April 4, 2018

Gerald Morris, Warden
Central Valley Modified Community Correctional Facility
254 Taylor Ave
McFarland, CA 93250

Dear Warden Morris,

The staff from California Correctional Health Care Services (CCHCS) completed an onsite health care monitoring audit at Central Valley Modified Community Correctional Facility (CVMCCF) on January 30 through February 1, 2018. The purpose of this audit was to ensure that CVMCCF is meeting the performance targets established based on the *Receiver's Turnaround Plan of Action* dated June 8, 2006.

On March 30, 2018, a draft report was sent to your management providing the opportunity to review and dispute any findings presented in the draft. On April 4, 2018, your facility submitted a response accepting the findings in the report.

Attached you will find the final audit report in which CVMCCF received an overall audit rating of ***adequate***. The report contains an executive summary table, an explanation of the methodology behind the audit, findings detailed by chapter of the *Private Prison Compliance and Health Care Monitoring Audit Instruction Guide* and findings of the clinical case reviews conducted by CCHCS clinicians.

The audit findings reveal that during the audit review period of September through December 2017, CVMCCF was providing adequate health care to CDCR patients housed at the facility. However, during the audit, a number of new minor and critical deficiencies were identified in the following program components and require CVMCCF's immediate attention and resolution:

- Internal Monitoring & Quality Management
- Emergency Services & Community Hospital Discharge
- Specialty Services

The deficient areas listed above can be brought to compliance by the facility's strict adherence to the established policies and procedures outlined in the *Inmate Medical Services Policies and Procedures* and the contract.

Central Valley MCCF should be congratulated in achieving an extraordinarily high ***adequate*** (89.8%) rating on this audit; which is a 2.0 percentage point increase from the full audit completed in December 2016. The facility's ***adequate*** rating indicates that CVMCCF is providing quality medical care to the patient population.

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 Amy Padilla, Health Program Manager II, Private Prison Compliance and Monitoring Unit, Field Operations, Corrections Services, CCHCS, at (916) 691-3524 or via email at Amy.Padilla@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), California Out of State Correctional Facility (COCF), Division of Adult Institutions (DAI), California Department of Corrections and Rehabilitation (CDCR)
Ted Kubicki, Chief Executive Officer, North Kern State Prison, CCHCS
Brian Coates, Associate Warden, CBU, COCF, DAI, CDCR
Laurene Payne, Correctional Administrator (A), Field Operations, Corrections Services, CCHCS
Amy Padilla, Health Program Manager II, PPCMU, Field Operations, Corrections Services, CCHCS
Kanika Broussard, Health Program Manager I, PPCMU, Field Operations, Corrections Services, CCHCS

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

PRIVATE PRISON COMPLIANCE AND HEALTH CARE MONITORING AUDIT

CENTRAL VALLEY MODIFIED COMMUNITY CORRECTIONAL FACILITY

January 30 through February 1, 2018

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DATE OF REPORT

April 4, 2018

INTRODUCTION

As a result of an increasing patient population and a limited capacity to house patients, the California Department of Corrections and Rehabilitation (CDCR) entered into contractual agreements with private prison vendors to house California patients. Although these patients 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. This process consists of a review of various documents obtained from the facility; including medical records, monitoring reports, staffing rosters, Disability Placement Program list, and other relevant health care documents, as well as an onsite assessment involving staff and patient interviews and a tour of all health care service points within the facility.

This report provides the findings associated with the audit conducted at Central Valley Modified Community Correctional Facility (CVMCCF), located in McFarland, California, for the review period of September through December 2017. Based on the CDCR's *Weekly Population Count* report, dated January 26, 2018, at the time of the onsite audit at CVMCCF, the patient population was 689, with a budgeted capacity of 700.

EXECUTIVE SUMMARY

From January 30 through February 1, 2018, the CCHCS audit team conducted an onsite health care monitoring audit at CVMCCF. The audit team consisted of the following personnel:

R. Delgado, Medical Doctor, Retired Annuitant (RA)
S. Fields, Registered Nurse (RN), Nurse Consultant, Program Review, RA
G. Hughes, RN, Nurse Consultant, Program Review, RA
C. Troughton, Health Program Specialist I (HPS I)

The audit includes two primary sections: a *quantitative* review of established performance measures and a *qualitative* review of health care staff performance and quality of care provided to the patient population at CVMCCF. The end product of the quantitative and qualitative reviews is expressed as a compliance score, while the overall audit rating is expressed both as a compliance score and an associated quality rating.

The CCHCS rates each of the components based on case reviews conducted by CCHCS clinicians, medical record reviews conducted by registered nurses, and onsite reviews conducted by CCHCS physician, nurse and HPS I auditors. The compliance scores for every applicable component may be derived from the

clinical case review results alone, the medical record and/or onsite audit results alone, or a combination of both of these information sources (as reflected in the *Executive Summary Table* below).

Based on the quantitative and/or clinical case reviews conducted for the 14 components, CVMCCF achieved an overall compliance score of 89.8**%**, which corresponds to a quality rating of *adequate*. Refer to Appendix A for results of the quantitative review, Appendix B for results of the patient interviews conducted at CVMCCF, and Appendix C for additional information regarding the methodology utilized to determine the facility's compliance for each individual component and overall audit scores and ratings. Comparatively speaking, during the previous CVMCCF audit conducted December 13 through 14, 2016, the overall compliance score was 87.8%, indicating a current increase of 2.0 percentage points.

The completed quantitative reviews, a summary of clinical case reviews, and a list of critical issues identified during the audit are attached for your review. The *Executive Summary Table* below lists all the administrative and medical components the audit team assessed during the audit and provides the facility's overall compliance score and quality rating for each operational area.

Executive Summary Table

Component	Nurse Case Review Score	Provider Case Review Score	Overall Case Review Score	Quantitative Review Score	Overall Component Score	Overall Component Rating
1. Administrative Operations	N/A	N/A	N/A	95.0%	95.0%	Proficient
2. Internal Monitoring & Quality Management	N/A	N/A	N/A	70.8%	70.8%	Inadequate
3. Licensing/Certifications, Training & Staffing	N/A	N/A	N/A	100.0%	100.0%	Proficient
4. Access to Care	82.1%	91.7%	86.9%	96.9%	90.2%	Proficient
5. Diagnostic Services	81.8%	100.0%	90.9%	89.6%	90.5%	Proficient
Community Hospital Discharge	100.0%	66.7%	83.4%	50.0%	72.2%	Inadequate
7. Initial Health Assessment/ Health Care Transfer	89.5%	100.0%	94.8%	100.0%	96.5%	Proficient
8. Medical/Medication Management	98.2%	88.9%	93.6%	85.2%	90.8%	Proficient
9. Observation Cells	N/A	N/A	N/A	N/A	N/A	N/A
10. Specialty Services	100.0%	100.0%	100.0%	57.5%	85.8%	Adequate
11. Preventive Services	N/A	N/A	N/A	100.0%	100.0%	Proficient
Response/Drills & Equipment	N/A	N/A	N/A	84.4%	84.4%	Adequate
13. Clinical Environment	N/A	N/A	N/A	100.0%	100.0%	Proficient
14. Quality of Nursing Performance	92.0%	N/A	92.0%	N/A	92.0%	Proficient
15. Quality of Provider Performance	N/A	88.9%	88.9%	N/A	88.9%	Adequate
Overall Audit Score and Rating					89.8%	Adequate

NOTE: For specific information regarding any non-compliance findings indicated in the tables above, please refer to the Identification of Critical Issues (located below), or to the detailed audit findings by component (beginning on page 7) sections of this report.

IDENTIFICATION OF CRITICAL ISSUES

The table below reflects all quantitative analysis standards in which the facility's compliance fell below acceptable compliance levels, based on the methodology described in Appendix C. The table also includes any *qualitative* critical issues or concerns identified by the audit team which rise to the level at which they have the potential to adversely affect patient's access to health care services.

Critical Issues – Central Valley Modified Community Correctional Facility	
Question 1.2	The facility's local operating procedures/policies are not all in compliance with the *Inmate Medical Services Policies and Procedures (*IMSP&P). ***This is a new critical issue.***
Question 2.2	The facility's Quality Management Committee review process does not document a corrective action plan for identified opportunities for improvement. ***This is a new critical issue.***
Question 2.4	The facility does not submit all monitoring logs by the required scheduled dates. ***This is a new critical issue.***
Question 2.5	The facility does not accurately document all the data on the sick call monitoring log. ***This is a reoccurring critical issue from the July 2014 audit.***
Question 2.6	The facility does not accurately document all the data on the specialty services monitoring log. ***This is a reoccurring critical issue from the July 2014 audit.***
Question 2.7	The facility does not accurately document dates the patient returned to the hub from the emergency department (ED) in the Hospital Stay/Emergency Department monitoring log. ***This is a reoccurring critical issue from the January 2016 audit.***
Question 2.8	The facility does not accurately document all the data on the chronic care monitoring log. ***This is a new critical issue.***
Question 2.12	The Health Care Grievance log does not contain all the required information. ***This is a new critical issue.***
Question 6.1	The facility's RNs did not review patients' discharge plan/instructions upon the patients' return from community hospital discharge. ***This is a new critical issue.***
Question 6.3	Patients are not consistently being seen by the primary care provider (PCP) for a follow-up appointment within the required timeframe when returning from a community hospital discharge. ***This is a new critical issue.***
Question 8.1	The facility failed to consistently provide the patients with their chronic care medications within the required time frame. ***This is a new critical issue.***
Question 8.5	The facility failed to consistently monitor patients monthly while the patients were taking Anti-Tuberculosis (TB) Medication(s). ***This is a new critical issue.***

