonzalez, Warden (A), California Correctional Institution  
Matthew Cate, Secretary, California Department of Corrections and Rehabilitation

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# Executive Summary

An April 2001 class action lawsuit filed by inmates represented by the Prison Law Office alleged that the state provided constitutionally inadequate medical care at California state prisons in violation of inmates’ constitutional rights. And, in October 2005, the U.S. Northern District Court of California declared that California’s delivery system for prison medical care was “broken beyond repair” and still not meeting constitutional standards. As a result, the federal court imposed a receivership to raise the delivery of medical care to constitutional standards. To evaluate and monitor the progress of medical care delivery to inmates, the receiver requested, and the Office of the Inspector General (OIG) agreed, to establish an objective, clinically appropriate, and metric-oriented medical program to annually inspect the delivery of medical care at each state prison.

<p><b>Overall Score 64.3%</b></p>
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In May 2009, we inspected California Correctional Institution (CCI). Our medical inspection encompassed 19 components of medical delivery and comprised 153 questions. The questions are weighted based on their importance to the delivery of medical care to inmates. CCI received 64.3 percent of the total weighted points possible.

The following summary table lists the components we inspected in order of importance (highest to lowest), with the institution’s score and the definitions of each inspection component. The detailed medical inspection results, with the questions for each component, begin on page 7 of this report. While we are committed to helping each institution achieve a higher level of medical care, it is not our intent to determine the percentage score needed by an institution to meet constitutional standards—that is a legal matter for the federal court to determine.

## Executive Summary Table

Component	Weighted Score	Definition
<i>Chronic Care</i>	<b>61.8%</b>	Examines how well the prison provided care and medication to inmates with specific chronic care conditions, which are those that affect (or have the potential to affect) an inmate's functioning and long-term prognosis for more than six months. Our inspection tests the following chronic care conditions: asthma, Coumadin therapy, diabetes, HIV (Human Immunodeficiency Virus), and hypertension.
<i>Clinical Services</i>	<b>57.4%</b>	Evaluates the inmate's access to primary health care services and focuses on inmates who recently received services from any of the prison's facility or administrative segregation unit clinics. This component evaluates sick call processes (doctor or nurse line), medication management, and nursing.
<i>Health Screening</i>	<b>78.3%</b>	Focuses on the prison's process for screening new inmates upon arrival to the institution for health care conditions that require treatment and monitoring, as well as ensuring inmates' continuity of care.
<i>Specialty Services</i>	<b>57.3%</b>	Focuses on the prison's process for approving, denying, and scheduling services that are outside the specialties of the prison's medical staff. Common examples of these services include physical therapy, oncology services, podiatry consultations, and neurology services.
<i>Urgent Services</i>	<b>82.7%</b>	Addresses the care provided by the institution to inmates before and after they were sent to a community hospital.

<b>Component</b>	<b>Weighted Score</b>	<b>Definition</b>
<i>Emergency Services</i>	<b>77.9%</b>	Examines how well the prison responded to medical emergencies. Specifically, we focused on "man down" or "woman down" situations. Further, questions determine the adequacy of medical and staff response to a "man down" or "woman down" emergency drill.
<i>Prenatal Care/ Childbirth/Post-delivery</i>	<b>N/A</b>	Focuses on the prenatal and post-delivery medical care provided to pregnant inmates. Not applicable at men's institutions.
<i>Diagnostic Services</i>	<b>60.4%</b>	Addresses the timeliness of radiology (x-ray) and laboratory services and whether the prison followed up on clinically significant results.
<i>Access to Health Care Information</i>	<b>54.9%</b>	Addresses the prison's effectiveness in filing, storing, and retrieving medical records and medical-related information.
<i>Outpatient Housing Unit</i>	<b>73.3%</b>	Determines whether the prison followed department policies and procedures when placing inmates in the outpatient housing unit. This component also evaluates whether the placement provided the inmate with adequate care and whether the physician's plan addressed the placement diagnosis.
<i>Internal Reviews</i>	<b>60.0%</b>	Focuses on the frequency of meetings held by the prison's Quality Management Committee (QMC) and Emergency Response Review Committee (ERRC) and whether key staff attended the meetings, the number of medical appeals filed, and the prison's death review process.
<i>Inmate Transfers</i>	<b>43.2%</b>	Focuses on inmates pending transfer to determine whether the sending institution documented medication and medical conditions to assist the receiving institution in providing continuity of care.
<i>Clinic Operations</i>	<b>90.6%</b>	Addresses the general operational aspects of the prison's facility clinics. Generally, the questions in this component relate to the overall cleanliness of the clinics, privacy afforded to inmates during nonemergency visits, use of priority ducts (slip of paper the inmate carries for scheduled medical appointments), and availability of health care request forms.
<i>Preventive Services</i>	<b>7.3%</b>	Focuses on inmate cancer screening and influenza immunizations.
<i>Pharmacy Services</i>	<b>79.3%</b>	Addresses whether the prison's pharmacy complies with various operational policies, such as conducting periodic inventory counts and maintaining the currency of medications in its night lockers, keeping signature cards on file for doctors, and having valid permits. In addition, this component also addresses whether the pharmacy has an effective process for screening medication orders for potential adverse reactions/interactions.
<i>Other Services</i>	<b>85.0%</b>	Examines additional areas that are not captured in the other components. The areas evaluated in this component include the prison's provision of therapeutic diets, its handling of inmates who display poor hygiene, and the availability of the current version of the department's Health Services Policies and Procedures.
<i>Inmate Hunger Strikes</i>	<b>45.8%</b>	Examines medical staff's monitoring of inmates participating in hunger strikes.
<i>Chemical Agent Contraindications</i>	<b>66.3%</b>	Addresses the prison's process of handling inmates who may be predisposed to an adverse outcome from calculated uses of force (cell extractions) involving Oleoresin Capsicum (OC), which is commonly referred to as "pepper spray." For example, this might occur if the inmate has asthma.
<i>Staffing Levels and Training</i>	<b>90.0%</b>	Examines the prison's medical staffing levels and training provided.
<i>Nursing Policy</i>	<b>50.0%</b>	Determines whether the prison maintains written policies and procedures for the safe and effective provision of quality nursing care. The questions in this component also determine whether nursing staff review their duty statements and whether supervisors periodically review the work of nurses to ensure they properly follow established nursing protocols.
<b>Overall Score</b>	<b>64.3%</b>	

# Introduction

Under the authority of California Penal Code section 6126, which assigns the Office of the Inspector General (OIG) responsibility for oversight of the California Department of Corrections and Rehabilitation, and at the request of the federal receiver, the OIG developed a comprehensive inspection program to evaluate the delivery of medical care at each of the California Department of Corrections and Rehabilitation's 33 adult prisons.

In May 2009, we inspected California Correctional Institution (CCI). Our medical inspection encompassed 19 components of medical delivery and comprised 153 questions. To help readers understand the medical risk associated with certain components of medical delivery—which pose a greater risk to an inmate-patient—we developed a weighting system and assigned points to each question. Consequently, we assigned more total points to more critical components, such as chronic care, clinical services, and health screening. We assigned fewer total points to less critical components, such as inmate hunger strikes, staffing levels and training, and chemical agent contraindications. (For a detailed description of the weighting system, see Objectives, Scope, and Methodology on the next page.)

## Background

In April 2001, inmates represented by the Prison Law Office filed a class action lawsuit, known as *Plata v. Schwarzenegger*. The lawsuit alleged that the state provided constitutionally inadequate medical care at California state prisons in violation of inmates' constitutional rights. In June 2002, the parties entered into a Stipulation for Injunctive Relief, and the state agreed to implement over several years comprehensive new medical care policies and procedures at all institutions.

Nevertheless, the U.S. Northern District Court of California declared in October 2005 that California's delivery system for prison medical care was "broken beyond repair" and still not meeting constitutional standards. Thus, the federal court imposed a receivership to raise the delivery of medical care to constitutional standards. In essence, the court ordered the receiver to manage the state's delivery of medical care and restructure day-to-day operations to develop and sustain a system that provides constitutionally adequate medical care to inmates. The court stated that it would remove the receiver and return control to the state once the system is stable and provides for constitutionally adequate medical care.

