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Independent Prison Oversight

November 2026

Centinela State Prison

Medical Inspection Report

Cycle 8



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Introduction

Pursuant to California Penal Code section 6126, subdivision (f), the Office of the Inspector General (the OIG) is responsible for periodically reviewing and reporting on the delivery of the ongoing medical care provided to incarcerated people[1] in the California Department of Corrections and Rehabilitation (the department).[2]

In Cycle 8, the OIG continues to apply similar assessment methodologies used in Cycle 7; however, we incorporated several important changes in our inspection process for this cycle. As with the two previous cycles, we continue to review institutional care using the same 15 indicators,[3] and our inspection methodologies still include both clinical case review and compliance testing.

Specifically, in conducting in-depth, quality-focused reviews of randomized cases, our case review clinicians examine whether health care staff used sound medical judgment in the course of caring for a patient. In the event we find errors, we determine whether such errors were clinically significant or led to a significantly increased risk of harm to the patient. At the same time, our clinicians consider whether institutional medical processes led to identifying and correcting individual or systemic errors, and we examine whether the institution's medical system mitigated the error. Our clinicians also perform on-site inspections, which include interviews with staff.

In contrast, our compliance inspectors collect data in answer to compliance- and performance-related questions as established in our medical inspection tool (MIT). The OIG determines a total compliance score for each applicable indicator and considers the MIT scores in the overall determination of the institution's compliance performance.

Together, these methods assess the institution's medical care on both individual and systemic levels by providing an accurate assessment of how the institution's health care systems function regarding patients with the highest medical risk, who tend to access services at the highest rate. Through these methods, the OIG evaluates the performance of the institution in providing sustainable, adequate care. Similarly to Cycle 7, the OIG separately rates the institution's health care delivery through both our clinical case review and compliance testing for each applicable indicator as ***proficient***, ***adequate***, or ***inadequate***, and considers each rating in determining the case review and compliance overall ratings of the institution's health care performance. We found this

[1] In this report, we use the terms *patient* and *patients* to refer to *incarcerated people*.

[2] The OIG's medical inspections are not designed to resolve questions about the constitutionality of care, and the OIG explicitly makes no determination regarding the constitutionality of care the department provides to its population.

[3] In addition to our own compliance testing and case reviews, the OIG continues to offer selected Healthcare Effectiveness Data and Information Set (HEDIS) measures for comparison purposes.

change in Cycle 7 clarified the distinctions between these differing quality measures and the results of each assessment.

In addition to assessing individual institutions in Cycle 7, the OIG also completed analyses of cross-institution and cross-cycle trends to update and enhance our inspection process. Through these analyses, we made the following changes to enhance the accuracy and value of our oversight. First, we identified a correlation between low case review ratings for health care staff performance during emergency responses and low compliance testing scores relating to training and preparing institutional staff for emergency responses and institutions internally assessing those responses. Thus, to better evaluate emergency care, we relocated four compliance sub-indicator tests relating to emergency services into a new compliance indicator, "**Indicator 3. Emergency Services**," to supplement the case review findings under this indicator.[4] Second, we updated our compliance tests in accordance with the department's policy changes and pursuant to discussions with our stakeholders. Third, we updated our case review sampling to reflect stakeholder requests by increasing the number of death reviews, adding evaluation of specialized medical housing encounters within the detailed provider case reviews, and adjusting our case samples to align with current medical practices.[5]

As we did during Cycle 7, the OIG continues to inspect both those institutions remaining under federal receivership and those delegated back to the department. Our statutory mandate provides no difference in the standards used for assessing a delegated institution versus an institution not yet delegated. However, in accordance with the legislature's interest in focusing on the undelegated institutions, the OIG scheduled our medical inspections of the three remaining undelegated institutions earlier in our Cycle 8 inspection calendar.[6] The receiver delegated Centinela State Prison (CEN) back to the department in 2016, so at the time of the Cycle 8 inspection, CEN had been delegated for approximately ten years.

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[4] The following four tests were each relocated to MIT 3. Emergency Services: (1) MIT 5.111 testing emergency response bags and treatment carts, (2) MIT 15.003 testing the Emergency Medical Response Review Committee (EMRRC) meeting minutes, (3) MIT 15.101 testing the institution's required quarterly emergency response drills for each watch with both custody and health care staff, and (4) MIT 15.107 testing the institution's compliance with maintaining up to date basic life support (BLS), advanced cardiac life support (ACLS), and cardiopulmonary resuscitation (CPR) certifications for health care and custody staff. These four tests now comprise all the tests contained within new compliance MIT 3.

[5] Some of the changes in our compliance and case review inspections included (1) separating previously compound compliance test questions, which allows us to identify more clearly which components of the test the institution is performing well from components that require improvement, and (2) amending several compliance testing and case review methodologies in a variety of indicators to more closely align with clarifications regarding the department's policies, as well as updates in general medical practice, such as new anticoagulation treatment trends.

[6] The three remaining undelegated institutions are listed on the CCHCS website fact sheet available here: https://cchcs.ca.gov/factsheet/.

Summary: Ratings and Scores

We completed the Cycle 8 inspection of Centinela State Prison (CEN) in August 2026.[7] OIG inspectors monitored the institution's delivery of medical care that occurred during the specified review periods.



The OIG rated the case review component of the overall health care quality at CEN as ***adequate***.



The OIG rated the compliance component of the overall health care quality at CEN as ***proficient*** (**86.0%**).

OIG case review clinicians—a team of Physicians & Surgeons (physicians) and Nursing Consultants, Program Review (NCPRs)—reviewed 47 cases, which contained 767 patient-related events. They performed quality control reviews; their subsequent collective deliberations ensured consistency, accuracy, and thoroughness. Our OIG clinicians acknowledged institutional structures that catch and resolve mistakes, which may occur throughout the delivery of care. After examining the medical records, our clinicians completed a follow-up on-site inspection in August 2026 to verify their initial findings. OIG clinicians evaluated the quality of care for a total of 60 case reviews that included both physician and NCPR comprehensive detailed case reviews and focused case event reviews.[8]

Deficiencies are medical errors that increase the risk of patient harm. Deficiencies can be minor or significant, depending on the risk they pose. An *adverse event* occurs when the deficiency caused harm to the patient. All major health care organizations identify and track adverse events. OIG case review clinicians identify deficiencies and adverse events to highlight concerns regarding

[7] Samples are obtained per case review methodology shared with stakeholders in prior cycles. The general inspection period includes samples from December 2025 to May 2026, as well as on-site observations during July 2026 and August 2026; however, the OIG may review samples outside the general inspection period as dictated by our methodologies. The case reviews include death reviews between July 2025 and April 2026.

[8] For our detailed and focused case reviews, our clinicians reviewed medical charts and events for 47 unique patients. Both physicians and NCPRs reviewed 13 of those cases, for a total of 60 detailed and focused case reviews.

the provision of care and for the benefit of the institution's quality improvement program to provide an impetus for improvement.[9]

To evaluate the institution's policy compliance, our compliance inspectors (a team of registered nurses) monitored the institution's compliance with its medical policies set forth in the department's Health Care Department Operations Manual (HCDOM)[10] by applying a standardized set of test questions that measure specific elements of health care delivery as required under the HCDOM. Our compliance inspectors examined 384 patient records and 1,134 data points, and we used the data to assess 98 MIT questions. We also observed CEN's processes during an on-site inspection in July 2026.

The OIG then considered the results from both our clinical case review and compliance testing, and we determined the institution's overall ratings and our individual indicator findings, which we report in 13 health care indicators.[11]

[9] For a further discussion of an adverse event, see Table 29.

[10] The department's Health Care Department Operations Manual (HCDOM) is available here: https://www.cdcr.ca.gov/hcdom/dom/.

[11] The indicators for ***Reception Center*** and ***Prenatal and Postpartum Care*** did not apply to CEN.

Overall Medical Inspection Results

Case Review Results

OIG case reviewers assessed 10 of the 13 indicators applicable to CEN. OIG clinicians rated two ***proficient***, eight ***adequate***, and none ***inadequate***. In the 767 events reviewed, we identified 138 deficiencies, 27 of which OIG clinicians considered to be of such magnitude that, if left unaddressed, they would likely contribute to patient harm. We solely tested **Nursing Performance** and **Provider Performance** in clinical case review as these indicators do not have a compliance component.

Adverse Events Identified During Case Review

The OIG did not find any adverse events at CEN during the Cycle 8 inspection.

Compliance Testing Results

Our compliance inspectors assessed 11 of the 13 indicators applicable to CEN. Of these 11 indicators, our compliance inspectors rated six ***proficient***, four ***adequate***, and one ***inadequate***. We solely tested policy compliance in **Health Care Environment**, **Preventive Services**, and **Administrative Operations** as these indicators do not have a case review component.

We list the individual indicators and ratings applicable for this institution in Table 1 on the following page.

Table 1. CEN Summary Table: Case Review Ratings and Policy Compliance Scores

MIT Number	Health Care Indicators	Case Review Ratings: Cycle 8	Case Review Ratings: Change Since Cycle 7*	Compliance Scoring Ranges: Cycle 8	Compliance Scoring Ranges: Cycle 7	Compliance Scoring Ranges: Change Since Cycle 7*
		Ratings: Proficient / Adequate / Inadequate		Scoring Ranges: 100%–85.0% / 84.9%–75.0% / 74.9%–0		
1	Access to Care	Proficient	=	85.6%	77.1%	↑
2	Diagnostic Services	Adequate	=	76.7%	65.0%	↑
3	Emergency Services	Adequate	=	67.1%	N/A	N/A
4	Health Information Management	Adequate	=	93.8%	75.6%	↑
5	Health Care Environment	N/A	N/A	90.0%	43.2%	↑↑
6	Transfers	Adequate	↓	84.3%	74.5%	↑
7	Medication Management	Proficient	↑	81.0%	55.3%	↑
8	Prenatal and Postpartum Care	N/A	N/A	N/A	N/A	N/A
9	Preventive Services	N/A	N/A	93.3%	82.4%	↑
10	Nursing Performance	Adequate	=	N/A	N/A	N/A
11	Provider Performance	Adequate	=	N/A	N/A	N/A
12	Reception Center	N/A	N/A	N/A	N/A	N/A
13	Specialized Medical Housing	Adequate	=	89.6%	58.7%	↑↑
14	Specialty Services	Adequate	=	84.9%	84.9%	=
15	Administrative Operations	N/A	N/A	100%	71.2%	↑↑

* The symbols in this column correspond to changes that occurred in indicator ratings between the medical inspections conducted during Cycle 7 and Cycle 8. The equals sign means there was no change in the rating. The single arrow means the rating rose or fell one level, and the double arrow means the rating rose or fell two levels.

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Institution-Specific Metrics

Centinela State Prison (CEN), located in Imperial County, CEN primarily provides housing for general population, Level I and Level III, Level III sensitive needs, and Level IV maximum security incarcerated persons. The institution runs multiple medical clinics, where staff members manage nonurgent requests for medical services. CEN also treats patients requiring urgent or emergent care in its triage and treatment area (TTA) and admits patients needing a higher level of care to its correctional treatment center (CTC). CEN maintains medical clinics where medical staff address routine requests for medical services. CEN has been designated as a *basic care institution*, located in a rural area, away from tertiary care centers and specialty care providers whose services would be required frequently by higher-risk patients. Basic care institutions can provide limited specialty medical services and consultation for a generally healthy patient population.

On May 18, 2026, the Health Care Services Master Registry showed CEN had a total population of 3,283. A breakdown of the medical risk level of the CEN population as determined by the department is set forth in Table 2 below.[12]

Table 2. CEN Master Registry Data as of May 2026

Medical Risk Level	Number of Patients	Percentage*
High 1	32	1.0%
High 2	109	3.3%
Medium	649	19.8%
Low	2,493	75.9%
Total	**3,283**	**100%**

* Percentages may not total 100% due to rounding.

Source: Data for the population medical risk level were obtained from the CCHCS Master Registry dated May 18, 2026.

According to staffing data the OIG obtained from California Correctional Health Care Services (CCHCS), as identified in Table 3 below, SOL had 0.0 vacant executive leadership position, 5.5 primary care provider vacancies, 1.2 nursing supervisor vacancies, and 8.9 nursing staff vacancies.

[12] For a definition of medical risk, see CCHCS HCDOM 1.2.14, Appendix 1.9.

Table 3. CEN Health Care Staffing Resources as of May 2026

Positions	Executive Leadership*	Primary Care Providers	Nursing Supervisors	Nursing Staff †	Total
Authorized Positions‡	5.0	7.5	10.7	84.9	108.1
Filled by Civil Service	5.0	3.0	8.5	76.0	92.5
Vacant	0	5.5	1.2	8.9	15.6
Percentage Filled by Civil Service	100%	40.0%	79.4%	89.5%	85.6%
Filled by Telemedicine	0	3.0	0	0	3.0
Percentage Filled by Telemedicine	0%	40.0%	0%	0%	2.8%
Filled by Registry	0	1.0	0	0	1.0
Percentage Filled by Registry	0%	13.3%	0%	0%	0.9%
Total Filled Positions	5.0	7.0	8.5	76.0	96.5
Total Percentage Filled	100%	93.3%	79.4%	89.5%	89.3%
Appointments in Last 12 Months	1.0	0	0	18.2	19.2
Redirected Staff	0	0	0	0	0
Staff on Extended Leave‡	0	0	2.0	11.0	13.0
Adjusted Total: Filled Positions	5.0	7.0	6.5	65.0	83.5
Adjusted Total: Percentage Filled	100%	93.3%	60.7%	76.6%	77.2%

* Executive Leadership includes the Chief Physician and Surgeon.

† Nursing Staff includes the classifications of Senior Psychiatric Technician and Psychiatric Technician.

‡ In Authorized Positions.

Notes: The OIG does not independently validate staffing data received from the department. Positions are based on fractional time-base equivalents.

Source: Cycle 8 medical inspection pre-inspection questionnaire received on May 18, 2026, from California Correctional Health Care Services.

Population-Based Metrics

In addition to our own compliance testing and case reviews, as noted above, the OIG presents selected measures from the Healthcare Effectiveness Data and Information Set (HEDIS) for comparison purposes. The HEDIS is a set of standardized quantitative performance measures designed by the National Committee for Quality Assurance to ensure that the public has the data it needs to compare the performance of health care plans. Because the Veterans Administration no longer publishes its individual HEDIS scores, we removed them from our comparison for Cycle 8. Likewise, Kaiser (commercial plan) no longer publishes HEDIS scores. However, through the California Department of Health Care Services' Medi-Cal Managed Care Technical Report, the OIG obtained California Medi-Cal and Kaiser Permanente HEDIS scores to use in conducting our analysis, and we present them here for comparison.

HEDIS Results

We considered CEN's performance with population-based metrics to assess the macroscopic view of the institution's health care delivery. Currently, only two HEDIS measures are available for review: **poor HbA1c control**, which measures the percentage of diabetic patients who have poor blood sugar control, and **colorectal cancer screening rates** for patients ages 45 to 75. We list the applicable HEDIS measures in Table 4.

Comprehensive Diabetes Care

When compared with statewide Medi-Cal programs—California Medi-Cal, and Kaiser Permanente—CEN's percentage of patients with poor HbA1c control was significantly lower, indicating very good performance on this measure.

Immunizations

Statewide comparative data were not available for immunization measures; however, we include these data for informational purposes. CEN had a 28 percent influenza immunization rate for adults 18 to 64 years old and a 71 percent influenza immunization rate for adults 65 years of age and older. The pneumococcal immunization rate was 84 percent.

Cancer Screening

Statewide comparative data was available for colorectal cancer screening. When compared with statewide Medi-Cal programs — California Medi-Cal and Kaiser Permanente — CEN had a 66 percent colorectal cancer screening rate, a rate higher and thus better than California Medi-Cal and lower than Kaiser Permanente.

Table 4. CEN Results Compared to State HEDIS Scores

HEDIS Measure	CEN Cycle 8 Results*	California Medi-Cal†	Kaiser Permanente†
Diabetic Population			
Poor HbA1c Control (>9.0%) ‡, §	**9%**	29%	20%
HbA1c Control (<8.0%) ‡	86%	–	–
Blood Pressure Control (<140/90) ‡	96%	–	–
HbA1c Screening	100%	–	–
Eye Exams	88%	–	–
Immunizations			
Influenza - Adults (18–64)	28%	–	–
Influenza - Adults (65+)	71%	–	–
Pneumococcal – Adults (65+)	84%	–	–
Cancer Screening			
Colorectal Cancer Screening	66%	40%	**79%**

* Unless otherwise stated, data were collected in June 2026 by reviewing medical records from a sample of CEN's population of applicable patients. These random statistical sample sizes were based on a 95 percent confidence level with a 15 percent maximum margin of error.

† HEDIS Medi-Cal data were obtained from California Department of Health Care Services Medi-Cal Managed Care Physical Health External Quality Review Technical Report, dated Contract Year 2024-2025 (published April 2026); https://www.dhcs.ca.gov/wp-content/uploads/2026/05/CA2024-25-MCMC-PH-EQR-TR-Vol1-F1.pdf

‡ For this indicator, the entire applicable CEN population was tested.

§ For this measure only, a lower score is better.

Source: Institutional information provided by the California Department of Corrections and Rehabilitation. Health care plan data were obtained from the CCHCS Master Registry.

Access to Care

In this indicator, OIG inspectors evaluated the institution's performance in providing patients with timely clinical appointments. Our inspectors reviewed scheduling and appointment timeliness for newly arrived patients, sick calls, and nurse follow-up appointments. We examined referrals to primary care providers, provider follow-ups, and specialists. Furthermore, we evaluated the follow-up appointments for patients who received specialty care or returned from an off-site hospitalization.

Access to Care: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed outstandingly in delivering access to care for its patients. Appointments with providers in the outpatient clinics and provider rounding in the specialized medical housing always occurred on time. Follow-up appointments after specialty services, hospitalizations, emergencies, and transferring into the CEN also always occurred timely. Similarly, access to clinic nurses and to specialties almost always occurred without delay. After reviewing all factors, the OIG rated the case review component of this indicator ***proficient***.



Case Review Results

Table 5. Access to Care Case Review Results

Total Cases Reviewed*	Deficiencies†	Significant Deficiencies‡
47	2	1

* The OIG reviewed 47 cases.

† Deficiencies occurred in cases 5 and 16.

‡ The only significant deficiency occurred in case 5.

Performed Well

OIG clinicians found CEN performed well in the following areas:

- Access to Clinic Providers[13]
- Access to SMH Providers[14]
- Access to Clinic Nurses[15]
- Access to Specialty Services[16]
- Follow-up After Specialty Services[17]
- Follow-up After Hospitalizations[18]
- Follow-up After Urgent or Emergent Care[19]
- Follow-up After Transferring Into the CEN[20]

Performed Satisfactorily with Opportunities for Improvement

OIG clinicians found no areas in this indicator which CEN performed satisfactorily with opportunities for improvement.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator which CEN performed poorly.

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[13] OIG clinicians identified no deficiencies in this sub-indicator.

[14] OIG clinicians identified no deficiencies in this sub-indicator.

[15] One minor deficiency with access to clinic nurses occurred in case 16.

[16] One significant deficiency with specialty access occurred in case 5.

[17] OIG clinicians identified no deficiencies in this sub-indicator.

[18] OIG clinicians identified no deficiencies in this sub-indicator.

[19] OIG clinicians identified no deficiencies in this sub-indicator.

[20] OIG clinicians identified no deficiencies in this sub-indicator.

Clinician On-Site Inspection



Photo 1. Health Services area in Yard C. Photographed on 8-26-26.

CEN has five main clinics in facilities A, B, C, D, and E. In addition to these clinics, CEN staff operates a triage and treatment area (TTA), correctional treatment center (CTC), restricted housing unit (RHU), and specialty clinics in the central health building. The office technicians (OTs) reported scheduling about nine to 11 patient appointments per provider in the four main outpatient clinics each day. They reported no appointment backlogs. The OIG clinicians observed morning clinic and CTC huddles, which were well attended with good participation through videoconference from providers, supervising registered nurses (SRNs), registered nurses (RNs), licensed vocational nurses (LVNs), medical assistants (MAs), office technicians (OTs), care coordinators, dental staff, and mental health staff. After the huddles, patient care teams collaborated by reviewing patient sick call slips together. Specialty nurses and OTs reported working together in one room, discussing scheduled appointments, and covering for each other when on leave.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

Access to Care: Compliance Ratings and Results Summary



CEN performed very well in this indicator. Based on the overall compliance score result of 85.6 percent, the OIG rated the compliance component of this indicator ***proficient***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- When new patients arrive at the institution, the patients must either receive an RN assessment or a provider evaluation, depending on their clinical risk level. Providers maintained their workflows and completed their comprehensive patient appointments for 24 of 25 sampled patients referred for provider appointment (MIT 1.002, 96.0%). For one patient, the record contained no evidence the patient completed a refusal form during our review period.

- Following the review of the patients' submitted health care service request forms (CDCR Forms 7362), registered nurses (RNs) completed face-to-face appointments for all 18 applicable sampled patients within one business day (MIT 1.004, 100%).