Question 10.3	The facility's RNs failed to notify the PCP of any immediate medication or follow-up requirements ordered by the specialty consultant upon the patients return from their specialty services appointment. ***This is a reoccurring critical issue from the July 2014 audit.***
Question 10.4	The facility PCP does not consistently complete a follow-up appointment with the patient within the required time frame after return from a specialty appointment. ***This is a reoccurring critical issue from the January 2016 audit.***
Question 12.8	The facility's emergency medical response (EMR) bag did not have all the required supplies as listed on the EMR Bag Inventory Sheet. ***This is a new critical issue.***
Question 12.14	Both of the facility's portable oxygen tanks were non-operational. ***This is a new critical issue.***
Question 12.15	The facility did not account for the Naloxone (Narcan) at the beginning and end of each shift. ***This is a new critical issue.***
Qualitative Critical Issue #1	The facility's training log for health care staff was found to have dates that were incorrect. ***This is a new critical issue.***
Qualitative Critical Issue #2	The facility failed to submit the provider's peer review to the appropriate Private Prison Compliance and Monitoring Unit (PPCMU) representatives. ***This is a new critical issue.***
Qualitative Critical Issue #3	The facility's RN staff does not consistently conduct face-to-face triage assessment and education to the patients in a location that ensures visual and auditory privacy. ***This is a new critical issue.***

NOTE: A discussion of the facility's progress toward resolution of all critical issues identified during *previous* health care monitoring audits is included in the *Prior Critical Issue Resolution* portion of this report.

AUDIT FINDINGS – DETAILED BY COMPONENT

1. ADMINISTRATIVE OPERATIONS

This component determines whether the facility's policies and local operating procedures (LOP) are in compliance with IMSP&P guidelines and that contracts and service agreements for bio-medical equipment maintenance and hazardous waste removal are current. This component also focuses on the facility's effectiveness in filing, storing, and retrieving medical records and medical-related information, as well as maintaining compliance with all Health Insurance Portability and Accountability Act requirements.

Case Review Score: *N/A*
Quantitative Review Score: *95.0%*

Overall Score: 95.0%

The compliance for this component is evaluated by CCHCS auditors through the review of patient medical records and the facility's policies and LOPs. Since no clinical case reviews are conducted to evaluate this component, the overall score is based entirely on the results of the quantitative review.

Quantitative Review Results

The facility received a compliance score of 95.0% (*proficient)* for the *Administrative Operations* component of the audit. Nine of the facility's 15 policies and procedures were found compliant with IMSP&P. The *Licensure, Credentialing and Training* policy does not contain the required time frames for new provider peer reviews to be completed, two and four month initial peer reviews, and a final probationary review at six months. The *Infection Control and Blood Borne Pathogen* and *Tuberculosis Surveillance Program Procedure* have a different facility's name in the headers. The *Specialty Services and Access to Care* (Sick Call) policies do not specifically address the time frames required for provider assessment of the patient; specifically, the policy lacks the time frames required for the provider to complete an assessment when the patient returns from a specialty appointment, higher level of care, and upon nursing staff routine and urgent provider referrals. The *Medication Management* policy was found to be non-compliant regarding new patients arriving at CVMCCF who are currently prescribed medication, patients prescribed Nurse Administered (NA) or Directly Observation Therapy (DOT) medications who are transferring out of CVMCCF, and keep on person (KOP) medication administration/pick up time frames. Additionally, many of the policies were copied from another facility's policies and the facility name was not changed to reflect CVMCCF's name.

Recommendations:

- The facility to review the IMPS&P, Volume 4, Chapter 1, 1.1 through 1.16, *Complete Care Model* policy and procedure requirements and ensure all CVMCCF policies are updated to meet the requirements.

2. INTERNAL MONITORING & QUALITY MANAGEMENT

This component focuses on whether the facility completes internal reviews and holds committee meetings in compliance with the CCHCS policies. The facility's quality improvement processes are evaluated by reviewing 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.

Case Review Score: *N/A*
Quantitative Review Score: *70.8%*

Overall Score: 70.8%

Additionally, the CCHCS auditors review the monitoring logs that the facility utilizes 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 by the auditors to validate accuracy of the data reported and timely submission of the logs. Lastly, CCHCS auditors evaluate whether the facility promptly processes and appropriately addresses health care grievances. The clinical case reviews are not conducted for this component; therefore, the overall component score is based entirely on the results of the quantitative review.

Quantitative Review Results

The facility received a compliance score of 70.8% (*inadequate)* for the *Internal Monitoring and Quality Management* component of the audit. Six of the 13 questions evaluated in this component scored above the required 80.0% compliance threshold. The remaining seven questions fell below 80.0%. Upon review of the facility's Continuous Quality Improvement (CQI)[1] Meeting Minutes, the CCHCS nurse auditor noted in October 10, 2017, the chart audit reported 100% completion for "Hospital Return-RN Face to Face". However, the number of charts audited was documented as "0". Additionally, the CQI Minutes from the December 14, 2017, CQI Meeting failed to have documentation verifying that an RN, previously identified during the November 16, 2017 CQI Meeting as needing to renew their RN license, had renewed their license.

The weekly monitoring logs were submitted timely seven of the 17 weeks. The facility failed to submit their weekly monitoring logs as required on September 5, October 3, 10, 17, 31, November 21, 28, and December 12, 19, 26, 2017. The monthly monitoring logs were submitted timely three out of four months. The monthly logs were not received on September 5, 2017.

Type of Monitoring Log	Required Frequency of Submission	Number of Required Submissions for the Audit Review Period	Number of Timely Submissions	Number of Late Submissions
Sick Call	weekly	17	7	10
Specialty Care	weekly	17	7	10
Hospital Stay/Emergency Department	weekly	17	7	10
Chronic Care	monthly	4	3	1
Initial Intake Screening	monthly	4	3	1
	Totals:	**59**	**27**	**32**

[1] CQI – is equivalent to Quality Management.

One of the facility's monitoring logs, *Initial Intake Screening*, scored above the 80.0% compliance threshold. The remaining four received scores ranging from 29.4% to 75.0%. A number of deficiencies identified on the monitoring logs pertained to incorrect data documented on the log such as spelling of patient names, incorrect CDCR numbers, incorrect dates of services, and appointment types. Additionally, some information documented on the monitoring logs could not be validated as there was no documentation in the electronic health record to validate the information. The CCHCS HPS I auditor discussed the deficiencies identified on the logs with the facility health care management during the onsite audit. The facility was not conducting quality control over the logs. Also discussed with the medical management was the medical documents that were being sent daily to the hub facility for scanning into the patients' medical records. The medical records clerk stated that she delivers the envelope containing the documents to the hub daily when she picks up the medications and she passes them off to the hub pharmacy representative. Again, CVMCCF stated that they do not conduct quality control on documents that are sent to the hub to be scanned into patient's electronic health record. The facility agreed to start conducting quality control of these records.

3. LICENSING/CERTIFICATIONS, TRAINING & STAFFING

This component will determine whether the facility adequately manages its health care staffing resources by evaluating whether: job performance reviews are completed as required; professional licenses and certifications are current; and training requirements are met. The CCHCS auditors will also determine whether clinical and custody staff are current with their emergency medical response certifications and if the facility is meeting staffing requirements specified in the contract.

Case Review Score: *Not Applicable*
Quantitative Review Score: *100%*

Overall Score: 100%

This component is evaluated by CCHCS auditors through the review of facility's documentation of health care staff licenses, medical emergency response certifications, health care staff training records, and staffing information. The clinical case reviews are not conducted for this component; therefore, the overall component score is based entirely on the results of the quantitative review.

Quantitative Review Results

The facility was found to be 100% compliant for the *Licensing/Certifications, Training and Staffing* component. Although the facility was found proficient; there were two qualitative critical issues identified. The facility health care management provided all of the CDC 844, *In-Service Training Sign-in Sheet* as proof of training; however, when cross referenced with the CVMCCF *Clinical Staff Training* Log, dates were consistently wrong and health care staff that were on leave or did not take the class were documented as having taken the class on the log. Although the peer review was completed by the due date, it was not sent to the appropriate PPCMU representatives. As stated in the facility contract in Section X.1.O, "Annual peer reviews of the above listed staff [2]shall be completed by the Contractor in accordance with established standards, and forwarded to the CCHCS PPCMU Chief Medical Executive

[2] The staff identified in the CVMCCF Contract as requiring peer review is the primary care provider.

(CME) or designee and the CCHCS PPCMU Health Program Manager II (HPM II) or designee." The facility was unaware of this requirement and re-submitted the peer review to the appropriate persons, on January 31, 2018. It should be noted that the peer review was initially sent to the UHR Clinical Appraisal (UCA) Program email that was listed on the UCA form.