To evaluate and monitor the progress of medical care delivery to inmates, the receiver requested that the OIG establish an objective, clinically appropriate, and metric-oriented medical inspection program. Toward that end, the Inspector General agreed to inspect annually each state prison until the state's delivery of medical care to inmates meets constitutional standards. We are committed to helping each institution achieve a higher level of medical care, but it is up to the federal court to determine the percentage score necessary for an institution to meet constitutional standards.

## About the Institution

The overall mission of the California Correctional Institution (CCI) is to incarcerate and control felons, while providing opportunity for meaningful work, training and other programs. CCI is made up of four separate facilities, including a reception center for short-term housing. Each facility houses inmates of varying security levels, from minimum security inmates all the way up to inmates housed in CCI's Security Housing Units (SHU), the highest-level of security in California state prisons. Each of the four facilities houses a medical clinic where staff handle non-urgent requests for medical services. CCI also treats inmates needing urgent or emergency care in its triage and treatment area (TTA). As of August 19, 2009, the California Department of Corrections and Rehabilitation reported that CCI had custody over 5,633 male inmates, including 1,484 reception center inmates and 772 SHU inmates. According to information provided by the institution, CCI's vacancy rate among licensed medical managers, primary care providers, supervisors, and rank and file nurses was 16.9 percent.

William Walsh, Ph.D., who serves as the prison's acting health care manager, and Arnel Joaquin, M.D., the prison's chief medical officer, are responsible for CCI's entire health care program.

## Objectives, Scope, and Methodology

In designing the medical inspection program, we reviewed the California Department of Corrections and Rehabilitation's policies and procedures, relevant court orders, guidelines developed by the department's Quality Medical Assurance Team, and guidance developed by the American Correctional Association. We also reviewed professional literature on correctional medical care, consulted with clinical experts, and met with stakeholders from the court, the receiver's office, the department, and the Prison Law Office to discuss the nature and scope of the inspection program. Based on input from these stakeholders, we developed a medical inspection program that evaluates medical care delivery. Within each of 20 components, we created "yes" or "no" questions designed to gauge performance.

To make the inspection results meaningful to both a medical expert and a lay reader, we worked with clinical experts to create a weighting system that factors the relative importance of each component compared to other components. Further, the program considers the relative importance of each question within a component to the other questions in that component. This weighting ensures that more critical components—such as those that pose the greatest medical risk to the inmate-patient—are given more weight compared to those considered less serious. For example, we assign a high number of possible points to the chronic care component because we consider this the most serious of all the components. Conversely, we assign very few points to the hygiene intervention component because we consider this the least serious inspection component.

Each inspection question is weighted and scored. The score is derived from the percentage of "yes" answers for each question from all items sampled. We then multiply the percentage of "yes" answers within a given question by the question's weight to arrive at a score. The following example shows how this scoring system works.

Example Question: Institution X

	Answers				Weighting Points			N/A	Unk
	Yes	No	Yes + No	Yes %	Possible	Received	Score %		
Is the clinical history adequate?	40	10	50	80%	20	16	80.0%	0	0

If the institution receives 40 “yes” answers and 10 “no” answers, the percentage of “yes” answers to this question equals 80 percent. We calculate the number of points the institution would receive by multiplying the “yes” percent of 80 by the number of possible points for this question, which is 20, to arrive at 16 points.

To arrive at the total score, we add the points received for each question and then for each program component. Finally, we calculate the institution’s overall score by dividing the sum of the points received by the sum of the points possible. We do not include in the institution’s overall score the weight for questions that are not applicable or, in some cases, where a lack of documentation would result in numerous “no” answers for one deviation from policy (unknown). For instance, an institution may not be able to provide documentation that its emergency response review committee met for a particular month. Therefore, when we evaluate whether meeting minutes document monthly meetings for a particular month, the institution would receive a “no” answer for that question. However, when we evaluate whether the meeting minutes document the warden’s attendance at the meeting, the answer would be “unknown” so that the institution’s score is not penalized twice for the same reason, not documenting the meeting.

To evaluate the institution’s delivery of medical care, we obtained various electronic data files maintained by the institution for inmate medical scheduling and tracking, pharmacy, and census data. We used these electronic data files only to identify random samples of inmates receiving or requiring specific medical services. We then reviewed the medical file for each inmate in our sample. We did not rely on the medical care information contained in these data files.

Our medical inspection at CCI encompassed 19 of the 20 components of medical delivery. One of the components was not applicable during the period inspected. In total, we reviewed 187 inmate medical files, which are referred to as unit health records. In addition, we reviewed staffing level reports, medical appeals summaries, nursing policies and procedures, summaries of medical drills and emergencies, minutes from Quality Management Committee and Emergency Response Review Committee hearings, and assorted manual logs or tracking worksheets related to medical care delivery. We also conducted a live medical emergency drill and evaluated the adequacy of the responding staff’s actions. Finally, we interviewed medical and custody staff members about the delivery of medical care to inmates, and we observed day-to-day medical delivery at the institution.

We do not test the care provided in the licensed hospitals or correctional treatment centers because they are subject to inspections and oversight by other regulatory agencies.

Consistent with our agreement with the receiver, our report only addresses the conditions found related to the medical care criteria. We do not discuss the causes of noncompliance, nor do we make specific recommendations in this report. However, if we learn of an inmate-patient who needs immediate care, we notify the chief medical officer and request a status report. Moreover, if we learn of significant



departures from community standards, we may report such departures to the institution’s chief medical officer or the receiver’s office. Because these matters involve confidential medical information protected by state and federal privacy laws, specific details related to these cases are not included in our report.

For ease of reference, following is a table of abbreviations used in the remainder of this report.

<b>Abbreviations used in this report</b>	
AED	Automatic External Defibrillator
BLS	Basic Life Support
CMO	Chief Medical Officer
CTC	Correctional Treatment Center
CTO	Confined to Quarters
ERRC	Emergency Response Review Committee
FTF	Face-to-Face
GACH	General Acute Care Hospital
HCM	Health Care Manager
INH	Isoniazid (antituberculous medication)
LVN	Licensed Vocational Nurse
MOD	Medical Officer of the Day
OB	Obstetrician
OC	Oleoresin Capsicum (pepper spray)
OHU	Outpatient Housing Unit
OIG	Office of the Inspector General
PCP	Primary Care Provider
QMC	Quality Management Committee
RN	Registered Nurse
SOAPE	Subjective, Objective, Assessment, Plan, Education
SRN	Supervising Registered Nurse
TB	Tuberculosis
TTA	Triage and Treatment Area
UHR	Unit Health Record
UM	Utilization Management



**MEDICAL INSPECTION RESULTS**

05/18/2009 – 05/21/2009

**Overall Score:**  
**64.3%**

Component	Page	Answers				Weighting Points			Questions Not Answered	
		Yes	No	Yes + No	Yes %	Points Possible	Points Received	Score %	Not Applicable	Unknown
<i>Chronic Care</i>	8	136	83	219	62.1%	133	82.2	61.8%	6	0
<i>Clinical Services</i>	9	176	103	279	63.1%	95	54.5	57.4%	44	4
<i>Health Screening</i>	11	178	32	210	84.8%	89	69.7	78.3%	184	16
<i>Specialty Services</i>	13	63	41	104	60.6%	71	40.7	57.3%	40	0
<i>Urgent Services</i>	14	115	29	144	79.9%	52	43.0	82.7%	50	6
<i>Emergency Services</i>	15	31	8	39	79.5%	58	45.2	77.9%	1	2
<i>Diagnostic Services</i>	17	27	24	51	52.9%	52	31.4	60.4%	13	1
<i>Access to Health Care Information</i>	18	8	4	12	66.7%	51	28.0	54.9%	0	0
<i>Outpatient Housing Unit</i>	19	49	16	65	75.4%	48	35.2	73.3%	11	6
<i>Internal Reviews</i>	20	22	8	30	73.3%	40	24.0	60.0%	4	0
<i>Inmate Transfers</i>	21	11	10	21	52.4%	38	16.4	43.2%	4	0
<i>Clinic Operations</i>	22	26	6	32	81.3%	33	29.9	90.6%	1	0
<i>Preventive Services</i>	23	3	25	28	10.7%	30	2.2	7.3%	0	0
<i>Pharmacy Services</i>	24	26	1	27	96.3%	29	23.0	79.3%	0	0
<i>Other Services</i>	25	6	1	7	85.7%	10	8.5	85.0%	2	0
<i>Inmate Hunger Strikes</i>	26	4	5	9	44.4%	19	8.7	45.8%	0	0
<i>Chemical Agent Contraindications</i>	27	2	1	3	66.7%	8	5.3	66.3%	3	0
<i>Staffing Levels and Training</i>	28	6	2	8	75.0%	16	14.4	90.0%	1	0
<i>Nursing Policy</i>	29	7	8	15	46.7%	14	7.0	50.0%	0	0
<b>Totals</b>		<b>896</b>	<b>407</b>	<b>1303</b>	<b>68.8%</b>	<b>886</b>	<b>569.3</b>	<b>64.3%</b>	<b>364</b>	<b>35</b>

