



**SIERRA CONSERVATION CENTER
MEDICAL INSPECTION RESULTS
BUREAU OF AUDITS AND INVESTIGATIONS**

**OFFICE OF THE
INSPECTOR GENERAL**

**DAVID R. SHAW
INSPECTOR GENERAL**

STATE OF CALIFORNIA

JUNE 2009



June 24, 2009

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

Dear Mr. Kelso:

Enclosed is the Office of the Inspector General's final report on its inspection of medical care delivery at Sierra Conservation Center. Consistent with our agreement with the receiver, the purpose of our inspection was to evaluate and monitor the progress of medical care delivery to inmates at the institution.

The report finds that based on our weighted scoring system encompassing 18 components, Sierra Conservation Center received 76.1 percent of the total weighted points possible. The report contains a detailed breakdown of the institution's score in each of the 18 relevant categories, including the results of all 141 questions. A copy of the report can also be found on our website at www.oig.ca.gov.

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

Sincerely,

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

David R. Shaw
Inspector General

Enclosures

cc: Theresa Kimura-Yip, Associate Director, Support Operations Section, Plata Field Division
Jack St. Clair, M.D., Health Care Manager, Sierra Conservation Center
Ivan D. Clay, Warden, Sierra Conservation Center
Matthew Cate, Secretary, California Department of Corrections and Rehabilitation

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Executive Summary

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

**Overall
Score
76.1%**

In March 2009, we inspected Sierra Conservation Center (SCC). Our medical inspection encompassed 18 components of medical delivery and comprised 141 questions. The questions are weighted based on their importance to the delivery of medical care to inmates. SCC received 76.1 percent of the total weighted points possible.

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

Executive Summary Table

Component	Weighted Score	Definition
<i>Chronic Care</i>	75.0%	Examines how well the prison provided care and medication to inmates with specific chronic care conditions, which are those that affect (or have the potential to affect) an inmate’s functioning and long-term prognosis for more than six months. Our inspection tests the following chronic care conditions: asthma, Coumadin therapy, diabetes, HIV (Human Immunodeficiency Virus), and hypertension.
<i>Clinical Services</i>	71.1%	Evaluates the inmate’s access to primary health care services and focuses on inmates who recently received services from any of the prison’s facility or administrative segregation unit clinics. This component evaluates sick call processes (doctor or nurse line), medication management, and nursing.
<i>Health Screening</i>	61.0%	Focuses on the prison’s process for screening new inmates upon arrival to the institution for health care conditions that require treatment and monitoring, as well as ensuring inmates’ continuity of care.
<i>Specialty Services</i>	73.1%	Focuses on the prison’s process for approving, denying, and scheduling services that are outside the specialties of the prison’s medical staff. Common examples of these services include physical therapy, oncology services, podiatry consultations, and neurology services.
<i>Urgent Services</i>	89.1%	Addresses the care provided by the institution to inmates before and after they were sent to a community hospital.

Component	Weighted Score	Definition
<i>Emergency Services</i>	75.9%	Examines how well the prison responded to medical emergencies. Specifically, we focused on “man down” or “woman down” situations. Further, questions determine the adequacy of medical and staff response to a “man down” or “woman down” emergency drill.
<i>Prenatal Care/Childbirth/Post-delivery</i>	N/A	Focuses on the prenatal and post-delivery medical care provided to pregnant inmates. Not applicable at men’s institutions.
<i>Diagnostic Services</i>	85.7%	Addresses the timeliness of radiology (x-ray) and laboratory services and whether the prison followed up on clinically significant results.
<i>Access to Health Care Information</i>	82.4%	Addresses the prison’s effectiveness in filing, storing, and retrieving medical records and medical-related information.
<i>Outpatient Housing Unit</i>	75.2%	Determines whether the prison followed department policies and procedures when placing inmates in the outpatient housing unit. This component also evaluates whether the placement provided the inmate with adequate care and whether the physician’s plan addressed the placement diagnosis.
<i>Internal Reviews</i>	60.4%	Focuses on the frequency of meetings held by the prison’s Quality Management Committee (QMC) and Emergency Response Review Committee (ERRC) and whether key staff attended the meetings, the number of medical appeals filed, and the prison’s death review process.
<i>Inmate Transfers</i>	95.3%	Focuses on inmates pending transfer to determine whether the sending institution documented medication and medical conditions to assist the receiving institution in providing continuity of care.
<i>Clinic Operations</i>	87.9%	Addresses the general operational aspects of the prison’s facility clinics. Generally, the questions in this component relate to the overall cleanliness of the clinics, privacy afforded to inmates during nonemergency visits, use of priority ducats (slip of paper the inmate carries for scheduled medical appointments), and availability of health care request forms.
<i>Preventive Services</i>	28.0%	Focuses on inmate cancer screening and influenza immunizations.
<i>Pharmacy Services</i>	90.8%	Addresses whether the prison’s pharmacy complies with various operational policies, such as conducting periodic inventory counts and maintaining the currency of medications in its night lockers, keeping signature cards on file for doctors, and having valid permits. In addition, this component also addresses whether the pharmacy has an effective process for screening medication orders for potential adverse reactions/interactions.
<i>Other Services</i>	55.0%	Examines additional areas that are not captured in the other components. The areas evaluated in this component include the prison’s provision of therapeutic diets, its handling of inmates who display poor hygiene, and the availability of the current version of the department’s Health Services Policies and Procedures.
<i>Inmate Hunger Strikes</i>	N/A	Examines medical staff’s monitoring of inmates participating in hunger strikes. SCC did not have any inmates on a hunger strike within our test period.
<i>Chemical Agent Contraindications</i>	100.0%	Addresses the prison’s process of handling inmates who may be predisposed to an adverse outcome from calculated uses of force (cell extractions) involving Oleoresin Capsicum (OC), which is commonly referred to as “pepper spray.” For example, this might occur if the inmate has asthma.
<i>Staffing Levels and Training</i>	100.0%	Examines the prison’s medical staffing levels and training provided.
<i>Nursing Policy</i>	94.3%	Determines whether the prison maintains written policies and procedures for the safe and effective provision of quality nursing care. The questions in this component also determine whether nursing staff review their duty statements and whether supervisors periodically review the work of nurses to ensure they properly follow established nursing protocols.
Overall Score	76.1%	