4. ACCESS TO CARE

This component evaluates the facility's ability to provide patient population with timely and adequate medical care. The areas of focus include, but are not limited to: nursing practice and documentation, timeliness of clinical appointments, acute and chronic care follow-ups, face-to-face nurse appointments, provider referrals from nursing lines, daily care team huddles, and timely triage of sick call requests. Additionally, the auditors perform onsite inspection of housing units and logbooks to determine if patients have a means to request medical services and to confirm there is continuous availability of CDCR Form 7362*, Health Care Services Request*.

Case Review Score: *86.9%*
Quantitative Review Score: *96.9%*
Overall Score: 90.2%

The facility received and overall compliance score of 90.2% (*proficient*) in the *Access to Care* component. Specific findings related to the provider and nurse case reviews and the electronic health record review are documented below.

Case Review Results

The facility received an 86.9% Case Review compliance score for this component. The CCHCS clinicians reviewed a combined 51 encounters related to *Access to Care.* The CCHCS nurse auditor reviewed a total of 39 nursing encounters and identified seven deficiencies. The CCHCS physician auditor reviewed a total of 12 physician encounters and identified one deficiency.

Nurse Case Reviews

- **In Case 19,** the patient complained that something bit him. When the patient was seen by the nurse he had a swollen and red leg with an open wound. The patient had a fever and chills and was referred to the PCP. The CCHCS nurse auditor was unable to find the CDCR Form 7362, *Health Care Services Request* in the electronic health record. Per IMSP&P, Volume 4, Chapter 1.3, *Scheduling and Access to Care Procedure;* if the patient was unable to fill out the sick call request form, nursing staff should complete the form on the patient's behalf and explain why the patient could not fill out the form.
- **In Case 21,** there were three nursing deficiencies identified with this patient's care. The patient suffers from chronic right ankle pain. On September 26, 2017, the patient was seen by nursing in the medical clinic for the third time in a one month period; previous two visits were on September 20 and 25, 2017. On the September 26th visit, the patient's pain scale was an 8/10, he was observed limping and was requesting to see the PCP. Nursing documented that the patient was not taking his Naproxen as prescribed by the PCP as the medication "messed up" his stomach; however, the nurse recommended the medication Ibuprofen and failed to refer the patient to the

PCP. The PCP ordered the Ibuprofen without seeing the patient. As this visit was the patient's third visit for the same complaint, the nursing staff should have referred the patient to the PCP. The same patient submitted a CDCR Form 7362 three times requesting an ankle brace in December 2017; December 2, 3, and 23, 2017. On the December 3 and 23 encounters, the CCHCS nurse auditor was unable to find a nursing assessment or referral to the PCP.

- **In Case 22,** the patient was assessed by nursing staff for dental problems on September 16, 2017; however nursing staff did not forward the CDCR Form 7362 to the dental department in a timely manner. The patient was seen five days later on September 21, 2017, after dental received the CDCR Form 7362 from medical.
- **In Case 24,** the patient submitted a CDCR Form 7362 on September 8, 11, and 14 for a cough. On the September 8 and 11 visits, the nurse used the Nursing Protocol Form for Upper Respiratory Infection. On September 14, 2017, the patient submitted a third sick call request on which the nurse documented that the patient had a productive cough, chest congestion, fever and chills. Nursing staff failed to refer the patient to the PCP. On September 21, 2017, the patient submitted his fourth sick call request and nursing staff again failed to schedule the patient to see the PCP.

Physician Case Reviews

- **In Case 3,** the patient was seen on November 7, 2017, in the Chronic Care Clinic (CCC) for Gastroesophageal Reflux Disease (GERD)[3] as well as following up on abdominal pain from an October 2017 visit. Although the encounter included excellent review of systems, past history and potential current status, the examinations were too limited. The evaluation of the abdominal pain should include examination of the abdomen and the examination of GERD should include a throat examination to assess for possible reflux induced inflammation.

Quantitative Review Results

CVMCCF received a quantitative compliance score of 96.9% (*proficient*) for the component with no deficiencies identified. Seven of the ten questions reviewed in this chapter scored 100% (*proficient*), while one scored 93.8% (*proficient*) and two scored 87.5% (*adequate*).

5. DIAGNOSTIC SERVICES

For this component, the CCHCS clinicians assess several types of diagnostic services such as radiology, laboratory, and pathology. The auditors review the patient medical records to determine whether radiology and laboratory services were provided timely, whether the primary care provider completed a timely review of the results, and whether the results were communicated to the patient within the required time frame. Information regarding the appropriateness, accuracy and quality of the diagnostic tests

Case Review Score: *90.9%*
Quantitative Review Score: *89.6%*
Overall Score: 90.5%

[3] GERD – a digestive disorder that affects the lower esophageal sphincter, the ring of muscle between the esophagus and stomach. Symptoms include heartburn, a sour, burning sensation in the back of the throat, chronic cough, laryngitis, and nausea.

ordered, and the clinical response to the results is evaluated via the case review process.

The facility received an overall compliance score of 90.5% (proficient) in the *Diagnostic Services* component. Specific findings related to the provider and nurse case reviews and the electronic health record review are documented below.

Case Review Results

The facility received a 90.9% Case Review compliance score for the *Diagnostic Services* component. The CCHCS clinicians reviewed a combined total of 21 encounters for this component. The CCHCS nurse auditor reviewed a total of 11 nursing encounters and identified two deficiencies for Case 22. The CCHCS physician auditor reviewed a total of ten physician encounters and did not identify any deficiencies.

Nurse Case Reviews

- **In Case 22**, on October 4, 2017, nursing staff collected labs that were ordered by the PCP; however there was no documentation in the electronic health record of the Physician Order. It is recommended that nursing notes indicate when and what labs were collected, site of collection and how the patient tolerated the procedure. On October 30, 2017, the PCP again ordered labs. The Physician Order Form stated "See Quest Lab Order Sheet." The CCHCS nurse auditor was unable to find nursing documentation in the electronic health record documenting what, where and when the blood was collected. In addition, there was no lab request form(s) attached to the Physician's Order.

Physician Case Reviews

The CCHCS physician auditor did not identify any specific areas of concern for this component during the case review.

Quantitative Review Results

Central Valley MCCF received a quantitative compliance score of 89.6% (*adequate*) for this component with no deficiencies identified. Two questions reviewed in this chapter received proficient scores, 100% and 91.7% respectively. The remaining two question both scored 83.3% (adequate). During the electronic health record review, the CCHCS nurse auditor found that the dates the facility was stamping onto the diagnostic test results was not legible; only the month was legible on the records. It was also identified that two PCP diagnostic orders were not found in the electronic health record.

6. EMERGENCY SERVICES and COMMUNITY HOSPITAL DISCHARGE

This component evaluates the facility's ability to complete timely follow-up appointments on patients discharged from a community hospital. Some areas of focus are the nurse face-to-face evaluation of the patient upon the patient's return from a community hospital or hub institution, timely review of patient's discharge plans, and timely delivery of prescribed medications.

Case Review Score: *83.3%*
Quantitative Review Score: *50.0%*

Overall Score: 72.2%

The CCHCS auditors evaluate the emergency medical response system and the facility's ability to provide effective and timely emergency medical responses, assessment, treatment and transportation 24 hours per day. The CCHCS clinicians assess the timeliness and adequacy of the medical care provided based on the patient's emergency situation, clinical condition, and need for a higher level of care.

The facility received an overall compliance score of 72.2% (*inadequate*) in the *Emergency Services and Community Hospital Discharge* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received an 83.3% Case Review compliance score for the *Emergency Services and Community Hospital Discharge* component. The CCHCS clinicians reviewed a combined total of seven encounters related to this component. The CCHCS nurse auditor reviewed a total of four nursing encounters and did not identify any deficiencies. The CCHCS physician auditor reviewed a total of three physician encounters and identified one deficiency.

Nurse Case Reviews

The CCHCS nurse auditor did not identify any specific areas of concern for this component during the case reviews.

Physician Case Reviews

- **In Case 8**, there was no documentation in the electronic health record of the medical necessity for the patient's transfer to the ED or of facility staffs' contact with the hub Treatment and Triage Area.

Quantitative Review Results

Two of the three questions evaluated for this component fell below the 80.0% compliance threshold. The health records of two patients who returned to the facility from a higher level of care were reviewed. There was no documentation found in either health record reflecting CVMCCF nursing staff reviewed the hub provider's discharge instructions upon the patient's return from the hub, resulting in 0.0% compliance (Question 6.1). In addition, for the same two patients, there was also no documentation in the health record of the provider seeing one of the patients for a follow-up appointment as required (Question 6.3).

7. INITIAL HEALTH ASSESSMENT/HEALTH CARE TRANSFER

Case Review Score: *94.7%*
Quantitative Review Score: *100%*

Overall Score: 96.5%

This component determines whether the facility adequately manages patients' medical needs and continuity of patient care during inter- and intra-facility transfers by reviewing the facility's ability to timely: perform initial health screenings, complete required health screening assessment documentation (including tuberculin screening tests), and deliver medications to patients received from another facility. Also, for those patients who transfer out of the facility, this component reviews the facility's ability to accurately and appropriately document transfer information that includes pre-existing health conditions, pending medical, dental and mental health appointments, medication transfer packages, and medication administration prior to transfer.

The facility received an overall compliance score of 96.5% (*proficient*) in the *Initial Health Assessment/Heath Care Transfer* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a 94.7% Case Review compliance score for the *Initial Health Assessment/Heath Care Transfer* component. The CCHCS clinicians reviewed a combined total of 20 encounters. The CCHCS nurse auditor reviewed 19 encounters related to this component and identified two deficiencies. The CCHCS physician auditor did not find any provider deficiencies for this component during the case reviews.