- In nine applicable samples where an RN identified the need for a primary care referral, eight were seen within the required time frames according to the priority level assigned to their appointment (MIT 1.005, 88.9%). For one patient, the appointment occurred 14 days late.

- The institution attained a perfect score in ensuring all follow-up provider sick call appointments occurred within the specific time frames ordered by the primary care provider (MIT 1.006, 100%).

- Providers completed post-discharge follow-up appointments for all 16 sampled patients within the required time frames (MIT 1.007, 100%).

- The institution implemented a standardized process for the acquisition and submission of CDCR Forms 7362 for all six housing units (MIT 1.101.2, 100%).

CEN performed in the ***adequate*** range in the following sub-indicator:

- The institution struggled to comply with requirements when patients returned from specialty services. In 30 of these 39 applicable sampled patients, the institution either met mandated timelines for provider follow-up appointments or, in cases involving medium- or routine-priority specialty services in which a patient did not receive a follow-up appointment, the primary care team (PCT) timely and properly notified the patient of the specialist's recommendations (MIT 1.008, 76.9%). For six patients, the record contained no evidence of either a PCP or RN appointment following a medium- and routine-priority specialty service or a generated patient letter communicating the specific specialist recommendations within our review period. For two patients, the primary care provider (PCP) follow-up appointment after a high-priority specialty service occurred one and 10 days late. For the remaining one patient, the record contained no evidence the appointment occurred during our review period.

CEN performed in the ***inadequate*** range in the following sub-indicators:

- The institution conducted the most recent chronic care appointments within the specified time frames for only 13 of 25 sampled patients (MIT 1.001, 52.0%). For seven patients, the appointments occurred between one and 410 days late. For three patients, the record contained no evidence the appointment occurred during our period. For the remaining two patients, the record contained no evidence the patient completed a refusal form during our review period.

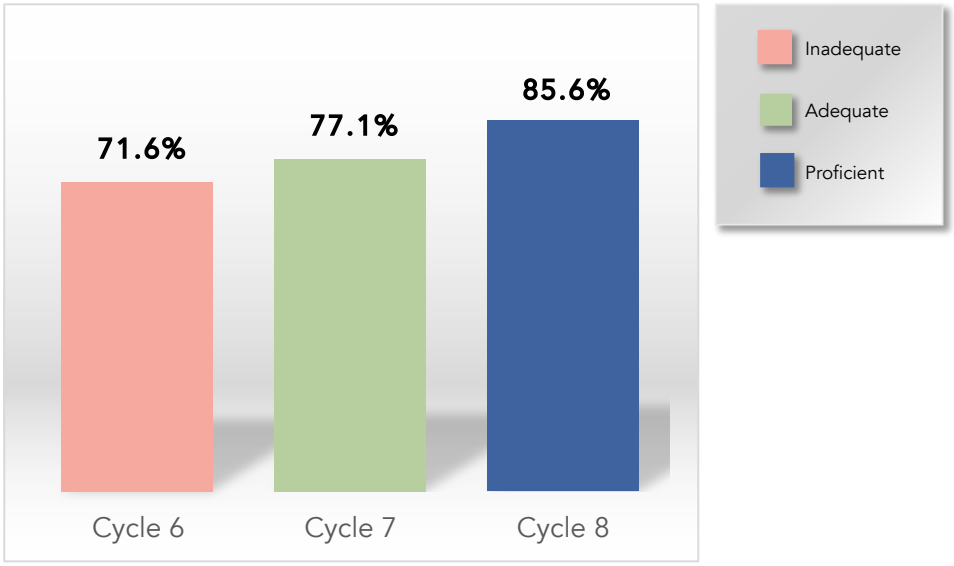
- Nursing staff needs improvement in adhering to triage documentation standards. Staff met the full requirements for a completed review upon receipt of the CDCR Form 7362 for 17 of 30 sampled patients (MIT 1.003, 56.7%). For 13 patients, nursing staff failed to accurately complete the CDCR Form 7362 with the required date and time as well as their printed or stamped name.

The following test is not scored but is reported for informational purposes:

- The institution implemented a standardized process for the replenishment of CDCR Forms 7362, where custody officers coordinate through the program office to ensure an adequate supply is maintained for all patients (MIT 1.101.1, N/A).

Analysis of Performance Across Inspection Cycles

Figure 1. Access to Care, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

CEN exceeded the 75.0 percent passing compliance threshold in this indicator, achieving a *proficient* score of 85.6 percent in Cycle 8. This score not only places CEN's performance well within the *proficient* range for the current cycle, but it also follows a steady upward trajectory from the institution's scores in prior cycles. Specifically, CEN previously earned an *adequate* score of 77.1 percent in Cycle 7, following an *inadequate* score of 71.6 percent in Cycle 6. The current score represents a significant positive improvement across recent cycles, indicating CEN has strengthened its compliance for Access to Care and is now performing significantly above established standards.

Table 6. Access to Care Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Chronic care follow-up appointments: Was the patient's most recent chronic care visit within the health care guideline's maximum allowable interval or within the ordered time frame, whichever is shorter? (1.001)	13	12	0	52.0%
For endorsed patients received from another CDCR institution: Based on the patient's clinical risk level during the initial health screening, was the patient seen by the clinician within the required time frame? (1.002)	24	1	0	96.0%
Clinical appointments: Did a registered nurse review the patient's request for service the same day it was received? (1.003)	17	13	0	56.7%
Clinical appointments: Did the registered nurse complete a face-to- face visit within one business day after the CDCR Form 7362 was reviewed? (1.004)	18	0	12	100%
Clinical appointments: If the registered nurse determined a referral to a primary care provider was necessary, was the patient seen within the maximum allowable time or the ordered time frame, whichever is the shorter? (1.005)	8	1	21	88.9%
Sick call follow-up appointments: If the primary care provider ordered a follow-up sick call appointment, did it take place within the time frame specified? (1.006)	2	0	28	100%
Upon the patient's discharge from the community hospital: Did the patient receive a follow-up appointment with a primary care provider within the required time frame? (1.007)	16	0	0	100%
Specialty service follow-up appointments: Did the clinician follow-up visits occur within required time frames? For medium- or routine-priority specialty service appointments: If the patient was not seen, did the PCT inform the patient of the recommendations within the required time frame? (1.008)	30	9	6	76.9%
For informational purposes only: Do custody staff members have a system in place to replenish health care services request forms? (1.101.1)	0	0	6	N/A
Clinical appointments: Do patients have a standardized process to obtain and submit health care services request forms? (1.101.2)	6	0	0	100%
				Overall percentage (MIT 1): **85.6%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- Health care leadership should determine the challenges to facilitating timely chronic care follow-up appointments with providers. Leadership should implement and monitor remedial measures as appropriate.

Diagnostic Services

In this indicator, OIG inspectors evaluated the institution's performance in timely completing radiology, laboratory, and pathology tests. Our inspectors determined whether the institution properly retrieved the test reports and whether providers timely reviewed the results.

Diagnostic Services: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed well with diagnostic services. Staff performed excellently in completing laboratory tests and radiology studies. Although providers almost always endorsed results timely, similar to Cycle 7, they sometimes did not send test notification letters or sent incomplete letters to patients. Notably fewer diagnostic service deficiencies related to health information management occurred than in Cycle 7, which represented an improvement. After considering all factors, the OIG rated the case review component of this indicator ***adequate***.



Case Review Results

Table 7. Diagnostic Services Case Review Results

Diagnostic Events*	Deficiencies†	Significant Deficiencies‡
102	19	1

* The OIG reviewed 102 events.

† Deficiencies occurred in cases 6–10, 16, 18, 21, 22, 25, and 47. Of these 19 deficiencies, 17 related to health information management, two related to a provider's review of a test, and zero related to delays in diagnostic test completion.

‡ A significant deficiency occurred in case16.

Performed Well

OIG clinicians found CEN performed well in the following area:

- Test Completion[21]

Performed Satisfactorily with Opportunities for Improvement

OIG clinicians found CEN performed satisfactorily with opportunities for improvement in the following area:

- Health Information Management[22]

  All the diagnostic services deficiencies identified related to health information management. We identified 19 deficiencies, one of which was significant. This number showed a marked improvement from the 80 similar deficiencies we identified in the prior cycle. The deficiencies related to not sending or sending incomplete patient test result notification letters to patients, not forwarding a result to the provider for endorsement, and a delayed provider endorsement of test results. The following are examples:

  - In case 16, staff did not forward the results of an abdominal ultrasound to the provider for endorsement.
  - In case 18, the provider endorsed a comprehensive metabolic panel and hepatitis C laboratory test results three days late.
  - In case 25, the provider endorsed x-ray results of the left knee and left wrist but did not generate a patient result notification letter.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator which CEN performed poorly.

[21] OIG clinicians identified no deficiencies in this sub-indicator.

[22] Deficiencies occurred in cases 6–10, 16, 18, 21, 22, 25, and 47. A significant deficiency occurred in case 16.

Clinician On-Site Inspection

OIG clinicians met with the correctional health service administrator (CHSA), phlebotomists, and the lead radiologic technologist. They reported the laboratory has one part-time and three full-time phlebotomists collecting specimens from each yard clinic every morning. We discussed with the lead radiologic technologist about the scheduling process and the on-site mobile services available biweekly for CT, MRI FibroScan, and ultrasound imaging through a contracted vendor.[23] A different local medical group provided open MRI scanning for patients.

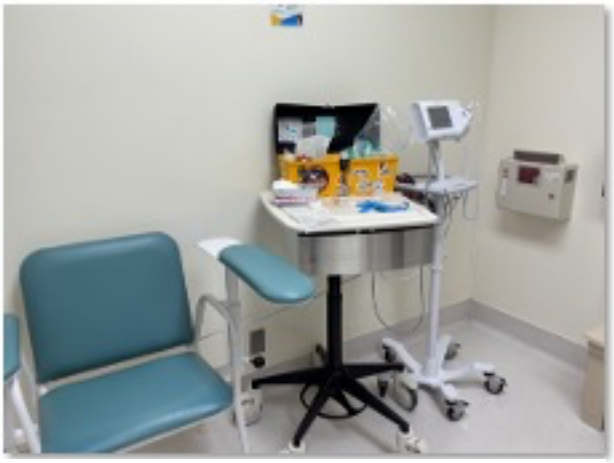


Photo 2. Blood test collection area in Yard D.
Photographed 8-26-26.



Photo 3. Entrance to Radiology department.
Photographed 8-27-26.



Photo 4. Entrance to Laboratory department.
Photographed 8-26-26.

[23] A CT is a computed, or computerized, tomography scan while an MRI is a magnetic resonance imaging scan. Both create detailed images of the organs and tissues to detect diseases and abnormalities. A FibroScan is a diagnostic imaging scan used to evaluate for liver scarring and fatty changes from liver disease.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

Diagnostic Services: Compliance Ratings and Results Summary

Compliance Rating
ADEQUATE
Compliance Score
(76.7%)

CEN performed satisfactorily in this indicator. Based on the overall compliance score result of 76.7 percent, the OIG rated the compliance component of this indicator ***adequate***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- The institution's radiology department delivered excellent diagnostic services for all 10 sampled patients within required time frames (MIT 2.001, 100%)
- Providers demonstrated proficiency in reviewing and endorsing radiology reports for nine of 10 sampled patients (MIT 2.002, 90.0%). For one patient, the provider reviewed and endorsed the result four days late.
- Providers demonstrated proficiency in timely reviewing and endorsing laboratory reports for nine of 10 sampled patients (MIT 2.005, 90.0%). For one patient, the provider reviewed and endorsed the result two days late.
- Healthcare providers generated patient notification letters for laboratory reports with all required elements within specified time frames for nine of 10 sampled patients (MIT 2.006, 90.0%). For one patient, the provider communicated the results to the patient two days late from the required time frame.
- Providers demonstrated proficiency in timely reviewing and endorsing pathology reports for all seven applicable sampled patients (MIT 2.011, 100%).

CEN performed in the ***adequate*** range in the following sub-indicators:

- Healthcare providers generated patient notification letters for radiology reports with all required elements within specified time frames for eight of 10 sampled patients (MIT 2.003, 80.0%). For one patient, the provider communicated the result to the patient four days late from the required time frame. For the remaining one patient, the record contained no evidence of a generated patient letter communicating radiology results during our review period.

CEN performed in the ***inadequate*** range in the following sub-indicators:

- Laboratory services completed orders for seven of 10 sampled patients within the time frames specified (MIT 2.004, 70.0%). For three patients, the laboratory service ordered as ASAP and routine studies were not performed within the specified time frames.

- CEN received pathology reports for seven of 10 sampled patients within required time frames (MIT 2.010, 70.0%). For three patients, the record contained no evidence the pathology reports were retrieved during our review period.

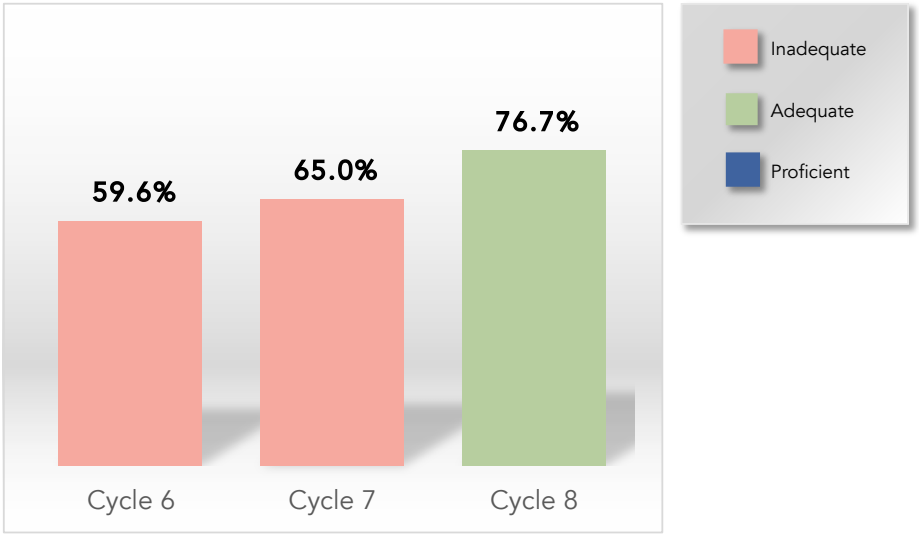
- Healthcare providers did not generate patient notification letters for pathology results with all required elements within the specified time frames for any of the sampled patients (MIT 2.012, zero). For seven applicable sampled patients, the record contained no evidence of a generated patient letter communicating pathology results during our review period.

The following test is not scored but is reported for informational purposes:

- The compliance tests for MITs 2.007, 2.008, and 2.009 in this indicator were deemed not applicable during the reporting period as no qualifying patients with STAT (immediate) laboratory orders required evaluation (MIT 2.007, MIT 2.008, & MIT 2.009, N/A.)

Analysis of Performance Across Inspection Cycles

Figure 2. Diagnostic Services, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

Overall, the institution met the 75.0 percent passing compliance threshold for diagnostic services, reaching an *adequate* score of 76.7 percent in Cycle 8. This score indicates significant, continual improvement over the past three cycles in this indicator. CEN successfully progressed from *inadequate* scores of 59.6 percent in Cycle 6 and 65.0 percent in Cycle 7 to a passing, *adequate* score in this current cycle. This steady advancement demonstrates CEN's strong commitment to improving compliance in this indicator.

Table 8. Diagnostic Services Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Radiology: Was the radiology service provided within the time frame specified in the health care provider's order? (2.001)	10	0	0	100%
Radiology: Did the ordering health care provider review and endorse the radiology report within specified time frames? Effective 09/2025: Did the health care provider review and endorse the radiology report within specified time frames? (2.002)	9	1	0	90.0%
Radiology: Did the ordering health care provider generate the patient notification letter with all the required elements within the specified time frame? Effective 09/2025: Did the health care provider generate the patient notification letter with all required elements within the specified time frame? (2.003)	8	2	0	80.0%
Laboratory: Was the laboratory service provided within the time frame specified in the health care provider's order? (2.004)	7	3	0	70.0%
Laboratory: Did the health care provider review and endorse the laboratory report within specified time frames? (2.005)	9	1	0	90.0%
Laboratory: Did the health care provider generate the patient notification letter with all the required elements within the specified time frame? (2.006)	9	1	0	90.0%
Laboratory: Did the institution collect the STAT laboratory test and receive the results within the required time frames? (2.007)	N/A	N/A	N/A	N/A
Laboratory: Did the provider acknowledge the STAT results, OR did nursing staff notify the provider within the required time frames (2.008)	N/A	N/A	N/A	N/A
Laboratory: Did the health care provider endorse the STAT laboratory results within the required time frames? (2.009)	N/A	N/A	N/A	N/A
Pathology: Did the institution receive the final pathology report within the required time frames? (2.010)	7	3	0	70.0%
Pathology: Did the health care provider review and endorse the pathology report within specified time frames? (2.011)	7	0	3	100%
Pathology: Did the health care provider generate the patient notification letter with all required elements within the specified time frame? (2.012)	0	7	3	0
				Overall percentage (MIT 2): **76.7%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- The department should develop, implement, and monitor solutions, such as an electronic solution, to ensure providers timely communicate laboratory and pathology results to the patients containing all required elements for explaining diagnostic results.

Emergency Services

In this indicator, OIG clinicians evaluated the quality of urgent and emergent medical care. Our clinicians reviewed these events by examining the timeliness and appropriateness of clinical decisions made during medical emergencies. Our evaluation included examining the emergency medical response, cardiopulmonary resuscitation (CPR) quality, triage and treatment area (TTA) [and/or other emergency clinic, etc.] care, provider performance, and nursing performance. Our clinicians also evaluated the healthcare leadership's ability to identify opportunities for improvement in the emergency medical response review process. Our clinicians also evaluated the healthcare leadership's ability to identify opportunities for improvement in the emergency medical response review process.

Additionally, for the first time in this cycle, the **Emergency Services** indicator had a compliance inspection component. Specifically, as discussed further in both the Introduction and below in the **Analysis of Performance Across Inspection Cycles** section of this indicator, the OIG identified a cross-institution correlation in Cycle 7 between low institution case review ratings for emergency services and low compliance scores in four compliance tests measuring varying requirements for emergency response preparation, emergency supply management, and post-emergency reviews, all of which we previously tested under other indicators. To better highlight institutional performances for medical emergencies, we relocated these four tests into a new compliance component of the **Emergency Services** indicator.

Emergency Services: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed satisfactorily in emergency services. Nursing staff performed well in documentation, and providers performed well in emergent and urgent events. CEN staff performed satisfactorily in emergency medical response, CPR, completing clinical reviews and identifying opportunities for improvement. Additionally, nursing staff generally provided acceptable assessments and interventions. However, the OIG clinicians identified opportunities for improvement in nursing assessments and reassessments. After considering all factors, the OIG rated the case review component of this indicator ***adequate.***



Case Review Results

Table 9. Emergency Services Case Review Results

Urgent or Emergent Events*	Deficiencies†	Significant Deficiencies‡
13	14	2

* The OIG clinicians reviewed 13 urgent or emergent events in cases 1, 2, 14, 16, 18, and 20–23.

† Deficiencies occurred in cases 1, 2, 9, 14, 16, 18, 21, and 22.

‡ Significant deficiencies occurred in cases 2 and 14.

Performed Well

Our clinicians found CEN performed well in the following areas:

- Provider Performance[24]
- Nursing Performance in Documentation[25]

Performed Satisfactorily with Opportunities for Improvement

Our clinicians found CEN performed satisfactorily with opportunities for improvement in the following areas:

- Emergency Medical Response[26]

  CEN staff responded promptly to medical emergencies and generally provided immediate interventions, including timely activating emergency medical services (EMS) and transporting the patient to the TTA. The OIG clinicians did not find any trends with emergency medical response. However, the OIG clinicians identified one significant deficiency as follows:

  - In case 22, the TTA nurse assessed the patient for new onset of swelling to the abdomen and lower extremities with complaints of feeling short of breath when lying down to sleep. The patient's blood pressure was critically elevated; however, the nurse did not assess the patient for cardiac symptoms and did not reassess the patient's blood pressure for 30 minutes. In

[24] OIG clinicians identified two minor deficiencies in cases 9 and 16.

[25] OIG clinicians identified four minor deficiencies in cases in 1 and 18.

[26] Emergency Medical Response deficiencies occurred in cases 1, 2, 16, 21, and 22. One significant deficiency in case 22.

addition, the nurse consulted the physician on call, who ordered the patient be transferred to the emergency room; however, the RN delayed requesting EMS for at least 13 minutes.

