

NCCHC CAP

Standards Not Met

STD	ACTION REQUIRED	RESPONSIBLE PARTY(IES)	DUE DATE	
A-5	<p>Policies and Procedures are not site-specific. They are company specific.</p> <ol style="list-style-type: none"> <li>1. Work with corporate CFMG to create avenue to make P&amp;P site specific.</li> <li>2. Ensure CFMG site specific policy is consistent with Probation Policies.</li> </ol>	<ol style="list-style-type: none"> <li>1. Amber Nunes/ Carrick Adm</li> <li>2. Carrick A./ Shannon Guillen</li> </ol>	<ol style="list-style-type: none"> <li>1. September 2018</li> <li>2. December 2018</li> </ol>	
A-6	<p>CQI committee needs to identify healthcare aspects to monitor for 2018/2019. Need annual review of CQI.</p> <ol style="list-style-type: none"> <li>1. Will identify aspects to monitor at July 2018 MAC meeting (agenda item).</li> <li>2. Will do annual review (2017-18) of CQI at July 2018 MAC meeting (agenda item)</li> </ol>	<ol style="list-style-type: none"> <li>1. Carrick Adam with CQI committee</li> <li>2. Carrick Adam/ Shannon Guillen</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> <li>2. July 2018</li> </ol>	
A-7	<p>Need to identify alternate backups for each element of emergency plan. Need annual man down drill on each shift that healthcare onsite.</p> <ol style="list-style-type: none"> <li>1. Add back up to emergency plan elements.</li> <li>2. Schedule man down drill at camp and hall</li> </ol>	<ol style="list-style-type: none"> <li>1. Carrick Adam</li> <li>2. Shannon/Ms. Torrones (smjh)/Jim Clark (camp)</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> <li>2. July 2018</li> </ol>	
A-9	<p>Instructions on maintaining confidentiality is given to interpreters.</p> <ol style="list-style-type: none"> <li>1. Makes sure language line has policy on confidentiality.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shannon Guillen</li> </ol>	<ol style="list-style-type: none"> <li>1. Done</li> </ol>	
B-2	<p>Prove/document that Food Service Workers at Camp are checked daily by supervisor to ensure they are free from diarrhea, open sores, skin infections and other illness.</p> <ol style="list-style-type: none"> <li>1. Develop procedure to document that above procedure is indeed occurring.</li> </ol>	<ol style="list-style-type: none"> <li>1. Wendy Stanley</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> </ol>	
C-1	<p>Verification of credentials needs to be kept on site and readily accessible (currently all at jail)</p> <ol style="list-style-type: none"> <li>1. Copies of credentials for RNs (MD information already onsite) to be sent to respective sites and will be kept in confidential file.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shannon Guillen/Amber</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> </ol>	
C-2	<p>Clinical performance of LVNS needs to be reviewed annually like they are for other employees. Reviews need to meet NCCHC criteria and need to have a log of listing of reviews and the name and credentials of the reviewers.</p> <ol style="list-style-type: none"> <li>1. Develop more formal way of reviewing clinical performance that is documented as standard requires.</li> <li>2. Develop clinical performance review log</li> </ol>	<ol style="list-style-type: none"> <li>1. Amber Nunes/Corp</li> <li>2. Shannon Guillen</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 2018</li> <li>2. Dec 2018</li> </ol>	
C-3	<p>BeWell staff are not CPR certified.</p> <ol style="list-style-type: none"> <li>1. Send Jason list of Probation STC CPR classes.</li> <li>2. All BeWell staff will sign up for CPR training</li> </ol>	<ol style="list-style-type: none"> <li>1. Kristina Brumbaugh</li> <li>2. Jason Tarman</li> </ol>	<ol style="list-style-type: none"> <li>1. April 2019</li> </ol>	
C-4	<p>Demonstrate that &gt;85% of Child Care staff are trained on specific health related topics.</p> <ol style="list-style-type: none"> <li>1. SMJH to check to make sure 85% of staff are attending meetings where health related education occurs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Kristina Brumbaugh</li> <li>2. Kristina Brumbaugh</li> </ol>	<ol style="list-style-type: none"> <li>1. December 2018</li> </ol>	