Nurse Case Reviews

- **In Case 21**, per the PCP's progress note dated November 13, 2017, the patient returned from the CDCR hub institution, North Kern State Prison (NKSP), on October 30, 2017. However, there is no nursing documentation in the electronic health record identifying that transfer documentation was reviewed by the CVMCCF nursing staff upon the patients return.
- **In Case 23**, the patient was transferred to the CDCR institution, Substance Abuse Treatment Facility (SATF), however; there is no documentation in the patient's electronic health record regarding the patient's transfer from CVMCCF to SATF.

Physician Case Reviews

There were no provider deficiencies identified, by the CCHCS physician auditor for this component, during the case reviews.

Quantitative Review Results

The facility scored 100% compliant during the electronic health review for this component.

8. MEDICAL/MEDICATION MANAGEMENT

Case Review Score: *93.6%*
Quantitative Review Score: *85.2%*

Overall Score: 90.8%

For this component, the CCHCS clinicians assess the facility's health care staff performance to determine whether appropriate and medically necessary care was provided to patient population that is in line with the nursing and physician scope of practices and clinical guidelines established by the department. This includes, but is not limited to the following: proper diagnosis, appropriateness of medical/nursing action, and timeliness and efficiency of treatments and care provided related to the patient's medical complaint. The CCHCS clinicians also assess the facility's process for medication management which includes: timely filling of prescriptions, appropriate dispensing of medications, appropriate medication administration, completeness in documentation of medications administered to patients, and appropriate maintenance of medication administration records. This component also factors in the appropriate storing and maintenance of refrigerated drugs, vaccines, and narcotic medications.

The facility received an overall compliance score of 90.8% (*proficient*) in the *Medical/Medication Management* component. Specific findings related to the provider and nurse reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a 93.6% Case Review compliance score for the *Medical/Medication Management* component. The CCHCS clinicians reviewed a combined total of 65 encounters related to this component and identified two deficiencies. The CCHCS nurse auditor reviewed 56 nursing encounters and identified one deficiency. The CCHCS physician auditor reviewed nine provider encounters and identified one deficiency as well. The two deficiencies are documented below.

Nurse Case Reviews

- **In Case 24**, the patient was to receive his 30-day supply of the medication Loratadine on December 8, 2017; however the patient did not receive the medication until December 14, 2017; six days late.

Physician Case Reviews

- **In Case 14,** the clinic note states to see the attached form; however there is no form attached. The note was incomplete without the second page.

Quantitative Review Results

Central Valley MCCF received a quantitative compliance score of 85.2% (*adequate*) for this component with two deficiencies identified. Eleven of the 13 questions reviewed in the chapter scored above 90.0% (*proficient*), while two fell below the required 80.0% threshold; 31.3% and 0.0% respectively.

The CCHCS nurse auditor reviewed health records of patients who were prescribed chronic care medications during the audit review period and found CVMCCF failed to consistently provide the patients their chronic care medications within the required time frame. It was also identified that one patient on

anti-Tuberculosis medications did not have documentation of being monitored during his first month while taking the medications.

9. OBSERVATION CELLS (California Out of State Correctional Facilities (COCF) Only)

This component applies only to California out-of-state correctional facilities. The CCHCS auditors examine whether the facility follows appropriate policies and procedures when admitting patients to onsite inpatient cells. All aspects of medical care related to patients housed in observations cells are assessed, including quality of provider and nursing care.

Case Review Score: *N/A*
Quantitative Review Score: N/A

Overall Score: N/A

Quantitative Review Results

There are no Observation Cells at CVMCCF, therefore this component is not scored.

10. SPECIALTY SERVICES

In this component, CCHCS clinicians determine whether patients are receiving approved specialty services timely, whether the provider reviews related specialty service reports timely and documents their follow-up action plan for the patient, and whether the results of the specialists' reports are communicated to the patients. For those patients who transferred from another facility, the auditors assess whether the approved or scheduled specialty service appointments are received and/or completed within the specified time frame.

Case Review Score: *100%*
Quantitative Review Score: *57.5%*

Overall Score: 85.8%

The facility received an overall compliance score of 85.8% (*adequate*) in the *Specialty Services* component. Specific findings related to the provider and nurse case reviews and the electronic health record reviews are documented below.

Case Review Results

The facility received a 100% Case Review compliance score for the *Specialty Services* component. The CCHCS clinicians reviewed a combined total of five encounters related to this component and did not identify any deficiencies. The CCHCS nurse auditor reviewed four nursing encounters and the CCHCS physician auditor reviewed one provider encounter for this component.

Quantitative Review Results

In this component, the facility received a quantitative compliance score of 57.5% which is very dissimilar from the Case Review (100%) findings. Of the four questions rated in this component, two scored above

90.0% and two scored below the required 80.0% threshold. In all five instances where patients returned to CVMCCF after a specialty care appointment; nursing staff failed to notify the PCP of any immediate medication or follow-up requirements provided by the specialty consultant (10.3). Also identified during the electronic health record review was that the PCP was not consistently completing a follow-up appointment when a patient returns from a specialty care appointment (10.4).

11. PREVENTIVE SERVICES

This component assesses whether the facility offers or provides various preventive medical services to patients meeting certain age and gender requirements. These include cancer screenings, tuberculosis evaluation, influenza and chronic care immunizations. The clinical case reviews are not conducted for this component; therefore, the overall component score is based entirely on the results of the quantitative review.

Case Review Score: *N/A*
Quantitative Review Score: *100%*

Overall Score: 100%

Quantitative Review Results

The CVMCCF attained a quantitative compliance score of 100% (*proficient*) for the *Preventative Services* component. For all records reviewed for this component, the facility was found to be fully compliant. The records reviewed showed the facility offered the patients influenza vaccine for the most recent influenza season, offered patients 50 to 75 years of age colorectal cancer screening, and completed the patients' annual screening for signs and symptoms of tuberculosis and providing a tuberculin skin test if indicated.

12. EMERGENCY MEDICAL RESPONSE/DRILLS and EQUIPMENT

For this component, the CCHCS nurses review the facility's emergency medical response documentation to assess the response time frames of facility's health care staff during medical emergencies and/or drills. The CCHCS nurses also inspect emergency medical response bags and various emergency medical equipment to ensure regular inventory and maintenance of equipment is occurring. The compliance for this component is evaluated entirely through the review of emergency medical response documentation, inspection of emergency medical response bags and crash carts, and inspection of medical equipment located in the clinics.

Case Review Score: *N/A*
Quantitative Review Score: *84.4%*

Overall Score: 84.4%

Quantitative Review Results

The CVMCCF received a quantitative compliance score of 84.4% (*adequate*) for this component with three deficiencies identified. Seven of the ten questions reviewed in the chapter scored 100% (*proficient*), while three fell below the required 80.0% compliance threshold.

At the time of the onsite audit; during the inspection of the Emergency Medical Response (EMR) Bag, the CCHCS nurse auditor identified that the oxygen tank was missing from the inside pocket of the EMR bag as stated on the inventory sheet (12.8). Also identified while on site, both of the facility's oxygen tanks were nonoperational, lacking nasal cannulas (12.14). The final critical issue that was identified was that the facility did not account for the Naloxone (Narcan) at the beginning and end of each shift (12.15).

13. CLINICAL ENVIRONMENT

This component measures the general operational aspects of the facility's clinic(s). The CCHCS auditors, through staff interviews and onsite observations/inspections, determine whether health care management implements and maintains practices that promote infection control through general cleanliness, adequate hand hygiene protocols, and control of blood-borne pathogens and contaminated waste. Evaluation of this component is based entirely on the quantitative review results from the visual observations auditors make at the facility during their onsite visit, as well as review of various logs and documentation reflecting maintenance of clinical environment and equipment.

Case Review Score: *N/A*
Quantitative Review Score: *100%*

Overall Score: 100%

Quantitative Review Results

The facility received an overall compliance score of 100% (*proficient)* in the *Clinical Environment* component. Fourteen of the 15 questions reviewed for this component received a 100% compliance score. One question was not ratable as the facility does not have reusable medical instruments. The CCHCS auditors found the clinical space was clean and well organized. The medical clinic's examination rooms provide for visual and auditory privacy during patient health care encounters. However, during the onsite audit, it was observed that some nursing staff were not assessing patients in the nurse exam room but were assessing patients in the medical clinic's main room. The auditors have added this deficiency as a qualitative critical issue.

14. QUALITY OF NURSING PERFORMANCE

The goal of this component is to provide an evaluation of the overall quality of health care provided to the patients by the facility's nursing staff. Majority of the patients selected for retrospective chart review were the ones with high utilization of nursing services, as these patients were most likely to be affected by timely appointment scheduling, medication management, and referrals to health care providers.

Case Review Score: *92.0%*
Quantitative Review Score: *N/A*

Overall Score: 92.0%

Case Review Results

The *Quality of Nursing Performance* component received a compliance score of 92.0%, equating to a quality rating of *proficient.* This was based upon the detailed case review of nursing services provided to ten patients housed at CVMCCF during the audit review period of September 2017 through

December 2017. Of the ten detailed case reviews conducted by the CCHCS nurse auditor, six were found *proficient* (scored 90.0% and above), three *adequate* (scored 80.0 through 89.9%), and one was *inadequate* (scored 79.9% or below). Of the 120 total nursing encounters assessed within the ten detailed case reviews, 12 deficiencies were identified related to nursing care and performance which are documented in the components above.

