

December 11, 2018

Gerald Marshall, Chief of Corrections  
Patricia Spiro, Health Services Administrator  
Delano Modified Community Correctional Facility  
2727 West Industry Road  
Delano, CA 93215

Dear Chief Marshall and Ms. Spiro,

The staff from California Correctional Health Care Services (CCHCS) completed an onsite Private Prison Compliance and Health Care Monitoring Limited Review audit at Delano Modified Community Correctional Facility (DMCCF) on October 24, 2018. The purpose of this audit was to examine the facility's progress in resolving inadequate components and critical issues identified during the April 2018 annual audit.

On November 27, 2018, a draft report was provided to allow you the opportunity to review and dispute any findings presented in the report. On December 4, 2018, we received a response disputing one finding. Upon careful review and consideration, the disputed finding remains unchanged. Please refer to the attached matrix which notes CCHC's final determination for additional information.

Also, attached is the final limited review audit report. The scope of the limited review included a re-examination of one component, Component 2, *Internal Monitoring & Quality Management*, and 16 critical issues. As a result of the audit, Component 2 received a passing score and 14 critical issues were found resolved.

Component 2, *Internal Monitoring and Quality Management*, received an overall component score of 98.3%, which is an increase of 18.7 percentage points from the 79.6% compliance score received during the annual audit. Auditors found all four critical issues previously identified for this component resolved.

The critical issues from the remainder of the components totaled 12 of which auditors found 10 were resolved. One critical issue was unable to be rated and remains unresolved until it is examined as part of a subsequent audit. The facility is commended for resolving these critical issues. The audit team is very encouraged by this success.



Thank you for your assistance and please extend my gratitude to your staff for their professionalism and cooperation during this audit. Should you have any questions or concerns, you may contact Anastasia Bartle, Program Manager, Private Prison Compliance and Monitoring Unit, Field Operations, Corrections Services, CCHCS, at (916) 691-4921 or via email at [Anastasia.Bartle@cdcr.ca.gov](mailto:Anastasia.Bartle@cdcr.ca.gov).

Sincerely,



Joseph (Jason) Williams, Deputy Director  
Field Operations, Corrections Services  
California Correctional Health Care Services

Enclosure



cc: Vincent S. Cullen, Director, Corrections Services, CCHCS  
Joseph W. Moss, Chief, Contract Beds Unit (CBU), Division of Adult Institutions (DAI), California Department of Corrections and Rehabilitation (CDCR)  
Edward Vasconcellos, Chief Deputy Warden, CBU, DAI, CDCR  
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Christopher Troughton, Health Program Manager I (A), PPCMU, Field Operations, Corrections Services, CCHCS



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

# PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT

Limited Review



Delano Modified  
Community Correctional Facility

October 24, 2018

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**December 11, 2018**

## **INTRODUCTION**

As a result of an increasing inmate population and a limited capacity to house inmates, the California Department of Corrections and Rehabilitation (CDCR) entered into contractual agreements with private prison vendors to house California inmates. Although these inmates are housed in a contracted facility, either in or out-of-state, the California Correctional Health Care Services (CCHCS) is responsible to ensure health care standards equivalent to California's regulations, CCHCS's policy and procedure, and court ordered mandates are provided.

As one of several means to ensure the prescribed health care standards are provided, CCHCS staff developed a tool to evaluate and monitor the delivery of health care services provided at the contracted facility through a standardized audit process. The process is divided into phases; a remote phase and an onsite phase. The remote phase consists of a review of various documents obtained from the facility including health records, monitoring logs, staffing rosters. The onsite phase involves staff and patient interviews and a tour of all health care service points within the facility.

In accordance with the Receiver's directive, staff from the Private Prison Compliance and Monitoring Unit (PPCMU), Field Operations, Corrections Services conduct an annual audit of each contracted facility located in and out-of-state using the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide*. Based upon the percentage of compliance achieved per component and the overall score, the facility may undergo a follow-up limited review or a complete re-audit scheduled six months after the date of the annual audit. This second audit evaluates all components rated Inadequate and the critical issues in order to gauge progress toward improving compliance.

## **EXECUTIVE SUMMARY**

An annual health care monitoring audit was conducted at Delano Modified Community Correctional Facility (DMCCF) on April 24 through 26, 2018. The audit review period was November 2017 through February 2018. The patient population at the time of the April onsite audit was 558 and the facility's budgeted capacity was 578<sup>1</sup>. The facility received an overall compliance rating of *Proficient* (91.1%) based on the scores compiled from each of the 14 components. One component received a rating of *Inadequate*, and 16 critical issues were identified. As a result of failing one or more components, a limited review audit was scheduled six months after the annual audit.

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<sup>1</sup> Data from CDCR's Weekly Population Count report, dated April 20, 2018.