Reference Number	Chronic Care	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
03.076	Was the inmate's most recent chronic care visit within the time frame required by the degree of control of the inmate's condition based on his or her prior visit?	17	8	25	68.0%	10	6.8	68.0%	0	0
03.077	Were key elements on Forms 7419 (Chronic Care Follow-Up Visit) and 7392 (Primary Care Flow Sheet) filled out completely for the inmate's two most recent visits?	13	12	25	52.0%	10	5.2	52.0%	0	0
03.082	Did the institution document that it provided the inmate with health care education?	20	5	25	80.0%	12	9.6	80.0%	0	0
03.175	Did the inmate receive his or her prescribed chronic care medications during the most recent three-month period or did the institution follow departmental policy if the inmate refused to pick up or show up for his or her medications?	11	12	23	47.8%	18	8.6	47.8%	2	0
03.235	Is the clinical history adequate?	15	10	25	60.0%	18	10.8	60.0%	0	0
03.236	Is the focused clinical examination adequate?	19	6	25	76.0%	19	14.4	76.0%	0	0
03.237	Is the assessment adequate?	11	14	25	44.0%	19	8.4	44.0%	0	0
03.238	Is the plan adequate and consistent with the degree of control based on the chronic care program intervention and follow up requirements?	15	6	21	71.4%	19	13.6	71.4%	4	0
03.262	Is the inmate's Problem List complete and filed accurately in the inmate's unit health record (UHR)?	15	10	25	60.0%	8	4.8	60.0%	0	0
<b>Components Subtotals:</b>		<b>136</b>	<b>83</b>	<b>219</b>	<b>62.1%</b>	<b>133</b>	<b>82.2</b>	<b>61.8%</b>	<b>6</b>	<b>0</b>

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.024	RN FTF Documentation: Did the inmate's request for health care get reviewed the same day it was received?	23	2	25	92.0%	4	3.7	92.0%	0	0
01.025	RN FTF Documentation: Did the RN complete the face-to-face (FTF) triage within one (1) business day after the Form 7362 was reviewed?	15	10	25	60.0%	6	3.6	60.0%	0	0
01.246	Did documentation indicate that the RN reviewed all of the inmate's complaints listed on Form 7362 (Health Care Services Request Form)?	16	9	25	64.0%	5	3.2	64.0%	0	0
01.157	RN FTF Documentation: Did the RN's subjective note address the nature and history of the inmates primary complaint?	16	9	25	64.0%	7	4.5	64.0%	0	0
01.159	RN FTF Documentation: Did the RN's objective note include vital signs and a focused physical examination, and did it adequately address the problems noted in the subjective note?	17	8	25	68.0%	6	4.1	68.0%	0	0
01.244	RN FTF Documentation: Did the RN's objective note include allergies, weight, current medication, and where appropriate, medication compliance?	7	18	25	28.0%	3	0.8	28.0%	0	0
01.158	RN FTF Documentation: Did the RN's assessment provide conclusions based on subjective and objective data, were the conclusions formulated as patient problems, and did it contain applicable nursing diagnoses?	17	8	25	68.0%	6	4.1	68.0%	0	0
01.162	RN FTF Documentation: Did the RN's plan include an adequate strategy to address the problems identified during the FTF triage?	23	2	25	92.0%	7	6.4	92.0%	0	0
01.163	RN FTF Documentation: Did the RN's education/instruction adequately address the problems identified during the FTF triage?	20	5	25	80.0%	5	4.0	80.0%	0	0
01.027	If the RN determined a referral to a primary care physician (PCP) was necessary, was the inmate seen within the timelines specified by the RN during the FTF triage?	3	9	12	25.0%	8	2.0	25.0%	13	0

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.247	Sick Call Follow-up: If the provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	4	3	7	57.1%	7	4.0	57.1%	17	1
01.124	Sick Call Medication: Did the institution administer or deliver prescription medications (new orders) to the inmate within specified time frames?	9	13	22	40.9%	6	2.5	40.9%	3	0
15.234	Are clinic response bags audited daily and do they contain essential items?	1	1	2	50.0%	5	2.5	50.0%	0	0
21.278	Was there adequate prior management of pre-existing medical conditions that contributed to the need for the TTA visit?	5	6	11	45.5%	20	9.1	45.5%	11	3
<b>Components Subtotals:</b>		<b>176</b>	<b>103</b>	<b>279</b>	<b>63.1%</b>	<b>95</b>	<b>54.5</b>	<b>57.4%</b>	<b>44</b>	<b>4</b>

Reference Number	Health Screening	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
02.016	Did the institution complete the initial health screening on the same day the inmate arrived at the institution?	23	7	30	76.7%	9	6.9	76.7%	0	0
02.017	If yes was answered to any of the questions on the initial health screening form(s), did the RN provide an assessment and disposition on the date of arrival?	18	0	18	100.0%	8	8.0	100.0%	7	5
02.018	If, during the assessment, the RN referred the inmate to a clinician, was the inmate seen within the time frame?	2	4	6	33.3%	8	2.7	33.3%	20	4
02.021	Reception center: Did the inmate receive a complete history and physical by a Nurse Practitioner, Physician Assistant, or a Physician and Surgeon within 14 calendar days of arrival?	10	0	10	100.0%	5	5.0	100.0%	20	0
02.211	Reception center history and physical: Is the "History of Present Illness" section of Form 7206 (History and Physical Examination) complete and appropriate to the chief complaint(s), if any?	8	1	9	88.9%	2	1.8	88.9%	1	0
02.212	Reception center history and physical: Are the "Past History" and "Past Medical History" sections of Form 7206 (History and Physical Examination) complete?	10	0	10	100.0%	2	2.0	100.0%	0	0
02.215	Reception center history and physical: Is the "Review Systems" section of Form 7206 (History and Physical Examination) complete?	8	2	10	80.0%	2	1.6	80.0%	0	0
02.213	Reception center history and physical: Is the "Family and Social History" section of Form 7206 (History and Physical Examination) complete?	10	0	10	100.0%	2	2.0	100.0%	0	0
02.216	Reception center history and physical: Is the "Physical Examination" section of Form 7206 (History and Physical Examination) complete and appropriate to the history and review of systems?	10	0	10	100.0%	2	2.0	100.0%	0	0
02.217	Reception center history and physical: Is the "Diagnosis/Impression" section of Form 7206 (History and Physical Examination) appropriate to the history and physical examination?	10	0	10	100.0%	2	2.0	100.0%	0	0

Reference Number	Health Screening	Answers				Weighting Points				N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %			
02.218	Reception center history and physical: Is the "Plan of Action" section of Form 7206 (History and Physical Examination) appropriate to the "Diagnosis/Impression" section of the form?	4	0	4	100.0%	2	2.0	100.0%	6	0	
02.219	Reception center history and physical: Has required intake testing been ordered?	9	1	10	90.0%	4	3.6	90.0%	0	0	
02.020	Did the LVN/RN adequately document the tuberculin test or a review of signs and symptoms if the inmate had a previous positive tuberculin test?	24	6	30	80.0%	6	4.8	80.0%	0	0	
02.015	Was a review of symptoms completed if the inmate's tuberculin test was positive, and were the results reviewed by the infection control nurse?	1	2	3	33.3%	7	2.3	33.3%	21	6	
02.022	Reception center: If the primary care provider (PCP) indicated the inmate required a special diet, did the PCP refer the inmate to a registered dietician?	0	0	0	0.0%	0	0.0	0.0%	30	0	
02.128	If the inmate had an existing medication order upon arrival at the institution, did the inmate receive the medications by the next calendar day, or did a physician explain why the medications were not to be continued?	6	8	14	42.9%	8	3.4	42.9%	16	0	
02.007	Non-reception center: Does the health care transfer information form indicate that it was reviewed and signed by licensed health care staff within one calendar day of the inmate's arrival at the institution?	18	1	19	94.7%	7	6.6	94.7%	10	1	
02.014	Non-reception center: If the inmate was scheduled for a specialty appointment at the sending institution, did the receiving institution schedule the appointment within 30 days of the original appointment date?	2	0	2	100.0%	7	7.0	100.0%	28	0	
02.111	Non-reception center: Did the inmate receive medical accommodations upon arrival, if applicable?	5	0	5	100.0%	6	6.0	100.0%	25	0	
<b>Components Subtotals:</b>		<b>178</b>	<b>32</b>	<b>210</b>	<b>84.8%</b>	<b>89</b>	<b>69.7</b>	<b>78.3%</b>	184	16	