	2. If not, develop a system to ensure that >85% of staff are getting required training over 2 years.			
C-5	Medication Administration Training needs to include common side effects. 1. Add common side effects and details of CorEMR to CORE training for Probation Staff. 2. Get copy of outline of CORE health related topics and medication administration outline for surveyors.	1. Shannon Guillen /Carrick Adam 2. Kristina Brumbaugh	1. Sept 2018 2. Sept 2018	
C-8	Need to have a designated Health Care Liaison for when medical staff is not onsite for 24-hour period (applies to camp only, on Sat and sun) 1. Develop training outline and ppt for all Sr. JIOs and SrDPOs. 2. Will train all Sr. JIOs and SrJIOS initially and then q 6 months to new staff. 3. Pick training date	1. Carrick Adam/Shannon 2. Carrick Adam/ Shannon Guillen 3. Wendy Stanley	1. Sept 2018 2. March 2018 3. July 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.	1. Amber Nunes/ Karina from corporate.	1. April 2018	
D-3	Room for mental health are large enough to accommodate treatment. There is not a space for family treatment at the hall. 2. Mental health and probation to discuss how to accommodate.	1. Jason and Kristina	1. September 2018	
D-4	Maintain the current documentation of onsite diagnostic services. 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. 1. Continue to call CLIA and follow up on change of ownership. 2. Update procedure manual for calibration of testing devices.	1. Shannon Guillen/ amber Nunes 2. Shannon Guillen	1. Ongoing until complete 2. September 2018	
E-1	Receiving screening done by probation staff: form needs to be updated to include more on drug withdrawal sx and disposition; also needs to be trained and form approved by Health Authority 1. Revise Probation's Receiving Screening to include required questions (withdrawal hx and disposition). 2. Training for those who do RS for Probation. 3. Document approval of HA of probation's RS form	1. Kristina Brumbaugh/ Carrick Adam 2. Carrick Adam / Shannon Guillen 3. Amber Nunes/ Carrick Adam	1. October 2018 2. By March 2018 3. March 2018	
E-5	Not all components of this standard being met.	1. BeWell	1. Dec 2018	
E-6	Health care staff need to be trained by a dentist on how to do an oral assessment. Oral examinations occur by dentist within 60 days of admission. 1. Schedule training with dentist	1. Amber Nunes 2. Wendy Stanley	1. Sept 2018 2. March 201	

	2. Probation to determine staffing changes related to increased dental appointments.			
E-9	<p>Medical needs to be notified when youth segregated and medical/MH need to review chart and inform probation if any contraindications to segregation and this needs to be documented. Monthly report needs to have required components.</p> <ol style="list-style-type: none"> <li>1. Discuss at next health staff meeting that this needs to be documented. Will need qi to ensure it is being done.</li> <li>2. Meet to develop procedure to meet requirement of monthly report.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shannon Guillen</li> <li>2. Carrick Adam/ Kristina Brumbaugh</li> </ol>	<ol style="list-style-type: none"> <li>1. June 22</li> <li>2. July 9 Mac</li> </ol>	
E-11	<p>Need evidence of annual testing of competency for Nursing Assessment Protocols. No Rx medications can be on NAPs (RNs always call MD for Rx medications.)</p> <ol style="list-style-type: none"> <li>1. Develop annual competency checklist for RNs.</li> <li>2. Take Rx medications out of all NAPs</li> </ol>	<ol style="list-style-type: none"> <li>1. Corporate</li> <li>2. Corporate</li> </ol>	<ol style="list-style-type: none"> <li>1. September 2018</li> </ol>	
F-2	<p>Dietician review of medical diet needs to occur every 6 months (annually for IMQ) and need to verify that workers preparing food at VTC are trained and supervised.</p> <ol style="list-style-type: none"> <li>1. Modify contract VTC to have reviews every 6 months.</li> <li>2. Need to have dietician at camp do every 6months review.</li> <li>3. Verify that VTC trains and supervises as required</li> </ol>	<ol style="list-style-type: none"> <li>1. Probation (Kristina Brumbaugh)</li> <li>2. Wendy Stanley</li> <li>3. Kristina Brumbaugh</li> </ol>	<ol style="list-style-type: none"> <li>1. December 2018</li> </ol>	
G-5	<p>Requires that youth placed who are non-acutely suicidal and are placed in isolation be on constant monitoring.</p> <ol style="list-style-type: none"> <li>1. Discuss at next MAC meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Jason Tarman</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> </ol>	
G-6	<ol style="list-style-type: none"> <li>1. Discuss process for better documentation of communication and coordination between medical, mental health and AOD staff (none) regarding AOD care. (on mac agenda)</li> </ol>	<ol style="list-style-type: none"> <li>1. Carrick Adam</li> </ol>	<ol style="list-style-type: none"> <li>1. July 2018</li> </ol>	
G-9	<ol style="list-style-type: none"> <li>1. Create list of pregnancy outcomes (no youth have delivered while in custody so need clarification on this standard).</li> <li>2. Ask ncchc for clarification.</li> </ol>	<ol style="list-style-type: none"> <li>1. Amber Nunes</li> </ol>	<ol style="list-style-type: none"> <li>1. September 2018</li> </ol>	
I-1	<p>When custody related restraints are placed, health staff review health record for contraindications or accommodations required.</p> <ol style="list-style-type: none"> <li>1. Health staff to document this process. Discuss at next all staff meeting.</li> </ol>	<ol style="list-style-type: none"> <li>1. Carrick Adam</li> </ol>	<ol style="list-style-type: none"> <li>1. June 2018</li> </ol>	