The PPCMU audit team conducted a limited review at DMCCF on October 24, 2018. The audit review period was May through August 2018. The patient population at the time of the onsite audit was 530 and the facility's budgeted capacity was 564<sup>2</sup>. The audit team consisted of the following personnel:

- S. Fields, Nurse Consultant, Program Review, Retired Annuitant
- S. Thomas, Health Program Specialist

The scope of the limited review included re-examination of:

- Component 2, *Internal Monitoring and Quality Management*, and
- Sixteen critical issues identified during the April 2018 audit.

As a result of the October Limited Review, the audit team found much improvement in Component 2. The facility received an overall score of 98.3% (*Proficient*), an increase of 18.7 percentage points from the score received during the annual audit. A comparison of the component scores between the April and October 2018 audits is listed below.

### Executive Summary Table

Component	Audit Date	Nurse Case Review	Provider Case Review	Quantitative Review	Overall Component	Overall Component Rating
2. Internal Monitoring and Quality Management	April 2018	N/A	N/A	79.6%	79.6%	Inadequate
	October 2018	N/A	N/A	98.3%	98.3%	Proficient
Percentage Point Change		N/A	N/A	+18.7	+18.7	

In addition, the audit team found 14 of the 16 critical issues identified during the annual audit were successfully resolved as detailed below.

<sup>2</sup> Data from CDCR's Weekly Population Count report, dated October 19, 2018.

Component	Critical Issues	Resolved	Unresolved	New Critical Issues
1. Administrative Operations	2†	2	0	0
2. Internal Monitoring and Quality Management	4†	4	0	0
5. Diagnostic Services	1	1	0	0
6. Emergency Services and Community Hospital Discharge	1	0	1	0
8. Medical/Medication Management	4†	4	0	0
10. Specialty Services	1	1	0	0
11. Preventative Services	1	0	1*	0
12. Emergency Medical Response/Drills and Equipment	2	2	0	0
<b>Totals:</b>	<b>16</b>	<b>14</b>	<b>2</b>	<b>0</b>

† Indicates a qualitative issue(s) related to the component.

\* Indicates the critical issue(s) were not evaluated during the limited review because this component is audited once annually.

## IDENTIFICATION OF CRITICAL ISSUES

The table below lists the two unresolved critical issues from prior audits.

<b>Critical Issues – Delano Modified Community Correctional Facility</b>	
Question 6.4	The facility does not consistently administer all prescribed medications to the patients per policy or as ordered by the prescribing Primary Care Provider (PCP). <b><i>This is an unresolved critical issue since the October 2017 audit.</i></b>
Question 11.3	The facility does not consistently offer colorectal cancer screening to the patient population 50-75 years of age. <b><i>This is an unresolved critical issue since the October 2017 audit.</i></b>

The unresolved critical issues identified above will be monitored for compliance during subsequent audits.

## LIMITED REVIEW AUDIT FINDINGS – FULL COMPONENT

During the April 2018 annual audit, one component received an *Inadequate* overall component rating. Component 2, *Internal Monitoring and Quality Management*, received an overall component score of 79.6%. Per the audit methodology contained in the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide (Revised November 2017)*, all sections of this component were reviewed during this limited review.

## 2 – INTERNAL MONITORING AND QUALITY MANAGEMENT

This component focuses on whether the facility completes internal reviews and holds committee meetings in compliance with the CCHCS policies. Auditors review the minutes from Quality Management Committee meetings to determine if the facility identifies opportunities for improvement; implements action plans to address the identified deficiencies; and continuously monitors the quality of health care provided to patients. Auditors review the monitoring logs utilized by the facility to document and track all patient medical encounters such as initial intake, health assessment, sick call, chronic care, emergency, and specialty care services. These logs are reviewed for accuracy and timely submission to CCHCS. Lastly, auditors evaluate whether the facility promptly processes and appropriately addresses health care grievances.

**Case Review Score:**  
N/A  
**Quantitative Review Score:** 98.3%  
**Overall Score:** 98.3%

The clinical case reviews are not conducted for this component. The overall component score is based entirely on the results of the quantitative review.

### Quantitative Review Results

During the annual audit, DMCCF received an overall compliance score of 79.6% (*Inadequate*) with four critical issues identified. During the limited review, the facility received a score of 98.3% (*Proficient*) which is an increase of 18.7 percentage points. Of the 13 questions reviewed, all were rated *Proficient*. The four critical issues from the annual audit were found resolved.

During the annual audit, the Quality Management Committee's (identified as Quality Improvement Team (QIT) at DMCCF) review process did not include the monitoring of defined aspects of care (Question 2.3). Specifically, the QIT meeting minutes did not reference any validation audits derived from corrective action plans, which demonstrate monitoring and objective improvement. During the limited review, all four QIT meeting minutes included monitoring of the opportunities for improvement identified during prior QIT meetings, resulting in 100% compliance. This critical issue is now resolved.