Introduction

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

In March 2009, we inspected Sierra Conservation Center (SCC). Our medical inspection encompassed 18 components of medical delivery and comprised 141 questions. To help readers understand the medical risk associated with certain components of medical delivery—which pose a greater risk to an inmate-patient—we developed a weighting system and assigned points to each question. Consequently, we assigned more total points to more critical components, such as chronic care, clinical services, and health screening. We assigned fewer total points to less critical components, such as inmate hunger strikes, staffing levels and training, and chemical agent contraindications. (For a detailed description of the weighting system, see Objectives, Scope, and Methodology on the next page.)

Background

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

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

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

About the Institution

The primary mission of SCC is to provide housing, programs, and services for minimum and medium custody inmates. SCC is one of only two prisons in the state responsible for the training and placement of male inmates in the Conservation Camp Program. SCC administers 19 male camps located from Central California to the California-Mexico border. SCC functions as the center for training staff and inmates in firefighting techniques. The prison is separated into two dormitory-type facilities for minimum and low-medium custody inmates and a separate high-medium custody facility. Along with three main clinics that handle non-urgent requests for medical services, SCC treats inmates needing urgent or emergency care in its triage and treatment area (TTA). As of May 27, 2009, the California Department of Corrections and Rehabilitation reported that SCC had custody over 5,741 male inmates, including 2,061 in its Conservation Camp Program.

Jack St. Clair, M.D., who serves as the prison's health care manager and chief medical officer, is responsible for SCC's entire health care program.

Objectives, Scope, and Methodology

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

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

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

<i>Example Question: Institution X</i>								
	<i>Answers</i>				<i>Weighting Points</i>		<i>N/A</i>	<i>Unk</i>
	<i>Yes</i>	<i>No</i>	<i>Yes + No</i>	<i>Yes %</i>	<i>Possible</i>	<i>Received</i>		
Is the clinical history adequate?	40	10	50	80%	20	16	0	0

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

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

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

Our medical inspection at SCC encompassed 18 of the 20 components of medical delivery. Two of the components were not applicable during the period inspected. In total, we reviewed 169 inmate medical files, which are referred to as unit health records. In addition, we reviewed staffing level reports, medical appeals summaries, local operating procedures related to nursing care, summaries of medical drills and emergencies, minutes from Quality Management Committee and Emergency Response Review Committee hearings, and assorted manual logs or tracking worksheets related to medical care delivery. We also conducted a live medical emergency drill and evaluated the adequacy of the responding staff’s actions. Finally, we interviewed medical and custody staff members about the delivery of medical care to inmates, and we observed day-to-day medical delivery at the institution.

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

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

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

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

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



MEDICAL INSPECTION RESULTS

3/16/2009 - 3/19/2009

Overall Score:
76.1%

Component	Page	Answers				Weighting Points			Questions Not Answered	
		Yes	No	Yes + No	Yes %	Points Possible	Points Received	Score %	Not Applicable	Unknown
<i>Chronic Care</i>	8	133	40	173	76.9%	133	99.8	75.0%	4	3
<i>Clinical Services</i>	9	152	60	212	71.7%	95	67.5	71.1%	54	1
<i>Health Screening</i>	11	64	20	84	76.2%	53	32.4	61.0%	95	1
<i>Specialty Services</i>	12	63	32	95	66.3%	71	51.9	73.1%	48	0
<i>Urgent Services</i>	13	137	20	157	87.3%	52	46.3	89.1%	39	4
<i>Emergency Services</i>	14	25	7	32	78.1%	58	44.0	75.9%	2	1
<i>Diagnostic Services</i>	16	44	9	53	83.0%	52	44.6	85.7%	12	0
<i>Access to Health Care Information</i>	17	7	1	8	87.5%	51	42.0	82.4%	0	0
<i>Outpatient Housing Unit</i>	18	53	13	66	80.3%	48	36.1	75.2%	13	3
<i>Internal Reviews</i>	19	13	11	24	54.2%	40	24.2	60.4%	8	0
<i>Inmate Transfers</i>	20	19	1	20	95.0%	30	28.6	95.3%	5	0
<i>Clinic Operations</i>	21	25	2	27	92.6%	33	29.0	87.9%	0	0
<i>Preventive Services</i>	22	9	22	31	29.0%	30	8.4	28.0%	0	0
<i>Pharmacy Services</i>	23	8	3	11	72.7%	29	26.3	90.8%	0	0
<i>Other Services</i>	24	5	2	7	71.4%	10	5.5	55.0%	2	0
<i>Chemical Agent Contraindications</i>	25	2	0	2	100.0%	17	17.0	100.0%	0	0
<i>Staffing Levels and Training</i>	26	8	0	8	100.0%	16	16.0	100.0%	1	0
<i>Nursing Policy</i>	27	14	1	15	93.3%	14	13.2	94.3%	0	0
Totals		781	244	1025	76.2%	832	632.8	76.1%	283	13