- CPR Quality[27]

  The OIG clinicians reviewed two cases in which staff performed CPR and found staff immediately initiated CPR and generally provided appropriate interventions. We identified one significant deficiency as follows:

  - In case 2, custody staff activated a medical alarm for an unconscious patient with suspected overdose. Custody staff immediately initiated EMS, CPR, and administered naloxone.[28] Nursing staff arrived promptly and continued to provide care including delivering chest compressions, administering rescue breaths with an Ambu bag, inserting an airway device, and administering naloxone. The nurses then transported the patient to the TTA.[29] However, the nurses did not apply the automated external defibrillator (AED) device to the patient during the CPR event.[30]

- Nursing Performance in Assessments and Interventions[31]

  The OIG clinicians found CEN nurses frequently performed appropriate assessments and timely interventions during urgent and emergent events. The OIG clinicians found opportunities for improvement in reassessments of vital signs and symptoms. The following are examples:

  - In case 16, nursing staff responded to an emergency for a patient with altered level of consciousness and vomiting. The LVN responded to the patient; however, the LVN did not collect any information related to the patients' symptoms, such as onset and duration of symptoms or level of alertness. The

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[27] CPR occurred in cases 1 and 2. Deficiencies occurred in both cases. A significant deficiency occurred in case 2.

[28] Naloxone is a medication used for the emergency treatment of known or suspected opioid overdose. According to the manufacturer, nasal naloxone doses can be safely administered every two to three minutes. CCHCS emergency medical training allows nurses to administer five nasal naloxone doses when an opioid overdose is suspected.

[29] An ambu bag delivers a higher amount of oxygenation to the patient.

[30] An automated external defibrillator (AED) is a portable device used to deliver an electric shock to the heart when it detects an abnormal heart rhythm.

[31] Nursing performance deficiencies occurred in cases 1, 2, 16, 18, 21, and 22. A significant deficiency occurred in case 2.

LVN also did not indicate whether a drug overdose was suspected; did not collect any data regarding the patient's presentation, such as his skin color and temperature; did not take the any vital signs; and did not document whether an alarm was activated, the activation method, or the location of the incident. In addition, the RN did not assess the onset of symptoms or vomiting characteristics, did not document the time of clinic arrival and departure, and did not document time of arrival to the TTA.

- In case 21, clinic staff activated a medical alarm for a patient with unstable vital signs and an abscess in his right shoulder incision, which had reopened, had drainage, and felt hot to the touch. The TTA RN transported the patient to the TTA. The patient had a critically high pulse and an elevated temperature in the clinic and upon arrival to the TTA. However, the TTA nurse did not recheck the patients' abnormal vital signs, including his pulse and temperature, while he waited to be transported to the hospital.

- Emergency Medical Response Review Process[32]

  OIG clinicians found CEN performed timely clinical reviews on emergency medical responses and unscheduled transports to a higher level of care. However, CEN did not always identify the same opportunities for improvement as the OIG. Our clinicians identified four deficiencies, none of which were significant.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator in which CEN performed poorly.

[32] Emergency Medical Response Review Process deficiencies occurred in cases 1, 2, 18, and 22. We identified no significant deficiencies.

Clinician On-Site Inspection

Our clinicians inspected CEN's three bay TTA located in the Central Health building. They interviewed two registered nurses, who worked primarily in the TTA. The nurses indicated both the day and afternoon shifts were each staffed with two RNs, while the night shift was staffed with one RN. They reported they were busy during the day with emergencies but also with assessing patients returning from specialist appointments and the community hospitals. They shared that, fortunately, during the day and evening shifts, the LVNs and RNs in the medical clinics responded to medical alarms; however, on the night shift the TTA RN was the first



Photo 5. Triage and Treatment Area (TTA) Bay
Photographed on 8-26-2026.



Photo 6. Triage and Treatment Area (TTA) Bays.
Photographed on 8-26-2026.

medical responder for all areas. They also shared that a physician was on grounds each business day from 8:00am to 4:00pm, and a specific physician on call was assigned outside of these hours. The staff indicated the physicians were readily available both in person and on call.

The TTA RNs shared they frequently cared for patients with symptoms consistent with an overdose. They indicated they always requested EMS; however, sometimes the patients refused to transfer to a community hospital. When this occurred, the emergency medical service ambulance staff would contact the base hospital and collaborate with the emergency room physician to determine whether the patient was competent to refuse transport. When the patient was deemed competent to refuse care, they provided the patient a "run number," which recorded the details of the event. The nurses indicated,



Photo 7. Interfacility Emergency Transport Vehicle (IETV)
Photographed on 8-26-2026.

when the patients were able to refuse care, they would monitor them in the TTA but did not have standard nursing procedures or criteria for the duration or type of monitoring that was required.

The chief nurse executive (CNE) shared, in addition to the required emergency medical response clinical reviews for patients who transferred to the community hospital, CEN supervisors also evaluated TTA nursing care for patients who were treated in the TTA but returned to their housing units.

Case Review Recommendations

- Nursing leadership should determine the challenges to nurses performing thorough assessments and reassessments of emergent and urgent conditions. Leadership should implement and monitor remedial measures as appropriate.

Emergency Services: Compliance Ratings and Results Summary

Compliance Rating
INADEQUATE
Compliance Score
(67.1%)

CEN needs improvement in this indicator, as two of the institution's critical results fell significantly below the testing threshold. Based on the overall compliance score of 67.1 percent, the OIG rated the compliance component of this indicator ***inadequate***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

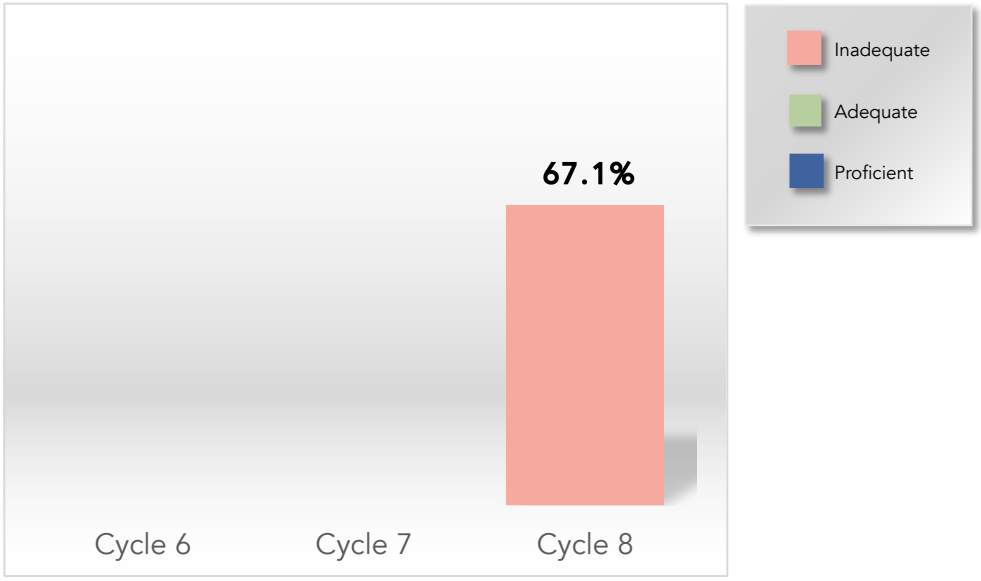
- Nursing staff inspected and inventoried emergency medical response bags (EMRBs) and ensured they contained all essential items for six of the seven applicable clinical areas (MIT 3.101, 85.7%). For one EMRB, staff failed to document the expiration date of the glucose tube found in the one of the compartments.
- Nursing staff inspected and inventoried treatment carts within the required time frames in both of the two applicable clinical areas (MIT 3.102, 100%).
- Nursing staff properly inspected and inventoried disaster response bags within the required time frames for applicable clinical areas (MIT 3.103, 100%).
- CEN achieved a perfect compliance score in maintaining current certifications for cardiopulmonary resuscitation (CPR), basic life support (BLS), and advanced cardiac life support (ACLS) (MIT 3.105, 100%).

CEN performed in the ***inadequate*** range in the following sub-indicators:

- The Emergency Medical Response Review Committee (EMRRC) reviewed cases in a timely manner and ensured incident packages included all required documents for only two of 12 sampled patients (MIT 3.001, 16.7%). For 10 patients, we found one or both of the following deficiencies: the institution did not review the cases timely or the emergency medical response review event checklists were incomplete.
- The institution did not conduct the appropriate requirements for medical emergency response drills for all three watches during the most recent quarter (MIT 3.104, zero). All three packets lacked required documentation for the emergency drill performed.

Analysis of Performance Across Inspection Cycles

Figure 3. Emergency Services, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

The institution performed below established standards for emergency response and coordination, highlighting a significant need for improvement in this indicator. Specifically, the institution did not meet the 75.0 percent passing compliance threshold for emergency readiness and performance evaluation, reaching only 67.1 percent in Cycle 8.

Notably, while we conducted these individual emergency compliance tests in prior cycles, we relocated these tests in Cycle 8 to this new indicator. Thus, no prior cycle data is available for indicator comparison. However, we include below the cycle comparisons for each individual test, which indicates continuing excellent scores in MIT 3.105, alongside significant, major improvements in MIT 3.101 and MIT 3.102 during Cycle 8. Conversely, performance remains deeply *inadequate* in the remaining tests: MIT 3.001 showed a minor recovery from CEN's score of zero in Cycle 7 to a low *inadequate* score of 16.7 percent in Cycle 8, while MIT 3.104 represents ongoing regression, dropping from its Cycle 6 high *inadequate* score of 66.7 percent down to zero in both Cycles 7 and 8.

Table 10. Changed MIT Numbers Over Cycles 6, 7 and 8

Cycle 8 MIT Test Number	Cycle 6 Scores	Cycle 7 Scores	Cycle 8 Scores
MIT 3.001	58.3%	0.0%	16.7%
MIT 3.101 & 3.102	25.0%	25.0%	MIT 3.101 85.7% MIT 3.102 100%
MIT 3.104	66.7%	0.0%	0.0%
MIT 3.105	100%	100%	100%

Note: Cycle 8 MIT 3.001 was previously tested under Cycles 6 and 7 as MIT 15.003. Cycle 8 MIT 3.101 and 3.102 were previously tested together under Cycles 6 and 7 as MIT 5.111. Cycle 8 MIT 3.104 was previously tested under Cycles 6 and 7 as MIT 15.101. Cycle 8 MIT 3.105 was previously tested under Cycles 6 and 7 as MIT 15.107. Cycle 8 MIT 3.103, testing disaster bags, is a new test with no comparable data from prior cycles and is excluded from this table.

Table 11. Emergency Services Compliance Test Scores

	Scored Answer			
Compliance Questions	**Yes**	**No**	**N/A**	**Yes %**
For Emergency Medical Response Review Committee (EMRRC) reviewed cases: Did the EMRRC review the case timely, and did the incident packages reviewed include the required documents? (3.001)	2	10	0	16.7%
Clinical areas: Are emergency medical response bags inspected and inventoried within required timeframes, and do they contain essential items? (3.101)	6	1	3	85.7%
Clinical areas: Are treatment carts inspected and inventoried within required timeframes? (3.102)	2	0	8	100%
Clinical areas: Are disaster response bags inspected and inventoried within required timeframes? (3.103)	1	0	9	100%
Did the institution conduct medical emergency response drills during each watch of the most recent quarter, and did the health care and custody staff participate in those drills? (3.104)	0	3	0	0
Did the staff maintain valid Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), and Advance Cardiac Life Support (ACLS) certifications? (3.105)	2	0	1	100%
			Overall percentage (MIT 3): **67.1%**	

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- Nursing leadership should develop, implement, and monitor strategies to ensure nursing supervisors timely review emergency medical response incidents and thoroughly complete required documentation for emergency response drill mock codes.

Health Information Management

In this indicator, OIG inspectors evaluated the flow of health information, a crucial link in high-quality medical care delivery. Our inspectors examined whether the institution retrieved and scanned critical health information (progress notes, diagnostic reports, specialist reports, and hospital discharge reports) into the medical record in a timely manner. Our inspectors also tested whether the institution's clinicians appropriately reviewed and endorsed those reports. In addition, our inspectors checked whether staff labeled and organized documents in the medical record correctly.

Health Information Management: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed satisfactorily in health information management (HIM). CEN staff always retrieved and scanned emergent records timely and performed excellently with scanning of medical documents. They also almost always managed hospital reports appropriately. However, we identified instances of late-scanned specialty reports. Additionally, providers mostly endorsed results timely but occasionally did not send complete patient notification letters or did not send them at all. Taking all factors into consideration, the OIG rated the case review component of this indicator ***adequate***.



Case Review Results

Table 12. HIM Case Review Results

Events*	Deficiencies†	Significant Deficiencies‡
767	28	6

* The OIG reviewed 767 events.

† Deficiencies occurred in cases 5–10, 14, 16, 18, 21–23, 25, and 47.

‡ Significant deficiencies occurred in cases 5, 7, 16, and 25

Performed Well

OIG clinicians found CEN performed well in the following areas:

- Hospital Reports[33]
- Urgent and Emergent Records[34]
- Scanning Performance[35]

Performed Satisfactorily with Opportunities for Improvement

OIG clinicians CEN performed satisfactorily with opportunities for improvement in the following areas:

- Specialty Reports[36]

  We identified eight deficiencies in 101 specialty reports, two of which were significant. Most of the deficiencies related to delays in retrieval and scanning. The following are the two significant deficiencies:

  - In case 5, the patient underwent a sleep study, and staff scanned the report late, 30 days after completing the study.
  - In case 7, the patient refused a specialty appointment. CEN staff did not scan an informed refusal form into the EHRS.

- Diagnostic Reports[37]

  We identified 19 deficiencies out of 102 diagnostic events, one of which was significant. Ten related to missing patient notification letters, six related to incomplete letters, two related to late provider endorsements of results, and one related to a report not sent to the provider for review. The following was the significant deficiency:

  - In case 16, the CEN staff did not forward the liver ultrasound report to a provider for review and endorsement.

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[33] One minor deficiency relating to a late provider endorsement of emergency department records occurred in case 14.

[34] OIG clinicians identified no deficiencies in this sub-indicator.

[35] OIG clinicians identified no deficiencies in this sub-indicator.

[36] Deficiencies occurred in cases 5, 7, 16, 18, 21, and 23. Significant deficiencies occurred in cases 5 and 7.

[37] Deficiencies occurred in cases 6–10, 16, 18, 21, 22, 25, and 47. A significant deficiency occurred in case 16.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator which CEN performed poorly.

Clinician On-Site Inspection

OIG clinicians discussed HIM processes with CEN's health record technician supervisor (HRT2), health record technicians (HRT1s) and the office assistant (OA). The supervisor described tracking the patient census from custody's daily movement report, TTA logbook, and the specialty appointment schedule list, while collaborating with the utilization management (UM) nurse and HIM staff. The supervisor also reported having direct access to the patients' electronic health records from local hospitals, which allowed CEN health record staff to retrieve patients' health records from these hospitals timely. The supervisor also mentioned position vacancies for one HRT and one OA.



Photo 8. Entrance to Medical Records Department.
Photographed on 8-26-26.

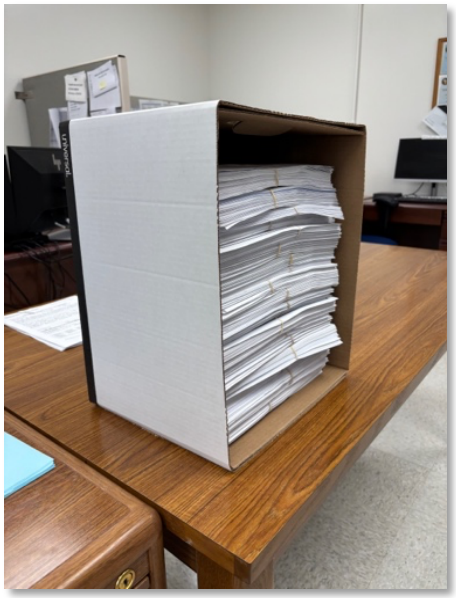


Photo 9. Paper medical records for scanning.
Photographed on 8-26-26.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

Health Information Management: Compliance Ratings and Results Summary



In this indicator, CEN performed outstandingly with timely scanning specialty reports and correctly labeling documents. Based on the overall compliance score of 93.8 percent, the OIG rated the compliance component of this indicator ***proficient.***

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

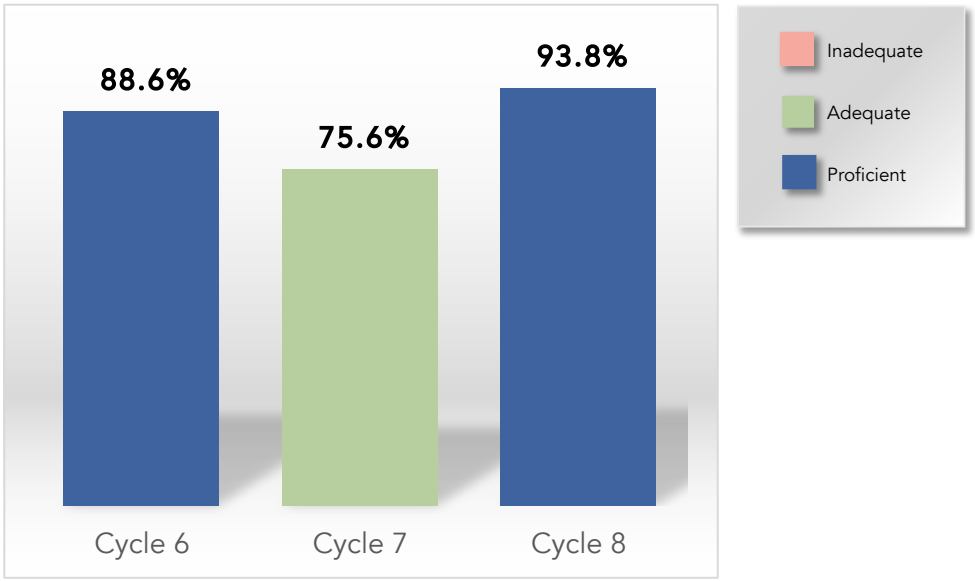
- The institution achieved a perfect compliance score for the timely integration of health care services request forms (CDCR Forms 7362) into the electronic health record system (EHRS). Staff scanned all documented forms within the required timeframes, ensuring immediate data availability for the patient care team (MIT 4.001, 100%).
- The institution demonstrated sufficient operational performance ensuring community hospital discharge documents were scanned into the patients' EHRS within required time frames for all 16 sampled patients (MIT 4.003, 100%).
- The institution labeled and scanned records into the patients' EHRS for 23 of the 25 sampled patients (MIT 4.004, 92.0%). For two patients, the documents were found mislabeled during our review period.
- The institution exhibited adequacy in ensuring the provider reviewed and endorsed community hospital discharge reports within five calendar days of discharge for 15 of 16 sampled patients (MIT 4.005, 93.8%). For one patient, the provider reviewed the report one day late.

CEN performed in the ***adequate*** range in the following sub-indicator:

- The institution ensured staff scanned specialty notes into the patients' EHRS in accordance with established timelines for 25 of 30 applicable sampled patients (MIT 4.002, 83.3%). For five patients, staff scanned the specialty reports between one and 12 days late.

Analysis of Performance Across Inspection Cycles

Figure 4. Health Information Management, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN's performance exceeded the 75.0 percent passing compliance threshold for health information management (HIM), reaching a *proficient* score of 93.8 percent. This score follows an *adequate* performance result of 75.6 percent in Cycle 7 and a prior *proficient* performance result of 88.6 percent in Cycle 6. While the institution experienced a temporary decline in Cycle 7, the current score represents a strong recovery and a definitive upward trend. This cycle, the institution's performance reached its highest level across the last three cycles and has now significantly surpassed the minimum established standards for HIM.

Table 13. Health Information Management Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Are health care service request forms scanned into the patient's electronic health record within one calendar day of the patient encounter date? (4.001)	19	0	11	100%
Are specialty documents scanned into the patient's electronic health record within five calendar days of the encounter date? (4.002)	25	5	15	83.3%
Are community hospital discharge documents scanned into the patient's electronic health record within three calendar days of hospital discharge? (4.003)	16	0	0	100%
During the inspection, were medical records properly scanned, labeled, and included in the correct patients' files? (4.004)	23	2	0	92.0%
For patients discharged from a community hospital: Did a provider review and endorse the report within five calendar days of discharge? (4.005)	15	1	0	93.8%
Overall percentage (MIT 4): **93.8%**				

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

The OIG offers no compliance recommendations for this indicator.

Health Care Environment

In this indicator, OIG compliance inspectors tested clinics' waiting areas, infection control, sanitation procedures, medical supplies, equipment management, and examination rooms. Inspectors also tested clinics' performance in maintaining auditory and visual privacy for clinical encounters. Compliance inspectors asked the institution's health care administrators to comment on their facility's infrastructure and its ability to support health care operations. The OIG rated this indicator solely on the compliance score. Our case review clinicians do not rate this indicator.

In Cycle 7, the OIG did not include the score or rating for this indicator in the institution's overall compliance assessment. However, beginning with Cycle 8, the OIG determined adherence to health care environment requirements should be considered a primary factor because these requirements ensure the health care environments are sufficiently conducive to providing good medical care. Therefore, this indicator's individual score is included in the institution's overall compliance rating.