The auditor's review of the health care monitoring logs during the annual audit revealed the facility was not accurately documenting data on the Sick Call Monitoring Logs resulting in a 72.2% compliance score (Question 2.5). During the auditor's review of the Sick Call Monitoring Logs for the limited review audit period, the facility was found to be accurately documenting the data on the logs, resulting in a 94.4%

compliance score. Eighteen out of 19 entries reviewed were accurate. This is an increase of 22.2 percentage points. This critical issue is resolved.

During the annual audit, auditors found the facility's health care grievance log did not contain all the required information (Question 2.12). The log contained outdated menu options and not all grievance response due dates documented on the log reflected the current 45-business day time frame. During the limited review, auditors noted the updated grievance tracking log contained accurate information. This critical issue is resolved.

During the annual review, auditors identified a health care grievance process qualitative critical issue. Health care staff were not consistently documenting the outcome on the CDCR Form 602 HC, *Health Care Grievance* (Qualitative Issue #2). During the limited review, the auditor found the grievance outcomes were documented appropriately. This qualitative critical issue is now resolved.

## LIMITED REVIEW AUDIT FINDINGS – CRITICAL ISSUES AUDIT

The annual audit conducted in April 2018 resulted in the identification of 16 critical issues, 12 quantitative and 4 qualitative. During the limited review, auditors found ten quantitative and all four qualitative critical issues resolved, with the remaining two critical issues unresolved within acceptable standards. The one critical issue found in Component 11, *Preventative Services*, was not re-examined during the limited review. This component is examined during the annual audit only. The facility's progress in resolving the critical issues associated with Component 2 are discussed in the preceding section, Limited Review Audit Findings – Full Component. The remainder are discussed below.

### 1 – ADMINISTRATIVE OPERATIONS

During the annual audit, the facility achieved a quantitative compliance score of 85.0% (*Proficient*) with one quantitative and one qualitative critical issue identified for this component.

1. The facility does not consistently document all Release of Information (ROI) requests on the ROI log. (Question 1.6)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100.0%	<b>Resolved</b>

During the April 2018 annual audit, the auditor found the facility did not document the receipt of all ROI request on the ROI log. During the limited review, the auditor reviewed 20 requests and found all documented on the log. This critical issue is resolved.

2. The date of completion of ROI requests documented on the ROI log does not always correspond to the dates documented on the CDCR Form 7385, *Authorization for Release of Health Information*. (Qualitative Critical Issue #1)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
N/A	N/A	<b>Resolved</b>

During the annual audit, the auditor found the information contained on the ROI log did not match the information on the corresponding ROI request. During the current audit, the auditor found all information matched the ROI requests. This qualitative critical issue is resolved.

### 5 – DIAGNOSTIC SERVICES

During the annual audit, the facility received a quantitative compliance score of 93.2% (*Proficient*) with one critical issue identified for this component.

1. The facility does not consistently provide the patients written notification of their diagnostic test results within the specified time frame. (Question 5.4)

Prior Compliance  
72.7%

Current Compliance  
100.0%

Status  
**Resolved**

During the annual audit, the auditor found three of 11 patient health care records did not receive written notification of their test results within the specified time frame. During the limited review, the auditor found all patients were notified of their diagnostic test results within the required time frame. This critical issue is resolved.

## 6 – EMERGENCY SERVICES AND COMMUNITY HOSPITAL DISCHARGE

During the annual audit, the facility received a quantitative compliance score of 91.7% (*Proficient*) with one qualitative critical issue identified for this component.

1. The facility does not consistently administer all prescribed medications to the patients per policy or as ordered by the PCP. (Question 6.4)

Prior Compliance  
66.7%

Current Compliance  
75.0%

Status  
**Unresolved**

This critical issue was identified during the October 2017 audit. The facility received a compliance score of 77.8%. During the April 2018 annual audit, the auditor found one of three patients had not received their prescribed medications as required resulting in a score of 66.7%. During the limited review, the auditor reviewed four health records and found one patient had not received his prescribed medications as required resulting in a compliance score of 75.0%. This remains a critical issue.

## 8 - MEDICAL/MEDICATION MANAGEMENT

During the annual audit, the facility received a quantitative compliance score of 94.0% (*Adequate*) with two quantitative and two qualitative critical issues identified for this component.

1. The facility failed to consistently provide the patients with their chronic care medications within the required time frame. (Question 8.1)

Prior Compliance  
68.8%

Current Compliance  
100.0%

Status  
**Resolved**

This critical issue was identified during the April 2016 annual audit. The auditor found 69.0% of the patient sample did not receive their chronic care medication(s) within the required time frame. During both the October 2017 and the April 2018 annual audits, the auditor found the facility was 26.1% and 68.8% compliant, respectively. During the limited review audit, the auditor

found all patients in the sample were provided their chronic care medications within the required time frame resulting in 100% compliance. This critical issue is resolved.