Reference Number	Specialty Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
07.037	Did the institution approve or deny the PCP's request for specialty services within the specified time frames?	17	5	22	77.3%	8	6.2	77.3%	0	0
07.038	Did the PCP see the inmate between the date the PCP ordered the service and the date the inmate received it, in accordance with specified time frames?	5	12	17	29.4%	8	2.4	29.4%	5	0
07.035	Did the inmate receive the specialty service within specified time frames?	7	10	17	41.2%	9	3.7	41.2%	5	0
07.090	Physical therapy services: Did the physical therapist assess the inmate and document the treatment plan and treatment provided to the inmate?	2	0	2	100.0%	8	8.0	100.0%	20	0
07.043	Did the PCP review the consultant's report and see the inmate for a follow-up appointment after the specialty services consultation within specified time frames?	8	9	17	47.1%	9	4.2	47.1%	5	0
07.260	Was the institution's denial of the PCP's request for specialty services consistent with the "medical necessity" requirement?	4	1	5	80.0%	9	7.2	80.0%	0	0
07.259	Was there adequate documentation of the reason for the denial of specialty services?	3	2	5	60.0%	5	3.0	60.0%	0	0
07.270	Did the specialty provider provide timely findings and recommendations or did an RN document that he or she called the specialty provider to ascertain the findings and recommendations?	17	0	17	100.0%	6	6.0	100.0%	5	0
07.261	Is the institution scheduling high-priority (urgent) specialty services within 14 days?	0	2	2	0.0%	9	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>63</b>	<b>41</b>	<b>104</b>	<b>60.6%</b>	<b>71</b>	<b>40.7</b>	<b>57.3%</b>	<b>40</b>	<b>0</b>



Reference Number	Urgent Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
21.248	Upon the inmate's discharge from the community hospital, did the triage and treatment area (TTA) registered nurse document that he or she reviewed the inmate's discharge plan and completed a face-to-face assessment of the inmate?	23	2	25	92.0%	7	6.4	92.0%	0	0
21.250	Upon the inmate's discharge from the community hospital, did the inmate's Primary Care Provider (PCP) provide orders for appropriate housing for the inmate?	25	0	25	100.0%	7	7.0	100.0%	0	0
21.251	Upon the inmate's discharge from the community hospital, did the Registered Nurse intervene if the inmate was housed in an area that was inappropriate for nursing care based on the primary care provider's (PCP) housing orders?	0	0	0	0.0%	0	0.0	0.0%	25	0
21.249	Upon the inmate's discharge from the community hospital, did the inmate receive a follow-up appointment with his or her primary care provider (PCP) within five calendar days of discharge?	11	12	23	47.8%	7	3.3	47.8%	2	0
21.281	Upon the inmate's discharge from a community hospital, did the institution administer or deliver all prescribed medications to the inmate within specified time frames?	16	8	24	66.7%	6	4.0	66.7%	1	0
21.275	Was the documentation of the clinical care provided in the TTA adequate?	19	6	25	76.0%	10	7.6	76.0%	0	0
21.276	While the patient was in the TTA, was the clinical care rendered by the attending provider adequate and timely?	20	1	21	95.2%	7	6.7	95.2%	0	4
21.279	For patients managed by telephone consultation alone, was the provider's decision not to come to the TTA appropriate?	1	0	1	100.0%	8	8.0	100.0%	22	2
<b>Components Subtotals:</b>		<b>115</b>	<b>29</b>	<b>144</b>	<b>79.9%</b>	<b>52</b>	<b>43.0</b>	<b>82.7%</b>	<b>50</b>	<b>6</b>

Reference Number	Emergency Services	Answers				Weighting Points				N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %			
08.183	Was the medical emergency responder notified of the medical emergency without delay?	4	0	4	100.0%	5	5.0	100.0%	0	0	
08.241	Did the first responder provide adequate basic life support (BLS) prior to medical staff arriving?	4	0	4	100.0%	6	6.0	100.0%	0	0	
08.184	Did the medical emergency responder arrive at the location of the medical emergency within five (5) minutes of initial notification?	2	2	4	50.0%	4	2.0	50.0%	0	0	
08.185	Did the medical emergency responder use proper equipment to address the emergency and was adequate medical care provided within the scope of his or her license?	3	0	3	100.0%	7	7.0	100.0%	0	1	
08.242	Did licensed health care staff call 911 without unnecessary delay after a life-threatening condition was identified by a licensed health care provider or peace officer?	3	1	4	75.0%	6	4.5	75.0%	0	0	
08.187	Did the institution provide adequate preparation for the ambulance's arrival, access to the inmate, and departure?	2	1	3	66.7%	4	2.7	66.7%	0	1	
08.186	Were both the first responder (if peace officer or licensed health care staff) and the medical emergency responder basic life support (BLS) certified at the time of the incident?	4	0	4	100.0%	4	4.0	100.0%	0	0	
08.222	Were the findings of the institution's Emergency Response Review Committee (ERRC) supported by the documentation and completed within 30 days?	0	3	3	0.0%	7	0.0	0.0%	1	0	
15.240	Emergency Medical Response Drill: Did the responding officer activate the emergency response system by providing the pertinent information to the relevant parties, immediately and without delay?	1	0	1	100.0%	2	2.0	100.0%	0	0	
15.255	Emergency Medical Response Drill: Did the responding officer carry and use the proper equipment (protective shield or micro-mask, gloves) required by the department?	0	1	1	0.0%	1	0.0	0.0%	0	0	

Reference Number	Emergency Services	Answers				Weighting Points				N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %			
15.256	Emergency Medical Response Drill: Did the responding officer properly perform an assessment on the patient for responsiveness?	1	0	1	100.0%	1	1.0	100.0%	0	0	
15.257	Emergency Medical Response Drill: Did the responding officer properly perform CPR?	1	0	1	100.0%	2	2.0	100.0%	0	0	
15.258	Emergency Medical Response Drill: Did the responding officer begin CPR without unnecessary delay?	1	0	1	100.0%	2	2.0	100.0%	0	0	
15.282	Emergency Medical Response Drill: Did medical staff arrive on scene in five minutes or less?	1	0	1	100.0%	2	2.0	100.0%	0	0	
15.283	Emergency Medical Response Drill: Did the emergency medical responders arrive with proper equipment (ER bag, bag-valve-mask, AED)?	1	0	1	100.0%	1	1.0	100.0%	0	0	
15.284	Emergency Medical Response Drill: Did the responding officer provide accurate information to responding medical staff?	1	0	1	100.0%	1	1.0	100.0%	0	0	
15.285	Emergency Medical Response Drill: Did emergency medical responders continue basic life support?	1	0	1	100.0%	1	1.0	100.0%	0	0	
15.287	Emergency Medical Response Drill: Was 911 called without unnecessary delay?	1	0	1	100.0%	2	2.0	100.0%	0	0	
<b>Components Subtotals:</b>		<b>31</b>	<b>8</b>	<b>39</b>	<b>79.5%</b>	<b>58</b>	<b>45.2</b>	<b>77.9%</b>	<b>1</b>	<b>2</b>	

Reference Number	Diagnostic Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
06.049	Radiology order: Was the radiology service provided within the time frame specified in the physician's order?	4	1	5	80.0%	7	5.6	80.0%	0	0
06.245	Radiology order: Was the diagnostic report received by the institution within 14 days?	5	0	5	100.0%	8	8.0	100.0%	0	0
06.200	Radiology order: Did the primary care provider (PCP) review the diagnostic report and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	0	5	5	0.0%	7	0.0	0.0%	0	0
06.188	All laboratory orders: Was the specimen collected within the applicable time frames of the physician's order?	4	6	10	40.0%	6	2.4	40.0%	0	0
06.191	All diagnostic services: Did the PCP document the clinically significant diagnostic test results on Form 7230 (Interdisciplinary Progress Notes)?	6	3	9	66.7%	7	4.7	66.7%	6	0
06.263	All diagnostic services: Did the PCP adequately manage clinically significant test results?	7	0	7	100.0%	10	10.0	100.0%	7	1
06.202	All laboratory orders: Did the PCP review the diagnostic reports and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	1	9	10	10.0%	7	0.7	10.0%	0	0
<b>Components Subtotals:</b>		<b>27</b>	<b>24</b>	<b>51</b>	<b>52.9%</b>	<b>52</b>	<b>31.4</b>	<b>60.4%</b>	<b>13</b>	<b>1</b>