Health Care Environment: Compliance Ratings and Results Summary



CEN performed very well in this indicator during this inspection cycle. Based on the overall compliance score result of 90.0 percent, the OIG rated this indicator ***proficient***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- The institution demonstrated very good performance in maintaining a clean and sanitary environment for all 10 clinical health care areas (MIT 5.101.2, 100%).
- The institution demonstrated excellent performance in ensuring staff consistently updated the corresponding cleaning logs for all 10 clinics (MIT 5.101.3, 100%).
- All 10 applicable clinics ensured clinical health care areas contained operable sinks and sufficient quantities of hygiene supplies (MIT 5.103, 100%).

- The institution attained perfect performance in ensuring clinical health care areas controlled exposure to blood-borne pathogens and contaminated waste for all 10 applicable clinics (MIT 5.105, 100%).

- The institution's medical warehouse delivered exceptional performance in ensuring the medical supply management process adequately supported the needs of the medical health care program (MIT 5.106, 100%).

- The institution sustained outstanding performance in ensuring the environments in the common clinical and nonclinical areas are conducive to providing medical services for all 10 clinics (MIT 5.109.1, 100% and MIT 5.109.2, 100%).

- The institution upheld superior performance in ensuring the clinic exam rooms have adequate space and remain free of clutter to provide medical services for all 10 applicable clinics (MIT 5.110.1, 100% and MIT 5.110.2, 100%).

- All 10 applicable clinic exam rooms were equipped with working computer stations, well-maintained furniture, and accessible medical equipment (MIT 5.110.3, 100%).

CEN performed in the ***adequate*** range in the following sub-indicators:

- Eight of 10 clinics ensured adequate management and storage of bulk medical supplies (MIT 5.107, 80.0%). Two clinics were found storing medical supplies beyond the manufacturer's guidelines (see Photos 10 and 11, below).



Photo 10. Expired medical supplies. Photographed on 7-14-2026.



Photo 11. Expired medical supplies. Photographed on 7-14-2026.

- Eight of 10 clinics ensured common areas and exam rooms were equipped with essential core medical equipment and supplies (MIT 5.108.2, 80.0%). In two clinics, we found the following deficiencies: defibrillator test performance was found incomplete; and an exam room was missing lubricating jelly.

- Eight of 10 clinics ensured examination rooms allowed for privacy and confidentiality when providing medical services (MIT 5.110.4, 80.0%). In two clinics, we found the following deficiencies: the confidential medical records were kept visible, unsecured, and easily accessible to unauthorized persons; and the examination room lacked adequate provisions for visual privacy (see Photo 12, right).

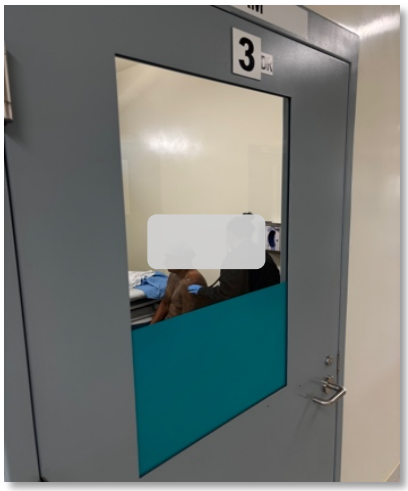


Photo 12. Exam room lacking visual privacy for the patient (partially redacted). Photographed on 7-14-2026.

CEN performed in the ***inadequate*** range in the following sub-indicators:

- The institution ensured reusable non-invasive medical equipment was properly disinfected as warranted for two of three applicable clinical health care areas (MIT 5.102.2, 66.7%). For one clinic, the health care staff failed to remove exam table paper after conducting a patient encounter.

- Three of seven medical staff observed adhered to universal hand hygiene precaution, in which staff follows proper handwashing protocols (MIT 5.104, 42.9%). During four observations of medical exams, medical staff members failed to wash or sanitize their hands before and after physically touching the patient.

The following tests are not scored but are reported for informational purposes:

- Cleaning staff managed by California Correctional Training and Rehabilitation Authority (CALCTRA) formerly known as California Prison Industry Authority (CALPIA) and CEN clinical staff did not express concerns regarding the maintenance of infection control and prevention within the clinical health care areas (MIT 5.101.1, N/A). The facility maintained a standardized cleaning process utilizing hospital-grade chemical disinfectants specifically intended for clinical environments.

- We deemed the compliance test for MIT 5.102.1 in this indicator not applicable during this inspection cycle as no sterilization or chemical cleaning procedures are conducted at this institution (MIT 5.102.1, N/A).

- The facility demonstrated excellence in equipment oversight, maintaining an uninterrupted inventory of clinical supplies, and ensuring essential equipment remained in proper working order (MIT 5.108.1, N/A).

- We inspected indoor patient waiting areas. Health care and custody staff reported existing waiting areas had sufficient seating capacity (see Photo 13, right). During our inspection, we did not observe overcrowding in any of the clinics' indoor and outdoor waiting areas (MIT 5.109.2, N/A).

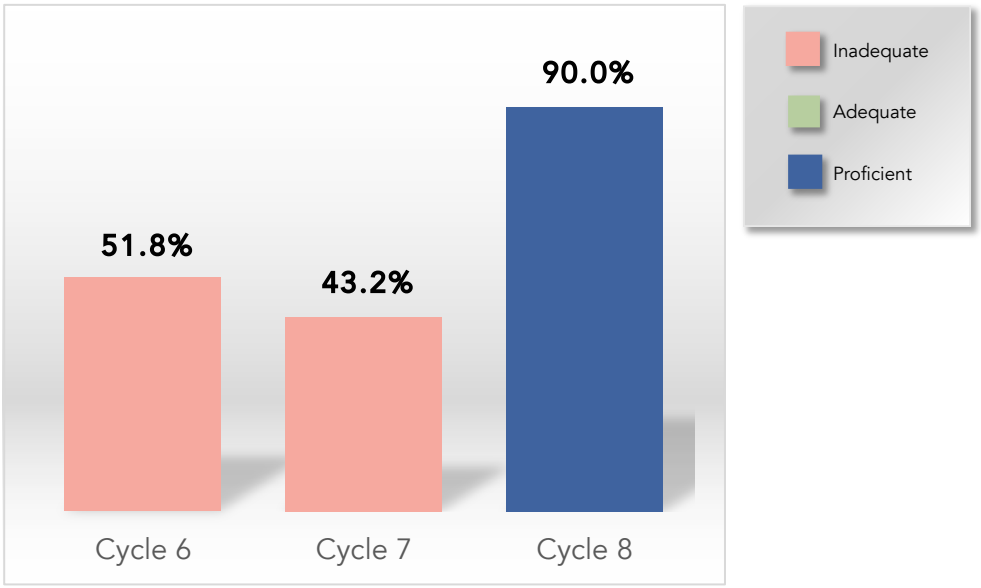
- At the time of our medical inspection, the institution's administrative team reported no ongoing health care facility improvement program construction projects. The institution's health care management and plant operations manager reported all clinical area infrastructures were in good working order (MIT 5.999, N/A).



Photo 13. Sufficient patient waiting area. Photographed on 7-14-2026.

Analysis of Performance Across Inspection Cycles

Figure 5. Health Care Environment, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN performed exceptionally in the health care environment category, achieving a proficient score of 90.0 percent. This rating demonstrates a major breakthrough in improving compliance following consecutive underperformances, which included an *inadequate* score of 51.8 percent in Cycle 6 and a further decline to an *inadequate* score of 43.2 percent in Cycle 7. This current surge in performance for this indicator signifies strong and successful progress toward significantly exceeding established benchmarks and correcting previous environmental deficiencies.

Table 14. Health Care Environment Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For informational purposes only: Did the clinical health care staff report any concerns with maintaining infection control? (5.101.1)	0	0	10	N/A
Infection control: Are clinical health care areas appropriately disinfected, cleaned, and sanitary? (5.101.2)	10	0	0	100%
Infection control: Are clinical health care areas completing and maintaining cleaning logs for all clinical areas and implementing cleaning protocols during modified programming? (5.101.3)	10	0	0	100%
Infection control: Do clinical health care areas ensure that reusable invasive medical equipment is properly sterilized or disinfected as warranted? (5.102.1)	0	0	10	N/A
Infection control: Do clinical health care areas ensure that reusable non-invasive medical equipment is properly sterilized or disinfected as warranted? (5.102.2)	2	1	7	66.7%
Infection control: Do clinical health care areas contain operable sinks and sufficient quantities of hygiene supplies? (5.103)	10	0	0	100%
Infection control: Does clinical health care staff adhere to universal hand hygiene precautions? (5.104)	3	4	3	42.9%
Infection control: Do clinical health care areas control exposure to blood-borne pathogens and contaminated waste? (5.105)	10	0	0	100%
Warehouse, Conex, and other non-clinic storage areas: Does the medical supply management process adequately support the needs of the medical health care program? (5.106)	1	0	0	100%
Clinical areas: Does each clinic follow adequate protocols for managing and storing bulk medical supplies? (5.107)	8	2	0	80.0%
For informational purposes only: Did clinical health care staff report concerns with access to all vital and properly working medical equipment and sufficient medical supplies? (5.108.1)	0	0	10	N/A
Clinical areas: Do clinic common areas and exam rooms have essential core medical equipment and supplies? (5.108.2)	8	2	0	80.0%
Clinical areas: Are the environments in the common clinical areas conducive to providing medical services? (5.109.1)	10	0	0	100%
Clinical areas: Are the environments in the common non-clinical areas conducive to providing medical services? (5.109.2)	10	0	0	100%
Clinical areas: Do the clinic exam rooms have adequate space to provide medical services? (5.110.1)	10	0	0	100%
Clinical areas: Are the clinic exam rooms free of clutter and conducive to providing medical services? (5.110.2)	10	0	0	100%
Clinical areas: Do clinic exam rooms have working computer stations and well-maintained furniture and accessible medical equipment? (5.110.3)	10	0	0	100%
Clinical areas: Do clinic exam rooms allow for privacy and confidentiality when providing medical services? (5.110.4)	8	2	0	80.0%
For informational purposes only: Does the institution's health care management believe that all clinical areas have physical plant infrastructures that are sufficient to provide adequate health care services? (5.999)	This test is not scored. Please see the indicator for discussion of this test.			
				Overall percentage (MIT 5): **90.0%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

The OIG offers no compliance recommendations for this indicator.

Transfers

In this indicator, OIG inspectors examined the transfer process for those patients who transferred into the institution as well as for those who transferred to other institutions. For newly arrived patients, our inspectors assessed the quality of health care screenings and the continuity of provider appointments, specialist referrals, diagnostic tests, and medications. For patients who transferred out of the institution, inspectors checked whether staff reviewed patient medical records and determined the patient's need for medical holds. They also assessed whether staff transferred patients with their medical equipment and gave correct medications before patients left. In addition, our inspectors evaluated staff performance in communicating vital health transfer information, such as preexisting health conditions, pending appointments, tests, and specialty referrals. Inspectors further confirmed whether staff sent complete medication transfer packages to receiving institutions.

Patients returning from an off-site hospitalization or emergency room are at high risk for lapses in care quality. These patients typically experienced severe illness or injury. They require more care and place a strain on the institution's resources. In addition, because these patients have complex medical issues, successful health information transfer is necessary for good quality care. Any transfer lapse can result in serious consequences for these patients. For patients who returned from off-site hospitals or emergency rooms, inspectors reviewed whether staff appropriately implemented recommended treatment plans, administered necessary medications, and scheduled appropriate follow-up appointments.

Transfers: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed sufficiently in the transfer process. The nurses screened patients appropriately for patients who returned from a hospitalization or emergency room encounter, nurse and provider appointments occurred timely, and staff generally maintained medication continuity. However, our clinicians identified a trend of nurses not documenting communication to the receiving institution for pending specialty appointments. Considering all factors, the OIG rated the case review component of this indicator ***adequate.***



Case Review Results

Table 15. Transfers Case Review Results

Transfer Events*	Deficiencies†	Significant Deficiencies‡
40	13	2

* The OIG clinicians reviewed 40 events in 19 cases in which patients transferred into or out of the institution and 12 events in which patients returned from an off-site hospital or emergency room.
† Deficiencies occurred in cases 3, 12, 13–15, 21–23, and 26–28.
‡ Significant deficiencies occurred in cases 12 and 15.

Performed Well

OIG clinicians found CEN performed well in the following area:

- Hospital Returns[38]

Performed Satisfactorily with Opportunities for Improvement

OIG clinicians found CEN performed satisfactorily with opportunities for improvement in the following areas:

- Transfers In[39]

  OIG clinicians found CEN nurses often performed thorough initial healthcare screenings, initiated provider appointments within the required time frames, ensured patients had their durable medical equipment, and communicated with the providers to renew medications and reorder pending appointments. As noted in the **Medication Management** indicator, medication management for transfers was generally satisfactorily; however, we identified one significant medication management deficiency.

[38] OIG clinicians reviewed 12 hospital return events in cases 14–16, 18, 20–23, and 47. Hospital return deficiencies occurred in cases 21–23, none of which were significant.

[39] OIG clinicians reviewed 12 transfer-in events in cases 3 and 11–15. Transfer-in deficiencies occurred in cases 3, 12, 13, and 15. A significant deficiency occurred in case 12.

- Transfers Out[40]

OIG clinicians found CEN nurses generally screened patients appropriately and ensured transfer-out requirements were met. Nurses always ensured patients transferred with their medications; however, in all four cases we reviewed, we identified deficiencies relating to hand-off communication, wherein nurses often did not communicate pending specialty appointments to the receiving institution. The following deficiencies showed room for improvement:



Photo 14. Receiving and Release (R&R) Photographed on 8-27-2026.

  - In case 15, this patient, who had a complex medical history including a chronic lung disease, respiratory failure requiring supplemental oxygen, and heart failure, transferred to another institution via ambulance. The RN did not document whether the patient had his rescue inhaler on person during the transfer, did not perform an infectious disease screening prior to transfer, and did not document or communicate pending specialty appointments to the receiving institution.

  - In cases 15, 26, and 28, the transfer nurse did not provide hand-off communication to the receiving facility of the pending specialty appointments.

  - In case 27, the RN did not provide a hand-off communication to the receiving institution regarding the recent ER encounter for abdominal pain and report at the ER of suicidal ideation.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator in which CEN performed poorly.

[40] OIG clinicians reviewed 9 transfer-out events in cases 15 and 26–28. Transfer-out deficiencies occurred in cases 15 and 26–28. A significant deficiency occurred in case 15.

Clinician On-Site Inspection

The OIG clinician inspected the receiving and release (R&R) area and interviewed the R&R RN. One RN was staffed each shift, Monday through Friday (excluding weekends and holidays). The RN reported an average of 60 patient transfers into or out of CEN. The nurse commended the R&R SRN, indicating he was supportive and knowledgeable of the area.

During the OIG inspection, the chief nurse executive noted, in February 2026, they began performing a mental health "Receiving and Release Screening Audit" each month. However, the nursing supervisors did not perform any additional quality nursing audits for the R&R area.

Case Review Recommendations

- Nursing leadership should develop strategies to ensure nursing staff perform patient hand-off communication to the receiving institution for pending specialty referrals and for patients recently discharged from hospitalization. Leadership should implement and monitor remedial measures as appropriate.

Transfers: Compliance Ratings and Results Summary

Compliance Rating
ADEQUATE
Compliance Score
(84.3%)

CEN demonstrated good performance for this indicator. Based on the overall compliance score result of 84.3 percent, the OIG rated the compliance component of this indicator ***adequate***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicator:

- Nursing staff showed excellent performance in completing the assessment and disposition sections of the initial health screening form for all 24 applicable sampled patients (MIT 6.002, 100%).

CEN performed in the ***inadequate*** range in the following sub-indicators:

- Nursing staff completed initial health screenings and answered all screening questions within the required time frame for only 16 of 25 sampled patients (MIT 6.001, 64.0%). For nine patients, nursing staff failed to document a complete set of vitals, blood sugar level, and weight measurements during screening process.

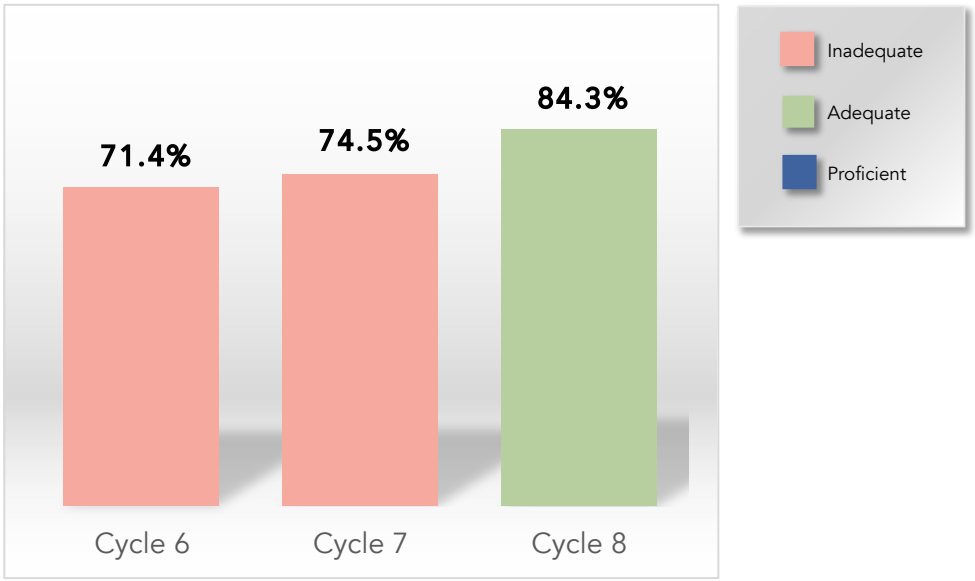
- Nursing staff ensured medications were administered or delivered without interruption for 11 of 15 applicable sampled patients (MIT 6.003, 73.3%). For four patients, we found one or both of the following deficiencies: incomplete documentation of the patient's stated reason for refusing medication or the record contained no evidence of the patient receiving or refusing ordered medication during our review period.

Compliance On-Site Inspection and Discussion

- The institution demonstrated proficiency in ensuring medication transfer packages included all required durable medical equipment along with the corresponding transfer packet required documents for all 10 sampled patients (MIT 6.101, 100%).

Analysis of Performance Across Inspection Cycles

Figure 6. Transfers, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN performed well in the Transfers indicator, achieving an adequate score of 84.3 percent. This score represents significant improvement, as the institution successfully crossed the passing compliance threshold after failing to do so in prior consecutive cycles. Specifically, CEN climbed from inadequate ratings of 71.4 percent in Cycle 6 and 74.5 percent in Cycle 7, to a current score that is nearing proficiency. This current score confirms a steady upward trajectory across the last three cycles, indicating the institution has corrected previous deficiencies and now meets the established standards for Transfers.

Table 16. Transfers Compliance Test Scores

Compliance Questions	Scored Answers			
	Yes	No	N/A	Yes %
For endorsed patients received from another CDCR institution: Did nursing staff complete the initial health screening and answer all screening questions within the required time frame? (6.001)	16	9	0	64.0%
For endorsed patients received from another CDCR institution: When required, did the RN complete the assessment and disposition section of the initial health screening form; refer the patient to the TTA if TB signs and symptoms were present; and sign and date the form on the same day staff completed the health screening? (6.002)	24	0	1	100%
For endorsed patients received from another CDCR institution: If the patient had an existing medication order upon arrival, were medications administered or issued without interruption? (6.003)	11	4	10	73.3%
For patients transferred out of the facility: Do medication transfer packages include required medications along with the corresponding transfer packet required documents? (6.101)	10	0	0	100%
Overall percentage (MIT 6): **84.3%**				

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- Nursing leadership should develop strategies to ensure nurses administer medications without interruption to newly arrived patients. Leadership should implement and monitor remedial measures as appropriate.
- Nursing leadership should develop strategies to ensure nurses thoroughly complete the initial health screening, including answering all questions as well as documenting complete sets of vital signs and weight measurements. Leadership should implement and monitor remedial measures as appropriate.

Medication Management

In this indicator, OIG inspectors evaluated the institution's performance in administering prescription medications on time and without interruption. The inspectors examined this process from the time a provider prescribed medication until the nurse administered the medication to the patient. In addition to examining medication administration, our compliance inspectors also tested many other processes, including medication handling, storage, error reporting, and other pharmacy processes.

Medication Management: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed excellently in medication management. Our clinicians found the institution performed well in medication continuity for newly prescribed medications, medications for patients transferring in and out of the institution, chronic care medications, specialized medical housing medications, and hospital discharge medications. Considering all factors, the OIG rated the case review component of this indicator ***proficient***.



Case Review Results

Table 17. Medication Management Case Review Results

Medication Events*	Deficiencies†	Significant Deficiencies‡
118	9	2

* The OIG clinicians reviewed 118 events in 27 cases related to medications.

† Deficiencies occurred in cases 12–14, 16–18, 21, and 47.

‡ Significant deficiencies occurred in cases 12 and 14.