The CVMCCF received a Nursing Case Review score of 82.1% (*Adequate*) for the *Access to Care* component during the current audit. The deficiencies associated with this component are related to the lack of documentation in the electronic health record. In addition, in three instances, nursing staff failed to refer patients to the PCP when the patient was seen by nursing staff three or more times for the same medical problem.

Additionally, in the Nursing Case Review components for the *Diagnostic Services* and *Initial Health Assessment/Health Care Transfer* they received score of 81.8% and 89.5% (*Adequate*) respectively. All deficiencies in these two nurse case review components were directly related to not finding the appropriate documentation in the electronic medical record.

Below is a brief synopsis of each case for which the CCHCS nurse auditor determined the facility nursing staff's performance was inadequate.

Case Number	Deficiencies
Case 21	***Inadequate (66.7%).*** This is a 35 year old patient with a history of chronic right ankle pain due to previous injuries and a recent avulsion fracture (September 15, 2017). The patient frequently refuses treatments offered and then changes his mind. There were four deficiencies identified for this case. Nursing staff failed to refer the patient to the PCP after the patient was seen three times for his right ankle pain. There was no nursing documentation to show that the transfer documentation was completed by the receiving facility (CVMCCF) upon the patient's return to CVMCCF. Additionally, on two occasions, December 3 and 23, 2017, there was no nursing assessment documented for the appointments.

Recommendations:

- Central Valley MCCF should create a quality control process to ensure medical records sent to NKSP for scanning into the patients' health record are being scanned into the health records.

15. QUALITY OF PROVIDER PERFORMANCE

In this component, the CCHCS physicians provide an evaluation of the adequacy of provider care at the facility. Appropriate evaluation, diagnosis, and management plans are reviewed for programs including, but not limited to, sick call, chronic care programs, specialty services, diagnostic services, emergency services, and specialized medical housing.

Case Review Score: *88.9%*
Quantitative Review Score: *N/A*

Overall Score: 88.9%

Case Review Results

Based on the detailed review of 15 cases conducted by the CCHCS physician auditor, the facility provider's performance received a score of 88.9% compliance, equating to an overall quality rating of *adequate*. Of the 15 detailed case reviews conducted, 12 were found *proficient*, one *adequate*, and two cases were rated as *inadequate*. Out of a total of 36 PCP encounters/visits assessed, three deficiencies were identified.

The CCHCS physician auditor found that overall medical services provided by the PCP generally met the standards of care applied in the CDCR institutions; hence the PCP is providing adequate care. The PCP takes his time with the patients and educates them during clinical encounters. The PCP is a self-motivated individual and takes the operations of the medical department personally and professionally. Such was evident when the audit team observed the Daily Care Huddle on January 31, 2018, during the onsite audit. The huddle discussion and review were appropriate and the correct CDCR forms were being utilized. During the review of the Daily Care Huddle documentation, it was discovered that the PCP provides brief education sessions for the nursing staff regarding items discussed during the Daily Care Huddles.

The PCP and the medical staff at the hub institution have a good working relationship and work cohesively together. The one issue that the CVMCCF health care staff identified was when a patient returns from a specialty care appointment, the dictated consultation report is not being sent to the CVMCCF PCP in a timely manner. Upon return from the audit, the CCHCS physician auditor contacted the CCHCS Medical Contracts Unit requesting the Medical Contracts Unit work collaboratively with CVMCCF staff to identify vendors that are not meeting their contractual obligations with submission of patients' dictated consultation reports.

Below is a brief synopsis of each case for which the CCHCS physician determined the facility providers' performance to be *inadequate*.

Case Number	Deficiencies
Case 3	***Inadequate (50.0%).*** This is a 34 year old patient seen in Chronic Care Clinic (CCC) for GERD and abdominal pain. Both encounters include excellent review of systems, past history, and potential current status; however, the examinations were too limited.
Case 8	***Inadequate (0.0%).*** This is a 26 year old patient followed in the CCC for asthma control. On November 11, 2017, the patient was transferred to the ED for abdominal pain. There is no documentation in the electronic health record of an assessment of the patient documenting the medical necessity for the transfer or documentation that the hub institution was contacted prior to the patient's transfer to the ED. It should be noted that documentation that was not found in the electronic health record was present in the facility's medical shadow (paper) file.

Recommendations:

- As recommended above, CVMCCF should develop a process to ensure that all loose medical documents sent to NKSP are uploaded into the electronic health record system. There also needs to be a quality control process put into place to make sure that NKSP is uploading documents into the electronic health record.
- A discussion with NKSP on a process to expedite patients' return to CVMCCF as the patients are medically cleared by the NKSP PCP.

- The CCHCS Medical Contracts Unit to work in tandem with NKSP and CVMCCF health care staff to improve the process for obtaining dictated consultation reports from specialty care consultants in a timely manner to ensure the health care staff at CVMCCF have the documents available upon the patients' return to the facility.

PRIOR CRITICAL ISSUE RESOLUTION

The previous Limited Review conducted on August 8 through 10, 2017, resulted in the identification of six quantitative critical issues. During the current audit, auditors found three of the six issues resolved and the remaining three not resolved within the established compliance threshold. Below is a discussion of each previous critical issue:

Critical Issue	Status	Comment
Question 2.7 – *THE FACILITY DOES NOT ACCURATELY DOCUMENT DATES THE PATIENT RETURNED TO THE HUB FROM THE EMERGENCY DEPARTMENT IN THE HOSPITAL STAY/EMERGENCY DEPARTMENT MONITORING LOG.*	**Unresolved***	This has been an outstanding critical issue since the January 2016 audit. During the December 2016 audit the facility received a 50.0% compliance. During the Limited Review conducted in August 2017 the facility received a 0.0% compliance score. During the current audit, the facility received a 75.0% compliance score. ***This critical issue is unresolved and will be monitored during subsequent audits for compliance.***
Question 8.4 (Fomerly Question 8.5) – *THE FACILITY DOES NOT CONSISTENTLY ADMINISTER ANTI-TUBERCULOSIS (TB) MEDICATION(S) AS PRESCRIBED TO PATIENTS ON ANTI-TB MEDICATION(S).*	**Resolved**	***This critical issue has been resolved by the facility.***
Question 10.3 – *THE REGISTERED NURSE (RN) FAILED TO NOTIFY THE PRIMARY CARE PROVIDEROF ANY IMMEDIATE MEDICATION OR FOLLOW-UP REQUIREMENTS ORDERED BY THE SPECIALTY CONSULTANT UPON THE PATIENTS RETURN FROM THE SPECIALTY SERVICES APPOINTMENT.*	**Unresolved***	During the August 2017 Limited Review, it was identified that the facility was not notifying the PCP of any immediate or follow-up requirements of a specialty care appointment, resulting in a 0.0% compliance score. During the current audit, the facility continued to be deficient in this area and again received a 0.0% compliance score. ***This critical issue is unresolved and will be monitored during subsequent audits for compliance.***
Question 10.4 – *THE FACILITY PRIMARY CARE PROVIDER (PCP) DOES NOT CONSISTENTLY COMPLETE A FOLLOW-UP APPOINTMENT WITH THE PATIENT WITHIN THE REQUIRED TIME FRAME AFTER A SPECIALTY APPOINTMENT.*	**Unresolved***	This has been an outstanding critical issue since the January 2016 audit. During the December 2016 audit the facility received a 75.0% compliance rating. During the Limited Review the facility received a compliance score of 35.7%. During the current audit, CVMCCF's PCP completed a follow-up appointment on four of the ten patient's returning from a specialty care appointment, resulting in a 40.0% compliance score. ***This critical issue is unresolved and will be monitored during subsequent audits for compliance.***
Question 11.3 – *THE FACILITY DOES NOT CONSISTENTLY OFFER COLORECTAL CANCER SCREENING TO THE PATIENT POPULATION 50-75 YEARS OF AGE.*	**Resolved**	***This critical issue has been resolved by the facility.***

Question 12.4 – *THE FACILITYS EMERGENCY MEDICAL RESPONSE REVIEW COMMITTEE DOES NOT CONSISTENTLY PERFORM TIMELY INCIDENT PACKAGE REVIEWS CONTAINING THE REQUIRED REVIEW DOCUMENTS.*	**Resolved**	***This critical issue has been resolved by the facility.***

* The facility failed to address this deficiency effectively; therefore, it is considered unresolved and will continue to be monitored during subsequent audits until resolved.

CONCLUSION

The audit findings discussed in this report include a thorough evaluation of the health care that was provided by the facility to the patient population during the audit review period of September 2017 through December 2017. The facility's overall performance during this time frame was deemed *Adequate.* Of the 14 components evaluated, the CCHCS auditors found that nine components to be *Proficient*, three *Adequate* and two *Inadequate* (refer to the *Executive Summary Table* on page 4). The facility resolved three of the six prior critical issues, two have been unresolved since the January 2016 audit and the third remains unresolved from the August 2017 Limited Review. In addition, there were 13 new quantitative and three qualitative critical issues identified during the current audit.