- The facility's PCP does not consistently educate the patients on their newly prescribed medications. (Question 8.6)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
75.0%	91.7%	<b>Resolved</b>

This critical issue was identified during the October 2017 and April 2018 annual audits. The NCPR auditor found the facility was 66.7% and 91.7% compliant respectively. During the limited review, the auditor found the facility was 91.7% compliant. This critical issue is resolved.

- The facility does not allow patients in a holding cell to have prescribed keep-on person medications in their cell. (Qualitative Critical Issue #3)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
N/A	N/A	<b>Resolved</b>

At the time of the October 2017 onsite audit, the auditor found patients housed in the facility's holding cells were not allowed to have their keep-on-person medication(s) in the holding cell. This question was not evaluated during the April 2018 annual review as there were no patients housed in the holding cells at the time of the onsite audit. During the onsite audit for the limited review, the facility had one patient housed in a holding cell. The auditor was escorted to the patient's cell and the patient showed the auditor his keep-on-person medications. This critical issue is resolved.

- The patients in a holding cell are not brought to the medical clinic for their non-emergent/urgent health care services. (Qualitative Critical Issue #4)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
N/A	N/A	<b>Resolved</b>

At the time of the October 2017 onsite audit, the auditor found patients housed in the facility's holding cells were not escorted to the medical clinic for non-urgent/emergent health care services. The patients were seen in their holding cell. This question was not evaluated during the April 2018 annual review as there were no patients housed in the holding cells at the time of the onsite audit. During the onsite audit for the limited review, the facility had one patient housed in a holding cell. The auditor was able to determine a nurse had arranged for the patient to be seen in the medical clinic by health care staff. This critical issue is resolved.

## 10 - SPECIALTY SERVICES

During the annual audit, the facility received a quantitative component rating of *Inadequate* (80.0%) with one critical issue identified.

1. The facility nursing staff do not consistently notify the PCP of any immediate orders or follow-up instructions provided by the specialty consultant. (Question 10.3)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
50.0%	100.0%	<b>Resolved</b>

The auditor reviewed four health records for this question during the annual audit, and two were deficient. During the limited review, the auditor reviewed three health records that met the criteria for this question. All three records contained documentation of the registered nurse (RN) notifying the provider of the patient's immediate medication and follow-up instructions ordered by the specialty consultant, resulting in 100% compliance. This critical issue is resolved.

## **12 - EMERGENCY MEDICAL RESPONSE/DRILLS AND EQUIPMENT**

During the annual audit, the facility received a quantitative compliance score of 88.9% (*Adequate*) with two critical issues identified.

1. The facility's Emergency Medical Response Review Committee (EMRRC) does not consistently perform timely incident package reviews containing the required documents. (Question 12.4)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100.0%	<b>Resolved</b>

This critical issue was identified during the April 2016 and October 2017 audits. The auditor found the facility was 16.7% compliant both times. During the April 2018 audit, the auditor found none of the packages complete, resulting in 0.0% compliance. During the limited review audit, the auditor found all packages were complete and reviewed timely. This critical issue is resolved.

2. The facility did not account for the naloxone (Narcan) at the beginning and end of each shift. (Question 12.15)

<u>Prior Compliance</u>	<u>Current Compliance</u>	<u>Status</u>
0.0%	100.0%	<b>Resolved</b>

During the annual audit, the facility did not utilize a designated log to account for each dose of intranasal naloxone (Narcan) stored in the facility. During the limited review, the facility provided a copy of a designated Narcan log accounting for the Narcan doses on each shift for the month of August 2018. This critical issue is resolved.

## CONCLUSION

During the April 2018 Annual Audit, Component 2 did not achieve an overall passing compliance score, and 16 critical issues were identified among all the components. As a result of the limited review audit, Component 2 received a passing score and 14 critical issues were found resolved.

Component 2, *Internal Monitoring and Quality Management*, received an overall component score of 98.3%, which is an increase of 18.7 percentage points from the 79.6% compliance score received during the annual audit. Auditors found all four critical issues previously identified for this component resolved.

The remainder of the critical issues previously identified in Components 1, 5, 6, 8, 10, and 12 were also re-evaluated. There were a total of 12 critical issues for these components. As a result of the limited review, 10 were found resolved and one critical issue from Component 11 was unable to be rated, resulting in two remaining unresolved critical issues. The facility is commended for resolving these critical issues. The audit team is very encouraged by their success.

At the conclusion of the audit, the auditor discussed the preliminary limited review audit findings and recommendations with DMCCF custody and health care management. The staff at DMCCF were receptive to the findings, suggestions, and recommendations presented by the auditor.

## APPENDIX A – QUANTITATIVE REVIEW RESULTS – Critical Issues Only

<b>1. Administrative Operations</b>		Audit Type	Yes	No	Compliance	Change
1.6	Does the facility maintain a Release of Information log that contains <u>ALL</u> the required data fields and all columns are completed?	A	0	1	0.0%	+100.0
		LR	1	0	100.0%	

**Comments:**

None.