Reference Number	Access to Health Care Information	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
19.150	Is the medical records office current with its loose filing?	0	1	1	0.0%	9	0.0	0.0%	0	0
19.169	Did medical records staff make unit health records (UHR) available to clinic staff for the inmates ducated for medical appointments the next day?	2	0	2	100.0%	15	15.0	100.0%	0	0
19.243	Was the institution able to account for the OIG's requested UHR files?	0	1	1	0.0%	12	0.0	0.0%	0	0
19.266	Does the institution properly file inmates' medical information?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.271	While reviewing unit health records (UHR) as part of the OIG's inspection, were the OIGs RN and MD inspectors able to locate all relevant documentation of health care provided to inmates?	3	2	5	60.0%	5	3.0	60.0%	0	0
19.272	Does the institution promptly file blood pressure logs in unit health records (UHR)?	2	0	2	100.0%	5	5.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>8</b>	<b>4</b>	<b>12</b>	<b>66.7%</b>	<b>51</b>	<b>28.0</b>	<b>54.9%</b>	<b>0</b>	<b>0</b>

Reference Number	Outpatient Housing Unit	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
04.052	Did the RN complete an initial assessment of the inmate on the day of placement?	6	4	10	60.0%	5	3.0	60.0%	0	0
04.051	Did the primary care provider (PCP) evaluate the inmate within one calendar day after placement?	8	2	10	80.0%	5	4.0	80.0%	0	0
04.053	While the inmate was placed in the OHU, did the PCP complete the Subjective, Objective, Assessment, Plan and Education (SOAPE) at a minimum of every 14 days?	1	2	3	33.3%	4	1.3	33.3%	7	0
15.103	In the outpatient housing unit (OHU), are patient call buttons operational or does medical staff make rounds every 30 minutes?	0	1	1	0.0%	3	0.0	0.0%	0	0
04.054	Did the utilization management (UM) nurse assess the inmate within one week of the inmate's placement and every 30 days thereafter?	3	3	6	50.0%	4	2.0	50.0%	4	0
15.225	Does the OHU use disinfectant daily in common patient areas?	1	0	1	100.0%	3	3.0	100.0%	0	0
04.112	Was the PCP's initial evaluation adequate for the problem(s) requiring OHU placement?	7	3	10	70.0%	5	3.5	70.0%	0	0
04.230	Was the PCP's initial assessment (or diagnoses) appropriate for the findings in the initial evaluation?	7	0	7	100.0%	5	5.0	100.0%	0	3
04.056	Did the PCP's plan adequately address the initial assessment?	7	1	8	87.5%	5	4.4	87.5%	0	2
04.208	Was the level of care available in the OHU appropriate to the patient's clinical presentation?	9	0	9	100.0%	9	9.0	100.0%	0	1
<b>Components Subtotals:</b>		<b>49</b>	<b>16</b>	<b>65</b>	<b>75.4%</b>	<b>48</b>	<b>35.2</b>	<b>73.3%</b>	<b>11</b>	<b>6</b>

Reference Number	Internal Reviews	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
17.221	Did the institution complete a medical emergency response drill for each watch and include participation from each medical facility during the most recent full quarter?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.174	Did the institution promptly process inmate medical appeals during the most recent 12 months?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.136	For each death sampled, did the institution complete the death review process?	4	1	5	80.0%	5	4.0	80.0%	0	0
17.132	Do the Emergency Response Review Committee (ERRC) meeting minutes document monthly meetings for the last six (6) months?	3	3	6	50.0%	5	2.5	50.0%	0	0
17.138	Do the Emergency Response Review Committee (ERRC) meeting minutes document the warden's (or his or her designee's) attendance?	2	1	3	66.7%	5	3.3	66.7%	3	0
17.118	Do the Quality Management Committee (QMC) meeting minutes document monthly meetings for the last six (6) months?	5	1	6	83.3%	5	4.2	83.3%	0	0
17.119	Did the Quality Management Committee (QMC) report its findings to the HCM/CMO each of the last six (6) meetings?	5	0	5	100.0%	5	5.0	100.0%	1	0
17.135	Did the last three Quality Management Committee (QMC) meeting minutes reflect findings and strategies for improvement?	3	0	3	100.0%	5	5.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>22</b>	<b>8</b>	<b>30</b>	<b>73.3%</b>	<b>40</b>	<b>24.0</b>	<b>60.0%</b>	<b>4</b>	<b>0</b>

Reference Number	Inmate Transfers	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
05.108	Did Receiving and Release have the inmate's UHR and transfer envelope?	5	0	5	100.0%	7	7.0	100.0%	0	0
05.109	If the inmate was scheduled for any upcoming specialty services, were the services noted on Form 7371 (Health Care Transfer Information)?	0	1	1	0.0%	8	0.0	0.0%	4	0
05.110	Do all appropriate forms in the transfer envelope identify all medications ordered by the physician, and are the medications in the transfer envelope?	5	0	5	100.0%	8	8.0	100.0%	0	0
05.171	Did an RN accurately complete all applicable sections of Form 7371 (Health Care Transfer Information) based on the inmate's UHR?	1	4	5	20.0%	7	1.4	20.0%	0	0
05.172	Did the Health Records Department maintain a copy of the inmate's Form 7371 (Health Care Transfer Information) and Form 7231A (Outpatient Medication Administration Record) when the inmate transferred?	0	5	5	0.0%	8	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>11</b>	<b>10</b>	<b>21</b>	<b>52.4%</b>	<b>38</b>	<b>16.4</b>	<b>43.2%</b>	<b>4</b>	<b>0</b>



Reference Number	Clinic Operations	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
14.023	Does the institution make the Form 7362 (Health Care Services Request Form) available to inmates?	8	1	9	88.9%	4	3.6	88.9%	0	0
14.164	Are areas available to ensure privacy during RN face-to-face assessments and doctors' examinations for non-emergencies?	3	1	4	75.0%	3	2.3	75.0%	0	0
14.166	Was the medication stored in a sealed container if food was present in the clinic refrigerator?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.131	Do medication nurses understand that medication is to be administered by the same licensed staff member who prepares it and on the same day?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.106	Does clinical staff wash their hands (either with soap or hand sanitizer) or change gloves between patients?	4	0	4	100.0%	4	4.0	100.0%	0	0
14.033	Does the institution have an adequate process to ensure inmates who are moved to a new cell still receive their medical ducats?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.032	Does medical staff understand the institution's priority ducat process?	1	0	1	100.0%	2	2.0	100.0%	1	0
14.160	Does the institution have a process to identify, review, and address urgent appointments if a doctor's line is canceled?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.029	Does medical staff in the facility clinic know which inmates are on modified program or confined to quarters (CTQ) and does staff have an adequate process to ensure those inmates receive their medication?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.165	Are the clinic floors, waiting room chairs, and equipment cleaned with a disinfectant daily?	0	4	4	0.0%	2	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>26</b>	<b>6</b>	<b>32</b>	<b>81.3%</b>	<b>33</b>	<b>29.9</b>	<b>90.6%</b>	<b>1</b>	<b>0</b>

Reference Number	Preventive Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
10.228	Inmates prescribed INH: Did the institution properly administer the medication to the inmate?	1	4	5	20.0%	6	1.2	20.0%	0	0
10.232	Inmates prescribed INH: Did the institution monitor the inmate monthly for the most recent three months he or she was on the medication?	0	5	5	0.0%	6	0.0	0.0%	0	0
10.229	Inmates with TB code 34: Was the inmate evaluated for signs and symptoms of TB within the previous 12 months?	0	5	5	0.0%	7	0.0	0.0%	0	0
10.086	All inmates age 66 or older: Did the inmate receive an influenza vaccination within the previous 12 months or was the inmate's refusal documented?	0	3	3	0.0%	6	0.0	0.0%	0	0
10.085	Male inmates age 51 or older: Did the inmate receive a fecal occult blood test (FOBT) within the previous 12 months or was the inmate's refusal documented?	2	8	10	20.0%	5	1.0	20.0%	0	0
<b>Components Subtotals:</b>		<b>3</b>	<b>25</b>	<b>28</b>	<b>10.7%</b>	<b>30</b>	<b>2.2</b>	<b>7.3%</b>	<b>0</b>	<b>0</b>