Performed Well

OIG clinicians found Centinela performed well in the following areas:

- Newly Prescribed Medications[41]
- Transfer Medications[42]
- Chronic Medication Continuity[43]
- Specialized Medical Housing Medications[44]
- Hospital Discharge Medications[45]

Performed Satisfactorily with Opportunities for Improvement

OIG clinicians found no areas in this indicator in which CEN performed satisfactorily with opportunities for improvement.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator in which CEN performed poorly.

[41] Two newly prescribed medication deficiencies occurred in cases 14 and 16. One significant deficiency occurred in case 14, in which the patient had a severe allergic reaction and the provider ordered a steroid injection to treat severe inflammation; however, the injection was not available for administration.

[42] Transfer medication deficiencies occurred in cases 12 and 13. A significant deficiency occurred in case 12.

[43] Chronic care medication deficiencies occurred in cases 17 and 18, none of which were significant.

[44] Specialized medical housing deficiencies occurred in cases 21 and 47, none of which were significant.

[45] CEN did not have any deficiencies related to hospital discharge medications.

Clinician On-Site Inspection

Our clinicians met with the pharmacist in charge (PIC), who had served in this position for the last two years. The PIC answered the OIG's questions and participated in the medication management discussions.



Photo 15. B Yard Medication Administration Area. Photographed on 8-26-2026.

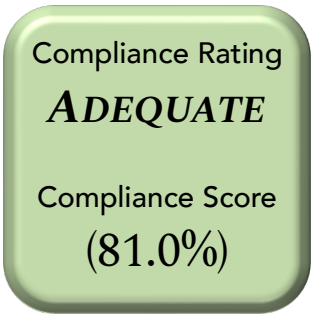
At CEN each of the medication administration areas were located within the medical clinics. Our clinicians met with medication administration nurses. They explained the institution's "keep on person" (KOP) medication process.[46] The LVNs indicated they contacted the housing unit officers when patients had KOP medications, and the patients were released to collect their medications. They indicated most patients picked up their medications; however, if patients were resistant, the nurses would educate them on the medication to encourage compliance. If the patient still refused, the nurses would obtain an informed refusal, notify the patient's primary care provider, and complete the required documentation. The nurses shared that pharmacy staff visited the medication area at least twice each business day.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

[46] KOP means "keep on person" and refers to medications in which a patient can keep and self-administer according to the directions provided.

Medication Management: Compliance Ratings and Results Summary



CEN performed satisfactorily in this indicator. Based on the overall compliance score result of 81.0 percent, the OIG rated the compliance component of this indicator ***adequate***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- The institution administered or issued new order prescription medications within required time frames for 23 of 25 sampled patients (MIT 7.002.2, 92.0%). For two patients, nursing staff failed to deliver medication to the patient by the ordering provider's administration date or did not issue KOP medications within policy time frames.
- The provider ordered post-hospitalization medication orders within the required time frames for all 16 applicable sampled patients (MIT 7.003.1, 100%).
- The institution administered or delivered medications without interruption for patients transferring within the institution for 24 of 25 patients (MIT 7.005, 96.0%). For one patient, nursing staff failed to completely document the patient's stated reasons for refusing medication.
- The institution adequately stored and secured narcotic medications for all eight applicable clinic and medication line locations (MIT 7.101, 100%).
- The institution appropriately stored and secured non-narcotic medications in eight of nine applicable clinic and medication line locations (MIT 7.102, 88.9%). In one location, medication cart was found unlocked when not in active use.

- Staff successfully stored valid, unexpired medications in eight of nine applicable medication line locations (MIT 7.104, 88.9%). For one location, we found the following deficiencies: medication was stored beyond manufacturer's guidelines (see Photo 16, right), and a previously opened medication bottle was stored beyond manufacturer's guidelines.

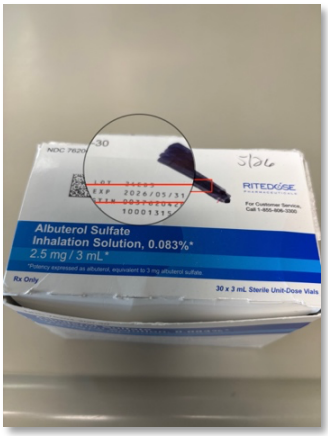


Photo 16. Expired medication. Photographed on 7-14-2026.

- Staff in all six applicable medication preparation and administration areas showed appropriate administrative controls and protocols when preparing medications for patients (MIT 7.106, 100%).
- CEN pharmacy followed general security, organization, and cleanliness management protocols in its main pharmacy (MIT 7.108, 100%).
- CEN properly stored nonrefrigerated medication in the pharmacy location (MIT 7.109, 100%).
- The pharmacist-in-charge (PIC) properly accounted for narcotic medications stored in the main pharmacy (MIT 7.111, 100%).
- We examined four medication error reports. The PIC timely and correctly processed all four reports (MIT 7.112, 100%).

CEN performed in the ***adequate*** range in the following sub-indicators:

- The institution made new order prescription medications available to patients within the required timeframes for 14 of 17 applicable sampled patients (MIT 7.002.1, 82.4%). For two patients, the pharmacy did not make newly ordered medications available to the patients within the required time frame.
- The institution's pharmacy made available post-hospitalization medication orders within the required time frame for 12 of 15 applicable sampled patients (MIT 7.003.2, 80.0%). For three patients, the pharmacy did not fill and dispense medications as ordered in a timely manner.
- The institution administered or issued post-hospitalization medication orders within the required time frames for 12 of 15 applicable sampled patients (MIT 7.003.3, 80.0%). In three patients, nursing staff failed to deliver medication to the patient by the ordering provider's administration date.
- The institution administered or delivered medications without interruption to patients laying over at CEN for eight of 10 sampled patients (MIT 7.006, 80.0%).

For two patients, nursing staff failed to deliver medication to the patient by the ordering provider's administration date.

- Staff kept medications protected from physical, chemical, and temperature contamination in seven of nine clinic and medication line locations (MIT 7.103, 77.8%). In two locations, we found one or more of the following deficiencies: medication refrigerators were found unsanitary or staff did not store oral and topical medications separately.

CEN performed in the ***inadequate*** range in the following sub-indicators:

- Only seven of 19 applicable patient samples received chronic care medications within required time frames (MIT 7.001, 36.8%). In 12 patients, we found one or more of the following deficiencies: chronic care medications were not timely made available to the patients; the record contained no evidence the patient either refused or received their chronic care medications; staff did not document the patient's stated reason for refusing medication; or KOP medications were not issued within policy time frames.

- Nurses exercised proper hand hygiene and contamination control protocols in four of six applicable locations (MIT 7.105, 66.7%). In two locations, some nurses neglected to wash or sanitize hands when required. These occurrences included before preparing and administering medications, or before each subsequent re-gloving

- Staff in three of six applicable medication areas used appropriate administrative controls and protocols when distributing medications to their patients (MIT 7.107, 50.0%). In three locations, medication nurses did not consistently verify the patients' identification prior to administering the medications.

- The institution did not properly store refrigerated or frozen medications in its main pharmacy (MIT 7.110, zero). The medication refrigerator was found uncleaned at the time of inspection.

The following tests are not scored, but are reported for informational purposes:

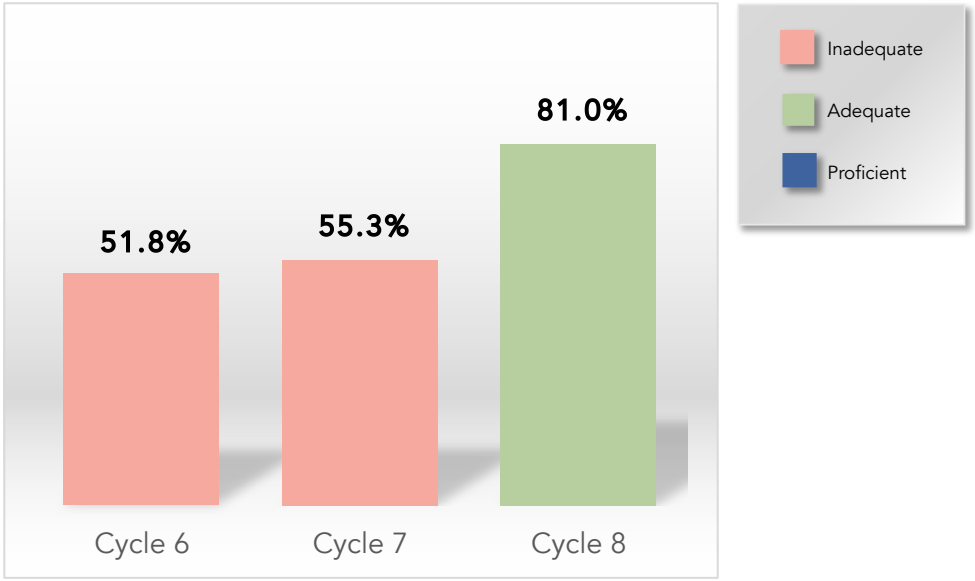
- In addition to testing the institution's self-reported medication errors, our inspectors also followed up on any significant medication errors found during compliance testing. We did not score this test; we provide these results for informational purposes only. At CEN, the OIG did not find any applicable medication errors (MIT 7.998, N/A).

- The OIG interviewed patients in restricted housing units to determine whether they had immediate access to their prescribed asthma rescue inhalers. All 10

applicable patients interviewed indicated they had access to their rescue medications (MIT 7.999, N/A).

Analysis of Performance Across Inspection Cycles

Figure 7. Medication Management, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN performed well in medication management, achieving an *adequate* score of 81.0 percent. This rating demonstrates a substantial, successful turnaround following consecutive underperformances, which included low *inadequate* scores of 51.8 percent in Cycle 6 and 55.3 percent in Cycle 7. The notable improvement this cycle indicates a successful commitment to progress, as the institution has corrected many previous deficiencies and is now trending comfortably above the minimum established standards for this indicator.

Table 18. Medication Management Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive all chronic care medications within the required time frames or did the institution follow departmental policy for refusals or no-shows? (7.001)	7	12	6	36.8%
Did health care staff make available, new order prescription medications to the patient within the required time frames? (7.002.1)	14	3	8	82.4%
Did health care staff administer or issued new order prescription medications to the patient within the required time frames? (7.002.2)	23	2	0	92.0%
Upon the patient's discharge from a community hospital: Did the provider order the medications within required time frames? (7.003.1)	16	0	0	100%
Upon the patient's discharge from a community hospital: Were all ordered medications made available to the patient within required time frames? (7.003.2)	12	3	1	80.0%
Upon the patient's discharge from a community hospital: Were all ordered medications administer or issued to the patient within required time frames? (7.003.3)	12	3	1	80.0%
For patients received from a county jail: Did the provider order the medications within required time frames? (7.004.1)	N/A	N/A	N/A	N/A
For patients received from a county jail: Were all medications made available to the patient within the required time frames? (7.004.2)	N/A	N/A	N/A	N/A
For patients received from a county jail: Were all ordered medications administer or issued to the patient within required time frames? (7.004.3)	N/A	N/A	N/A	N/A
Upon the patient's transfer from one housing unit to another: Were medications continued without interruption? (7.005)	24	1	0	96.0%
For patients en route who lay over at the institution: If the temporarily housed patient had an existing medication order, were medications administered or delivered without interruption? (7.006)	8	2	0	80.0%
All clinical and medication line storage areas for narcotic medications: Does the institution employ strong medication security controls over narcotic medications assigned to its storage areas? (7.101)	8	0	2	100%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution properly secure and store nonnarcotic medications in the assigned storage areas? (7.102)	8	1	1	88.9%
All clinical and medication line storage areas for nonnarcotic medications: Does the institution keep nonnarcotic medication storage locations free of contamination in the assigned storage areas? (7.103)	7	2	1	77.8%
All clinical and medication line storage areas for non-narcotic medications: Does the institution safely store non-narcotic medications that have yet to expire in the assigned storage areas? (7.104)	8	1	1	88.9%
Medication preparation and administration areas: Do nursing staff employ and follow hand hygiene contamination control protocols during medication preparation and medication administration processes? (7.105)	4	2	4	66.7%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when preparing medications for patients? (7.106)	6	0	4	100%
Medication preparation and administration areas: Does the institution employ appropriate administrative controls and protocols when administering medications to patients? (7.107)	3	3	4	50.0%

Pharmacy: Does the institution employ and follow general security, organization, and cleanliness management protocols in its main and remote pharmacies? (7.108)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store non-refrigerated medications? (7.109)	1	0	0	100%
Pharmacy: Does the institution's pharmacy properly store refrigerated or frozen medications? (7.110)	0	1	0	0
Pharmacy: Does the institution's pharmacy properly account for narcotic medications? (7.111)	1	0	0	100%
Pharmacy: Does the institution follow key medication error reporting protocols? (7.112)	4	0	0	100%
For Information Purposes Only: During compliance testing, did the OIG find that medication errors were properly identified and reported by the institution? (7.998)	This test is not scored. Please see the indicator for discussion of this test.			
For Information Purposes Only: Pharmacy: Do patients in restricted housing units have immediate access to their KOP prescribed rescue inhalers and nitroglycerin medications? (7.999)	This test is not scored. Please see the indicator for discussion of this test.			
Overall percentage (MIT 7): **81.0%**				

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- Health care leadership should develop, implement, and monitor strategies to ensure staff timely make available and properly administer medications to patients in all settings as well as accurately document the medication administration record (MAR) summaries, as described in CCHCS policy and procedures.

Preventive Services

In this indicator, OIG compliance inspectors tested whether the institution offered or provided cancer screenings, tuberculosis (TB) screenings, influenza vaccines, and other immunizations. If the department designated the institution as being at high risk for coccidioidomycosis (valley fever), we tested the institution's performance in transferring out patients quickly. The OIG rated this indicator solely according to the compliance score. Our case review clinicians do not rate this indicator.

Preventive Services: Compliance Ratings and Results Summary



CEN achieved outstanding compliance performance in this indicator. Based on the overall compliance score result of 93.3 percent, the OIG rated this indicator ***proficient***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

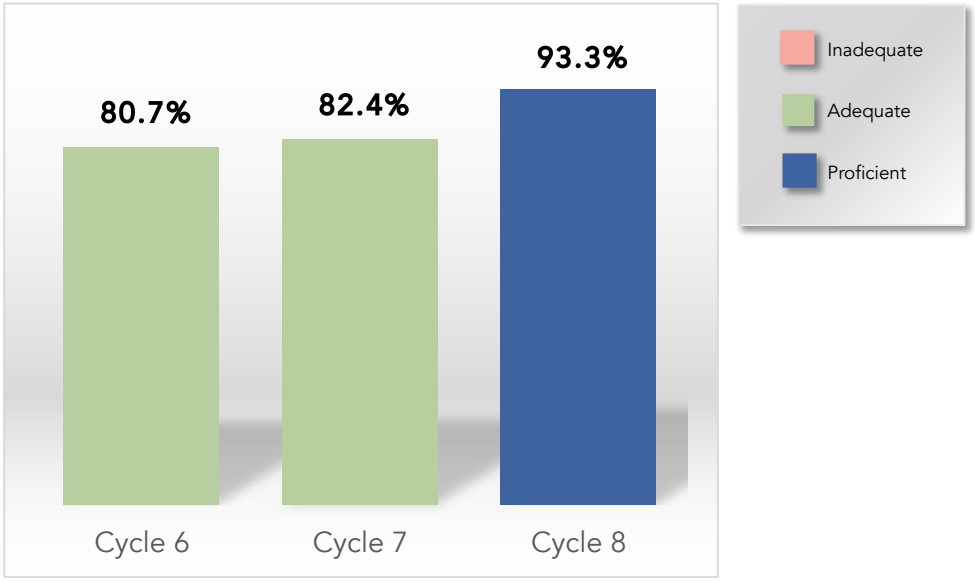
- The institution properly administered TB medications for all 25 sampled patients (MIT 9.001, 100%).
- The institution demonstrated proficiency in screening patients for tuberculosis (TB) for all 25 patients (MIT 9.003, 100%).
- The institution demonstrated proficiency in offering influenza vaccinations during the most recently completed influenza season for all 25 sampled patients (MIT 9.004, 100%).
- The institution demonstrated proficiency in offering colorectal cancer screening to 22 of 25 patients (MIT 9.005, 88.0%). For three patients, the record contained no evidence indicating whether the patient was offered, completed, or refused a fecal immunochemical test (FIT) in the last 12 months or had a colonoscopy procedure completed.
- The institution offered immunizations to chronic care patients for all 12 applicable sampled patients (MIT 9.008, 100%).

CEN performed in the ***inadequate*** range in the following sub-indicator:

- The institution monitored patients taking TB medications during the treatment period for 18 of 25 applicable sampled patients (MIT 9.002, 72.0%). For seven patients, we found one or more of the following deficiencies: the monthly monitoring was not completed within policy requirements or nursing staff failed to address the required TB symptoms during the monitoring process.

Analysis of Performance Across Inspection Cycles

Figure 8. Preventative Services, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN performed well above established standards for preventive services, successfully exceeding the requirements for this cycle with a *proficient* score of 93.3 percent. This score builds on a foundation of consistent compliance, following an *adequate* performance result of 80.7 percent in Cycle 6 and a higher *adequate* score of 82.4 percent in Cycle 7. This cycle's exceptional performance represents a steady, continuous progression, indicating the institution has successfully accelerated its performance well beyond the minimum established benchmarks.

Table 19. Preventive Services Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Patients prescribed TB medication: Did the institution administer the medication to the patient as prescribed? (9.001)	25	0	0	100%
Patients prescribed TB medication: Did the institution monitor the patient per policy for the most recent 90-day period they were on the medication? (9.002)	18	7	0	72.0%
Annual TB screening: Was the patient screened for TB within the last year? (9.003)	25	0	0	100%
Were all patients offered an influenza vaccination for the most recent influenza season? (9.004)	25	0	0	100%
All patients from the age of 45 through the age of 75: Was the patient offered colorectal cancer screening? (9.005)	22	3	0	88.0%
Female patients from the age of 40 through the age of 74: Was the patient offered a mammogram in compliance with policy? (9.006)	N/A	N/A	N/A	N/A
Female patients from the age of 21 through the age of 65: Was patient offered a pap smear in compliance with policy? (9.007)	N/A	N/A	N/A	N/A
Are required immunizations being offered for chronic care patients? (9.008)	12	0	13	100%
Are patients at the highest risk of coccidioidomycosis (valley fever) infection transferred out of the facility in a timely manner? (9.009)	N/A	N/A	N/A	N/A
			Overall percentage (MIT 9): **93.3%**	

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

The OIG offers no compliance recommendations for this indicator.

Nursing Performance

In this indicator, the OIG clinicians evaluated the quality of care delivered by the institution's nurses, including registered nurses (RN), licensed vocational nurses (LVN), psychiatric technicians (PT), certified nursing assistants (CNA), and medical assistants (MA). Our clinicians evaluated nurses' performance in making timely and appropriate assessments and interventions. We also evaluated the institution's nurses' documentation for accuracy and thoroughness. Clinicians reviewed nursing performance across many clinical settings and processes, including sick call, outpatient care, care coordination and management, emergency services, specialized medical housing, hospital returns, transfers, specialty services, and medication management. For some of these areas, we discuss specific nursing performance issues in their related indicators. The OIG assessed nursing care through case review only and performed no compliance testing for this indicator.

When summarizing nursing performance, our clinicians understand that nurses perform numerous aspects of medical care. As such, specific nursing quality issues are discussed in other indicators, such as **Emergency Services**, **Specialty Services**, and **Specialized Medical Housing**.

Nursing Performance: Case Review Ratings and Results Summary

CEN's overall nursing care was timely and appropriate. Specifically, nurses performed excellently in medication management, care coordination, and care continuity when patients returned from community hospitals. Nurses provided sufficient care in the following areas: outpatient care, emergency services, transfer-in and transfer-out processes, specialized medical housing care, specialty services, and wound care; however, we identified some opportunities for improvement. Considering all factors, the OIG clinicians rated this indicator ***adequate***.



Case Review Results

Table 20. Case Review Nursing Performance Results

Nursing Encounters*	Deficiencies†	Significant Deficiencies‡
165	63	8

* We reviewed 165 nursing encounters in 39 cases. Of the nursing encounters we reviewed, 69 were in the outpatient setting.

† Deficiencies occurred in cases 1–4, 13, 14–18, 21–23, 26–28, 30, 31, 33–35, 37–41, and 44–47.

‡ Significant deficiencies occurred in cases 2, 4, 14, 15, 18, 21, 35, and 45.

Table 21. Case Review Outpatient Nursing Performance Results

Outpatient Nursing Encounters*	Deficiencies†	Significant Deficiencies‡
69	31	4

* Nursing outpatient encounters occurred in cases 14, 16–23, and 29–46. In the total number of nursing outpatient events, 46 were sick call events. Sick call events occurred in cases 14, 16–23, 29–37, and 39–46.

† Outpatient nursing deficiencies occurred in cases 14, 16–18, 21–23, 30, 31, 33–35, 37-41, and 44–46.

‡ Outpatient nursing significant deficiencies occurred in cases 14, 21, 35, and 45.

Performed well

OIG clinicians found CEN performed well in the following areas:

- Medication Management

  As noted in the **Medication Management** indicator, OIG clinicians found CEN nurses performed excellently with administering medications properly and as prescribed.