Reference Number	Chronic Care	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
03.076	Was the inmate's most recent chronic care visit within the time frame required by the degree of control of the inmate's condition based on his or her prior visit?	12	8	20	60.0%	10	6.0	60.0%	0	0
03.077	Were key elements on Forms 7419 (Chronic Care Follow-Up Visit) and 7392 (Primary Care Flow Sheet) filled out completely for the inmate's two most recent visits?	17	3	20	85.0%	10	8.5	85.0%	0	0
03.082	Did the institution document that it provided the inmate with health care education?	18	2	20	90.0%	12	10.8	90.0%	0	0
03.175	Did the inmate receive his or her prescribed chronic care medications during the most recent three-month period or did the institution follow departmental policy if the inmate refused to pick up or show up for his or her medications?	5	11	16	31.3%	18	5.6	31.3%	4	0
03.235	Is the clinical history adequate?	13	7	20	65.0%	18	11.7	65.0%	0	0
03.236	Is the focused clinical examination adequate?	18	2	20	90.0%	19	17.1	90.0%	0	0
03.237	Is the assessment adequate?	16	3	19	84.2%	19	16.0	84.2%	0	1
03.238	Is the plan adequate and consistent with the degree of control based on the chronic care program intervention and follow up requirements?	16	2	18	88.9%	19	16.9	88.9%	0	2
03.262	Is the inmate's Problem List complete and filed accurately in the inmate's unit health record (UHR)?	18	2	20	90.0%	8	7.2	90.0%	0	0
Component Subtotals:		133	40	173	76.9%	133	99.8	75.0%	4	3

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.024	RN FTF Documentation: Did the inmate's request for health care get reviewed the same day it was received?	6	14	20	30.0%	4	1.2	30.0%	0	0
01.027	If the RN determined a referral to a primary care physician (PCP) was necessary, was the inmate seen within the timelines specified by the RN during the FTF triage?	3	1	4	75.0%	8	6.0	75.0%	16	0
01.247	Sick Call Follow-up: If the provider ordered a follow-up sick call appointment, did it take place within the time frame specified?	0	1	1	0.0%	7	0.0	0.0%	19	0
01.124	Sick Call Medication: Did the institution administer or deliver prescription medications (new orders) to the inmate within specified time frames?	2	13	15	13.3%	6	0.8	13.3%	5	0
01.025	RN FTF Documentation: Did the RN complete the face-to-face (FTF) triage within one (1) business day after the Form 7362 was reviewed?	13	7	20	65.0%	6	3.9	65.0%	0	0
01.246	Did documentation indicate that the RN reviewed all of the inmate's complaints listed on Form 7362 (Health Care Services Request Form)?	20	0	20	100.0%	5	5.0	100.0%	0	0
01.157	RN FTF Documentation: Did the RN's subjective note address the nature and history of the inmates primary complaint?	16	4	20	80.0%	7	5.6	80.0%	0	0
01.159	RN FTF Documentation: Did the RN's objective note include vital signs and a focused physical examination, and did it adequately address the problems noted in the subjective note?	16	4	20	80.0%	6	4.8	80.0%	0	0
01.244	RN FTF Documentation: Did the RN's objective note include allergies, weight, current medication, and where appropriate, medication compliance?	10	10	20	50.0%	3	1.5	50.0%	0	0
01.158	RN FTF Documentation: Did the RN's assessment provide conclusions based on subjective and objective data, were the conclusions formulated as patient problems, and did it contain applicable nursing diagnoses?	18	1	19	94.7%	6	5.7	94.7%	1	0

Reference Number	Clinical Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
01.162	RN FTF Documentation: Did the RN's plan include an adequate strategy to address the problems identified during the FTF triage?	18	1	19	94.7%	7	6.6	94.7%	1	0
01.163	RN FTF Documentation: Did the RN's education/instruction adequately address the problems identified during the FTF triage?	17	2	19	89.5%	5	4.5	89.5%	1	0
15.234	Are clinic response bags audited daily and do they contain essential items?	2	0	2	100.0%	5	5.0	100.0%	0	0
21.278	Was there adequate prior management of pre-existing medical conditions that contributed to the need for the TTA visit?	11	2	13	84.6%	20	16.9	84.6%	11	1
Component Subtotals:		152	60	212	71.7%	95	67.5	71.1%	54	1