<b>2. Internal Monitoring and Quality Management</b>		Audit Type	Yes	No	Compliance	Change
2.1	Did the facility hold a Quality Management Committee meeting a minimum of once per month?	A	4	0	100.0%	0.0
		LR	4	0	100.0%	
2.2	Did the Quality Management Committee's review process include documented corrective action plan for the identified opportunities for improvement?	A	4	0	100.0%	0.0
		LR	4	0	100.0%	
2.3	Did the Quality Management Committee's review process include monitoring of defined aspects of care?	A	0	4	0.0%	+100.0
		LR	4	0	100.0%	
2.4	Did the facility submit the required monitoring logs by the scheduled date per Private Prison Compliance and Monitoring Unit program standards?	A	59	0	100.0%	-4.8
		LR	59	3	95.2%	
2.5	Is data documented on the Sick Call Monitoring Log accurate?	A	13	5	72.2%	+22.2
		LR	17	1	94.4%	
2.6	Is data documented on the Specialty Care Monitoring Log accurate?	A	16	1	94.1%	+5.9
		LR	17	0	100.0%	
2.7	Is data documented on the Hospital Stay/Emergency Department Monitoring Log accurate?	A	15	2	88.2%	+5.6
		LR	15	1	93.8%	
2.8	Is data documented on the Chronic Care Monitoring Log accurate?	A	18	2	90.0%	+5.0
		LR	19	1	95.0%	
2.9	Is data documented on the Initial Intake screening Monitoring Log accurate?	A	18	2	90.0%	+10.0
		LR	20	0	100.0%	
2.10	Are the CDCR Forms 602-HC, <i>Health Care Grievance (Rev. 06/17)</i> and 602 HC A, <i>Health Care Grievance Attachment (Rev. 6/17)</i> , readily available to patients in all housing units?	A	2	0	100.0%	0.0
		LR	2	0	100.0%	
2.11	Are patients able to submit the CDCR Forms 602-HC, <i>Health Care Grievances</i> , on a daily basis in all housing units?	A	2	0	100.0%	0.0
		LR	2	0	100.0%	

<b>2. Internal Monitoring and Quality Management</b>		Audit Type	Yes	No	Compliance	Change	
2.12	Does the facility maintain a Health Care Grievance log that contains all the required information?	A	0	1	0.0%	+100.0	
		LR	1	0	100.0%		
2.13	Are institutional level health care grievances being processed within specified time frames?	A	2	0	100.0%	0.0	
		LR	1	0	100.0%		
<b>Overall Percentage Score and Change:</b>					<b>April 2018</b>	<b>79.6%</b>	<b>+18.7</b>
					<b>October 2018</b>	<b>98.3%</b>	

**Comments:**

- 2.4** A total of 68 logs were required to be submitted during the audit review period. The facility submitted 59 timely. The three weekly monitoring logs due on May 8, 2018, were not received until May 9, 2018.
- 2.5** Auditors evaluated 18 of the entries on the Sick Call Monitoring Log submitted during the audit review period. One entry was inaccurate. The date noted on the log for the "Actual PCP Appointment Date" did not match the date documented on the PCP progress note in the health record.
- 2.7** Auditors evaluated 16 entries; 1 was identified to be non-compliant. The date documented on the log as the patient's return date to DMCCF and Date of RN Assessment Upon Return do not match the date documented on the RN progress note found in the patient's health record.
- 2.8** Of the 20 entries evaluated, one was identified to be non-compliant. The entry had the patient's first name spelled incorrectly.

<b>5. Diagnostic Services</b>		Audit Type	Yes	No	Compliance	Change
5.4	Was the patient given written notification of the diagnostic test results within two business days of receipt of results?	A	8	3	72.7%	+27.3
		LR	12	0	100.0%	

**Comments:**

None.

<b>6. Emergency Services and Community Hospital Discharge</b>		Audit Type	Yes	No	Compliance	Change
6.4	<i>For patients discharged from a community hospital:</i> Were all prescribed medications administered/delivered to the patient per policy or as ordered by the primary care provider?	A	2	1	66.7%	+8.3
		LR	3	1	75.0%	

**Comments:**

- 6.4** Of the four patient health records reviewed, one record did not have documentation of the administration/delivery of medication(s) prescribed to the patient upon their release from the hub institution post community hospital discharge.

<b>8. Medical/Medication Management</b>		Audit Type	Yes	No	Compliance	Change
8.1	Were the patient's chronic care medications received by the patient within the required time frame?	A	11	5	68.8%	+31.2
		LR	16	0	100.0%	
8.6	Did the prescribing primary care provider document that the patient was provided education on the newly prescribed medication(s)?	A	9	3	75.0%	+16.7
		LR	11	1	91.7%	

**Comments:**

**8.6** Of the 12 patient health records reviewed, one record did not have documentation of the PCP providing education to the patient on newly prescribed medication.