- Care Coordination and Care Management

  OIG clinicians reviewed three cases in which a care coordinator or care manager provided care to patients and found no deficiencies.[47]

- Hospital Returns

  CEN nurses performed appropriate assessments when patients returned from the community hospital or emergency room. We identified minor documentation discrepancies. Please refer to the **Transfers** indicator for further details.

Performed Satisfactorily with Opportunities for Improvement

Our clinicians found CEN performed satisfactorily with opportunities for improvement in the following areas:

- Outpatient Nursing Assessment, Interventions, and Documentation.

  CEN nurses usually provided adequate sick call triage, assessments, intervention and documentation. However, OIG clinicians occasionally identified nurses' assessments, interventions and documentation were incomplete. We identified four significant deficiencies. The following are examples:

  - In cases 16, 18, 21, and 22, nurses assessed their patients but did not obtain complete vital signs.
  - In case 22, the patient was placed on contact precautions and confined to quarters. During nursing rounds, the patient complained of itching and moderately severe abdominal pain; however, the LVN did not inform a provider or RN. Later, the patient complained of a sore throat; however, the LVN did not ask the patient when his symptoms began and did not inform a provider or RN.
  - In case 34, the patient complained of dizziness, and "sinus/head/ear/pressure." The RN did not perform a thorough assessment of the patient's dizziness. In addition, the nurse found an abnormality in the patient's ear but did not consult the patient's provider.

[47] Four care coordination and care management encounters occurred in cases 14, 18, and 21.

- Emergency Services

  OIG clinicians found CEN nurses performed adequately in emergency services. However, we identified opportunities for improvement with nursing assessments and reassessments. Please refer to the **Emergency Services** indicator for further details.

- Specialized Medical Housing

  CTC nurses generally performed good assessments, completed thorough admission assessments, conducted rounds as required, and maintained medication continuity for patients in the CTC. Please refer to the **Specialized Medical Housing** indicator for further details.

- Transfers In

  Nurses performed sufficiently overall in the transfer-in process. The nurses screened patients appropriately when they transferred into the institution, and nurse and provider appointments occurred timely. Please refer to the **Transfers** indicator for further details.

- Transfers Out

  OIG clinicians found nurses generally performed appropriate transfer-out screenings. However, our clinicians identified a trend of nurses not documenting communication to the receiving institution for pending specialty appointments. Please refer to the **Transfers** indicator for further details.

- Wound Care

  OIG clinicians reviewed four cases in which nurses provided wound care and identified two deficiencies, one of which was significant.[48] The following is an example:

    - In case 22, an LVN performed wound care and found the wound was swollen, and redness was present. The LVN contacted an RN; however, the RN did not perform an assessment or initiate interventions. In addition, the LVN did not obtain the patient's vital signs to include pulse rate, blood pressure, and oxygen saturation level.

[48] Wound care events occurred in case 14, 18, 21, and 22. Deficiencies occurred in cases 21 and 22. A significant deficiency occurred in case 22.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator in which CEN performed poorly.

Clinician On-Site Inspection

During the clinician inspection, the OIG clinicians toured medical clinics, the receiving and release (R&R), and the Central Health building, which include the TTA and CTC. We met with nursing staff members, supervising registered nurses, and the chief nurse executive (CNE). We attended huddles in the medical clinics and the CTC, which the RNs conducted. Although the huddles occurred in the medical clinics and CTC, most participants attended via Microsoft TEAMS. The RNs shared the daily huddle forms (on TEAMS) and reviewed each section completely. The providers actively participated, asked and answered questions, and were knowledgeable about their patient population. The medication nurses, LVN care coordinators, supervising registered nurses (SRNs), custody staff, office technicians, and medical assistants also participated. After the huddles concluded, the RNs and primary care providers triaged the sick calls the RNs received that morning.

The OIG clinicians learned each medical clinic was staffed with one RN; however, in the Restricted Housing Unit (RHU) and E clinics, one RN split their time between each of the two clinics. The LVN care coordinators were similarly staffed in the medical clinics. The nursing supervisors were also responsible for multiple areas. For example, a day shift SRN supervised both the A and B clinics and the R&R area.

The CNE shared she had been in her current role approximately seven years. However, her experience at CEN began in 2004, as an RN. The SRN III had also served as an SRN II prior to accepting the SRN III position at CEN. They shared some staffing challenges and the impacts of this; however, they also noted some improvement in the recent months.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

Provider Performance

In this indicator, OIG clinicians evaluated the quality of care delivered by the institution's providers: physicians, physician assistants, and nurse practitioners. We assessed the institution's providers' performance in evaluating, diagnosing, and managing their patients properly. We also examined provider performance across several clinical settings and programs, including emergency services, outpatient care, chronic care, specialty services, intake, transfers, hospitalizations, and specialized medical housing.

Provider Performance: Case Review Ratings and Results Summary



Case review found CEN providers generally delivered good care for the patients, as in the previous cycle. Providers performed well in chronic care, emergency care, outpatient review of records, provider continuity, and care for specialized medical housing patients. Providers also performed satisfactorily with opportunities for improvement in outpatient assessment and decision making, outpatient documentation quality, patient notification letters, and specialty services. Although OIG clinicians identified an increased number of deficiencies and significant deficiencies compared to Cycle 7, nine of the 31 deficiencies (29 percent) occurred in the one case we rated *inadequate*. After careful consideration of all aspects of provider performance, the OIG rated this indicator ***adequate***.

Case Review Results

Table 22. Provider Performance Case Review Results

Provider Encounters*	Deficiencies†	Significant Deficiencies‡
92	31	13

* The OIG reviewed 92 provider encounters.

† Deficiencies occurred in cases 3, 7, 8–10, 16–19, 24, and 25. Of these 31 deficiencies, 20 deficiencies related to the care provided by one provider, 11 of which were significant.

‡ Significant deficiencies occurred in cases 7, 10, 18, 24, and 25.

Table 23. Provider Performance Detailed Cases Results

Total Detailed Cases Reviewed	*Proficient*	*Adequate*	*Inadequate*
20	0	19	1

Performed Well

OIG clinicians found CEN providers performed well in the following areas:

- Chronic Care[49]
- Emergency Care[50]
- Outpatient Review of Records[51]
- Provider Continuity[52]
- Specialized Medical Housing[53]

Performed Satisfactorily with opportunities for improvement

OIG clinicians found CEN providers performed satisfactorily with opportunities for improvement in the following areas:

- Outpatient Assessment and Decision Making

  CEN providers generally performed satisfactorily in assessment and decision making. Of the 49 provider outpatient encounters, OIG clinicians identified six deficiencies, three of which were significant.[54] The following are two examples of the significant deficiencies:

  - In case 7, the provider reviewed the laboratory urine abnormal test results showing blood, glucose, protein, and red blood cells. The provider sent a patient notification letter stating

[49] OIG clinicians identified two minor deficiencies in cases 8 and 10.

[50] OIG clinicians identified two minor deficiencies in cases 9 and 16.

[51] OIG clinicians identified no deficiencies in this sub-indicator.

[52] OIG clinicians identified no deficiencies in this sub-indicator.

[53] OIG clinicians identified two minor deficiencies in case 3.

[54] Deficiencies occurred in cases 7, 10, and 25. Significant deficiencies occurred in cases 7 and 25.

results were as expected and the patient was not scheduled for follow up at the time. With these abnormal test results, the provider should have followed up with this non-diabetic patient to evaluate further.

- In case 25, the provider reviewed the left wrist x-ray results showing a mildly displaced forearm fracture. The provider ordered an orthopedic specialty referral, but the provider did not arrange a face-to-face provider follow-up appointment to evaluate the injury and counsel the patient on appropriate injury care.

- Outpatient Documentation Quality

  In the 49 outpatient provider encounters, providers often documented records appropriately; however, OIG clinicians identified seven deficiencies, three of which were significant.[55] The following is an example:

  - In case 25, the RN assessed a patient for an injury to the patient's right pinky finger. The provider ordered a right hand x-ray but did not document a provider progress note detailing the assessment, medical decision making, or plan for the patient's care.

- Patient Notification Letters

  We identified opportunities for improvement in providers relaying complete diagnostic test result notification letters to their patients. Providers often sent incomplete patient test result notification letters or did not send them at all.[56] We discuss this further in the **Diagnostic Services** and **Health Information Management** indicators.

- Specialty Services

  CEN providers generally referred patients to the correct specialist, ordered the service with the appropriate priority, and reviewed specialty recommendations.

[55] Deficiencies occurred in cases 8, 18, 24, and 25. Significant deficiencies occurred in case 25.

[56] OIG clinicians identified 16 minor deficiencies in cases 7–10, 21, 22, 25, and 47.

However, OIG clinicians identified nine deficiencies, five of which were significant.[57] The following is an example:

- In case 19, the provider evaluated the patient for a medication-assisted treatment (MAT) follow-up and inappropriately continued treatment, despite the patient refusing the urine drug screens.

We discuss also discuss provider performance in the **Specialty Services** indicator.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator which CEN performed poorly.

Clinician On-Site Inspection

The OIG clinicians met with the chief medical executive (CME), chief physician and surgeon (CP&S), and clinic providers. The medical leadership (CME and CP&S) reported CEN staffed three on-site providers and three telemedicine providers. Leadership reported two and one quarter permanent positions remained vacant and explained the difficulty in recruiting permanent providers due to CEN's remote geographic location and the lack of a pay differential incentive. They stated CEN was in the process of hiring a provider while another was leaving. The leadership also mentioned they provided TTA coverage when needed as well as patient education at CEN. Overall, the providers expressed feeling well supported by their medical leadership.



Photo 17. Provider telemedicine equipment. Photographed on 8-26-26.

Case Review Recommendations

- Medical leadership should develop, implement, and monitor strategies, such as more frequent training, to improve performance for those providers who have the most provider performance deficiencies in our case reviews.

[57] Deficiencies occurred in cases 7, 10, 17–19, 24, and 25. Significant deficiencies occurred in cases 7, 10, 18, and 24.

Specialized Medical Housing

In this indicator, OIG inspectors evaluated the quality of care in the specialized medical housing units. We evaluated the performance of the medical staff in assessing, monitoring, and intervening for medically complex patients requiring close medical supervision. Our inspectors also evaluated the timeliness and quality of provider and nursing intake assessments and care plans. We assessed staff members' performance in responding promptly when patients' conditions deteriorated and looked for good communication when staff consulted with one another while providing continuity of care. At the time of our inspection, CEN's specialized medical housing consisted of a correctional treatment center (CTC).

Specialized Medical Housing: Case Review Ratings and Results Summary

CEN provided sufficient medical care for specialized medical housing patients. CEN staff performed well in maintaining medication continuity for patients in the CTC, and the providers performed well in patient care. CTC nurses generally conducted good assessments, completed thorough admission assessments, and conducted rounds as required. However, the OIG clinicians identified a pattern of missing and incomplete patient nursing assessments. Considering all factors, the OIG rated the case review component of this indicator ***adequate.***



Case Review Results

Table 24. Specialized Medical Housing Case Review Results

CTC Events*	Deficiencies†	Significant Deficiencies‡
105	17	1

* We reviewed six CTC cases that included 37 provider encounters and 43 nursing encounters. Due to the frequency of nursing and provider contacts in the specialized medical housing unit, we may bundle up to two weeks of patient care into a single event.

† Deficiencies occurred in cases 3, 4, 15, 21, and 47.

‡ A significant deficiency occurred in case 4.

Performed Well

OIG clinicians found CEN performed well in the following areas:

- Provider Performance[58]
- Medication Management[59]

Performed Satisfactorily with Opportunities for Improvement

Our clinicians found CEN performed satisfactorily with opportunities for improvement in following area:

- Nursing Performance

  CTC nurses generally performed good assessments and often completed thorough admission assessments. However, our clinicians found come opportunities for nurse improvement in completing thorough assessments. The following are examples of significant findings in one case:

  - In case 4, on November 30, 2025, the certified nursing assistant (CNA) documented the patient had an abnormally low oxygenation saturation and notified the RN. However, the RN did not reassess the patient's vital signs or perform a respiratory assessment.
  - In the same case, on December 10, 2025, the nurse documented the patient had a pocket of clear fluid collection under the skin of the patient's left inner thigh. The nurse noted no open wound, no drainage, no redness or warmth, and no pain upon palpation. However, the nurse did not co-consult with the provider for further evaluation. Additionally, the nurses did not perform any further assessments of the fluid collection area of the left inner thigh.
  - In the same case, during the review period of July 16, 2025, to December 12, 2025, the CTC nurses performed wound care to the patient's right and left ankles and two areas to the buttocks region. Some of the wounds healed at different times during the review period. However, the nurses did not consistently assess the condition of the wounds to include description of

[58] OIG clinicians identified two minor deficiencies in case 3.

[59] OIG clinicians identified deficiencies in cases 21 and 47, none of which were significant.

the wound bed, whether any drainage was present, or assessment of the surrounding skin tissue. Moreover, the nurses did not always document the areas on which the wound care was performed, and on a few occasions, did not perform wound care as ordered.

Performed Poorly, Improvement Needed

OIG clinicians found no areas in this indicator in which CEN performed poorly.

Clinician On-Site Inspection

We inspected CEN's 15-bed CTC, which included 13 designated medical beds, four negative pressure rooms, and two mental health safety rooms. The CTC was staffed with one RN and one LVN in the morning and evening shifts, and with two RNs during the night shift. The CTC staff shared CEN did not directly employ certified nursing assistants (CNAs); however, they had two hired through registry. One registry CNA was tasked with providing safety assistance for mental health patients, and the other CNA performed 15-minute patient wellness checks, due to CEN's non-functioning call light system. The staff shared concerns with outdated equipment, such as a crank-style bed being utilized for a patient who required extensive nursing support. Additionally, the nurses shared CEN did not have an IV pump immediately available. Instead, when a provider ordered IV therapy, staff had to order an IV pump, which could take two days to receive. The nursing leadership was aware of the nurses' concerns.



Photo 18. Correctional Treatment Center (CTC) entryway. Photographed on 8-26-2026.



Photo 19. Correctional Treatment Center (CTC) Bathtub. Photographed on 8-26-2026.

Our clinicians attended CEN's CTC huddle and grand rounds. The CTC RN and a physician thoroughly discussed each patient, including the patient's admission diagnosis, medical history, specialist care, anticipated care, and discharge or transfer plans. The medical and nursing leaderships, utilization management, and nursing supervisors also participated in grand rounds via Microsoft TEAMS.

During the on-site visit, our clinicians interviewed the CTC supervising registered nurse and the chief nurse executive, who shared they currently conducted a care plan audit to assess the nursing performance in the CTC.

Case Review Recommendations

- Nursing leadership for specialized medical housing (SMH) should determine the root causes preventing SMH nurses from performing complete assessments. Leadership should implement and monitor remedial measures as appropriate.

Specialized Medical Housing: Compliance Ratings and Results Summary



CEN performed very well in this indicator. Based on the overall compliance score result of 89.6 percent, the OIG rated the compliance component of this indicator ***proficient.***

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- Registered nurses (RNs) completed an initial assessment of the patient at the time of admission for all 10 sampled patients (MIT 13.001, 100%).
- Providers performed excellently in completing written history and physical examinations within the required timeframe for all 10 sampled patients (MIT 13.002, 100%).
- Providers exhibited proficiency in ordering medications within the required time frames upon the patients' admissions for all 10 sampled patients (MIT 13.003.1, 100%).
- Health care staff ensured all ordered medications were made available for seven of eight applicable sampled patients within the required time frames (MIT 13.003.2, 87.5%). For one patient, the pharmacy was not timely in filling and dispensing medications as ordered.
- CEN has a local operating procedure in place for performing safety checks and rounds in lieu of the call light system. At the time of inspection, the institution did not utilize any call light system, and nursing rounds were completed within the required the time frame (MIT 13.102, 100%).

CEN performed in the ***inadequate*** range in the following sub-indicator:

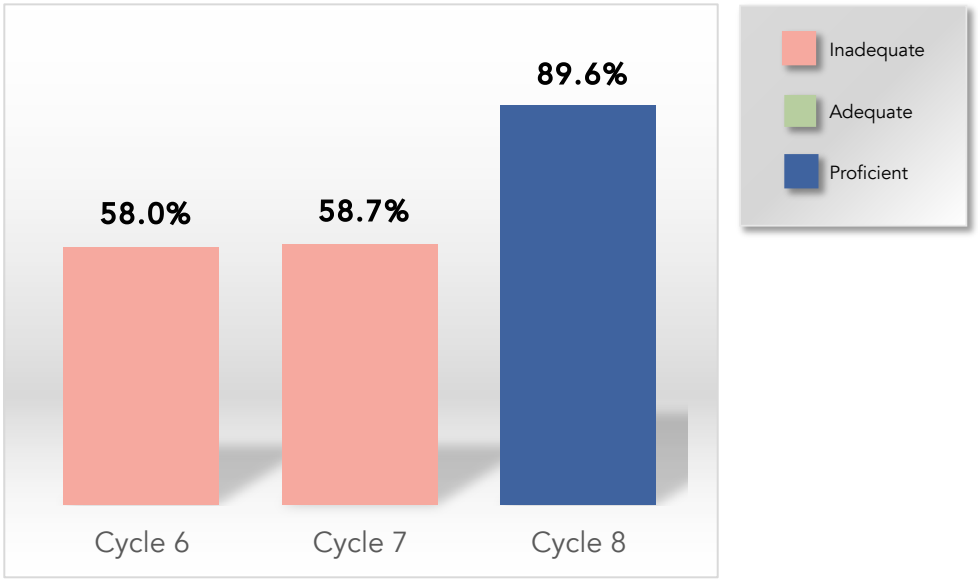
- Health care staff ensured all ordered medications were administered to the patient within the required time frames for only five of 10 sampled patients (MIT 13.003.3, 50.0%). For five patients, nursing staff failed to deliver medications to the patients by the ordering provider's administration date.

The following test is not scored but is reported for informational purposes:

- The institution has a program flexibility approved by California Department of Public Health (CDPH) for the requirements for a call light system set forth in California Code of Regulations, title 22, section 79839. CEN formally requested for (CDPH) to authorize program flexibility of this requirement for their 13 licensed beds within CEN's CTC, and to instead replace the use of the call light system with the following alternate processes: In lieu of the call light system, CEN will perform nursing rounds every 15 minutes, 24 hours a day, and 7 days a week (MIT 13.101, N/A).

Analysis of Performance Across Inspection Cycles

Figure 9. Specialized Medical Housing, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN exceeded established standards for this indicator, successfully surpassing the 75.0 percent passing compliance threshold with a *proficient* score of 89.6 percent. This score represents a major breakthrough following a history of non-compliance, which included an *inadequate* rating of 58.0 percent in Cycle 6 followed by a slightly higher *inadequate* rating of 58.7 percent in Cycle 7. This cycle's exceptional performance demonstrates a significant positive turnaround, indicating the institution has successfully resolved many deficiencies and is now trending well above the established benchmarks.

Table 25. Specialized Medical Housing Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For OHU, CTC, and SNF: Did the registered nurse complete an initial assessment of the patient at the time of admission? (13.001)	10	0	0	100%
Was a written history and physical examination completed within the required time frame? (13.002)	10	0	0	100%
Upon the patient's admission to specialized medical housing: Did the provider order the medications within required time frames? (13.003.1)	10	0	0	100%
Upon the patient's admission to specialized medical housing: Were all ordered medications made available within required time frames? (13.003.2)	7	1	2	87.5%
Upon the patient's admission to specialized medical housing: Were all ordered medications administer or issued to the patient within required time frames? (13.003.3)	5	5	0	50.0%
For specialized health care housing: Do specialized health care housing maintain an operational call system? (13.101)	0	0	1	N/A
For specialized health care housing): Do health care staff perform patient safety checks according to institution's local operating procedure or within the required time frames? (13.102)	1	0	0	100%
				Overall percentage (MIT 13): **89.6%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

The OIG offers no compliance recommendations for this indicator.

Specialty Services

In this indicator, OIG inspectors evaluated the quality of the institution's care related to specialty services. The OIG clinicians focused on the institution's performance in providing needed specialty care. Our clinicians also examined specialty appointment scheduling, providers' specialty referrals, and medical staff's retrieval, review, and implementation of any specialty recommendations.

Specialty Services: Case Review Ratings and Results Summary

In this cycle, case review found CEN performed sufficiently in delivering specialty services for its patients. CEN staff performed well in scheduling and coordinating specialty service appointments. CEN nurses almost always completed good assessments and communicated information to the providers after patients returned from specialty appointments. CEN performed satisfactorily with opportunities for improvement in retrieving and scanning specialty reports. However, we found providers occasionally endorsed specialty reports late and did not consistently address all the specialists' recommendations. After considering all aspects of specialty care, the OIG rated the case review component of this indicator ***adequate***.



Case Review Results

Table 26. Case Review Specialty Services Results

Specialty Services Related Events*	Deficiencies†	Significant Deficiencies‡
119	20	9

* The OIG reviewed 119 events, including 101 specialty consultations and procedures and 18 nursing encounters. In addition to the 119 events, patients refused 29 scheduled specialty appointments.