Reference Number	Health Screening	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
02.016	Did the institution complete the initial health screening on the same day the inmate arrived at the institution?	20	0	20	100.0%	9	9.0	100.0%	0	0
02.020	Did the LVN/RN adequately document the tuberculin test or a review of signs and symptoms if the inmate had a previous positive tuberculin test?	19	1	20	95.0%	6	5.7	95.0%	0	0
02.015	Was a review of symptoms completed if the inmate's tuberculin test was positive, and were the results reviewed by the infection control nurse?	5	1	6	83.3%	7	5.8	83.3%	14	0
02.128	If the inmate had an existing medication order upon arrival at the institution, did the inmate receive the medications by the next calendar day, or did a physician explain why the medications were not to be continued?	1	3	4	25.0%	8	2.0	25.0%	15	1
02.007	Non-reception center: Does the health care transfer information form indicate that it was reviewed and signed by licensed health care staff within one calendar day of the inmate's arrival at the institution?	15	5	20	75.0%	7	5.3	75.0%	0	0
02.014	Non-reception center: If the inmate was scheduled for a specialty appointment at the sending institution, did the receiving institution schedule the appointment within 30 days of the original appointment date?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.111	Non-reception center: Did the inmate receive medical accommodations upon arrival, if applicable?	0	0	0	0.0%	0	0.0	0.0%	20	0
02.017	If yes was answered to any of the questions on the initial health screening form(s), did the RN provide an assessment and disposition on the date of arrival?	2	5	7	28.6%	8	2.3	28.6%	13	0
02.018	If, during the assessment, the RN referred the inmate to a clinician, was the inmate seen within the time frame?	2	5	7	28.6%	8	2.3	28.6%	13	0
Component Subtotals:		64	20	84	76.2%	53	32.4	61.0%	95	1

Reference Number	Specialty Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
07.037	Did the institution approve or deny the PCP's request for specialty services within the specified time frames?	14	8	22	63.6%	8	5.1	63.6%	0	0
07.038	Did the PCP see the inmate between the date the PCP ordered the service and the date the inmate received it, in accordance with specified time frames?	5	9	14	35.7%	8	2.9	35.7%	8	0
07.035	Did the inmate receive the specialty service within specified time frames?	13	4	17	76.5%	9	6.9	76.5%	5	0
07.090	Physical therapy services: Did the physical therapist assess the inmate and document the treatment plan and treatment provided to the inmate?	2	0	2	100.0%	8	8.0	100.0%	20	0
07.043	Did the PCP review the consultant's report and see the inmate for a follow-up appointment after the specialty services consultation within specified time frames?	3	9	12	25.0%	9	2.3	25.0%	10	0
07.260	Was the institution's denial of the PCP's request for specialty services consistent with the "medical necessity" requirement?	4	1	5	80.0%	9	7.2	80.0%	0	0
07.259	Was there adequate documentation of the reason for the denial of specialty services?	5	0	5	100.0%	5	5.0	100.0%	0	0
07.270	Did the specialty provider provide timely findings and recommendations or did an RN document that he or she called the specialty provider to ascertain the findings and recommendations?	16	1	17	94.1%	6	5.6	94.1%	5	0
07.261	Is the institution scheduling high-priority (urgent) specialty services within 14 days?	1	0	1	100.0%	9	9.0	100.0%	0	0
Component Subtotals:		63	32	95	66.3%	71	51.9	73.1%	48	0

Reference Number	Urgent Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
21.248	Upon the inmate's discharge from the community hospital, did the triage and treatment area (TTA) registered nurse document that he or she reviewed the inmate's discharge plan and completed a face-to-face assessment of the inmate?	25	0	25	100.0%	7	7.0	100.0%	0	0
21.250	Upon the inmate's discharge from the community hospital, did the inmate's Primary Care Provider (PCP) provide orders for appropriate housing for the inmate?	25	0	25	100.0%	7	7.0	100.0%	0	0
21.251	Upon the inmate's discharge from the community hospital, did the Registered Nurse intervene if the inmate was housed in an area that was inappropriate for nursing care based on the primary care provider's (PCP) housing orders?	0	0	0	0.0%	0	0.0	0.0%	25	0
21.249	Upon the inmate's discharge from the community hospital, did the inmate receive a follow-up appointment with his or her primary care provider (PCP) within five calendar days of discharge?	23	2	25	92.0%	7	6.4	92.0%	0	0
21.281	Upon the inmate's discharge from a community hospital, did the institution administer or deliver all prescribed medications to the inmate within specified time frames?	12	13	25	48.0%	6	2.9	48.0%	0	0
21.275	Was the documentation of the clinical care provided in the TTA adequate?	20	5	25	80.0%	10	8.0	80.0%	0	0
21.276	While the patient was in the TTA, was the clinical care rendered by the attending provider adequate and timely?	23	0	23	100.0%	7	7.0	100.0%	0	2
21.279	For patients managed by telephone consultation alone, was the provider's decision not to come to the TTA appropriate?	9	0	9	100.0%	8	8.0	100.0%	14	2
Component Subtotals:		137	20	157	87.3%	52	46.3	89.1%	39	4