<b>10. Specialty Services</b>		Audit Type	Yes	No	Compliance	Change
10.3	Upon the patient's return from the specialty services appointment, did the registered nurse notify the primary care provider of any immediate medication or follow-up requirements provided by the specialty consultant?	A	2	2	50.0%	+50.0
		LR	3	0	100.0%	

**Comments:**

**None.**

<b>12. Emergency Medical Response/Drills and Equipment</b>		Audit Type	Yes	No	Compliance	Change
12.4	Did the Emergency Medical Response Review Committee perform timely incident package reviews that included the use of required review documents?	A	0	12	0.0%	+100.0
		LR	12	0	100.0%	
12.15	Does the facility store naloxone (Narcan) in a secured area within each area of responsibility (medical clinics) and does the facility's health care staff account for the Narcan at the beginning and end of each shift?	A	0	1	0.0%	+100.0
		LR	62	0	100.0%	

**Comments:**

**None.**

## APPENDIX B – PATIENT INTERVIEWS

The intent of this portion of the audit is to elicit substantive responses from the patient population, by utilizing each question as a springboard for discussion, with appropriate follow up to identify any areas where barriers to health care access may potentially exist. This is accomplished via interview of all the Americans with Disability Act (ADA) patients housed at the facility and the Inmate Advisory Council (IAC) executive body. The results of the interviews conducted at DMCCF are summarized in the table below.

Please note that while this section is not rated, audit team members made every attempt to determine with surety whether any claim of a negative nature could be supported by material data or observation. The results are briefly discussed in the “comments” section below.

<b><i>Patient Interviews (not rated)</i></b>
1. Are you aware of the sick call process?
2. Do you know how to obtain a CDCR Form 7362 or sick call form?
3. Do you know how and where to submit a completed sick call form?
4. Is assistance available if you have difficulty completing the sick call form?
5. Are you aware of the health care grievance process?
6. Do you know how to obtain a CDCR Form 602-HC, <i>Health Care Grievance</i> ?
7. Do you know how and where to submit a completed health care grievance form?
8. Is assistance available if you have difficulty completing the health care grievance form?
<i>Questions 9 through 21 are only applicable to ADA patients.</i>
9. Are you aware of your current disability/Disability Placement Program (DPP) status?
10. Are you receiving any type of accommodation based on your disability? (Like housing accommodation, medical appliance, etc.)
11. Are you aware of the process to request reasonable accommodation?
12. Do you know where to obtain a reasonable accommodation request form?
13. Did you receive reasonable accommodation in a timely manner?
14. Have you used the medical appliance repair program? If yes, how long did the repair take?
15. Were you provided interim accommodation until repair was completed?
16. Are you aware of the grievance/appeal process for a disability related issue?
17. Can you explain where to find help if you need assistance for obtaining or completing a form, (i.e., CDCR Form 602-HC, <i>Health Care Grievance</i> , CDCR Form 1824, Reasonable Modification or Accommodation Request, or similar forms)?
18. Have you submitted an ADA grievance/appeal? If yes, how long did the process take?
19. Do you know who your ADA coordinator is?
20. Do you have access to licensed health care staff to address any issues regarding your disability?
21. During the contact with medical staff, do they explain things to you in a way you understand and take time to answer any question you may have?

### **Comments:**

The auditor interviewed six patients during the onsite portion of the limited review, three IAC members and three DPP designated patients. One patient spoke Spanish as his primary language and the facility provided an interpreter to assist with the interview. One patient was hearing impaired and utilized hearing aids and a vest identifying him as hearing impaired. The patient was wearing both hearing aids and his vest at the time of the interview.

Similar to the annual audit, the IAC members again reported patient frustration at not being able to participate in the Over-the-Counter (OTC) Medication Program wherein the patient is able to receive three free OTC medications per month. The auditor informed the patients of current efforts by headquarters staff to implement an OTC process at the modified community correctional facilities.

The IAC members reported the overall health care provided to the patient population was good. They stated patients at DMCCF are sent to the hub institution, North Kern State Prison, for services which should be provided at DMCCF. When the auditor questioned the IAC members about the type of services they are referring to, the IAC members mentioned specialty services such as radiology, dermatology, etc. The auditor informed the IAC members the DMCCF medical clinic is not equipped to provide x-rays nor is the PCP at DMCCF a specialist in all types of medicine, therefore patients must be sent to the hub institution for services not available at DMCCF. The IAC members stated they understood.

During the individual interviews with the three DPP patients at DMCCF, the first patient reported he has no problems receiving hearing aid batteries when needed. He explained the process to the auditor and reported he is never without fresh batteries when needed. The second patient stated he utilizes a Transcutaneous Electrical Nerve Stimulation (TENS)<sup>3</sup> unit and reported he has no problem receiving the electrodes and batteries, when needed, for use with his TENS unit. The third patient utilized a cane and reported he received a back brace, but has since “lost” the brace. The auditor instructed the patient to submit a sick call slip to discuss the possible replacement of the brace with the facility’s PCP. The patient stated he would discuss this with the PCP.