Reference Number	Pharmacy Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
13.139	Does the institution conspicuously post a valid permit in its pharmacies?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.141	Does the institution properly maintain its emergency crash cart medications?	6	0	6	100.0%	2	2.0	100.0%	0	0
13.252	Does the institution properly maintain medications in its drug night locker(s)?	5	0	5	100.0%	2	2.0	100.0%	0	0
13.253	Does the institution conduct monthly inspections of its emergency cart and drug night locker(s)?	11	0	11	100.0%	1	1.0	100.0%	0	0
13.142	Is the Pharmacist in Charge's license current?	1	0	1	100.0%	5	5.0	100.0%	0	0
13.144	Does the institution have information to ensure that medications are prescribed by licensed health-care providers lawfully authorized to do so?	0	1	1	0.0%	6	0.0	0.0%	0	0
13.145	Does the pharmacist in charge have an effective process for screening new medication orders for potential adverse reactions?	1	0	1	100.0%	7	7.0	100.0%	0	0
13.148	Does the pharmacist in charge monitor the quantity of medications on hand, and does the pharmacy conduct an annual inventory to ensure that the quantity of medications in the system matches the quantity of medications on hand?	1	0	1	100.0%	4	4.0	100.0%	0	0
<b>Components Subtotals:</b>		<b>26</b>	<b>1</b>	<b>27</b>	<b>96.3%</b>	<b>29</b>	<b>23.0</b>	<b>79.3%</b>	<b>0</b>	<b>0</b>

Reference Number	Other Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
15.059	Did the institution properly provide therapeutic diets to inmates?	0	0	0	0.0%	0	0.0	0.0%	1	0
20.092	Hygiene Intervention: Did custody staff understand the department's policies and procedures for identifying and evaluating inmates displaying inappropriate hygiene management?	4	0	4	100.0%	4	4.0	100.0%	0	0
15.058	If the institution does not offer therapeutic diets, does staff know the department's procedures for transferring inmates who are determined to require a therapeutic diet?	1	0	1	100.0%	3	3.0	100.0%	0	0
15.134	Did the institution properly respond to all active cases of TB discovered in the last six months?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.265	Is the most current version of the CDCR Health Services Policies and Procedures available in the institution's law library?	1	1	2	50.0%	3	1.5	50.0%	0	0
<b>Components Subtotals:</b>		<b>6</b>	<b>1</b>	<b>7</b>	<b>85.7%</b>	<b>10</b>	<b>8.5</b>	<b>85.0%</b>	<b>2</b>	<b>0</b>

Reference Number	Inmate Hunger Strikes	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
11.097	Did the RN conduct a face-to-face triage of the inmate within two (2) business days of receipt of the Form 128-B and document the inmate's reasons for the hunger strike, most recent recorded weight, current weight, vital signs, and physical condition?	0	3	3	0.0%	6	0.0	0.0%	0	0
11.099	After the first 48 hours, did an RN or PCP complete daily assessments documenting the inmate's weight, physical condition, emotional condition, vital signs, and hydration status?	2	1	3	66.7%	6	4.0	66.7%	0	0
11.100	After the first 72 hours, did a physician perform a physical examination and order a metabolic panel and a urinalysis of the inmate?	2	1	3	66.7%	7	4.7	66.7%	0	0
<b>Components Subtotals:</b>		<b>4</b>	<b>5</b>	<b>9</b>	<b>44.4%</b>	<b>19</b>	<b>8.7</b>	<b>45.8%</b>	<b>0</b>	<b>0</b>

Reference Number	Chemical Agent Contraindications	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
12.062	Did the institution document that it consulted with an RN or primary care provider (PCP) before a calculated use of OC?	0	0	0	0.0%	0	0.0	0.0%	3	0
12.064	Did the institution record how it decontaminated the inmate and did it follow the decontamination policy?	2	1	3	66.7%	8	5.3	66.7%	0	0
<b>Components Subtotals:</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>66.7%</b>	<b>8</b>	<b>5.3</b>	<b>66.3%</b>	<b>3</b>	<b>0</b>

Reference Number	Staffing Levels and Training	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
18.002	<p>Information purposes only: Calculate the institution's average vacancy percentages, the number of health care staff starting within six (6) months of the OIG visit, and the number of health care staff hired from the registry.</p> <p><i>The institution provided vacancy statistics within four licensed medical staffing groups: (1) management; (2) primary care providers; (3) supervision; and (4) rank and file nursing.</i></p> <p><i>Total number of filled positions: 87</i>  <i>Total number of vacancies: 17.71</i>  <i>Total number of positions: 104.71</i>  <i>Vacancy percentage: 16.91%</i>  <i>Number of staff hired within last six months: 12</i>  <i>Total number of registry staff: 48</i></p>	0	0	0	0.0%	0	0.0	0.0%	1	0
18.004	Did the institution have a registered nurse (RN) available on site 24 hours a day, seven days a week, for emergency care?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.005	Did the institution have a physician on site, a physician on call, or an MOD available 24 hours a day, seven days a week, for the last 30 days?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.006	Does the institution's orientation program for all newly hired nursing staff include a module for sick call protocols that require face-to-face triage?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.001	Are licensed health care staff current with their certifications and did they attend required training?	3	2	5	60.0%	4	2.4	60.0%	0	0
<b>Components Subtotals:</b>		<b>6</b>	<b>2</b>	<b>8</b>	<b>75.0%</b>	<b>16</b>	<b>14.4</b>	<b>90.0%</b>	<b>1</b>	<b>0</b>

Reference Number	Nursing Policy	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
16.231	Does the institution ensure that nursing staff review their duty statements?	2	3	5	40.0%	5	2.0	40.0%	0	0
16.154	Does the institution have written nursing policies and procedures that adhere to the department's guidelines?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.254	Does the institution's supervising registered nurse (SRN) conduct periodic reviews of nursing staff?	0	5	5	0.0%	4	0.0	0.0%	0	0
<b>Components Subtotals:</b>		<b>7</b>	<b>8</b>	<b>15</b>	<b>46.7%</b>	<b>14</b>	<b>7.0</b>	<b>50.0%</b>	<b>0</b>	<b>0</b>



# California Prison Health Care Receivership Corporation's Response

## PRISON HEALTH CARE SERVICES



August 4, 2009

David R. Shaw, Inspector General  
Office of the Inspector General  
P.O. Box 348780  
Sacramento, CA 95834-8780

Dear Mr. Shaw,

The purpose of this letter is to inform you that the Office of the Receiver has reviewed the draft report of the Office of the Inspector General's (OIG) Medical Inspection Results (MIR) for the May 2009 inspection of California Correctional Institution (CCI). At this time, we would like to address the following conditions raised as a result of the MIR.

**Chronic Care – Reference Numbers –03.077, 03.235 and 03.237**

The OIG found the key elements on Form 7419 (Chronic Care Follow-up Visit) and Form 7392 (Primary Care Flow Sheet) were not filled out completely. The Primary Care Providers (PCP's) at CCI are instructed to ensure the clinical history is adequate and includes all items in the chief complaint and items noted on previous visits. The Chief Physician and Surgeon will monitor these forms on an ongoing basis and complete a monthly sampling of charts for each provider until CCI is at full compliance.

**Chronic Care – Reference Numbers – 03.175**

The OIG found the institution did not administer or deliver prescription medications to the patient-inmates within specified timeframes as outlined in the Policy and Procedure (P&P). CCI's Medication Management team will review the Local Operations Procedure (LOP) with staff. The nurse educator will be scheduling continued training to all nursing staff to address Medication Administration Record (MAR) documentation. Also, training will be held to educate custody and patient-inmates regarding procedure to follow for refusals. Audits will be held with the MAR's committee to ensure a report is sent to the Director of Nursing (DON). The DON will forward the report to Pharmacy & Therapeutics monthly until CCI is compliant on this issue.

