

Santa Barbara County jail ADULT FACILITY

NCCHC CAP

Standards Not Met

STD	ACTION REQUIRED	RESPONSIBLE PARTY(IES)	DUE DATE	
A-5	Compare custody and medical policies and procedures for consistency	1. Lt. Lammer/Commander Powell/Chief Wasilewski/A. Nunes	1. July 2018	
A-6	CQI committee needs to identify and document process and outcome studies for 2018. Document re-audit of performance indicators after implementation of corrective action plan and clearly close successfully completed action plans. <ol style="list-style-type: none"> 1. Will identify process and outcome studies for 2018 and present at July MAC meeting. 2. Will re-audit all 2017 and 2018 CQI that fell below 92% 	1. Sara Sanchez with CQI committee 2. Joanna Gehrt	1. July 2018 2. July 2018	
A-7	Man-down drills and Mass-disaster drill needs to be critiqued documented and filed in Emergency Drill binder. Chief, or designee, needs to review policy and procedures and sign signature page/or otherwise document his review of policies <ol style="list-style-type: none"> 1. Chief to sign P&P 2. Schedule man down drills for every shift in 2018. Plan next mass disaster drill. 	1. Chief Wasilewski 2. A. Nunes	1. DONE 2. May 2018	
A-9	Protect Patient privacy <ol style="list-style-type: none"> 1. Accommodations should be made so that officers are not present in exam rooms during medical or MH appointments. 	1. Amber Nunes/Lt. Lammer/Commander Powell/Commander Meter/Chief Wasilewski	1. August 2018	
A-10	Death reviews must be documented within 30 days and filled in mortality binder. <ol style="list-style-type: none"> 1. March 2018 death review needs to be completed 	1. A. Nunes	1. April 2018	
A-11	Grievance Log summary page must be placed at the beginning of each month in Grievance Binder	1. Joanna Gehrt	1. DONE	
B-1 C-6	Train inmate sanitation workers in biohazard practices. Complete documentation of monthly environmental inspections and review with safety committee. <ol style="list-style-type: none"> 1. Medical and MSF Sgt. And operations commander need to meet to discuss best practice to get inmate workers trained. 2. Monthly environmental inspection reports need to be completed. 	1. A. Nunes/MSF Sgt./Commander Meter 2. Bailey Fogata	1. August 2018 2. DONE	
B-5	Obtain documentation that training included all required PREA elements. <ol style="list-style-type: none"> 1. Training materials should be in a binder and all employee certificates indicated successful completion of training are in their employee personnel files. A 	1. Bailey Fogata	1. DONE	

	spreadsheet should also be kept indicating date PREA training was completed and when due date for annual completion is.			
C-3	Finalize a log of completed trainings, dates completed, and number of hours per course on file for each qualified health care.	1. Bailey Fogata	1. June 2018	
C-4 C-6	Complete and document contents and rosters for health-related training of correctional officers 1. Medical will educate custody on health/mental health topics at custody briefings 2. Medical will instruct medical/mental health portion of COR academy	1. A. Nunes 2. S. Sanchez, A. Nunes	1. Immediate 2. DONE	
C-5	Medication Administration Training needs to include common side effects and needs to have approval of Chief Medical Officer 1. Add common side effects 2. Obtain confirmation of approval of Medication Administration training from Dr. Herr	1. Karina Purcell 2. Karina Purcell	1. Sept 2018 2. Sept 2018	
C-7 E-09	Assign RN's to complete History and Physical on day 10, currently Health Inventory is being done by LVN, and Physical Exam is not being completed. 1. Staffing increase, addition of H&P Registered Nurse. Proposed staffing plan presented to Chief Wasilewski	1. Chief Wasilewski	1. August 2018	
C-9	Orientation process for health care staff is not documented in the way NCCHC requires. 1. Implement orientation checklist and procedure to ensure all components documented. Will receive from HR/Karina when official orientation check list is completed. We have created our own which is currently being implemented	1. Amber Nunes/ Karina Purcell	1. December 2018	
D-1 D-4	1. Secure narcotic box in refrigerator so that it cannot be removed. 2. Ensure no oral/topical/ear/nose/eye meds stored together. 3. Obtain pharmacy inspection and repeat quarterly 4. All clia waivers are current but they have not been transferred to CFMG though paperwork was submitted in May 2017. Multiple calls to clia to figure out. 5. Continue to call CLIA and follow up on change of ownership. 6. Update procedure manual for calibration of testing devices.	1. Joanna Gehrt 2. Joanna Gehrt 3. Joanna Gehrt 4. Amber Nunes 5. Kristina Serrato 6. Amber Nunes	1. DONE 2. DONE 3. DONE 4. June 2018 5. June 2018 6. August 2018	
D-3	1. Implement weekly count for all backup controlled substances (where access is limited to only 1 or 2 persons). 2. Attach Laminated Emergency bag contents list with expiration dates of medications to all ER bags	1. Joanna Gehrt 2. Joanna Gehrt	1. June 2018	
E-5	Include inquiry to emotional response to incarceration during initial mental health evaluation. 1. Forms in COR do not include this information. Staff meeting will be held to educate mental health staff on the need to ask and document this information.	1. Sara Sanchez/Mental health staff	1. Ongoing	
E-9	Medical needs to be notified when inmates are segregated and medical/MH need to review chart and inform custody if any contraindications to segregation and this needs	1. Karina Purcell	1. ASAP 2. Ongoing	