Since the July 2014 audit CVMCCF has struggled to maintain compliance for the five critical issues listed below. Monitoring logs have been a long standing critical issue with CVMCCF with the submission of incorrect data on the logs. The medical staff stated that they will put into place quality control to review all of the monitoring logs. During the limited review conducted in August 2017, it was recommended that the nursing staff assigned to schedule the patient's PCP visits should be trained on IMSP&P guidelines related to the time frames for patient's follow-up appointments with the PCP post specialty services and returns from other outside services. According to the CDC 844, *In Service Training Sign-In Sheet,* which was provided to PPCMU by CVMCCF; all medical staff attended annual IMSP&P training from December 16 through December 19, 2017. It is crucial that the medical staff at CVMCCF maintain compliance with their annual IMSP&P training.

Critical Issue	Full Audit July 2014	Full Audit January 2015	Limited Review November 2015	Full Audit January 2016	Full Audit December 2016	Limited Review August 2017	Full Audit January 2018
Question 2.5 - The facility does not accurately document all the dates on the sick call monitoring log.	Fail	Fail	Fail	Fail	Fail	Pass	Fail
Question 2.6 - The facility does not accurately document all the dates on the specialty services monitoring log.	Fail	Fail	Fail	Fail	Fail	Pass	Fail
Question 2.7 - The facility does not accurately document dates the patient returned to the hub from the emergency department (ED) in the Hospital Stay/Emergency Department monitoring log.	Pass	Pass	Pass	Fail	Fail	Fail	Fail

Question 10.3 - The registered nurse (RN) failed to notify the primary care provider of any immediate medication or follow-up requirements ordered by the specialty consultant upon the patient's return from the specialty services appointment.	Fail	Pass	Pass	Fail	Pass	Fail	Fail
Question 10.4 - The facility primary care provider (PCP) does not consistently complete a follow-up appointment with the patient within the required time frame after a specialty appointment.	Pass	Pass	Pass	Fail	Fail	Fail	Fail

During the January 2018 full audit, the CCHCS auditors identified an issue with the submission of loose documents sent over to the hub institution for scanning in the patients' health records. There is no quality control being conducted at CVMCCF to validate that the records sent to the hub are regularly being scanned into the electronic health record system. The CCHCS audit team discussed with CVMCCF's Health Services Administrator (HSA), the recommendation that a quality control process be implemented.

At the conclusion of the audit, the CCHCS auditors held an Exit Conference where the preliminary audit findings and recommendations were discussed with CVMCCF facility and health care management. The health care staff at CVMCCF were extremely receptive to the findings, suggestions, and recommendations presented by the audit team and expressed their dedication to implementing new processes to improve health care services, for California patients, in the areas that fell deficient during this audit.

Central Valley MCCF is congratulated for having achieved an *Adequate* rating receiving an overall compliance score of 89.6% during the current audit. The facility's very high *Adequate* score indicates that medical staff has been successful in providing quality medical care to CDCR patients housed at their facility.

APPENDIX A – QUANTITATIVE REVIEW RESULTS

Central Valley Modified Community Correctional Facility Range of Summary Scores: 50.0% - 100%	
Quality Component	**Overall Score (Yes %)**
1. Administrative Operations	95.0%
2. Internal Monitoring & Quality Management	70.8%
3. Licensing/Certifications, Training & Staffing	100%
4. Access to Care	96.9%
5. Diagnostic Services	89.6%
6. Emergency Services & Community Hospital Discharge	50.0%
7. Initial Health Assessment/Health Care Transfer	100%
8. Medical/Medication Management	85.2%
9. Observation Cells (COCF)	Not Applicable
10. Specialty Services	57.5%
11. Preventive Services	100%
12. Emergency Medical Response/Drills & Equipment	84.4%
13. Clinical Environment	100%
14. Quality of Nursing Performance	Not Applicable
15. Quality of Provider Performance	Not Applicable

1. Administrative Operations		Yes	No	Compliance
1.1	Does health care staff have access to the facility's health care policies and procedures and know how to access them?	5	0	100%
1.2	Does the facility have current and updated written health care policies and local operating procedures that are in compliance with *Inmate Medical Services Policies and Procedures* guidelines?	9	6	60.0%
1.3	Does the facility have current contracts/service agreements for routine oxygen tank maintenance service, hazardous waste removal, and repair, maintenance, inspection, and testing of biomedical equipment?	3	0	100%
1.4	Does the patient orientation handbook/manual or similar document explain the sick call and health care grievance processes?	1	0	100%
1.5	Does the facility's provider(s) access the California Correctional Health Care Services patient electronic medical record system regularly?	1	0	100%
1.6	Does the facility maintain a Release of Information log that contains ALL the required data fields and all columns are completed?	1	0	100%
1.7	Did the facility provide the requested copies of medical records to the patient within 15 business days from the date of the initial request?	1	0	100%
1.8	Are all patient and/or third party written requests for health care information documented on a CDCR Form 7385, *Authorization for Release of Information*, and copies of the forms filed in the patient's electronic medical record?	1	0	100%
	Overall Percentage Score:			**95.0%**

Comments:

Question 1.2. Four of CVMCCF'S policies and procedures reviewed were found to be non-compliant with the IMSP&P. Please see the *Administrative Operations* component on page seven of this report for specific information regarding the deficient policies.

2. Internal Monitoring & Quality Management		Yes	No	Compliance
2.1	Did the facility hold a Quality Management Committee meeting a minimum of once per month?	4	0	100%
2.2	Did the Quality Management Committee's review process include documented corrective action plan for the identified opportunities for improvement?	2	2	50.0%
2.3	Did the Quality Management Committee's review process include monitoring of defined aspects of care?	4	0	100%
2.4	Did the facility submit the required monitoring logs by the scheduled date per Private Prison Compliance and Monitoring Unit program standards?	27	32	45.8%
2.5	Is data documented on the sick call monitoring log accurate?	12	5	70.6%
2.6	Is data documented on the specialty care monitoring log accurate?	5	12	29.4%
2.7	Is data documented on the hospital stay/emergency department monitoring log accurate?	3	1	75.0%
2.8	Is data documented on the chronic care monitoring log accurate?	13	7	65.0%
2.9	Is data documented on the initial intake screening monitoring log accurate?	17	3	85.0%
2.10	Are the CDCR Forms 602-HC, *Health Care Grievance (Rev. 06/17) and 602 HC A, Health Care Grievance Attachment (Rev. 6/17),* readily available to patients in all housing units?	8	0	100%
2.11	Are patients able to submit the CDCR Forms 602-HC, *Health Care Grievances,* on a daily basis in all housing units?	8	0	100%
2.12	Does the facility maintain a Health Care Grievance log that contains all the required information?	0	1	0.0%

2.13	Are institutional level health care grievances being processed within specified time frames?	1	0	100%
	Overall Percentage Score:			**70.8%**

Comments:

Question 2.2. Of the four Quality Management Committee review, the October 10, 2017, and the December 14, 2017, meeting minutes did not include a corrective action plan for identified opportunities for improvement.

Question 2.4. The CVMCCF submitted a combined total of 59 weekly and monthly logs during the audit review period. Of the 90 logs submitted, 27 were received within the required time frame. Specific deficient dates of submission are listed above in the *Internal Monitoring & Quality Management* component.

Questions 2.5 through 2.9. The facility failed to accurately document dates and information on all five monitoring logs.

Question 2.12. The Grievance log does not contain the correct information, most specifically the Screening Disposition dropdown menu needs to be updated, the Decision column dropdown menu needs to be updated, a new column needs to be added for Urgent/Emergent grievances as well as a column for the date the RN triages the grievance.

3. Licensing/Certifications, Training, & Staffing		**Yes**	**No**	**Compliance**
3.1	Are all health care staff licenses current?	9	0	100%
3.2	Are health care and custody staff current with required emergency medical response certifications?	115	0	100%
3.3	Does the facility provide the required training to its health care staff?	9	0	100%
3.4	Is there a centralized system for tracking all health care staff licenses and certifications?	1	0	100%
3.5	Does the facility have the required health care and administrative staffing coverage per contractual requirement?	1	0	100%
3.6	Are the peer reviews of the facility's providers completed within the required time frames?	1	0	100%
	Overall Percentage Score:			**100%**

Comments:

None.

4. Access to Care		**Yes**	**No**	**Compliance**
4.1	Did the registered nurse review the CDCR Form 7362, *Health Care Services Request*, or similar form, on the day it was received?	16	0	100%
4.2	Following the review of the CDCR Form 7362, or similar form, did the registered nurse complete a face-to-face evaluation of the patient within the specified time frame and document the evaluation in the appropriate format?	16	0	100%
4.3	Was the focused subjective/objective assessment conducted based upon the patient's chief complaint?	15	1	93.8%
4.4	Did the registered nurse implement appropriate nursing action based upon the documented subjective/objective assessment data within the nurse's scope of practice or supported by the standard Nursing Protocols?	16	0	100%

4.5	Did the registered nurse document that effective communication was established and that education was provided to the patient related to the treatment plan?	14	2	87.5%
4.6	If the registered nurse determined a referral to the primary care provider was necessary, was the patient seen within the specified time frame?	2	0	100%
4.7	Was the patient's chronic care follow-up visit completed as ordered?	14	2	87.5%
4.8	Did the Care Team regularly conduct and properly document a Care Team Huddle during business days?	20	0	100%
4.9	Does nursing staff conduct daily rounds in segregated housing units and collect CDCR Form 7362, *Health Care Services Request*, or similar forms? (COCF only)	Not Applicable		
4.10	Are the CDCR Forms 7362, *Health Care Services Request,* or similar form, readily accessible to patients in all housing units?	8	0	100%
4.11	Are patients in all housing units able to submit the CDCR Forms 7362, *Health Care Services Request*, or similar form, on a daily basis?	8	0	100%
	Overall Percentage Score:			**96.9%**

Comments:

Question 4.3. During the electronic health record review, 16 records were reviewed and one record did not have documentation that a focused subjective/objective assessment was conducted regarding the patient's chief complaint.

