

**ADULT TYPE I, II, III and IV FACILITIES  
Local Detention Facility Health Inspection Report  
Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME: GLENN E. DYER DETENTION FACILITY		COUNTY: ALAMEDA COUNTY		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 6 <sup>TH</sup> STREET OAKLAND, CA 94607 (510) 268-7760				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 3/15/2018		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): JOHN MENDRIBIL, REHS           (510) 567-6812				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CYNTHIA SASS, SARGEANT           (510)268-7764				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b>				
<p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			
1. Food is prepared at another city or county detention facility.	X			
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			
<b>1230 Food Handlers</b>				
<p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
<b>1243 Food Service Plan</b>				
<p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>				The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	Food is prepared at the Santa Rita Prison and then transported where it is either served cold or reheated then served hot.
HSC §114130-114141.	x			Disposable flatware only.
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen:	X			
HSC § 114268-114269	x			
HSC § 114279-114282	x			
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	x			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<b>1260 Standard Institutional Clothing Issue</b>  <i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>  There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;			X	
Clean outer garments; and,			X	
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.			X	
Clothing is reasonably fitted, durable, easily laundered and repaired.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1261 Special Clothing</b>				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).			X	
<b>1262 Clothing Exchange</b>				
There are policies and procedures for the scheduled exchange of clothing.			X	
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.			X	
<b>1263 Clothing Supply</b>				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.			X	
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.			X	
<b>1264 Control of Vermin in Inmates Personal Clothing</b>				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.			X	
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.			X	
<b>1265 Issue of Personal Care Items</b>				
There are policies and procedures for issuing personal hygiene items.			X	
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:			X	
Toothbrush;				
Dentifrice;			X	
Soap;			X	
Comb; and,			X	
Shaving implements.			X	
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.			X	
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1266 Personal Hygiene</b>				
There are policies and procedures for inmate showering/bathing.			X	
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.			X	
<b>1267 Hair Care Services</b>				
Hair care services are available.			X	
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.			X	
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.			X	
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b>				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
<b>1271 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.			X	
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.			X	
<b>1272 Mattresses</b>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			Bedding mattresses are replaced any time there is rip or tear in seam
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.			X	
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.			X	
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.			X	
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>				Regularly clean glazed ceramic floor drains to prevent fruit fly harborage.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>				Replace missing ceiling tile over recently install CCTV camera next to pizza over.
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.			X	
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>				
Floor drains are flushed at least weekly.			X	
Traps contain water to prevent escape of sewer gas.			X	
Grids and grates are present.			X	
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Observed fruit flies near floor drains in adjacent to the dishwasher. Floor drains need to be cleaned regularly. Signs of fly activity observed on drop ceiling panels and crossbars. Clean ceilings.
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

Facility was found to be in satisfactory condition. Potentially hazardous foods are not prepared at the facility. Food is prepared at Santa Rita prison and then transports to this facility. All foods are prepackaged and either served cold or reheated and served hot. Cold food served at or below 41 F degrees and any unused foods, if any, are discarded. Several recommendations and observations were made and listed below. Per GSA representative, walk-in coolers are in process of being repaired as the metal panels are damaged. Overall, facility in good repair and met all pertinent codes at the time of inspection.

1. Metal panels in walk –in cooler are separating from each other and from wall. Repair metal panels and monitor ambient temperature (see #3).
2. Gas cooking equipment in the kitchen not secured to the wall with metal chords. Secure to wall.
3. Redundant thermometers in all coolers recommended.
4. Hot water in pods provided via electric kettles in common area.
5. Facility currently using bi-metal food thermometer. Recommend obtaining a thermocouple thermometer, in addition to the probe thermometer. Due to #1, regularly monitor temperature of food in walk-in cooler, using dense food item (apple, meat, potatoes) to monitor food temperature.