Reference Number	Emergency Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
08.183	Was the medical emergency responder notified of the medical emergency without delay?	3	0	3	100.0%	5	5.0	100.0%	0	0
08.241	Did the first responder provide adequate basic life support (BLS) prior to medical staff arriving?	1	1	2	50.0%	6	3.0	50.0%	1	0
08.184	Did the medical emergency responder arrive at the location of the medical emergency within five (5) minutes of initial notification?	3	0	3	100.0%	4	4.0	100.0%	0	0
08.185	Did the medical emergency responder use proper equipment to address the emergency and was adequate medical care provided within the scope of his or her license?	3	0	3	100.0%	7	7.0	100.0%	0	0
08.242	Did licensed health care staff call 911 without unnecessary delay after a life-threatening condition was identified by a licensed health care provider or peace officer?	3	0	3	100.0%	6	6.0	100.0%	0	0
08.187	Did the institution provide adequate preparation for the ambulance's arrival, access to the inmate, and departure?	3	0	3	100.0%	4	4.0	100.0%	0	0
08.186	Were both the first responder (if peace officer or licensed health care staff) and the medical emergency responder basic life support (BLS) certified at the time of the incident?	2	0	2	100.0%	4	4.0	100.0%	0	1
08.222	Were the findings of the institution's Emergency Response Review Committee (ERRC) supported by the documentation and completed within 30 days?	0	3	3	0.0%	7	0.0	0.0%	0	0
15.256	Emergency Medical Response Drill: Did the responding officer properly perform an assessment on the patient for responsiveness?	0	1	1	0.0%	1	0.0	0.0%	0	0
15.257	Emergency Medical Response Drill: Did the responding officer properly perform CPR?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.258	Emergency Medical Response Drill: Did the responding officer begin CPR without unnecessary delay?	0	1	1	0.0%	2	0.0	0.0%	0	0
15.282	Emergency Medical Response Drill: Did medical staff arrive on scene in five minutes or less?	1	0	1	100.0%	2	2.0	100.0%	0	0

Reference Number	Emergency Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
15.283	Emergency Medical Response Drill: Did the emergency medical responders arrive with proper equipment (ER bag, bag-valve-mask, AED)?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.284	Emergency Medical Response Drill: Did the responding officer provide accurate information to responding medical staff?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.285	Emergency Medical Response Drill: Did emergency medical responders continue basic life support?	1	0	1	100.0%	1	1.0	100.0%	0	0
15.286	Emergency Medical Response Drill: Did medical staff continue with CPR without transporting the patient until the arrival of ambulance personnel? If the patient was transported, was this decision justified?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.287	Emergency Medical Response Drill: Was 911 called without unnecessary delay?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.240	Emergency Medical Response Drill: Did the responding officer activate the emergency response system by providing the pertinent information to the relevant parties, immediately and without delay?	1	0	1	100.0%	2	2.0	100.0%	0	0
15.255	Emergency Medical Response Drill: Did the responding officer carry and use the proper equipment (protective shield or micro-mask, gloves) required by the department?	0	1	1	0.0%	1	0.0	0.0%	0	0
Component Subtotals:		25	7	32	78.1%	58	44.0	75.9%	2	1

Reference Number	Diagnostic Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
06.049	Radiology order: Was the radiology service provided within the time frame specified in the physician's order?	5	0	5	100.0%	7	7.0	100.0%	0	0
06.245	Radiology order: Was the diagnostic report received by the institution within 14 days?	5	0	5	100.0%	8	8.0	100.0%	0	0
06.200	Radiology order: Did the primary care provider (PCP) review the diagnostic report and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	5	0	5	100.0%	7	7.0	100.0%	0	0
06.188	All laboratory orders: Was the specimen collected within the applicable time frames of the physician's order?	10	0	10	100.0%	6	6.0	100.0%	0	0
06.191	All diagnostic services: Did the PCP document the clinically significant diagnostic test results on Form 7230 (Interdisciplinary Progress Notes)?	5	4	9	55.6%	7	3.9	55.6%	6	0
06.263	All diagnostic services: Did the PCP adequately manage clinically significant test results?	7	2	9	77.8%	10	7.8	77.8%	6	0
06.202	All laboratory orders: Did the PCP review the diagnostic reports and initiate written notice to the inmate within two (2) business days of the date the institution received the diagnostic reports?	7	3	10	70.0%	7	4.9	70.0%	0	0
Component Subtotals:		44	9	53	83.0%	52	44.6	85.7%	12	0

Reference Number	Access to Health Care Information	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
19.150	Is the medical records office current with its loose filing?	0	1	1	0.0%	9	0.0	0.0%	0	0
19.169	Did medical records staff make unit health records (UHR) available to clinic staff for the inmates ducated for medical appointments the next day?	2	0	2	100.0%	15	15.0	100.0%	0	0
19.243	Was the institution able to account for the OIG's requested UHR files?	1	0	1	100.0%	12	12.0	100.0%	0	0
19.266	Does the institution properly file inmates' medical information?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.271	While reviewing unit health records (UHR) as part of the OIG's inspection, were the OIGs RN and MD inspectors able to locate all relevant documentation of health care provided to inmates?	1	0	1	100.0%	5	5.0	100.0%	0	0
19.272	Does the institution promptly file blood pressure logs in unit health records (UHR)?	2	0	2	100.0%	5	5.0	100.0%	0	0
Component Subtotals:		7	1	8	87.5%	51	42.0	82.4%	0	0