† Deficiencies occurred in cases 5, 7, 10, 16–19, 21, and 23–25. Of these 20 deficiencies, one related to appointment and scheduling, eight related to health information management, two related to nursing performance, and nine related to provider performance.

‡ Significant deficiencies occurred in cases 5, 7, 10, 18, and 24.

Performed Well

OIG clinicians found CEN performed well in the following areas:

- Access to Specialty Services[60]
- Nursing performance[61]

Performed Satisfactorily with Opportunities for Improvement:

OIG clinicians found CEN performed satisfactorily with opportunities for improvement in the following areas:

- Health Information Management

  OIG clinicians identified eight deficiencies, two of which were significant.[62] Two deficiencies related to late scanning of specialty reports, and one deficiency related to a missing informed refusal form for a specialty appointment.[63] We discuss these deficiencies in the **HIM** indicator.

  OIG clinicians also identified five deficiencies related to providers endorsing specialty reports late.[64] The following are two examples:

  - In case 5, the provider endorsed an oncology specialty report eight days after the report was scanned into the EHRS, which was three days late.
  - In case 21, the provider endorsed an interventional radiology report 14 days after the report was scanned into the EHRS, which was nine days late.

- Provider Performance

  CEN providers appropriately referred patients to specialty services; however, the providers occasionally did not address all the specialists' recommendations. We

[60] One significant deficiency, related to a late cardiothoracic surgery appointment, occurred in case 5.

[61] Two deficiencies occurred in cases 18 and 21, one of which was significant and occurred in case 18.

[62] Deficiencies occurred in cases 5, 7, 16, 18, 21, and 23. Significant deficiencies occurred in cases 5 and 7.

[63] Late scanning deficiencies occurred in cases 5 and 16. Staff did not scan an informed refusal form in case 7.

[64] Late provider endorsements occurred in cases 5, 18, 21, and 23.

identified nine deficiencies, five of which were significant.[65] The following are two examples:

- In case 7, the provider did not address the cardiologist's recommendation to stop the patient's aspirin as the patient was at risk for bleeding.
- In case 18, the ophthalmologist recommended daily artificial tears for post-operative care for cataract surgery. However, the provider did not order the eye drops until 19 days later.

OIG clinicians also identified two provider deficiencies related to the Medication-Assisted Treatment (MAT) program.[66] The following is an example:

- In case 24, the provider evaluated the patient for the MAT program but did not address the urine drug screen showing the presence of non-prescribed opiates, codeine and morphine.

We also discuss provider performance with Specialty Services in the **Provider Performance** indicator.

Performed Poorly, Improvement Needed:

OIG clinicians did not find any areas in this indicator which CEN performed poorly.

Clinician On-Site Inspection

We discussed specialty services management with the specialty service RN supervisor, off-site specialty nurses, utilization management (UM) nurse, and an office technician (OT). Nursing staff described the telemedicine workflow using MedWeb, a software program, to upload pertinent health information and to retrieve telemedicine specialty reports. The OT reported CEN offers on-site specialty services, including optometry, ophthalmology, in-person and virtual physical therapy, hearing aid specialty, orthotics, respiratory therapy, general surgery, and virtual speech therapy.



Photo 20. On-site optometry specialty examination room. Photographed on 8-27-26.

[65] Provider deficiencies occurred in cases 7, 10, 17–19, 24, and 25.

[66] Provider deficiencies occurred in cases 19 and 24.

Case Review Recommendations

The OIG offers no case review recommendations for this indicator.

Specialty Services: Compliance Ratings and Results Summary

Compliance Rating
ADEQUATE
Compliance Score
(84.9%)

CEN exhibited good performance in this indicator. Based on the overall compliance score result of 84.9 percent, the OIG rated the compliance component of this indicator ***adequate***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- The institution demonstrated proficiency in ensuring patients received high-priority specialty services within 14 calendar days for 13 of 15 patients (MIT 14.001, 86.7%). For two patients, the services were provided two days late.
- The institution received high-priority specialty service consultant reports within the required time frames for all 14 applicable sampled patients (MIT 14.002.1, 100%).
- The institution achieved proficiency in ensuring providers reviewed the high-priority specialty service consultant reports within the required time frames for 14 of 15 sampled patients (MIT 14.002.2, 93.3%). For one patient, the provider reviewed the report one day late.
- The institution provided subsequent follow-up appointments after a high-priority specialty service for all 11 applicable sampled patients (MIT 14.003, 100%).
- The institution achieved proficiency in ensuring patients received medium-priority specialty services within 15 to 45 calendar days for 14 of 15 sampled patients (MIT 14.004, 93.3%). For one patient, the service was provided 53 days late from the maximum allowable time.
- The institution provided subsequent follow-up appointments after a medium-priority specialty service for nine of 10 applicable sampled patients (MIT 14.006, 90.0%). For one patient, the subsequent follow-up appointment occurred one day late.

- The institution ensured patients timely received their routine-priority specialty services within 90 calendar days for 14 of 15 sampled patients (MIT 14.007, 93.3%). For one patient, the service was provided 36 days late.

CEN performed in the ***adequate*** range in the following sub-indicators:

- The institution performed well in ensuring providers reviewed the medium-priority specialty service consultant reports within the required time frames for 11 of 13 applicable sampled patients (MIT 14.005.2, 84.6%). For two patients, the provider reviewed the reports one and two days late.

- The institution ensured providers reviewed the routine-priority specialty service consultant reports within the required time frames for 12 of 15 sampled patients (MIT 14.008.2, 80.0%). For three patients, the provider reviewed the reports one and three days late.

- The institution performed satisfactorily in providing subsequent follow-up appointments after a routine-priority specialty service for 11 of 14 applicable sampled patients (MIT 14.009, 78.6%). For two patients, the subsequent follow-up appointments occurred four and 19 days late. For the remaining one patient, the record contained no evidence of a signed refusal form for the refused appointment during our review period.

CEN performed in the ***inadequate*** range in the following sub-indicators:

- The institution received medium-priority specialty service consultant reports within the required time frames for nine of 14 applicable sampled patients (MIT 14.005.1, 64.3%). For five patients, the reports were received between four and 12 days late.

- The institution received routine-priority specialty service consultant reports within the required time frames for nine of 13 applicable sampled patients (MIT 14.008.1, 69.2%). For four patients, the reports were received between one and two days late.

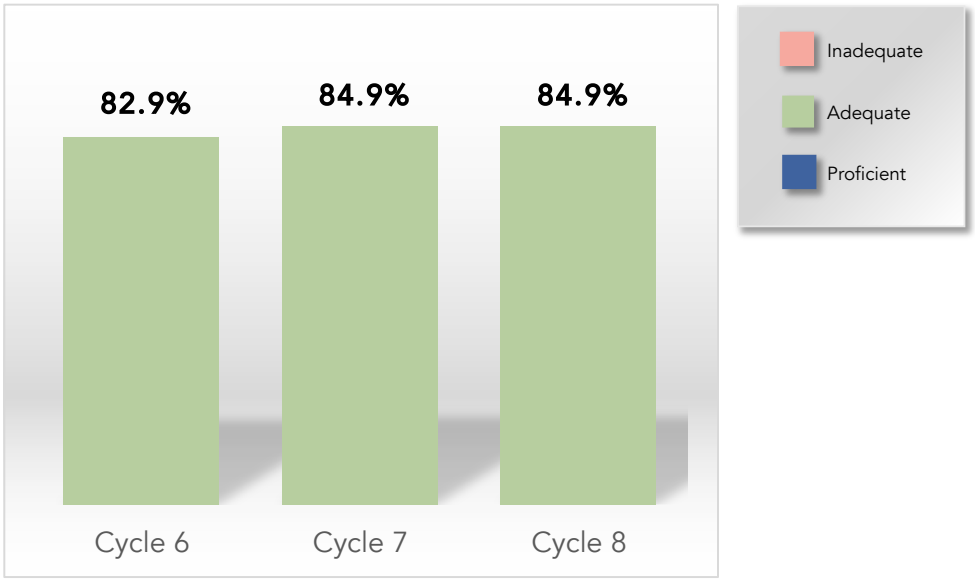
- The institution ensured patients timely received their pre-approved specialty service appointments for patients endorsed from another institution in 14 of 20 sampled patients (MIT 14.010, 70.0%). For six patients, we found the following deficiencies: the services were provided between one and 11 days late or the record contained no evidence the specialty service appointment occurred during our review period.

The following tests were not scored but are reported for informational purposes:

- The tests for MITs 14.011 and 14.012 were deemed not applicable during the reporting period as the OIG did not have enough samples meeting testing criteria for timely denial and communication of provider request for specialty services (MIT 14.011 & MIT 14.012, N/A).

Analysis of Performance Across Inspection Cycles

Figure 10. Specialty Services, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN met established standards for this indicator, achieving a high *adequate* score of 84.9 percent. This rating demonstrates sustained stability at established benchmarks, matching the *adequate* score of 84.9 percent in Cycle 7 and following a slightly lower but still *adequate* performance of 82.9 percent in Cycle 6. The institution's consistent performance over these consecutive cycles signifies its successful commitment to maintaining progress in this indicator.

Table 27. Specialty Services Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
Did the patient receive the high-priority specialty service within 14 calendar days of the primary care provider order or the Physician Request for Service? (14.001)	13	2	0	86.7%
Did the institution receive the high-priority specialty service consultant report within the required time frame? (14.002.1)	14	0	1	100%
Did the institution review the high-priority specialty service consultant report within the required time frame? (14.002.2)	14	1	0	93.3%
Did the patient receive the subsequent follow-up to the high-priority specialty service appointment as ordered by the primary care provider or did the provider document their disagreement with the specialist's recommendation(s)? (14.003)	11	0	4	100%
Did the patient receive the medium-priority specialty service within 15-45 calendar days of the primary care provider order or Physician Request for Service? (14.004)	14	1	0	93.3%
Did the institution receive the medium-priority specialty service consultant report within the required time frame? (14.005.1)	9	5	1	64.3%
Did the primary care provider review the medium-priority specialty service consultant report within the required time frame? (14.005.2)	11	2	2	84.6%
Did the patient receive the subsequent follow-up to the medium- priority specialty service appointment as ordered by the primary care provider or did the provider document their disagreement with the specialist's recommendation(s)? (14.006)	9	1	5	90.0%
Did the patient receive the routine-priority specialty service within 90 calendar days of the primary care provider order or Physician Request for Service? (14.007)	14	1	0	93.3%
Did the institution receive the routine-priority specialty service consultant report within the required time frame? (14.008.1)	9	4	2	69.2%
Did the primary care provider review the routine-priority specialty service consultant report within the required time frame? (14.008.2)	12	3	0	80.0%
Did the patient receive the subsequent follow-up to the routine- priority specialty service appointment as ordered by the primary care provider or did the provider document their disagreement with the specialist's recommendation(s)? (14.009)	11	3	1	78.6%
For endorsed patients received from another CDCR institution: If the patient was approved for a specialty services appointment at the sending institution, was the appointment scheduled at the receiving institution within the required time frames? (14.010)	14	6	0	70.0%
Did the institution deny the primary care provider's request for specialty services within required time frames? (14.011)	N/A	N/A	N/A	N/A
Following the denial of a request for specialty services, was the patient informed of the denial within the required time frame? (14.012)	N/A	N/A	N/A	N/A
				Overall percentage (MIT 14): **84.9%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

- The department should develop measures to ensure institutions timely receive specialty reports. Leadership should implement and monitor remedial measures as appropriate.
- Health care leadership should develop strategies to ensure transfer-in patients timely receive preapproved specialty appointments. Leadership should implement and monitor remedial measures as appropriate.

Administrative Operations

In this indicator, OIG compliance inspectors evaluated health care administrative processes. Our inspectors examined the timeliness of the medical grievance process and checked whether the institution followed reporting requirements for adverse or sentinel events and patient deaths. In addition, our inspectors determined whether the institution provided training and job performance reviews for its employees. We checked whether staff possessed current, valid professional licenses, certifications, and credentials. The OIG rated this indicator solely based on the compliance score. Our case review clinicians do not rate this indicator.

In previous cycles, the OIG did not include the score or rating for this indicator in the institution's overall compliance assessment. However, beginning with Cycle 8, the OIG determined adherence to administrative operations should be considered a primary factor because these requirements ensure health care staff are sufficiently certified and trained to provide quality medical care to patients. Therefore, this indicator's individual score is included in the institution's overall compliance rating.

Administrative Operations: Compliance Ratings and Results Summary



CEN demonstrated perfect performance in this indicator. Based on the overall compliance score result of 100 percent, the OIG rated this indicator ***proficient***.

Compliance Testing Results

CEN performed in the ***proficient*** range in the following sub-indicators:

- The institution's Quality Management Committee (QMC) consistently met monthly during our review period (MIT 15.002, 100%).
- The institution's Local Governing Body (LGB) met quarterly and discussed local operation procedures and any applicable policies during our review period (MIT 15.003, 100%).
- The institution responded to the medical grievances as well as timely and properly addressed all 10 patient appeals during our review period (MIT 15.101, 100%).

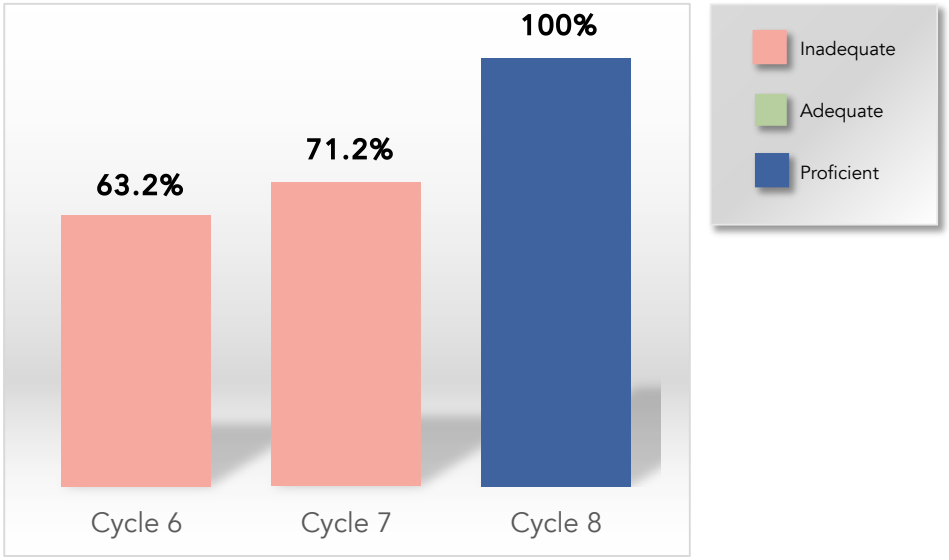
- The institution timely reviewed and completed the initial patient death reports for both our two sampled patient deaths (MIT 15.102, 100%).
- Supervising registered nurses ensured the clinical competency of all nurses administering medications were timely completed during our review period (MIT 15.103, 100%).
- The medical leadership timely completed clinicians' performance appraisals for all three sampled clinicians (MIT 15.104, 100%).
- All 10 providers maintained valid state medical licenses (MIT 15.105, 100%).
- Nurses and the pharmacist-in-charge (PIC) maintained valid professional licenses and certifications. In addition, the institution's pharmacy had current pharmacy licenses (MIT 15.106, 100%).
- The pharmacy and providers maintained valid DEA registration. In addition, the pharmacy maintained valid Automated Drug Delivery System (ADDS) licenses (MIT 15.107, 100%).
- The institution ensured four newly hired nurses completed the required onboarding and clinical competency processes (MIT 15.108, 100%).
- We obtained CCHCS Mortality Case Review reporting data. The institution's CEO and their designees completed the multidisciplinary review of the significant events leading to all three patient deaths during our review period (MIT 15.998 [scored component], 100%).

The following tests are not scored but are reported for informational purposes:

- CEN did not have any applicable adverse sentinel events requiring root cause analysis during our inspection period (MIT 15.001, N/A).
- For the other portion of the mortality review testing, we found no evidence in the submitted documentation the preliminary mortality reports were completed for any of the three patient death reports (MIT 15.998 [non-scored component], N/A).

Analysis of Performance Across Inspection Cycles

Figure 11. Administrative Operations, Compliance Scores Across Cycles



Source: OIG CEN Cycle 6 and Cycle 7 Medical Inspection Reports available here: www.oig.ca.gov.

In Cycle 8, CEN significantly exceeded established standards for this indicator, achieving a perfect *proficient* score of 100 percent. This rating demonstrates a substantial recovery to surpassing all established benchmarks following a previous *inadequate* score of 63.2 percent in Cycle 6 and a higher but still *inadequate* performance of 71.2 percent in Cycle 7. The institution's exceptional growth to a perfect score in Cycle 8 signifies its commitment to implementing highly successful improvements in this indicator.

Table 28. Administrative Operations Compliance Test Scores

Compliance Questions	Scored Answer			
	Yes	No	N/A	Yes %
For informational purposes only: For health care incidents requiring root cause analysis (RCA): Did the institution meet RCA reporting requirements? (15.001)	This test is not scored. Please refer to the discussion in this indicator.			
Did the institution's Quality Management Committee (QMC) meet monthly? (15.002)	6	0	0	100%
For institutions with licensed care facilities: Did the Local Governing Body (LGB) or its equivalent meet quarterly and discuss local operating procedures and any applicable policies? (15.003)	4	0	0	100%
Did the responses to medical grievances address all of the patients' appealed issues? (15.101)	10	0	0	100%
Did the medical staff review and submit initial patient death reports timely? (15.102)	2	0	0	100%
Did nurse managers ensure the clinical competency of nurses who administer medications? (15.103)	10	0	0	100%
Did physician managers complete provider clinical performance appraisals timely? (15.104)	3	0	0	100%
Did the providers maintain valid state medical licenses? (15.105)	10	0	0	100%
Did the nurses and the pharmacist-in-charge (PIC) maintain valid professional licenses and certifications, and did the pharmacy maintain a valid correctional pharmacy license? (15.106)	6	0	0	100%
Did the pharmacy and the providers maintain valid Drug Enforcement Agency (DEA) registration certificates and did the pharmacy maintain valid Automated Drug Delivery System (ADDS) licenses? (15.107)	1	0	0	100%
Did nurse managers ensure their newly hired nurses received the required onboarding and clinical competency training? (15.108)	4	0	0	100%
Did the institution's CEO or designee(s) complete a multidisciplinary review of the significant events leading to the patient's death timely? **For informational purposes only**: Did the Headquarters Mortality Case Review process mortality review reports timely (15.998)	3	0	0	100%
What was the institution's health care staffing at the time of the OIG medical inspection? (15.999)	This test is not scored. Please refer to Table 3 for CCHCS- provided staffing information.			
				Overall percentage (MIT 15): **100%**

Source: The Office of the Inspector General medical inspection results available here: www.oig.ca.gov.

Compliance Recommendations

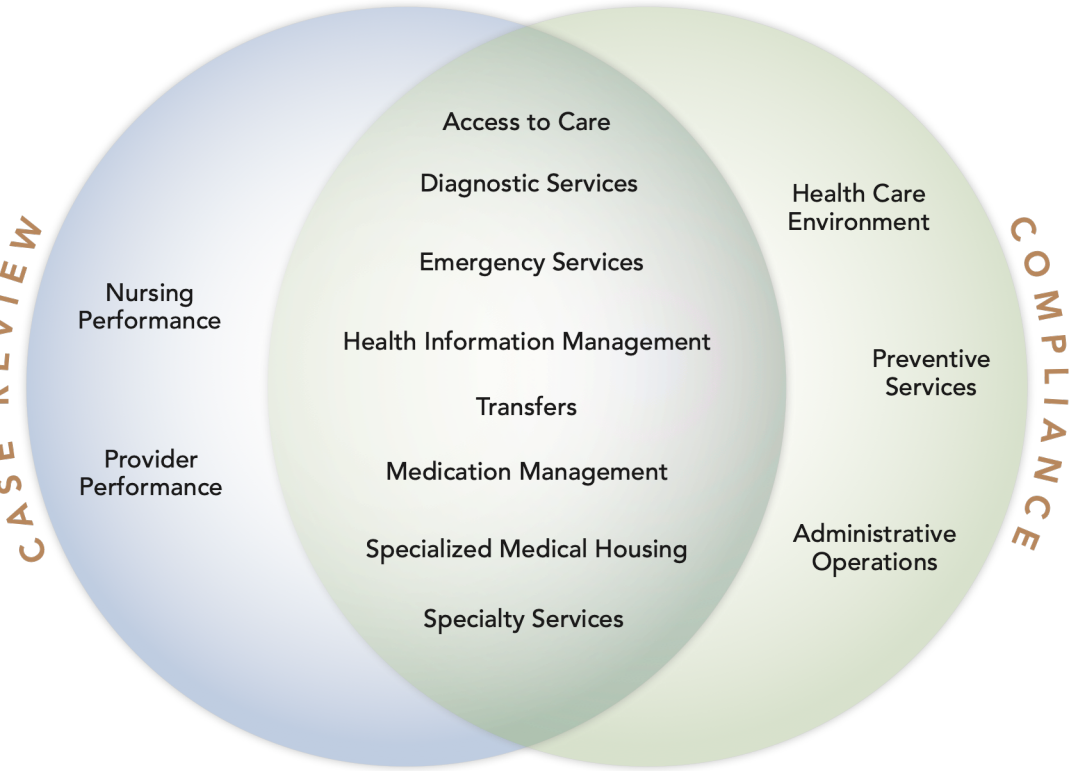
The OIG offers no compliance recommendations for this indicator.