**ADULT TYPE I, II, III and IV FACILITIES  
Local Detention Facility Health Inspection Report  
Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME: Glen E. Dyer Detention Facility		COUNTY: Alameda		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 – 6 <sup>th</sup> Street, Oakland, CA 94607 510-268-7777				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV: XX
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED: March 14, 2018	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Laverty, MPH, RD Program Specialist 510-268-4218				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Sass, AC Sheriff's Department 510-268-7777 Sergeant Carone, AC Sheriff's Department 510-268-7777 Deputy Thompson, AC Sheriff's Department 510-268-7777 Deputy Willis, AC Sheriff's Department 510-268-7777				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**II. NUTRITIONAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>  Food is served three times in any 24-hour period.	X			Hot meal (Breakfast) is served between 4:00 – 5:00am; Hot meal (considered, “Dinner”) is served between 12:30 and 1:00pm; Cold meal (Lunch) bag is provided between 6:00 and 7:00pm.
At least one meal includes hot food.	X			Hot meals are served at the Breakfast and “Dinner” meal times.
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			A minimum of 15 minutes is provided to the inmates for consuming their meals.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			The procedure documented indicates that inmates who miss a scheduled meal receive their intended prescribed meal. This process is difficult to verify during an inspection. Unit deputies verified that this is the procedure they follow.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1241 Minimum Diet</b> (See regulation and guidelines for equivalencies and serving requirements.)</p> <p>The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.</p>		X		<p>The 4 week cycle menu, as written and approved by the ARAMARK dietitian, meets the minimum dietary guidelines requirement; however, the actual diet as served could not be verified due to the excess number of substitutions that are being made on a daily basis. While these substitutions are being noted by facility food service deputies, it is impossible to analyze the current diet accurately without portion sizes known and ways in which the food was prepared. Additionally, it was noted in multiple medical charts that many inmates, as many as 1/3 of inmates who were incarcerated at the time, participated in two hunger strikes in late 2017 to protest, among other issues, their meal and how it was basically the same food repeatedly being served.</p> <p><b>See Recommendation 1.</b></p>
<p><b>Protein Group.</b> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).</p>	X			<p>Based on RD-developed 4 week cycle menu and observation of meal trays stored in kitchen facility refrigerator.</p>
<p>There is an additional, fourth serving of legumes three days per week.</p>		X		<p>Based on the menu, an additional fourth serving of legumes is served; however, given that the food being served typically does not match the menu, I am unable to determine compliance to this standard.</p>
<p><b>Dairy Group.</b> The daily requirement for milk or milk equivalents is three servings.</p>	X			<p>1 % milk is served.</p>
<p>A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.</p>	X			
<p>The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.</p>			X	<p>Juvenile-aged and women are not held at this facility.</p>
<p>All milk is fortified with Vitamin A and D.</p>	X			<p>While milk is fortified with vitamin D, inmates on lactose-intolerant diets may not be receiving sufficient vitamin D/vitamin D-fortified foods.</p> <p><b>See Recommendation 2.</b></p>
<p>One serving can be from a fortified food containing at least 250 mg. of calcium.</p>	X			
<p><b>Vegetable-Fruit Group.</b> The daily requirement is at least five servings. At least one serving is from each of the following categories.</p>		X		<p>Based on the menu, at least five servings from the fruit-vegetable food group is scheduled to be served; however, given that the food being served typically does not match the menu, I am unable to determine compliance to this standard.</p>
<p>One serving of a fresh fruit or vegetable per day, or seven servings per week.</p>	X			<p>Based on RD-developed 4 week cycle menu and observation of meal trays stored in kitchen facility refrigerator, one serving of fresh fruit or vegetable is being served each day. It was noted, however, that inmates indicated that the <u>same</u> fruit is served everyday – apple. In prior years there was effort by ARAMARK to add more variety; i.e., inmates were offered an apple, orange or pear when in season, at alternate meals, thus increasing nutrient variability.</p> <p><b>See Recommendation 3.</b></p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.		X		Unable to determine. Based on the provided menu that is intended to be served, this standard would be in compliance; however, not knowing the food that actually is served makes it impossible to measure this standard.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.		X		Unable to determine based on food varying from menu indicated.