Question 4.5. During the CCHCS nurse auditor's review of 16 health records, two records failed to have documentation that the nurse established effective communication during the patient encounters***.***

Question 4.7. During the review of 16 electronic health records, two patients' chronic care follow-up visit were not completed within the time frame ordered.

Question 4.9. N/A***.*** This question does not apply to California in-state modified community correctional facilities.

5. Diagnostic Services		**Yes**	**No**	**Compliance**
5.1	Did the primary care provider complete a Physician's Order for each diagnostic service ordered?	10	2	83.3%
5.2	Was the diagnostic test completed within the time frame specified by the primary care provider?	10	0	100%
5.3	Did the primary care provider review, sign, and date the patient's diagnostic test report(s) within two business days of receipt of results?	10	2	83.3%
5.4	Was the patient given written notification of the diagnostic test results within two business days of receipt of results?	11	1	91.7%
	Overall Percentage Score:			**89.6%**

Comments:

Question 5.1. During the review of 12 electronic health records, two physician orders were not found in the patients' electronic medical record.

Question 5.3. During the review of ten electronic health records, two patients' diagnostic tests were not reviewed, signed and dated by the PCP within the required time frame.

Question 5.4. The CCHCS auditor reviewed 12 health records, of which one revealed that the patient was not given written notification of his diagnostic report within the required time frame.

6. Emergency Services & Community Hospital Discharge		Yes	No	Compliance
6.1	*For patients discharged from a community hospital:* Did the registered nurse review the discharge plan/instructions upon patient's return?	0	2	0.0%
6.2	*For patients discharged from a community hospital:* Did the RN complete a face-to-face assessment prior to the patient being re-housed?	2	0	100%
6.3	*For patients discharged from a community hospital:* Was the patient seen by the primary care provider for a follow-up appointment within five calendar days of return?	1	1	50.0%
6.4	*For patients discharged from a community hospital:* Were all prescribed medications administered/delivered to the patient per policy or as ordered by the primary care provider?	Not Applicable		
	Overall Percentage Score:			**50.0%**

Comments:

Question 6.1. Nursing staff failed to review the discharge plans of the two patients returning from a community hospital discharge.

Question 6.3. Of the two medical records reviewed, one record failed to have documentation that the patient was seen by the PCP for a follow-up appointment within the required time frame following the patient's return to the facility.

Question 6.4. N/A. The two patients returning from a community hospital discharge did not have any medications prescribed upon their discharge; therefore this question could not be evaluated.

7. Initial Health Assessment/Health Care Transfer		Yes	No	Compliance
7.1	Did the patient receive an initial health screening upon arrival at the receiving facility by licensed health care staff?	12	0	100%
7.2	If YES was answered to any of the questions on the *Initial Health Screening* form (CDCR Form 7277/7277A or similar form), did the registered nurse document an assessment of the patient?	7	0	100%
7.3	If the patient required referral to an appropriate provider based on the registered nurse's disposition, was the patient seen within the required time frame?	Not Applicable		
7.4	If upon arrival, the patient had a scheduled or pending medical, dental, or a mental health appointment, was the patient seen within the time frame specified by the sending facility's provider?	2	0	100%
7.5	Did the patient receive a complete screening for the signs and symptoms of tuberculosis upon arrival?	12	0	100%
7.6	Did the patient receive a complete initial health assessment or health care evaluation by the facility's Primary Care Provider within the required time frame upon patient's arrival at the facility?	12	0	100%
7.7	When a patient transfers out of the facility, are all pending appointments that were not completed, documented on a CDCR Form 7371, *Health Care Transfer Information Form*, or a similar form?	3	0	100%
7.8	Does the Inter-Facility Transfer Envelope contain all the required transfer documents and medications?	1	0	100%
	Overall Percentage Score:			**100%**

Comments:

Question 7.3. N/A. There were no patients identified by the RN during the initial intake screening who required referral to a provider.

8. Medical/Medication Management		**Yes**	**No**	**Compliance**
8.1	Were the patient's chronic care medications received by the patient within the required time frame?	5	11	31.3%
8.2	If the patient refused his/her keep-on-person medications, was the refusal documented on the CDCR Form 7225, *Refusal of Examination and/or Treatment*, or similar form?	Not Applicable		
8.3	If the patient did not show or refused the nurse administered/direct observation therapy medication(s) for three consecutive days or 50 percent or more doses in a week, was the patient referred to a primary care provider?	Not Applicable		
8.4	*For patients prescribed anti-Tuberculosis medication(s):* Did the facility administer the medication(s) to the patient as prescribed?	1	0	100%
8.5	*For patients prescribed anti-Tuberculosis medication(s):* Did the facility monitor the patient monthly while he/she is on the medication(s)?	0	1	0.0%
8.6	Did the prescribing primary care provider document that the patient was provided education on the newly prescribed medication(s)?	12	0	100%
8.7	Was the initial dose of the newly prescribed medication administered to the patient as ordered by the provider?	11	1	91.7%
8.8	Did the nursing staff confirm the identity of a patient prior to the delivery or administration of medication(s)?	2	0	100%
8.9	Did the same medication nurse who administers the nurse administered/direct observation therapy medication prepare the medication just prior to administration?	2	0	100%
8.10	Did the medication nurse directly observe the patient taking nurse administered/direct observation therapy medication?	2	0	100%
8.11	Did the medication nurse document the administration of nurse administered/direct observation therapy medications on the *Medication Administration Record* once the medication was given to the patient?	2	0	100%
8.12	Is nursing staff knowledgeable on the Medication Error Reporting procedure?	1	0	100%
8.13	Are refrigerated drugs and vaccines stored in a separate refrigerator that does not contain food or laboratory specimens?	1	0	100%
8.14	Does the health care staff monitor and maintain the appropriate temperature of the refrigerators used to store drugs and vaccines twice daily?	62	0	100%
8.15	Does the facility employ medication security controls over narcotic medications assigned to its clinic areas? (COCF only)	Not Applicable		
8.16	Are the narcotics inventoried at every shift change by two licensed health care staff? (COCF only)	Not Applicable		
8.17	Do patients, housed in Administrative Segregation Unit, have immediate access to the Short Acting Beta agonist inhalers or nitroglycerine tablets? (COCF Only)	Not Applicable		
	Overall Percentage Score:			**85.2%**

Comments:

Question 8.1. The CCHCS nurse auditor reviewed 16 health records of patients prescribed chronic care medication and found the facility failed to provide 11 of the patients with their chronic care medication within the required time frame.

Questions 8.2 and 8.3. There were no patients identified who refused their KOP, nurse administered/directly observed therapy medications during the audit review period.

Question 8.5. The CCHCS nurse auditor reviewed one health record of a patient that was prescribed anti-TB medication during the audit review period and found that the facility failed to monitor that patient monthly while he was taking the medication.

Question 8.7. The CCHCS nurse auditor reviewed 12 health records of patients who were prescribed new medications during the audit review period and found that the facility failed to administer one patient his medication as ordered by the PCP.

Questions 8.15 through 8.17. N/A. These questions do not apply to California in-state modified community correctional facilities.

9. Observation Cells (COCF only)		**Yes**	**No**	**Compliance**
9.1	Does the health care provider order patient's placement into the observation cell using the appropriate format for order entry?	Not Applicable		
9.2	Does the health care provider document the need for the patient's placement in the observation cell within 24 hours of placement?	Not Applicable		
9.3	Does the registered nurse complete and document an assessment on the day of a patient's assignment to the observation cell?	Not Applicable		
9.4	Does the health care provider review, modify, or renew the order for suicide precaution and/or watch at least every 24 hours?	Not Applicable		
9.5	Does the treating clinician document daily the patient's progress toward the treatment plan goals and objectives?	Not Applicable		
9.6	Does nursing staff conduct rounds in observation unit once per watch and document the rounds in the unit log book?	Not Applicable		
	Overall Percentage Score:			**Not Applicable**

Comments:

Questions 9.1 through 9.6. N/A. The California in-state modified community correctional facilities do have Observation Cells, therefore these questions are not evaluated.

10. Specialty Services		**Yes**	**No**	**Compliance**
10.1	Was the patient seen by the specialist for a specialty services referral within the specified time frame?	10	0	100%
10.2	Upon the patient's return from the specialty service appointment, did the registered nurse complete a face-to-face assessment prior to the patient's return to the assigned housing unit?	9	1	90.0%
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?	0	5	0.0%
10.4	Did the primary care provider review the specialty consultant's report/discharge summary and complete a follow-up appointment with the patient within the required time frame?	4	6	40.0%
	Overall Percentage Score:			**57.5%**

Comments:

Question 10.2. During the electronic health record review, one of the ten records reviewed did not have documentation that the RN completed a face-to-face appointment prior to the patient's return to his assigned housing unit.