Reference Number	Outpatient Housing Unit	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
04.052	Did the RN complete an initial assessment of the inmate on the day of placement?	10	0	10	100.0%	5	5.0	100.0%	0	0
04.051	Did the primary care provider (PCP) evaluate the inmate within one calendar day after placement?	10	0	10	100.0%	5	5.0	100.0%	0	0
04.053	While the inmate was placed in the OHU, did the PCP complete the Subjective, Objective, Assessment, Plan and Education (SOAPE) at a minimum of every 14 days?	1	1	2	50.0%	4	2.0	50.0%	8	0
04.054	Did the utilization management (UM) nurse assess the inmate within one week of the inmate's placement and every 30 days thereafter?	0	6	6	0.0%	4	0.0	0.0%	4	0
04.112	Was the PCP's initial evaluation adequate for the problem(s) requiring OHU placement?	7	2	9	77.8%	5	3.9	77.8%	1	0
04.230	Was the PCP's initial assessment (or diagnoses) appropriate for the findings in the initial evaluation?	8	1	9	88.9%	5	4.4	88.9%	0	1
04.056	Did the PCP's plan adequately address the initial assessment?	6	2	8	75.0%	5	3.8	75.0%	0	2
04.208	Was the level of care available in the OHU appropriate to the patient's clinical presentation?	10	0	10	100.0%	9	9.0	100.0%	0	0
15.103	In the outpatient housing unit (OHU), are patient call buttons operational or does medical staff make rounds every 30 minutes?	0	1	1	0.0%	3	0.0	0.0%	0	0
15.225	Does the OHU use disinfectant daily in common patient areas?	1	0	1	100.0%	3	3.0	100.0%	0	0
Component Subtotals:		53	13	66	80.3%	48	36.1	75.2%	13	3

Reference Number	Internal Reviews	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
17.221	Did the institution complete a medical emergency response drill for each watch and include participation from each medical facility during the most recent full quarter?	0	1	1	0.0%	5	0.0	0.0%	0	0
17.174	Did the institution promptly process inmate medical appeals during the most recent 12 months?	1	0	1	100.0%	5	5.0	100.0%	0	0
17.136	For each death sampled, did the institution complete the death review process?	0	3	3	0.0%	5	0.0	0.0%	0	0
17.132	Do the Emergency Response Review Committee (ERRC) meeting minutes document monthly meetings for the last six (6) months?	3	3	6	50.0%	5	2.5	50.0%	0	0
17.138	Do the Emergency Response Review Committee (ERRC) meeting minutes document the warden's (or his or her designee's) attendance?	3	0	3	100.0%	5	5.0	100.0%	3	0
17.118	Do the Quality Management Committee (QMC) meeting minutes document monthly meetings for the last six (6) months?	2	4	6	33.3%	5	1.7	33.3%	0	0
17.119	Did the Quality Management Committee (QMC) report its findings to the HCM/CMO each of the last six (6) meetings?	2	0	2	100.0%	5	5.0	100.0%	4	0
17.135	Did the last three Quality Management Committee (QMC) meeting minutes reflect findings and strategies for improvement?	2	0	2	100.0%	5	5.0	100.0%	1	0
Component Subtotals:		13	11	24	54.2%	40	24.2	60.4%	8	0

Reference Number	Inmate Transfers	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
05.108	Did Receiving and Release have the inmate's UHR and transfer envelope?	5	0	5	100.0%	7	7.0	100.0%	0	0
05.109	If the inmate was scheduled for any upcoming specialty services, were the services noted on Form 7371 (Health Care Transfer Information)?	0	0	0	0.0%	0	0.0	0.0%	5	0
05.110	Do all appropriate forms in the transfer envelope identify all medications ordered by the physician, and are the medications in the transfer envelope?	5	0	5	100.0%	8	8.0	100.0%	0	0
05.171	Did an RN complete all applicable sections of Form 7371 (Health Care Transfer Information) based on the inmate's UHR?	4	1	5	80.0%	7	5.6	80.0%	0	0
05.172	Did the Health Records Department maintain a copy of the inmate's Form 7371 (Health Care Transfer Information) and Form 7231A (Outpatient Medication Administration Record) when the inmate transferred?	5	0	5	100.0%	8	8.0	100.0%	0	0
Component Subtotals:		19	1	20	95.0%	30	28.6	95.3%	5	0

Reference Number	Clinic Operations	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
14.023	Does the institution make the Form 7362 (Health Care Services Request Form) available to inmates?	5	0	5	100.0%	4	4.0	100.0%	0	0
14.165	Are the clinic floors, waiting room chairs, and equipment cleaned with a disinfectant daily?	3	0	3	100.0%	2	2.0	100.0%	0	0
14.164	Are areas available to ensure privacy during RN face-to-face assessments and doctors' examinations for non-emergencies?	3	0	3	100.0%	3	3.0	100.0%	0	0
14.166	Was the medication stored in a sealed container if food was present in the clinic refrigerator?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.131	Do medication nurses understand that medication is to be administered by the same licensed staff member who prepares it and on the same day?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.106	Does clinical staff wash their hands (either with soap or hand sanitizer) or change gloves between patients?	4	0	4	100.0%	4	4.0	100.0%	0	0
14.033	Does the institution have an adequate process to ensure inmates who are moved to a new cell still receive their medical ducats?	2	0	2	100.0%	4	4.0	100.0%	0	0
14.032	Does medical staff understand the institution's priority ducat process?	2	0	2	100.0%	2	2.0	100.0%	0	0
14.160	Does the institution have a process to identify, review, and address urgent appointments if a doctor's line is canceled?	0	2	2	0.0%	4	0.0	0.0%	0	0
14.029	Does medical staff in the facility clinic know which inmates are on modified program or confined to quarters (CTQ) and does staff have an adequate process to ensure those inmates receive their medication?	2	0	2	100.0%	4	4.0	100.0%	0	0
Component Subtotals:		25	2	27	92.6%	33	29.0	87.9%	0	0