<u>Grain Group.</u> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.		X		Unable to determine based on food varying from menu indicated.
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)		X		Unable to determine based on food varying from menu indicated.
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			Based on 4 week cycle menu analysis and observation of on-site meals.
<b>1242 Menus</b> (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)  Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.		X		The menu cycle is a four-week cycle and has not changed in the past year. It was uncertain which week the facility was on at the time of the inspection. The kitchen deputy indicated he thought they were on week 2; however, the meal available for the day of inspection was not as indicated on the menu. Not following the menu conveys that meals are not being served as intended; hence, a variety of foods may not be provided. This could result in repetitive meals, and lack of recommended nutrients. <b>See Recommendation 1.</b>
A registered dietitian approves menus before they are used.	X			Menus are planned by the offsite ARAMARK food company dietitian, contracted by the Santa Rita Jail facility.
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			The meals are produced at Santa Rita Jail. If changes are made, they are indicated by the GDF kitchen deputy. Records are kept in the food service department office on site. Production sheets located at Santa Rita Jail should also indicate changes made to the menu. This will be verified at the Santa Rita Jail inspection in July 2018.
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>  There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:	X			The Nutrition Health inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			ARAMARK food service contractor plans the menus.
Purchasing food;	X			With the exception of milk, ARAMARK food service purchases foods for this facility.
Storage and inventory control;	X			
Food preparation;	X			ARAMARK food service prepares food at an offsite facility.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			Facility inmate staff is trained using a "Do/Don't" checklist. Inmate workers participating in trainings are required to sign a form acknowledging their understanding of the checklist.
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			An emergency feeding plan is in place and readily available should it be needed. Emergency food and water for staff and inmates was observed, and is stored on site to sustain a minimum of three days, should an emergency arise. The emergency food and water were recently changed by subcontractor ARAMARK staff to ensure freshness.
Waste management; and,	X			
Maintenance and repair.	X			GSA repairs and maintains records of equipment and repair.
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.				
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
CalCode requirements for new or replacement equipment.				
CalCode requirements for cleaning and sanitizing consumer utensils.				
CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.				
CalCode requirements for floors.				
CalCode requirements for storage area(s) for cleaning equipment and supplies.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1246 Food Serving and Supervision</b></p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p><b>1247 Disciplinary Isolation Diet</b></p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>			X	<p>It was reported that no inmate has been on a disciplinary isolation diet in many years. The diet is described in the diet manual should it be needed.</p>
<p>The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.</p> <p>Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.</p>	X			<p>Per policy and procedure manual. <i>[Unable to observe at this inspection.]</i></p>
<p><b>1248 Medical Diets</b></p> <p>Policies identify who is authorized to prescribe medical diets.</p>	X			
<p>Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.</p>	X			
<p>The facility manager complies with providing any medical diet prescribed for an inmate.</p>			X	<p>There appears to be a break in the system as many of the inmates on prescribed diets were not indicated correctly as such on the Medical Diet List which the Food Service Department uses for ordering meals. <b>See Recommendation 4a.</b></p>
<p>There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.</p>	X			<p>There was a medical diet manual located in the Medical office and in the Food Service office.</p>
<p>A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.</p>	X			<p>Diet manual was reviewed by dietitian Crowley (RD #952060). Responsible staff had signed off (within the past year).</p>
<p>Pregnant women are provided a balanced, nutritious diet approved by a doctor.</p>			X	<p>Women are not incarcerated at this facility.</p>