**Chronic Care – Reference Number - 03.262**

The OIG found the PCP's completed the patient-inmates Problem List; however, this item was not completely visible upon opening the Unit Health Record (UHR) as referenced in the P&P. The Chief Physician and Surgeon will monitor this item on an ongoing basis and complete a sampling of charts for each provider until full compliance is achieved for each quarter.

**David R. Shaw, Inspector General**

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**Clinical Services – Reference Number 01.025**

The OIG found the Registered Nurse (RN) did not complete the Face-to Face (FTF) triage within one business day after Form 7362 (Health Care Services Request Form) was reviewed. RN shortages and the lack of available confidential consulting medical rooms contributed to a delay in RN FTF triages. In-service training will be provided to nursing staff on FTF protocol. Additionally, the SRN II will review 7362's daily in a huddle to ensure compliance.

**Clinical Services - Reference Numbers 01.244**

The OIG found during FTF triages the RN did not consistently document the patient-inmate's allergies, weight, current medication and appropriate medication compliance as required in the P&P. All RN's will be trained on the required elements for the documentation of FTF triages. Audits will be conducted every month by the yard SRN II. If needed, further training will be provided to ensure compliance.

**Clinical Services - Reference Number 01.124**

The OIG found the institution did not administer or deliver prescription medications to the patient-inmates within the specified timeframes outlined in the P&P. CCI will review the Medication Management LOP with staff and provide medication delivery training and education to ensure compliance.

**Health Screening – Reference Number 02.015**

The OIG found the Infection Control Nurse (ICN) did not evaluate signs and symptoms for TB and did not provide documentation in the UHR to indicate a TB test was performed. In-service training will be provided to all Infectious Control Disease (IFD) staff and all nurses regarding appropriate documentation and evaluation of the signs and symptoms of the patient-inmates with a positive TB skin test. The SRN II will conduct a random monthly audit to ensure compliance.

**Health Screening – Reference Number 02.018**

The OIG found that patient-inmates referred to a clinician as a result of the RN assessment were not seen within the timeframes as outlined in the P&P. The OIG also noted that Form 7277 was not in the UHR. Due to CCI's shortage of PCP's, it has been difficult to schedule patient-inmates in the appropriate time frames. CCI will provide training to PCP's to ensure patient-inmates are seen in a timely basis. A monthly audit will be conducted by the SRN II to ensure time frames and documentation are in accordance with the P&P.

**David R. Shaw, Inspector General**

**August 4, 2009**

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**Health Screening – Reference Number 02.128**

The OIG found that Form 7231-A (Outpatient Medication Administration Record) was not dated and could not determine whether patient-inmates received their prescribed medications within the next business day. CCI's MAR Committee and Nursing staff will monitor dates on Form 7231-A to ensure compliance. Additional monitoring will be completed by the Pharmacy and Therapeutics Subcommittee on a monthly basis to ensure medications are given to patient-inmates within the next calendar day.

**Specialty Services – Reference Number 07.038 and 07.035**

The OIG found patient-inmates who were referred and approved for specialty services were not seen by their PCP while awaiting the specialty services and/or the specialty service provider within the specified timeframes outlined in the P&P. CCI has experienced PCP shortages and is currently utilizing Registry PCP's. CCI will conduct weekly and monthly audits on Request for Specialty Services (RFS) to ensure patient-inmates are seen in accordance with the P&P. Additionally, CCI will continue to canvas for more providers to allow a greater number of appointments and reduce the vacancy rate of PCP's.

**Specialty Services – Reference Number 07.261**

The OIG found patient-inmates were not scheduled for high-priority (urgent) specialty services within 14 days. CCI will audit high priority requests to ensure patient-inmates are seen within 14 calendar days of the UM's approval as outlined in the P&P. Also, CCI will audit and monitor RFS that are high priority and work with the CMO to ensure appointment scheduling is done in a timely manner.

**Urgent Services – Reference Number 21.278**

The OIG found there was inadequate prior management of patient-inmates' pre-existing conditions that contributed to Triage Treatment Area visits. CCI continues to struggle with PCP shortages and inadequate clinical space. Vacant state positions are filled with registry providers causing a high turnover rate. Due to the instability of PCP positions, continuity of care is often compromised. CCI recently implemented the Primary Care Model and the Primary Care Teams are attending their daily huddles to address chronic care issues. Also, the team will discuss steps to prevent future unscheduled visits through appropriate regular care of the patient-inmates current chronic condition. CCI will provide a monitoring system per the LOP and report the findings to the Quality Management Committee (QMC).

**Urgent Services – Reference Number 21.249**

The OIG found that patient-inmates were not seen by their PCP within five business days of being discharged from a community hospital. CCI will train Receiving and Release (R&R) staff regarding the process for returns to ensure follow up appointments are scheduled. Monthly audits will be conducted until compliance is achieved and quarterly thereafter.

**Emergency Services – Reference Number 08.222**

The OIG found the institution's Emergency Response Review Committee (ERRC) findings were not supported by documentation and were not completed within 30 days. CCI will ensure documentation is complete and future ERRC meetings will be conducted within the time frames outlined in the P&P.

**Emergency Services - Reference Number 08.184**

During an Emergency Medical Response drill, the OIG found the medical emergency responder did not arrive at the emergency location within five minutes of the initial notification. Training will be provided in accordance with the Emergency Medical Response System Policy; custody and nursing staff will be trained together to ensure adequate response time is achieved.

**Diagnostic Services – Reference Number 06.200 and 06.202**

The OIG found that CCI did not date stamp diagnostic reports for Radiology and Laboratory orders and initiate written notice to the patient-inmate within the specified timeframes as outlined in the P&P. CCI has implemented a new tracking and PCP review system. The Chief Physician and Surgeon will monitor Form 7393 (Notification of Diagnostic Results) and complete a sampling of charts on an on going basis until compliance is achieved and quarterly thereafter.

**Diagnostic Services – Reference Number 06.188**

The OIG found the specimen was not collected within the specified timeframes outlined in the P&P. In-service training will be provided to all Phlebotomists, Schedulers, and Physicians to ensure compliance. The Laboratory Supervisor will audit these forms monthly for accuracy.

**Access to Health Care Information – Reference Number 19.150 and 19.271**

The OIG found the Medical Records Office was not current with its loose filing and also was not able to locate all relevant documentation of health care provided to patient-inmates. CCI will train and hire Registry staff to assist with the backlog to ensure filing is in the UHR by close of business each day as outlined in the P&P. Currently, each facility has a Medical Records Department and CCI's future goal is to centralize the Medical Records Department.

**Outpatient Housing Unit- Reference Number 04.052**

The OIG found the RN did not complete an initial assessment of the patient-inmate on the day of placement as outlined in the P&P. Patient-inmate assessments take place upon arrival to the institution and are filed in the most current volume of the UHR. Every chart reviewed by the OIG had an initial assessment completed, however it was filed in a thinned OHU chart. CCI will create a plan for the way Out Patient Housing Unit (OHU) charts are thinned. Additionally, CCI will conduct audits and place thinned OHU charts in a specific location. Once the process is finalized, staff will be trained on this procedure.

**Outpatient Housing Unit- Reference Number 04.054**

The OIG found the Utilization Management (UM) Nurse did not complete an assessment of the patient-inmate within one week of placement in the OHU as outlined in the P&P. The UM nurse and OHU staff will be trained and an audit will be completed to ensure patient-inmates are seen within one week of being placed in the OHU.

**Internal Reviews - Reference Number 17.221**

The OIG found the institution did not complete a medical emergency response drill for each watch as outlined in the P&P. CCI will follow Vol. 4, Chapter 12-A1, subsection IV of the Emergency Medical Response Program Policy and Procedures (2008) which states drills will be conducted quarterly for each watch.

**Inmate Transfers – Reference Number 05.171, 05.172 and 05.109**

The OIG found the institution did not accurately complete all applicable sections of Form 7371 (Health Care Transfer Form), including upcoming specialty services or maintain a copy of the 7471 and 7371 A when the patient-inmate was transferred. CCI will review patient-inmate health care transfers to ensure compliance with P&P's. An audit tool will be developed and a monthly audit will be completed until CCI is compliant. Once compliance is achieved audits will be completed quarterly. Additionally, in service training will be provided to nursing staff to ensure accuracy in completing all applicable sections of Form 7371 and maintaining a copy of the transfer forms.