Question 10.3. The CCHCS nurse auditor reviewed five electronic health records of patients who received specialty services. The review revealed that the facility RN failed to notify the PCP of recommended medication orders or follow-up instructions on all five patients.

Question 10.4. During the electronic health record review, six records showed that the PCP failed to complete a follow-up appointment with the patient within the required time frame.

11. Preventive Services		**Yes**	**No**	**Compliance**
11.1	*For all patients:* Were patients screened annually for signs and symptoms of tuberculosis by the appropriate nursing staff and receive a Tuberculin Skin Test, if indicated?	20	0	100%
11.2	*For all patients:* Were patients offered an influenza vaccination for the most recent influenza season?	10	0	100%
11.3	*For all patients 50 to 75 years of age:* Were the patients offered colorectal cancer screening?	6	0	100%
11.4	*For female patients 50 to 74 years of age:* Were the patients offered a mammography at least every two years?	Not Applicable		
11.5	*For female patients 21 to 65 years of age:* Were the patients offered a Papanicolaou test at least every three years?	Not Applicable		
	Overall Percentage Score:			**100%**

Comments:

Questions 11.4 & 11.5. N/A. These questions do not apply to facilities housing male patients.

12. Emergency Medical Response/Drills & Equipment		**Yes**	**No**	**Compliance**
12.1	Did the facility conduct emergency medical response drills quarterly on each shift when medical staff was present during the most recent full quarter?	6	0	100%
12.2	Did a registered nurse, a mid-level provider, or a primary care provider respond within eight minutes after emergency medical alarm was sounded?	11	0	100%
12.3	Did the facility hold an Emergency Medical Response Review Committee meeting a minimum of once per month?	4	0	100%
12.4	Did the Emergency Medical Response Review Committee perform timely incident package reviews that included the use of required review documents?	9	0	100%
12.5	Is the facility's clinic Emergency Medical Response Bag secured with a seal?	93	0	100%
12.6	If the emergency medical response and/or drill warranted an opening of the Emergency Medical Response Bag, was it re-supplied and re-sealed before the end of the shift?	6	0	100%
12.7	Was the Emergency Medical Response Bag inventoried at least once a month?	4	0	100%
12.8	Did the Emergency Medical Response Bag contain all the supplies identified on the facility's Emergency Medical Response Bag Checklist?	0	1	0.0%
12.9	Was the facility's Medical Emergency Crash Cart secured with a seal? (COCF Only)	Not Applicable		
12.10	If the emergency medical response and/or drill warranted an opening and use of the Medical Emergency Crash Cart, was it re-supplied and re-sealed before the end of the shift? (COCF Only)	Not Applicable		

12.11	Was the Medical Emergency Crash Cart inventoried at least once a month? (COCF Only)	Not Applicable		
12.12	Does the facility's Medical Emergency Crash Cart contain all the medications as required/approved per *Inmate Medical Services Policies and Procedures*? (COCF Only)	Not Applicable		
12.13	Does the facility's Medical Emergency Crash Cart contain the supplies identified on the facility's crash cart checklist? (COCF Only)	Not Applicable		
12.14	Does the facility have the emergency medical equipment that is functional and operationally ready?	3	2	60.0%
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?	0	93	0.0%
	Overall Percentage Score:			**84.4%**

Comments:

Question 12.8. The facility was missing the oxygen tank in the EMR bag.

Questions 12.9 through 12.13. These questions do not apply to California in-state modified community correctional facilities.

Question 12.14 The facility's two oxygen tanks did not have a nasal cannula attached, therefore were not operationally ready.

Question 12.15. The facility did not document counting the Naloxone on each of the three shifts during the 31 days in the month of December 2017.

13. Clinical Environment		**Yes**	**No**	**Compliance**
13.1	Are packaged sterilized reusable medical instruments within the expiration dates shown on the sterile packaging?	Not Applicable		
13.2	If autoclave sterilization is used, is there documentation showing weekly spore testing?	4	0	100%
13.3	Are disposable medical instruments discarded after one use into the biohazard material containers?	1	0	100%
13.4	Does clinical health care staff adhere to universal/standard hand hygiene precautions?	4	0	100%
13.5	Is personal protective equipment readily accessible for clinical staff use?	1	0	100%
13.6	Is the reusable non-invasive medical equipment disinfected between each patient use when exposed to blood-borne pathogens or bodily fluids?	1	0	100%
13.7	Does the facility utilize a hospital grade disinfectant to clean common clinic areas with high foot traffic?	1	0	100%
13.8	Is environmental cleaning of common clinic areas with high foot traffic completed at least once a day?	31	0	100%
13.9	Is the biohazard waste bagged in a red, moisture-proof biohazard bag and stored in a labeled biohazard container in each exam room?	2	0	100%
13.10	Is the clinic's generated biohazard waste properly secured in the facility's central storage location that is labeled as a "biohazard" area?	1	0	100%
13.11	Are sharps disposed of in a puncture resistant, leak-proof container that is closeable, locked and labeled with a biohazard symbol?	2	0	100%
13.12	Does the facility store all sharps in a secure location?	1	0	100%
13.13	Does health care staff account for and reconcile all sharps at the beginning and end of each shift?	93	0	100%
13.14	Is the facility's biomedical equipment serviced and calibrated annually?	9	0	100%
13.15	Do clinic common areas and exam rooms have essential core medical equipment and supplies?	14	0	100%

13.16	*For Information Purposes Only (Not Scored):* Does the clinic visit location ensure the patient's visual and auditory privacy?	Not Scored	
	Overall Percentage Score:		**100%**

Comments:

Question 13.1. N/A. CVMCCF does not utilize sterile reusable instruments.

14. Quality of Nursing Performance	**Yes**	**No**	**Compliance**
The quality of nursing performance is assessed during case reviews, conducted by CCHCS clinicians and is not applicable for the quantitative review portion of the health care monitoring audit. The methodology CCHCS clinicians use to evaluate the quality of nursing performance is presented in a separate document entitled *Private Prison Compliance and Health Care Monitoring Audit – Clinical Case Review Methodology/Guide.*	Not Applicable		

15. Quality of Provider Performance	**Yes**	**No**	**Compliance**
The quality of provider performance is assessed during case reviews, conducted by CCHCS clinicians and is not applicable for the quantitative review portion of the health care monitoring audit. The methodology CCHCS clinicians use to evaluate the quality of provider performance is presented in a separate document entitled *Private Prison Compliance and Health Care Monitoring Audit – Clinical Case Review Methodology/Guide.*	Not Applicable		

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, the Inmate Advisory Council (IAC) executive body and a random sample of patients housed in general population (GP) and Administrative Segregation Units (ASU). The results of the interviews conducted at CVMCCF 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.

Patient Interviews (not rated)
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, *Health Care Grievance*?
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?
Questions 9 through 21 are only applicable to ADA patients.
9. Are you aware of your current disability/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, *Health Care Grievance*, 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:

There was a total of seven patients interviewed by the CCHCS auditors during the onsite audit. Two ADA patients and five IAC members.

The HPS I auditor interviewed the ADA patients as to whether they were aware of the sick call and grievance processes and whether they experienced any barriers in receiving health care services related

to their disabilities, while being housed at CVMCCF. One patient was hearing impaired and the HPS I auditor established Effective Communication by speaking slowly and loudly as well as asking for confirmation from the patient that he understood the questions asked. During this interaction, the hearing impaired patient stated that he had no issues with the medical department and they supply him with new batteries every two to three weeks when the batteries expire. Neither patient identified any problems related to medical care received at CVMCCF.

During the IAC meeting the members identified a universal concern within the inmate population at CVMCCF. Their continued concern involved the patients' fear of going to the hub facility for specialty care appointments as they remain at the hub institution for what the patient feels is a prolonged time and do not like to have a disruption to their normal programs. This concern leads to patients refusing care and potentially being a barrier to medical services and may lead to lack of adequate health care.

The IAC also presented concern on behalf of an inmate, who felt the medical services that he had received was not adequate. The physician auditor conducted a review of the patient's health record and found that medical services were appropriately given and access to care was appropriate. The final concern that the IAC addressed with the auditors was the air quality and ventilation system at CVMCCF. The IAC members alleged that the systems were not cleaned properly and are not well maintained, resulting in an increase of the patient population getting sick. This issue was addressed with the Associate Warden (AW), who provided cleaning logs which confirmed cleaning was being conducted. The AW reported that all mechanical systems are properly maintained and serviced at intervals more frequently than the manufacturer recommends.

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 PPCMU's 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 a full 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, 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".
Compliance Score = 13 'Yes' / 17 (13 'Yes' + 4 'No') = .764 x 100 = 76.47 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.

Percentile Score	Associated Rating
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 CCHCS clinicians. The CCHCS clinicians 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 CCHCS clinician reviews 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 CCHCS physician and nurse case reviews are comprised of the following components:

1. *Nurse Case Review*

   The CCHCS registered nurses 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 CCHCS physician 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 Quality Component Rating

The overall quality 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.

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

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%	Proficient
80.0% - 89.9%	Adequate
0.0% to 79.9%	Inadequate

The compliance scores and quality 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 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.