**Summary of nutritional evaluation:**

This inspection, conducted on March 14, 2018, reviewed the nutritional health of inmates at Glen Dyer Facility, which houses County and U.S. Marshall inmates. There is capacity for housing approximately 820 inmates on the six floors at this facility. Approximately 407 inmates were housed at the time of inspection. Average stay varies between several days to several years. Typically, inmates housed at this facility are low risk for health complications. Inmates are screened upon arrival by a nurse. Those inmates with serious chronic diseases or those who need more acute care (considered "level 2") are transferred directly to Santa Rita Jail.

Four floors were inhabited by inmates during this inspection:

Floor 1: Admin/Segregation – eat in the cell (no vending)

Floor 2: MS13 and validated gang members eat in the cell

Floors 5 & 6: Mainline – eat in outer congregating area (use tokens for vending)

Floors 3 and 4 were uninhabited during this inspection and were not visited.

It was reported that there were two hunger strikes by inmates since the previous inspection—one that lasted nearly a week in October 2017 and one that extended beyond 10 days in November/December 2017. Reportedly, about one-third of inmates participated in the hunger strikes (did not eat meals served); though many inmates continued eating commissary foods that were available. Inmates were checked daily by medical unit staff (as noted in the medical chart), if they participated in the hunger strike.

There were many issues the inmates were experiencing in regards to the facility to cause the hunger strikes; one included how the food being served was the same food repeatedly. Deputies photographed the meals for two months (the equivalent of two cycles of the 4-week cycle menu) which validated the comments by the inmates. Facility administrative staff approached the Alameda County-contracted food service company, ARAMARK, on the situation, and at the time of inspection believed the issue to have been resolved. Observations at this inspection indicated that there are still issues with the meals that are being served. Most importantly, the cycle menu is not being followed. The menu is reviewed by a Registered Dietitian to ensure that it meets the minimum diet regulations and conforms to the dietary guidelines. To the degree that menu substitutions are being made by the contracted company, and the observation that food items were missing from the meal tray, this is a serious breach in compliance to Title 15 Health and Safety code Section 101045.

#### Food Service

ARAMARK continues to manage the food service operations from an off-site location and perform the general operating procedures, such as ordering and delivery of food, performing administrative duties, and documenting activities during food production at the Santa Rita Jail central kitchen. A representative from ARAMARK was not present at this inspection. Two Alameda County deputies supervise the kitchen inmate workers and oversee the policies and procedures. Both deputies were interviewed at this inspection and appeared well informed of kitchen production, including the importance of maintaining identification of inmate therapeutic diets.

Meals and carts were labeled, and there was evidence of rotation of food to prevent spoilage, reducing food safety issues. Meal trays from the past five days, representing “dead man trays”, were available for testing, should an outbreak of food-borne illness occur. A “Daily Food Quality Survey” is completed each day for each meal by the on-duty deputy, and these documents were on file in the kitchen office. Inmate workers complete a Screening Questionnaire prior to being selected for work. These inmate workers are then trained on labeling, heating, and loading meals onto carts which are then taken to each unit at meal time.

A taste test of a sample dinner was conducted by six public health inspectors attending the facility inspection, and results were recorded based on presentation, palatability, and amount. The inmate meal was acceptable, but was not visually appealing. The foods that were presented as representing a typical inmate meal included:

Dinner: Au Gratin Potato Casserole, mixed vegetables (green beans and carrots), wheat bread, and cookies.

I was informed that the facility was on week 2 of the 4 week cycle. The menu indicated that completely different menu items were supposed to be served (chicken patty, pinto beans, cottage fries, coleslaw, cornbread and iced cake). The meal was incomplete, and substitutions had apparently been made at the source kitchen for the entire meal. Based on the documented menu the Au Gratin Casserole should provide 3 ounces of protein. From observation, given the meat source was ground, it did not appear to provide 3 ounces of protein. Additionally, there was no salad served, so it was missing a vegetable serving. Taste of the entrée was bland, and it had a heavy corn starch texture to it. The mixed vegetables, bread and cookies were fresh and tasty.

When looking at the overall nutritional value of the meal, it is considerably high in carbohydrate and low in protein. The menu as a whole meets standards for serving sizes and macronutrient balance, however, it is alarming that so many food substitutions are being made at the source kitchen on such a regular basis. My observation verified the comments I heard from staff and inmates, and the documentation noted in medical charts on the two hunger strikes conducted late last year

by the inmates, provided further evidence. Given the current observed and recorded practices by the contracted food service company, it is suspected that inmates at this facility are not receiving the recommended dietary allowances and may become deficient in many nutrients.