**Clinic Operations – Reference Number 14.165**

The OIG found that CCI did not clean the clinic floors, waiting room chairs and equipment daily or have appropriate cleaning materials available. At the time of the inspection CCI had janitorial services for only certain areas within the institution. As of July 1, 2009, CCI has entered into contract with a janitorial service that includes cleaning services for all facilities within the institution.

**Preventive Services – Reference Number 10.085**

The OIG found that CCI did not document the patient-inmate refusal of a Fecal Occult Blood Test (FOBT) and also did not provide a test for all applicable patient-inmates within specified timeframes outlined in the P&P. CCI will ensure that patient-inmates 51 years and older will be offered the FOTB; all patient-inmate's refusals of the FOTB will be noted in the UHR. Results will be placed on Form 7392 (Primary Care Flow Sheet) to reflect the patient-inmate received an FOTB within the previous 12 months. Compliance will be monitored on an ongoing basis thru the Inmate Medical Scheduling Tracking System.

**Preventive Service - Reference Number 10.086**

The OIG found the institution did not provide an influenza vaccination to patient-inmates age 66 years and older, nor was appropriate documentation of the patient-inmate's refusal noted. CCI gave all patient-inmates the opportunity to receive an influenza shot during the influenza campaign in October 2008. At the time of the inspection consent and refusal forms were not being submitted for entry into the respective UHR. At this time, all forms have been submitted to Medical Records. Future consent and refusal forms will be submitted to Medical Records for entry into the UHR within one week of the influenza vaccination.

**Preventive Services – Reference Number 10.228**

The OIG found that CCI did not properly administer the prescribed Isoniazid (INH) medications to the patient-inmates. All INH medications will be administered under Direct Observation Therapy (DOT) daily or at a minimum of twice a week. The pill line staff will be responsible for counseling any patient-inmate who fails to appear at the medication line within 24 hours.

Patient-inmates who missed, refused, or are a no-show for two consecutive doses of TB medication shall be referred to the prescriber, Public Health Nurse or the MOD on an urgent basis. Any patient-inmate who misses, refuses, or is a no-show for TB Medication twice in 30 days shall be educated to the Public Health staff, nurse, or physician for further counseling.

Inmates refusing any TB medication will sign the CDCR Form 7225/7338 (Information for Consent/Refusal for TB Evaluation or Treatment). This form will be filed in the UHR. In-service training will be provided to nursing staff on proper medication administration.

**Preventive Services – Reference Number 10.232**

The OIG found that CCI did not properly monitor the patient-inmates who were prescribed INH monthly as outlined in the P&P. Patient-inmates prescribed INH will be seen monthly by the FTF nurse for the duration of latent TB therapy. The nurse will utilize the CDCR form TBRX to monitor any signs and symptoms of medication toxicity and this form will be filed in the UHR.

**Other Services- Reference Number 15.103**

The OIG found the OHU call buttons were not operational and there were no logs documenting rounds every 30 minutes. The call system in the OHU is antiquated, and is only partially operational. A new call system was ordered and is pending arrival and installation. A cell to cell checklist will be used to document contact until a new call system is installed. The SRN II will provide a monitoring tool with education and training to medical and custody staff regarding the 30 minute checklist.

**Other Services – Reference Number 15.265**

The OIG found that CCI did not have the most current version of the California Department of Corrections and Rehabilitation (CDCR) Health Services P&P available in two of the institutions law libraries. CCI has since mailed a copy to all the law libraries within the institution to ensure compliance.

**Other Services – Reference Number 15.255**

During an Emergency Medical Response drill, the OIG found that Custody Staff did not carry and use the proper equipment required by the Department for an emergency response. CCI will provide an in-service training with all custody staff to ensure proper emergency equipment is being used. Additionally, CCI currently has micro-masks available for staff.

**Other Services - Reference Numbers 15.234**

The OIG found that some clinic response bags are audited daily, but did not contain all essential items. The SRN II will audit the response bags for content and check the daily audit list weekly to ensure compliance. The findings will be reported to the EMRRC monthly.

**Inmate Hunger Strike - Reference Numbers 11.097**

The OIG found the institution did not conduct FTF triages within two business days, document the reason for the hunger strike, and note the patient-inmate's most recent recorded weight. Contributing factors in delay were due to RN shortages and extended staff sick leave. CCI will review the LOP with all nursing staff and train custody. In-service training will be provided regarding hunger-strike protocol. The SRN II's shall audit and monitor the UHR on a daily basis to ensure compliance.

**Staffing Levels and Training – Reference Number 18.001**

The OIG found that some institution staff had not completed New Employee Orientation (NEO). CCI managers will ensure all state employees attend NEO as a condition of employment.



**David R. Shaw, Inspector General**

**August 4, 2009**

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**Nursing Policy – Reference Number 16.254**

The OIG found that the SRN II's did not conduct periodic reviews of nursing staff. CCI will implement an audit schedule for the SRN's to complete. The SRN's will audit the documentation regarding FTF triages and urgent/emergency protocols weekly and complete a work review prior to completing the staff's yearly evaluation. The DON will also conduct a monthly compliance audit.

**Nursing Policy- Reference Numbers – 16.231**

The OIG found the institution did not ensure nursing staff reviewed their duty statements as outlined in the P&P. The SRN II's will be trained on the Duty Statement Policy. Duty Statements will be audited quarterly using an internal tracking tool to ensure compliance.

In addition to the items identified above, the OIG draft report contains other findings with a low reported rate of compliance. A number of findings are being addressed by statewide initiatives or other resources designed to achieve a constitutional level of health care. For those items that are not addressed by a statewide initiative, California Prison Health Care Services (CPHCS) staff will work with the institution to develop a Corrective Action Plan (CAP). Once a CAP is submitted and approved, CPHCS staff will monitor and follow-up on any corrective action identified.

Thank you for preparing the report. Your efforts have advanced our mutual objective of ensuring transparency and accountability in the CPHCS operations. Should you have any questions or concerns, please contact Theresa Kimura-Yip, Deputy Director, Policy and Program Compliance Branch at (916) 327-1205.

Sincerely,



BRENDA EPPERLY-ELLIS, Director  
Policy, Planning and Evaluation Division  
California Prison Health Care Services

**David R. Shaw, Inspector General**

**August 4, 2009**

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cc: J. Clark Kelso, Receiver  
Elaine Bush, Chief Deputy, Office of the Receiver  
Starr Babcock, Special Assistant to the Court  
William Walsh, Health Care Manager, (CCI)  
Arne Joaquin, Chief Medical Officer, (CCI)  
Theresa Kimura-Yip, Deputy Director, Policy and Program Compliance Branch  
Olga Durette, Health Program Manager II, Program Compliance Section  
Steve Fama, Attorney, Prison Law Office  
Mary Jo Bruns, Southern Regional Administrator  
Elizabeth Dos Santos Chen (A)), Southern Regional Medical Director  
Nancy Faszer, Deputy Inspector General In-Charge  
Bernie Fernandez, Deputy Inspector General Senior  
Rob Hughes, Deputy Inspector General  
Dwight W. Winslow, M.D., Chief Medical Officer (A), Medical Services  
Susan Scott, Southern Regional Chief Nurse Executive

# **Office of the Inspector General's Comments on the Receiver's Response**

## **Emergency Services – Reference Number 08.184**

The receiver's response mistakenly states that the score for question number 08.184 was based on an OIG conducted emergency response drill. The score, in fact, is based on a review of four actual emergencies that occurred at the institution. Specifically, we found that in two of the four emergencies evaluated, the medical responder did not arrive at the location of the emergency within five minutes of the initial notification. On the positive side, we found in conducting our emergency drill and answering question number 15.282 that the medical responder arrived in less than five minutes.

## **Outpatient Housing Unit –Reference Number 04.052**

We are concerned that CCI does not intend to ultimately place all outpatient housing inmate medical documents in the unit health record as required by Health Care Services Policy. In our review of the outpatient housing unit, we reviewed unit health records for ten randomly selected inmates who were placed in the outpatient housing unit. We found that for four of the ten inmates, the unit health record did not contain documentation of an initial assessment of the inmate. The receiver's response indicates that the missing assessments were conducted, but not filed in the unit health records and were instead kept in a thinned outpatient housing unit chart. The response further states that CCI will create a plan for the way outpatient housing unit charts are thinned and will place thinned charts in a specific location. We appreciate the receiver's attention to this matter; however, this solution leads us to believe that CCI does not intend to place these documents in the unit health records.