Reference Number	Preventive Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
10.228	Inmates prescribed INH: Did the institution properly administer the medication to the inmate?	0	5	5	0.0%	6	0.0	0.0%	0	0
10.232	Inmates prescribed INH: Did the institution monitor the inmate monthly for the most recent three months he or she was on the medication?	0	5	5	0.0%	6	0.0	0.0%	0	0
10.229	Inmates with TB code 34: Was the inmate evaluated for signs and symptoms of TB within the previous 12 months?	1	4	5	20.0%	7	1.4	20.0%	0	0
10.086	All inmates age 66 or older: Did the inmate receive an influenza vaccination within the previous 12 months or was the inmate's refusal documented?	6	0	6	100.0%	6	6.0	100.0%	0	0
10.085	Male inmates age 51 or older: Did the inmate receive a fecal occult blood test (FOBT) within the previous 12 months or was the inmate's refusal documented?	2	8	10	20.0%	5	1.0	20.0%	0	0
Component Subtotals:		9	22	31	29.0%	30	8.4	28.0%	0	0

Reference Number	Pharmacy Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
13.139	Does the institution conspicuously post a valid permit in its pharmacies?	1	0	1	100.0%	2	2.0	100.0%	0	0
13.141	Does the institution properly maintain its emergency crash cart medications?	2	0	2	100.0%	2	2.0	100.0%	0	0
13.252	Does the institution properly maintain medications in its drug night locker(s)?	0	1	1	0.0%	2	0.0	0.0%	0	0
13.253	Does the institution conduct monthly inspections of its emergency cart and drug night locker(s)?	1	2	3	33.3%	1	0.3	33.3%	0	0
13.142	Is the Pharmacist in Charge's license current?	1	0	1	100.0%	5	5.0	100.0%	0	0
13.144	Does the pharmacist in charge maintain a valid signature card that contains the required information for all primary care providers (PCP)?	1	0	1	100.0%	6	6.0	100.0%	0	0
13.145	Does the pharmacist in charge have an effective process for screening new medication orders for potential adverse reactions?	1	0	1	100.0%	7	7.0	100.0%	0	0
13.148	Does the pharmacist in charge monitor the quantity of medications on hand, and does the pharmacy conduct an annual inventory to ensure that the quantity of medications in the system matches the quantity of medications on hand?	1	0	1	100.0%	4	4.0	100.0%	0	0
Component Subtotals:		8	3	11	72.7%	29	26.3	90.8%	0	0

Reference Number	Other Services	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
15.059	Did the institution properly provide therapeutic diets to inmates?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.058	If the institution does not offer therapeutic diets, does staff follow the department's procedures for transferring inmates who are determined to require a therapeutic diet?	0	1	1	0.0%	3	0.0	0.0%	0	0
15.134	Did the institution properly respond to all active cases of TB discovered in the last six months?	0	0	0	0.0%	0	0.0	0.0%	1	0
15.265	Is the most current version of the CDCR Health Services Policies and Procedures available in the institution's law library?	1	1	2	50.0%	3	1.5	50.0%	0	0
20.092	Hygiene Intervention: Did custody staff understand the department's policies and procedures for identifying and evaluating inmates displaying inappropriate hygiene management?	4	0	4	100.0%	4	4.0	100.0%	0	0
Component Subtotals:		5	2	7	71.4%	10	5.5	55.0%	2	0

Reference Number	Chemical Agent Contraindications	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
12.062	Did the institution document that it consulted with an RN or primary care provider (PCP) before a calculated use of OC?	1	0	1	100.0%	9	9.0	100.0%	0	0
12.064	Did the institution record how it decontaminated the inmate and did it follow the decontamination policy?	1	0	1	100.0%	8	8.0	100.0%	0	0
Component Subtotals:		2	0	2	100.0%	17	17.0	100.0%	0	0

Reference Number	Staffing Levels and Training	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
18.002	Information purposes only: Calculate the institution's average vacancy percentages, the number of health care staff starting within six (6) months of the OIG visit, and the number of health care staff hired from the registry. <i>The institution provided vacancy statistics within four licensed medical staffing groups: (1) management; (2) primary care providers; (3) supervision; and (4) rank and file nursing.</i> <i>Total number of filled positions: 52.56</i> <i>Total number of vacancies: 6.8</i> <i>Total number of positions: 59.36</i> <i>Vacancy percentage: 11.46%</i> <i>Number of staff hired within last six months: 1</i> <i>Total number of registry staff: 18 (includes 12 medical assistants)</i>	0	0	0	0.0%	0	0.0	0.0%	1	0
18.004	Did the institution have a registered nurse (RN) available on site 24 hours a day, seven days a week, for emergency care?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.005	Did the institution have a physician on site, a physician on call, or an MOD available 24 hours a day, seven days a week, for the last 30 days?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.006	Does the institution's orientation program for all newly hired nursing staff include a module for sick call protocols that require face-to-face triage?	1	0	1	100.0%	4	4.0	100.0%	0	0
18.001	Are licensed health care staff current with their certifications and did they attend required training?	5	0	5	100.0%	4	4.0	100.0%	0	0
Component Subtotals:		8	0	8	100.0%	16	16.0	100.0%	1	0