### Medical

The fairly new medical contractor overseeing the medical care of inmates at this facility, California Forensic Medical Group (CFMG), appears to be providing good care, based on discussion with the medical staff, review of charts, and interviews with inmates. The facility has been in transition to a fully computerized system and this is the first year the medical charts were solely electronic.

Twelve (12) inmate medical electronic charts were reviewed. It took some time to adjust to finding specific information on the electronic version, but over time this should become easier.

Of the medical charts reviewed (those requiring dietary restrictions) the results of the audit are as follows:

- 92% audited charts had a MD diet order matching the special dietary needs of the inmate (1 inmate clearly had hypertension, yet was not on anti-hypertensive medication nor on a low sodium diet);
- 67% (8 of 12) audited charts where a special diet was indicated were categorized correctly in the computer system with the prescribed diet for food service to fulfill; (two diets indicated in the system provided to the food service department were noted to start in the future and/or were pending; two inmates with food allergies did not have these indicated correctly on the food service's order list)

Having the computer system makes for quicker communication between departments. As staff become more accustomed to the new system, it is believed that special diets will be more accurately indicated and inmates requiring a therapeutic diet will be served the special diet in a very timely manner. There appears to be a glitch in the system in regards to orders that can be made for future dates. Some diet orders were noted to start in November 2018 or other far off date. This could cause an inmate to miss his prescribed diet due to input error (**see recommendation 4b**).

One hundred forty-two (142) inmates were recorded as needing a special diet at the time of inspection. This is yet higher than last year's inspection, which had a large number of special diets indicated. The majority of special diets prescribed are "lowfat/cholesterol/salt" (47), Kosher (36), allergy/intolerance diets (21), vegetarian (18), diabetic (11), and hepatic/renal (8). The very large number of Kosher diets is surprising, given this facility didn't have any during the previous years' inspection. It was noted by medical staff that the allergy/intolerance diets are verified by allergy testing prior to ordering.

A chronic care clinic is available for inmates who have heart disease, diabetes, and HIV.

Two inmates were interviewed by the inspection team. Overall they stated the health care received is very good and the meals they receive contain a "low variety of food" and the food is "bad".

In conversation with medical and pharmacy staff, it was determined that vitamin D deficiency is not much of a consideration in the GDF incarcerated population. It was stated that there is no protocol for vitamin D deficiency. Given that studies have shown incarcerated individuals to be at risk of vitamin D deficiency, vitamin D supplementation should be considered by medical staff for those incarcerated for longer periods of time, those with lactose intolerance, and those withheld from sun exposure. Marked vitamin D deficiency is associated with a myriad of adverse health outcomes, and supplementation could potentially prevent an increased risk for such ailments. (**See Recommendation 2.**)

### Housing Units

Deputies in the kitchen and inmate units were well versed on food service policies and procedures. There is good communication between unit deputies and the kitchen deputies should an inmate not receive his intended tray. The floor deputy either calls or radios to the kitchen deputy and a tray is delivered in a reasonable amount of time to the inmate.



On the units, the deputies oversee dispensing of meals at meal time. Inmate workers distribute on floors 5 and 6, and the deputy distributes on floors 1 and 2. All deputies interviewed and inmate workers are aware of inmates who are to receive special diets.