All six patients interviewed during the onsite audit expressed they were satisfied with the health care services provided to them.

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<sup>3</sup> TENS Unit – a small machine with electrodes that send stimulating pulses along nerve strands and across the skin’s surface. The impulses help reduce pain by encouraging the body to produce more endorphins, which act as a natural painkiller.

## APPENDIX C – BACKGROUND AND AUDIT METHODOLOGY

### 1. BACKGROUND AND PROCESS CHANGES

In April of 2001, inmates, represented by the Prison Law Office, filed a class-action lawsuit, known as *Plata vs. Schwarzenegger*, alleging their constitutional rights had been violated as a result of the CDCR health care system's inability to properly care for and treat inmates within its custody. In June of 2002, the parties entered into an agreement (Stipulation for Injunctive Relief) and CDCR agreed to implement comprehensive new health care policies and procedures at all institutions over the course of several years.

In October 2005 the Federal Court declared that California's health care delivery system was "broken beyond repair," and continued to violate inmates' constitutional rights. Thus, the court imposed a receivership to raise the delivery of health care in the prisons to a constitutionally adequate level. The court ordered the Receiver to manage CDCR's delivery of health care and restructure the existing day-to-day operations in order to develop a sustainable system that provides constitutionally adequate health care to inmates.

In accordance with the Receiver's directive, the CCHCS Field Operations and Private Prison Compliance and Monitoring Unit's (PPCMU) management plan on conducting two rounds of audits in a calendar year for the private facilities Modified Community Correctional Facilities (MCCF) and the California out-of-state correctional facilities (COCF) currently in contract with CDCR. During the first six months of the calendar year, the PPCMU audit team will conduct an annual audit on all the facilities using the revised *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* (Revised November 2017) and Audit Tools. Based upon the overall audit rating received by the MCCF facility in their initial audit (*inadequate* or *adequate*), the facility will undergo a second round audit, which would be either a Full or a Limited Review. The COCF facilities will undergo two rounds of audits (full review or Limited Review) per calendar year regardless of the score received during the initial audit.

### 2. OBJECTIVES, SCOPE, AND METHODOLOGY

The *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* was developed by CCHCS in an effort to evaluate the effectiveness, efficiency, and compliance of the health care processes implemented at each contracted facility to facilitate patient access to health care. This audit instrument is intended to measure facility's compliance with various elements of patient access to health care, and also to identify areas of concern, if any, to be addressed by the facility.

The standards being audited within the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* are based upon relevant Department policies and court mandates, including, but not limited to, the following: *IMSP&P*, *California Code of Regulations*, Title 8 and Title 15; *Department Operations Manual*; court decisions and remedial plans in the *Plata* and *Armstrong* cases, and other relevant Department policies, guidelines, and standards or practices which the CCHCS has independently determined to be of value to health care delivery.

The audit incorporates both *quantitative* and *qualitative* reviews.

## **Quantitative Review**

The *quantitative* review uses a standardized audit instrument, which measures compliance against established standards at each facility. The audit instrument calculates an overall percentage score for each of the chapters in the *Administrative* and *Medical Component* sections as well as individual ratings for each component of the audit instrument.

To maintain a metric-oriented monitoring program that evaluates medical care delivery consistently at each correctional facility, CCHCS identified 12 medical and three administrative components of health care to measure. The *Medical* components cover clinical categories directly relating to the health care provided to patients, whereas the *Administrative* components address the organizational functions that support a health care delivery system.

The 12 medical program components are: *Access to Care, Diagnostic Services, Emergency Services and Community Hospital Discharge, Initial Health Assessment/Health Care Transfer, Medical/Medication Management, Observation Cells, Specialty Services, Preventive Services, Emergency Medical Response/Drills and Equipment, Clinical Environment, Quality of Nursing Performance and Quality of Provider Performance*. The three administrative components are: *Administrative Operations, Internal Monitoring and Quality Management and Licensing/Certifications, Training and Staffing*.

Every question within the chapter for each program component is calculated as follows:

- Possible Score = the sum of all *Yes* and *No* answers
- Score Achieved = the sum of all *Yes* answers
- Compliance Score (Percentage) = Score Achieved/Possible Score

The compliance score for each question is expressed as a percentage rounded to the nearest tenth. For example, a question scored 13 'Yes', 3 'N/A', and 4 'No'.

$$\text{Compliance Score} = 13 \text{ 'Yes' } / 17 (13 \text{ 'Yes' } + 4 \text{ 'No' }) = .764 \times 100 = 76.47 \text{ rounded up to } 76.5\%.$$

The component scores are calculated by taking the average of all the compliance scores for all applicable questions within that component. The outcome is expressed as a percentage rounded to the nearest tenth. The qualitative rating for each component is described as *Proficient, Adequate, or Inadequate* according to whether standards were met more than 90%, more than 80% or less than 80%. See Table below for the breakdown of percentages and its respective quality ratings.