Reference Number	Nursing Policy	Answers				Weighting Points			N/A	Unk
		Yes	No	Yes + No	Yes %	Possible	Received	Score %		
16.231	Does the institution ensure that nursing staff review their duty statements?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.154	Does the institution have written nursing policies and procedures that adhere to the department's guidelines?	5	0	5	100.0%	5	5.0	100.0%	0	0
16.254	Does the institution's supervising registered nurse (SRN) conduct periodic reviews of nursing staff?	4	1	5	80.0%	4	3.2	80.0%	0	0
Component Subtotals:		14	1	15	93.3%	14	13.2	94.3%	0	0

California Prison Health Care Receivership Corporation's Response

**CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.**

J. Clark Kelso
Receiver

June 3, 2009

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

Dear Mr. Shaw,

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

Clinical Services – Reference Number 01.024 and 01.244

In the OIG MIR, the date the request for health care was received and the date the request was reviewed were reexamined to determine if the request was reviewed timely. The date and time the request was received was documented; however, the date and time of when the request was reviewed was not documented. SCC staff will receive training on documenting the date and time reviewed.

According to the OIG MIR, the protocol flow sheets should have the Registered Nurse's subjective, objective, assessment, plan, and evaluation (SOAPE) notes containing weight, allergies, current medication and medication compliance. These items were not always documented on the flow sheets. For these specific issues, the institution has instituted an assessment tool.

Health Services - Reference Number 02.017

According to the OIG MIR, the Registered Nurse did not provide an assessment and disposition on the date of arrival. The institution will provide training to Registered Nurses and other health care staff.

Urgent Services – Reference Number 21.281

According to the OIG MIR, there was missing documentation regarding whether or not the institution administered or delivered all prescribed medications to the inmate within proper

David R. Shaw, Inspector General

June 3, 2009

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timeframes when an inmate discharges from a community hospital. The institution will provide training to staff.

Emergency Services – Reference Numbers 08.241, 08.222

According to the OIG MIR, the institution did not document that adequate basic life support was provided prior to medical staff arriving from the first responder during an emergency response drill. First Responder Training is provided to all SCC custody staff during their annual block training. CPR and First Aid (First Responder) is included in this block training. On the job training will be provided to camp staff (including Southern Camp staff) to reiterate they must document the actions they take prior to the arrival of medical staff during medical emergencies.

Outpatient Housing Unit – Reference Numbers 04.054

According to the OIG MIR, the Utilization Management nurse's initial assessment was not documented in the UHR's reviewed. A corrective action plan to address filing of the assessment tool in the UHR will be submitted.

Clinic Operations – Reference Number 14.160

According to the OIG MIR, the institution should have a process to identify, review, and address urgent appointments if a doctors' line is cancelled. The scheduling supervisor will provide appropriate training to staff.

Preventive Services – Reference Number 10.232 and 10.085

According to the OIG MIR, one of the issues raised was if the institution properly administers INH medication to the inmate. The SRN II over Public Health recognizes the issues involved in this finding and is formulating a corrective action plan to cover the lines for INH medications.

According to the OIG MIR, eight out of ten records examined did not have documentation that inmates received a fecal occult blood test within the twelve previous months or that the inmate refused. The institution is obtaining a list of all inmates age 51 or older to begin the screening process.

David R. Shaw, Inspector General

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Pharmacy Services - Reference Numbers 13.252 and 13.253

According to the OIG MIR, the institution did not have an inventory list of its night drug locker medications and expired medications were also discovered. A corrective action plan to address these issues will be prepared.

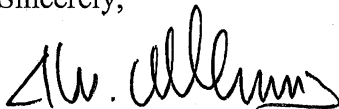
It was also noted in the OIG MIR that the institution did not conduct monthly inspections of its emergency cart and drug locker. A corrective action plan to address these issues will be prepared as well.

Other Services – Reference Number 15.058, 15.103,

In the OIG MIR, it identified that the proper documentation requesting an inmate to be transferred to an institution that provided therapeutic diets was not being completed. The Primary Care Physician's will be educated on department policy regarding therapeutic diets.

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

Sincerely,



Dwight W. Winslow, M.D.
Chief Medical Officer (A)
Office of the Receiver
California Prison Health Care Service

cc: J. Clark Kelso, Receiver
Elaine Bush, Chief Deputy, Office of the Receiver
Starr Babcock, Special Assistant to the Court
Tim Rougeux, Chief Operating Officer, Medical Services
Jack St. Clair, M. D., Health Care Manager, Sierra Conservation Center
Theresa Kimura-Yip, Associate Director, Medical Policy and Program Compliance Branch
Olga Durette, Health Program Manager II, Program Compliance Branch
Steve Fama, Attorney, Prison Law Office
Kenneth Martin, Northern Regional Administrator
Renee Kanán, M.D., Northern Regional Medical Director