Appendix A: Methodology[67]

In designing the medical inspection program, the OIG met with stakeholders to review California Correctional Health Care Services' (CCHCS) policies and procedures, relevant court orders, and guidance developed by the American Correctional Association. We also reviewed professional literature on correctional medical care; reviewed standardized performance measures used by the health care industry; consulted with clinical experts; and met with stakeholders from the court, the receiver's office, the California Department of Corrections and Rehabilitation, the Office of the Attorney General, and the Prison Law Office to discuss the nature and scope of our inspection program. With input from these stakeholders, the OIG developed a medical inspection program that evaluates the delivery of medical care by combining clinical case reviews of patient files, objective tests of compliance with policies and procedures, and an analysis of outcomes for certain population-based metrics.

We rate each of the quality indicators applicable to the institution under inspection based on case reviews conducted by our clinicians or compliance tests conducted by our registered nurses. Figure 8 below depicts the intersection of case review and compliance.

Figure 12. Inspection Indicator Review Distribution for CEN



[67] OIG Methodology: https://www.oig.ca.gov/dataExplorer/MIU%20Case%20Review%20Methodology.pdf

Case Reviews

The OIG added case reviews to the Cycle 4 medical inspections at the recommendation of its stakeholders, which continues in the Cycle 8 medical inspections. Below, Table 29 provides important definitions that describe this process.

Table 29. Case Review Definitions

Case, Sample, or Patient	The medical care provided to one patient over a specific period, which can comprise detailed or focused case reviews.
Comprehensive Case Review	A review that includes all aspects of one patient's medical care assessed over a six-month period. This review allows the OIG clinicians to examine many areas of health care delivery, such as access to care, diagnostic services, health information management, and specialty services.
Focused Case Review	A review that focuses on one specific aspect of medical care. This review tends to concentrate on a singular facet of patient care, such as the sick call process or the institution's emergency medical response.
Event	A direct or indirect interaction between the patient and the health care system. Examples of direct interactions include provider encounters and nurse encounters. An example of an indirect interaction includes a provider reviewing a diagnostic test and placing additional orders.
Case Review Deficiency	A medical error in procedure or in clinical judgment. Both procedural and clinical judgment errors can result in policy noncompliance, elevated risk of patient harm, or both.
Adverse Event	An event that caused harm to the patient.

The OIG eliminates case review selection bias by sampling using a rigid methodology. No case reviewer selects the samples he or she reviews. Because the case reviewers are excluded from sample selection, there is no possibility of selection bias. Instead, nonclinical analysts use a standardized sampling methodology to select most of the case review samples. A randomizer is used when applicable.

For most basic institutions, the OIG samples 20 comprehensive physician review cases. For institutions with larger high-risk populations, 25 cases are sampled. For the California Health Care Facility, 30 cases are sampled.

Case Review Sampling Methodology

We obtain a substantial amount of health care data from the inspected institution and from CCHCS. Our analysts then apply filters to identify clinically complex patients with the highest need for medical services. These filters include patients classified by CCHCS with high medical risk, patients requiring hospitalization or emergency medical services, patients arriving from a county jail, patients transferring to and from other departmental institutions, patients with uncontrolled diabetes or uncontrolled anticoagulation levels, patients requiring specialty services or who died or experienced a sentinel event (unexpected occurrences resulting in high risk of, or actual, death or serious injury), patients requiring specialized medical housing placement, patients requesting medical care through the sick call process, and patients requiring prenatal or postpartum care.

After applying filters, analysts follow a predetermined protocol and select samples for clinicians to review. Our physician and nurse reviewers test the samples by performing comprehensive or focused case reviews.

Case Review Testing Methodology

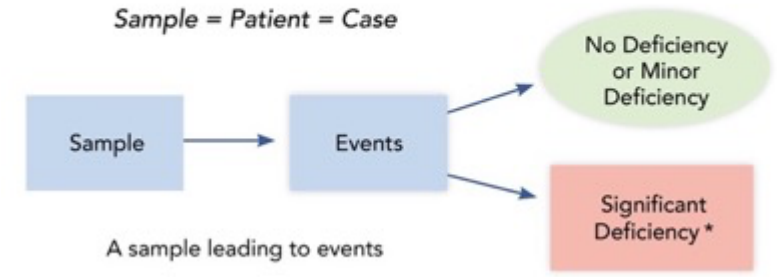
An OIG physician, a nurse consultant, or both review each case. As the clinicians review medical records, they record pertinent interactions between the patient and the health care system. We refer to these interactions as case review ***events***. Our clinicians also record medical errors, which we refer to as case review ***deficiencies***.

Deficiencies can be minor or significant, depending on the severity of the deficiency. If a deficiency caused serious patient harm, we classify the error as an ***adverse event***. On the next page, Figure A–2 depicts the possibilities that can lead to these different events.

After the clinician inspectors review all the cases, they analyze the deficiencies, then summarize their findings in one or more of the health care indicators in this report.

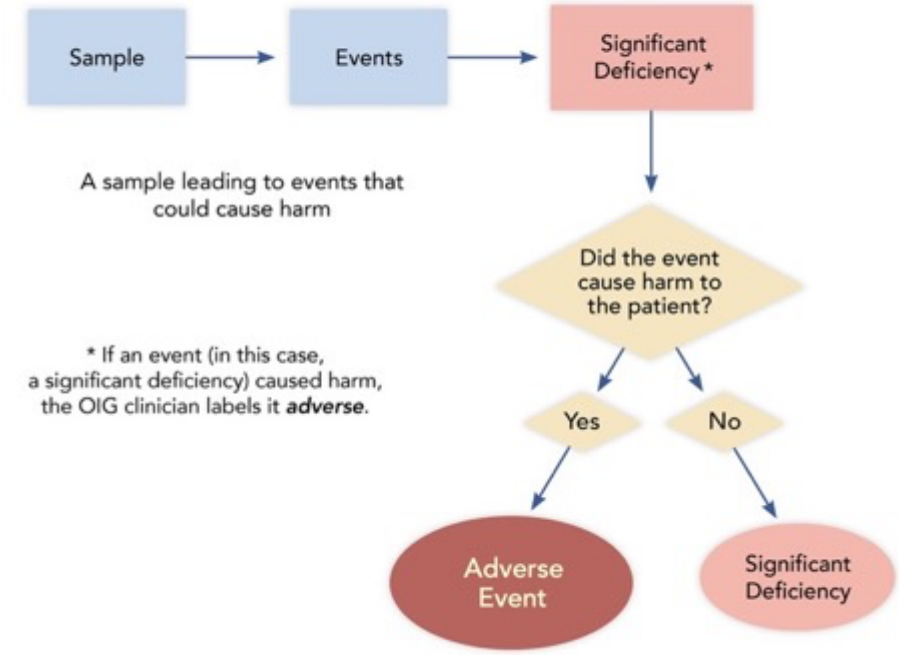
Figure 13. Case Review Testing

The OIG clinicians examine the chosen samples, performing either a ***comprehensive case review*** or a ***focused case review***, to determine the events that occurred.



Deficiencies

Not all events lead to deficiencies (medical errors); however, if errors did occur, then the OIG clinicians determine whether any were ***adverse***.



Source: The Office of the Inspector General medical inspection analysis.

Indicator Ratings and the Overall Medical Quality Rating

The OIG medical inspection unit individually examines all the case review and compliance inspection findings under each specific methodology. We analyze the case review and compliance testing results for each indicator and determine separate overall indicator ratings. After considering all the findings of each of the relevant indicators, our medical inspectors individually determine the institution's overall case review and compliance ratings.

Appendix B: Case Review Data

Table 30. CEN Case Review Sample Sets

Sample Set	Total
Anticoagulation	3
CTC/OHU	1
Death Review/Sentinel Events	2
Diabetes	3
Emergency Services – CPR	2
Emergency Services – Non-CPR	2
High Risk	4
Hospitalization	4
Intra-System Transfers In	3
Intra-System Transfers Out	3
RN Sick Call	18
Specialty Services	2
	47

Table 31. CEN Case Review Chronic Care Diagnoses

Sample Set	Total
Anemia	4
Anticoagulation	3
Arthritis/Degenerative Joint Disease	4
Asthma	7
Cancer	2
Cardiovascular Disease	2
Chronic Kidney Disease	2
Chronic Pain	8
Cirrhosis/End-State Liver Disease	2
COPD	3
COVID-19	1
Diabetes	7
Gastroesophageal Reflux Disease (GERD)	2
HIV	1
Hepatitis C	20
Hyperlipidemia	10
Hypertension	19
Mental Health	6
Sleep Apnea	2
Substance Abuse	25
Thyroid Disease	1
	131

Table 32. CEN Case Review Events by Program

Diagnosis	Total
Diagnostic Services	117
Emergency Care	39
Hospitalization	22
Intra-System Transfers In	12
Intra-System Transfers Out	9
Outpatient Care	308
Specialized Medical Housing	105
Specialty Services	155
	767

Table 33. CEN Case Review Sample Summary

Sample Set	Total
MD Reviews Detailed	20
MD Reviews Focused	1
RN Reviews Detailed	12
RN Reviews Focused	27
Total Reviews	60
Total Unique Cases	47
Overlapping Reviews (MD & RN)	13

Appendix C: Compliance Sampling Methodology

Centinela State Prison

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Access to Care				
MIT 1.001	Chronic Care Patients	25	Master Registry	Chronic care conditions (at least one condition per patient—any risk level) Randomize
MIT 1.002	Nursing Referrals	25	OIG Q: 6.001	See Transfers
MITs 1.003–006	Nursing Sick Call (6 per clinic)	30	Clinic Appointment List	Clinic (each clinic tested) Appointment date (1–7 months) Randomize
MIT 1.007	Returns From Community Hospital	16	OIG Q: 4.005	See Health Information Management (Medical Records) (returns from community hospital)
MIT 1.008	Specialty Services Follow-Up	45	OIG Q: 14.001, 14.004 & 14.007	See Specialty Services
MIT 1.101	Availability of Health Care Services Request Forms	6	OIG on-site review	Randomly select one housing unit from each yard
Diagnostic Services				
MITs 2.001–003	Radiology	10	Radiology Logs	Appointment date (30 days–7 months) Randomize
MITs 2.004–006	Laboratory	10	Quest	Appt. date (30 days–7 months) Order name (CBC, BMP, or CMPs only) Randomize Abnormal

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MITs 2.007–009	Laboratory STAT	0	Quest	Appt. date (30 days–7 months) Order name (CBC, BMP, or CMPs only) Randomize Abnormal
MITs 2.010–012	Pathology	10	InterQual	Appt. date (30 days–7 months) Service (pathology-related) Randomize
Emergency Services				
MIT 3.001	EMRRC	12	EMRRC meeting minutes	Monthly meeting minutes (6 months)
MITs 3.101 - 103	Clinical Sub-indicators	10	OIG inspector on-site review	Identify and inspect all on-site clinical areas
MIT 3.104	Medical Emergency Response Drills	3	On-site summary reports & documentation for ER drills	Most recent full quarter Each watch
MIT 3.105	Medical Emergency Response Certifications	3	On-site certification tracking logs	All staff Providers (ACLS) Nursing (BLS/CPR) Custody (CPR/BLS)
Health Information Management (Medical Records)				
MIT 4.001	Health Care Services Request Forms	30	OIG Qs: 1.004	Non-dictated documents First 20 IPs for MIT 1.004
MIT 4.002	Specialty Documents	45	OIG Qs: 14.002, 14.005 & 14.008	Specialty documents First 10 IPs for each question

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MIT 4.003	Hospital Discharge Documents	16	OIG Q: 4.005	Community hospital discharge documents First 20 IPs selected
MIT 4.004	Scanning Accuracy	25	Documents for any tested incarcerated person	Arrival date (12 months) Any misfiled or mislabeled document identified during OIG compliance review Randomize
MIT 4.005	Returns From Community Hospital	16	CADDIS off-site admissions	Date (1–7 months) Most recent 6 months provided (within date range) Rx count Discharge date Randomize
Health Care Environment				
MITs 5.101–105 MITs 5.107–111	Clinical Sub-indicators	10	OIG inspector on-site review	Identify and inspect all on-site clinical areas
Transfers				
MITs 6.001–003	Intra-system Transfers	25	SOMS	Arrival date (1–7 months) Arrived from (another departmental facility) Rx count Randomize
MIT 6.101	Transfers Out	10	OIG inspector on-site review	R&R IP transfers with medication

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
Pharmacy and Medication Management				
MIT 7.001	Chronic Care Medication	25	OIG Q: 1.001	See Access to Care At least one condition per patient—any risk level Randomize
MIT 7.002	New Medication Orders	25	Master Registry	Rx count Randomize Ensure no duplication of IPs tested in MIT 7.001
MIT 7.003	Returns From Community Hospital	16	OIG Q: 4.005	See Health Information Management (Medical Records) (returns from community hospital)
MIT 7.004	RC Arrivals—Medication Orders	N/A at this institution	OIG Q: 12.001	See Reception Center
MIT 7.005	Intrafacility Moves	25	MAPIP transfer data	Date of transfer (1–7 months) To location/from location (yard to yard and to/from ASU) Remove any to/from MHCB NA/DOT meds (and risk level) Randomize
MIT 7.006	En Route	10	SOMS	Date of transfer (1–7 months) Sending institution (another departmental facility) Randomize NA/DOT meds
MITs 7.101–103	Medication Storage Sub-indicators	Varies by test	OIG inspector on-site review	Identify and inspect clinical & med line areas that store medications

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MITs 7.104–107	Medication Preparation and Administration Sub-indicators	Varies by test	OIG inspector on-site review	Identify and inspect on-site clinical areas that prepare and administer medications
MITs 7.108–111	Pharmacy	1	OIG inspector on-site review	Identify & inspect all on-site pharmacies
MIT 7.112	Medication Error Reporting	4	Medication error reports	All medication error reports Select total of 25 medication error reports (recent 12 months)
MIT 7.999	Restricted Unit KOP Medications	10	On-site active medication listing	KOP rescue inhalers & nitroglycerin medications for IPs housed in restricted units
Prenatal and Postpartum Care				
MITs 8.001–007	Recent Deliveries	N/A at this institution	OB Roster	Delivery date (2–12 months) Most recent deliveries (within date range)
	Pregnant Arrivals	N/A at this institution	OB Roster	Arrival date (2–12 months) Earliest arrivals (within date range)
Preventive Services				
MITs 9.001–002	TB Medications	25	Maxor	Dispense date (past 9 months) Time period on TB meds (3 months or 12 weeks) Randomize
MIT 9.003	TB Evaluation, Annual Screening	25	SOMS	Arrival date (at least 1 year prior to inspection) Birth month Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MIT 9.004	Influenza Vaccinations	25	SOMS	Arrival date (at least 1 year prior to inspection) Randomize Filter out IPs tested in MIT 9.008
MIT 9.005	Colorectal Cancer Screening	25	SOMS	Arrival date (at least 1 year prior to inspection) Date of birth (age 45 –75) Randomize
MIT 9.006	Mammogram	N/A at this institution	SOMS	Arrival date (at least 2 yrs. prior to inspection) Date of birth (age 40 –74) Randomize
MIT 9.007	Pap Smear	N/A at this institution	SOMS	Arrival date (at least three yrs. prior to inspection) Date of birth (age 21 – 65) Randomize
MIT 9.008	Chronic Care Vaccinations	25	OIG Q: 1.001	Chronic care conditions (at least 1 condition per IP—any risk level) Randomize Condition must require vaccination(s)

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MIT 9.009	Valley Fever	N/A at this institution	Cocci transfer status report	Reports from past 2–8 months Institution Ineligibility date (60 bus days prior to inspection date) All
Reception Center				
MITs 12.001–007	RC	N/A at this institution	SOMS	Arrival date (1–7 months) Arrived from (county jail, return from parole, etc.) Randomize
Specialized Medical Housing				
MITs 13.001–003	Specialized Health Care Housing Unit	10	CADDIS	Admit date (1–7 months) Type of stay (no MH beds) Length of stay (minimum of 5 days) Rx count Randomize
MITs 13.101–102	Call Buttons	All	OIG inspector on-site review	Specialized Health Care Housing Review by location
Specialty Services				
MITs 14.001–003	High-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	Approval date (3–9 months) Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care / addiction medication, narcotic treatment program, and transgender services Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MITs 14.004–006	Medium-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	Approval date (3–9 months) Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care/addiction medication, narcotic treatment program, and transgender services Randomize
Specialty Services				
MITs 14.007–009	Routine-Priority Initial and Follow-Up RFS	15	Specialty Services Appointments	Approval date (3–9 months) Remove consult to audiology, chemotherapy, dietary, Hep C, HIV, orthotics, gynecology, consult to public health/Specialty RN, dialysis, ECG 12-Lead (EKG), mammogram, occupational therapy, ophthalmology, optometry, oral surgery, physical therapy, physiatry, podiatry, radiology, follow-up wound care/addiction medication, narcotic treatment program, and transgender services Randomize
MIT 14.010	Specialty Services Arrivals	20	Specialty Services Arrivals	Arrived from (other departmental institution) Date of transfer (3–9 months) Randomize
MITs 14.011–012	Denials	0	InterQual	Review date (3–9 months) Randomize

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MITs 14.011–012	Denials	0	IUMC/MAR Meeting Minutes	Meeting date (9 months) Denial upheld Randomize
Administrative Operations				
MIT 15.001	Adverse/sentinel events	0	Adverse/sentinel events report	Adverse/Sentinel events (12 months)
MIT 15.002	QMC Meetings	6	Quality Management Committee meeting minutes	Meeting minutes (12 months)
MIT 15.003	LGB	4	LGB meeting minutes	Quarterly meeting minutes (12 months)
MIT 15.101	Institutional Level Medical Grievances	10	On-site list of grievances/closed grievance files	Medical grievances closed (6 months)
MIT 15.102	Death Reports	2	Institution-list of deaths in prior 12 months	Most recent 10 deaths Initial death reports
MIT 15.103	Nursing Staff Validations	10	On-site nursing education files	On duty one or more years Nurse administers medications Randomize
MIT 15.104	Provider Annual Evaluation Packets	3	On-site provider evaluation files	All required performance evaluation documents
MIT 15.105	Provider Licenses	10	Current provider listing (at start of inspection)	Review all
MIT 15.106	Nursing Staff and Pharmacist in Charge Professional Licenses and Certifications	All	On-site tracking system, logs, or employee files	All required licenses and certifications

Quality Indicator	Sample Category	No. of Samples	Data Source	Filters
MIT 15.107	Pharmacy and Providers' Drug Enforcement Agency (DEA) Registrations	All	On-site listing of provider DEA registration #s & pharmacy registration document	All DEA registrations
MIT 15.108	Nursing Staff New Employee Orientations	All	Nursing staff training logs	New employees (hired within last 12 months)
MIT 15.998	CCHCS Mortality Case Review	3	OIG summary log: deaths	Between 35 business days & 12 months prior California Correctional Health Care Services mortality reviews

California Correctional Health Care Services' Response

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November 19, 2026

Amarik Singh, Inspector General
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827

Dear Ms. Singh:

California Correctional Health Care Services has reviewed the case review and compliance draft indicators for the Office of the Inspector General's Cycle 8 medical inspection of Centinela State Prison. Thank you for preparing the report.

If you have any questions or concerns, please contact me at (916) 691-3747.

Sincerely,

Signed by:
DeAnna Gouldy
3B7F6B95AC0A4D1...

DeAnna Gouldy
Deputy Director
Policy and Risk Management Services
California Correctional Health Care Services

cc: Diana Toche, D.D.S., Undersecretary, Health Care Services, CDCR
Clark Kelso, Receiver
Jeff Macomber, Secretary, CDCR
Directors, CCHCS
Sarah Hartmann, Chief Counsel, CCHCS Office of Legal Affairs
Renee Kanan, Deputy Director, Medical Services, CCHCS
Debra Amos-Terrell, Deputy Director, Nursing Services, CCHCS
Annette Lambert, Deputy Director, Quality Management, CCHCS
Rainbow Brockenborough, Deputy Director, Institution Operations, CCHCS
Robin Hart, Associate Director, Risk Management Branch, CCHCS
Regional Executives, Region IV, CCHCS
Chief Executive Officer, CEN
Heather Pool, Chief Assistant Inspector General, OIG
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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
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Cycle 8

Medical Inspection Report

for

Centinela State Prison

OFFICE *of the*
INSPECTOR GENERAL

Amarik K. Singh
Inspector General

Shaun Spillane
Chief Deputy Inspector General

STATE *of* CALIFORNIA
November 2026

OIG