<b>Percentile Score</b>	<b>Associated Rating</b>
90.0% and above	Proficient
80.0% to 89.9%	Adequate
Less than 80.0%	Inadequate

Ratings for clinical case reviews in each applicable component and overall will be described similarly.

## **Qualitative Review**

The *qualitative* portion of the audit consists of case reviews conducted by clinical auditors. The clinical auditors include physicians and registered nurses. The clinicians complete clinical case reviews in order to evaluate the quality and timeliness of care provided by the clinicians at the facilities. Individual patient cases are selected and followed utilizing an individual case review similar to well established methods utilized by the Joint Commission on Accreditation of Healthcare. Typically, individuals selected for the case review are those who have received multiple or complex services or have been identified with poorly controlled chronic conditions.

The cases are analyzed for documentation related to access to care, specialty care services, diagnostic services, medication management and urgent or emergent encounters. Once the required documentation is located in the record, the clinicians review the documentation to ensure that the abovementioned services were provided to the patients in accordance with the standards and scope of practice and the IMSP&P guidelines and to ensure complete and current documentation.

The clinical case reviews are comprised of the following components:

### **1. Nurse Case Review**

The NCPR auditors perform two types of case reviews:

- a. Detailed reviews – A retrospective review of ten selected patient health records is completed in order to evaluate the quality and timeliness of care provided by the facility's nursing staff during the audit review period.
- b. Focused reviews – Five cases are selected from the audit review period of which three cases consist of patients who were transferred into the facility and two cases consist of patients transferred out of the facility with pending medical, mental health, or dental appointments. The cases are reviewed for appropriateness of initial nurse health screening, referral, timeliness of provider evaluations, continuity of care, and completeness of the transfer forms.

### **2. Physician Case Review**

The physician auditor completes a detailed retrospective review of 15 patient health records in order to evaluate the quality and timeliness of care provided to the patient population housed at that facility.

## **Overall Component Rating**

The overall component rating is determined by reviewing the scores obtained from clinical case reviews and quantitative reviews. Scores for all components in the quantitative review are expressed as percentages. The clinical case review ratings are likewise reported in terms of the percentage of encounters that were rated as appropriate within the cases reviewed for each medical component. The final outcome for each component is expressed as a percentage and is calculated by averaging the quantitative and clinical case review scores received for that component.

For those components, where compliance is evaluated utilizing only one type of review (either clinical case or quantitative review), the overall component score will equate to the score attained in that specific

review. For all those chapters under the *Medical Component* section, where compliance is evaluated utilizing both quantitative and clinical case reviews, **double weight** will be assigned to the results from the clinical case reviews, as it directly relates to the health care provided to patients. For example, in Component 4, *Access to Care*, Facility A received 85.5% for clinical case review and 89.5% for quantitative review. The overall component score will be calculated as follows  $(85.5+85.5+89.5)/3 = 86.8\%$ , equating to quality rating of *adequate*. *Note the double weight assigned to the case review score.*

Based on the derived percentage score, each quality component will be rated as either *proficient*, *adequate*, *inadequate*, or *not applicable*.

**Overall Audit Rating**

The overall rating for the audit is calculated by taking the percentage scores for all components (under both *Administrative* and *Medical* components) and dividing by the total number of applicable components.

$$\text{Overall Audit Rating} = \frac{\text{Sum of All Points Scored on Each Component}}{\text{Total Number of Applicable Components}}$$

The resultant percentage value is rounded to the nearest tenth and compared to the threshold value range (listed in Table below). The final overall rating for the audit is reported as *proficient*, *adequate*, or *inadequate* based on where the average percentage value falls among the threshold value ranges.

Average Threshold Value Range	Rating
90.0% - 100.0%	Proficient
80.0% - 89.9%	Adequate
0.0% to 79.9%	Inadequate

The compliance scores and ratings for each component are reported in the *Executive Summary table* of the final audit report.

**Scoring for Non-Applicable Questions and Double-Failures:**

Questions that do not apply to the facility are noted as Not Applicable (N/A). For the purpose of component compliance calculations, N/A questions will have zero (0) points available. Where a single deviation from policy would result in multiple question failures (i.e., “double-failure”), the question most closely identifying the primary policy deviation will be scored zero (0) points, and any resultant failing questions will be noted as N/A.

**Resolution of Critical Issues**

Although the facility will not be required to submit a corrective action plan to the Private Prison Compliance and Monitoring Unit for review, the facility will be required to address and resolve all standards rated by the audit that have fallen below the 80.0% compliance or as otherwise specified in the methodology. The facility will also be expected to address and resolve any critical deficiencies identified during the clinical case reviews and any deficiencies identified via the observations/inspections conducted during the onsite audit.