	<p>to be documented. Monthly report needs to have required components. Health staff to inform custody officials of the latest scientific information concerning any health effects of segregation; add this to the officer training each year.</p> <ol style="list-style-type: none"> 1. Dr. Herr and John Eby need to provide guidelines on contraindication for ad-seg/isolation placement 2. Classification will e-mail Mental Health Coordinator and HSA of all inmates placed in segregation and get clearance response. All responses will be printed out, scanned in patient's chart for documentation purposes. 3. Discuss at next health staff meeting that this needs to be documented. Will need cqi audit to ensure it is being done. 4. Officer training will be done at briefings and COR academy for mental health effects of segregation. 	<ol style="list-style-type: none"> 2. Amber Nunes, Sara Sanchez, Classification 3. Sara Sanchez, Amber Nunes 4. Sara Sanchez, Amber Nunes 	<ol style="list-style-type: none"> 3. Ongoing 4. DONE 	
E-11	<ol style="list-style-type: none"> 1. Need evidence of annual testing of competency for Nursing Assessment Protocols. 2. Attach copy of agenda of PE class to rosters to demonstrate what was included in training. 3. Include copy of physical exam class CEU certificate in personnel file to demonstrate completion of training. 4. Obtain Revised Nursing Protocols that do not include prescription medications 	<ol style="list-style-type: none"> 1. Corporate 2. Amber Nunes 3. Bailey Fogata 4. Corporate 	<ol style="list-style-type: none"> 1. DONE (paycom) 2. July 2018 3. August 2018 4. DONE 	
E-12	<p>Address documentation requirements regarding speaking with clients about treatment plans, lab test results, review of in-patient and consultant records with providers. Use 'Physician Review Requested' form in Cor-EMR to request and document review of medical records by physician.</p> <ol style="list-style-type: none"> 1. Providers will begin to document speaking with patients about the above 2. CQI will be done quarterly to ensure implementation of provider requirements. 3. CQI will be done quarterly to ensure implementation of provider "sign off" of 10% of charts utilizing "Physician Review requested" 	<ol style="list-style-type: none"> 1. Providers 2. Amber Nunes 3. Joanna Gehrt/DON 	<ol style="list-style-type: none"> 1. Ongoing 2. First CQI July 2018, then quarterly 3. First CQI July 2018, then quarterly 	
F-1 F-3	<p>Obtain and post educational posters from CDC (pregnancy, tobacco use, STD's, healthy living, etc.) in exam rooms and housing units as possible. Obtain up to date health education handouts, or print from Cor and provide to patients as applicable.</p>	<ol style="list-style-type: none"> 1. Joanna Gehrt 	<ol style="list-style-type: none"> 1. May 2018 	
F-2	<p>Ensure all diet orders (as recorded on problem list under MTO: diet) include the type, duration, and any special instructions. Duration should not be greater than 1 year without being renewed, and special instructions for allergy diets should include the specific allergen in the notes section. Dietician review of medical diet needs to occur every 6 months and need to verify that workers preparing food at VTC are trained and supervised.</p> <ol style="list-style-type: none"> 1. Modify contract, Food service provider to have reviews every 6 months. 2. Need to have dietician at facility do every 6 months review. 	<ol style="list-style-type: none"> 1. Lt. Lammer 2. Lt. Lammer 3. Tela Sigsworth 	<ol style="list-style-type: none"> 1. December 2018 2. December 2018 3. May 2018 	

	<p>3. List of all special diets will be obtained from Kitchen manager, report will be run of all Chronic care patients and an allergy report will be run. From these lists we will update all patient's problem list with special diet orders and MTO's will be filled out for all patients. Kitchen/Module officers will be provided with an updated list.</p>			
G-01 G-02	<p>Chronic care and special needs documentation to include adaptation to correctional environment, all necessary education areas, and rational for deviation from clinical management guidelines.</p> <p>1. Providers are now auditing their work every month, which is an educational tool.</p>	1. Providers	1. Ongoing	
G-04	<p>Implement group counseling and psychosocial activities/programs.</p> <p>1. Physical space needs to be designated to provide mental health programming. 2. Identify Mental Health programs to be implemented. 3. Date and time of programs needs to be identified 4. Patients eligible to participate needs to be identified 5. Proposed new staffing plan provides a Mental health programming LMFT</p>	1-5. Sara Sanchez, Command Staff	1-5. Immediate	
G-5	<p>Continuous direct observation necessary for acutely suicidal patients, a camera may be used in adjunct with this but not replace direct observation. Consider using inmate observers to provide direct observation under supervision of officer monitoring camera.</p> <p>1. Discuss at next MAC meeting</p>	1. Command Staff, Sara Sanchez, Amber Nunes	1. December 2018	
G-6	<p>1. Obtain a listing of all programs completed in the facility from all agencies and community self-help groups with frequency of meetings. 2. Document in chart or meeting minutes (or both) communication between medical, mental health, and substance abuse groups regarding care. This is being discussed in the weekly HARP meetings.</p>	1. Lt. Lammer, Sara Sanchez 2. HARP participants, Sal Vargas, Amber Nunes, Sara Sanchez	1. August 31 st , 2018 2. DONE	
G-9	<p>Initiate a pregnancy log to include the inmate name/date of birth, booking date, expected due date, disposition (delivery date, release date, or another outcome).</p>	1. Bailey Fogata	1. May 2018	
G-11	<p>Obtain a letter of agreement with local hospice center for any potential future hospice patients</p>	1. Kristin Blanchard, Amber Nunes	1. December 2018	
I-5	<p>Complete documentation on each refusal of care- Date/time of refusal, what was refused, and consequences of refusal explained to the patient.</p> <p>1. CQI to be done to ensure compliance</p>	1. Health care staff	2. Ongoing	