There are no snack vending machines on inmate units; however, beverage machines are available on floors 5 and 6. The contents of these machines need to change to comply with the Alameda County Nutrition and Physical Activity Policy and Guidelines passed by the Board of Supervisors in October 2009. Currently, water (1 out of 10 choices available) is the only healthy option available from which to choose in some machines. According to the policy, 50% of available beverages in vending machines serviced on County-owned and leased property need to meet the healthy criteria. Additionally, the vending machines in the lobby waiting area need to reflect the same guidelines. Some machines had the calorie level labeled on the selection buttons, according to the new FDA vending machine labeling requirements, enacted December 1, 2016. All machines at this facility, including machines in the lobby available to the public, need to comply with this new law. **See Suggestion 2.**

The commissary list was reviewed for healthy options. Very few healthy options are available for inmate selection. It is recommended that some of the lesser healthier options on the list be replaced with healthier options so inmates have an option. **See Suggestion 3.**

### **Review 2017 Recommendations**

#### **Recommendation 1: Update the Diet Manual in Food Services [Compliant]**

The Diet Manual located in both Food Services and Medical departments needs to be reviewed annually and be acknowledged by signature by the overseeing Dietitian and the facility manager. The manual in the Medical department is very incomplete. Please review and update. The manual in the kitchen needs to be reviewed and approved via signature.

\* \* \*

### **2018 Recommendations:**

#### **Recommendation 1: Menu/Meal Provision**

**Follow 4 week cycle menu as approved by ARAMARK dietitian; cut down significantly on food item substitutions; improve on meal variability.**

Title 15 Section 1241 requires that a minimum diet consist of the full number of servings of the food groups: protein, dairy, fruit and vegetables, and grains, with adequate caloric provision. The simplest correction for this issue is to provide the foods as specified on the documented, approved menu. Following the menu and maintaining good production planning procedures would eliminate most need to make food substitutions and it would better provide for a more variable meal offering.

#### **Recommendation 2: Vitamin D Supplementation**

**Provide vitamin D supplementation to long-term inmates who are lactose intolerant and have limited sun exposure.**

#### **Recommendation 3: Vary Fruits and Vegetables Served**

**Provide a variation of fruits and vegetables for meals.**

Apples are the only type of fresh fruit served each day. To increase acceptability and improve wider variation in nutrients, offer other fruits when in season and vary vegetable offerings.

#### **Recommendation 4: Diet Orders**

**4a. Ensure that staff who enter diet orders for the food service department enter the full diet as prescribed by the physician, including known food allergies.**

Consider training staff on correctly entering diet order information.

**4b. Review new computer system for dietary entries and set a warning for staff who enter diet orders to make sure it is not set for a start date far in the future.**

**2018 Suggestions:**

**1. Improve the appearance of meals**

Meals have been noted to be beige and unappealing for several, consecutive years. Consider changing the menu to add more variation in color. Reconsider recipe for unattractive entrees to improve palatability.

**2. Review the vending contract and increase the number of healthful snacks and beverages to a minimum of 50% of the available items**

The vending machine in the first floor lobby needs to have calorie information disclosed, based on a new requirement set by the US Food and Drug Administration (FDA).

Per Alameda County Nutrition and Physical Activity Policy and Guidelines passed by the Board of Supervisors in October 2009, at least 50% of vending items served in the vending machines (snack and beverage) need to meet the Healthy Option Criteria for snacks and beverages as outlined below:

**Healthy Option Criteria for Snacks:**

- a. Have no more than 35% of its calories from total fat (not including nuts & seeds);
- b. Have no more than 10% of its calories from saturated fat.
- c. Have no more than 35% sugar by weight (not including fruits or vegetables).

**Healthy Option Criteria for beverages:**

- a. No high fructose corn syrup
- b. No more than 12 fluid ounces or more than 200 total calories
- c. At least 40% of all beverages must be non-carbonated
- d. Water and other non-caloric beverages containing neither nutritive or non-nutritive sweeteners
- e. Carbonated or non-carbonated fruit juice beverages containing at least 50% fruit juice, neither nutritive or non-nutritive sweeteners
- f. Beverages with added nutritive sweeteners containing more than 50 calories per 8 ounces, 75 calories per 12 ounces, or 100 total calories per container.

It is suggested that the vending machine vendor contract be amended to reflect the language stated in this policy.

**3. Replace some of the lesser healthier snack offerings on the commissary list with healthier snack offerings so inmates have an option.**

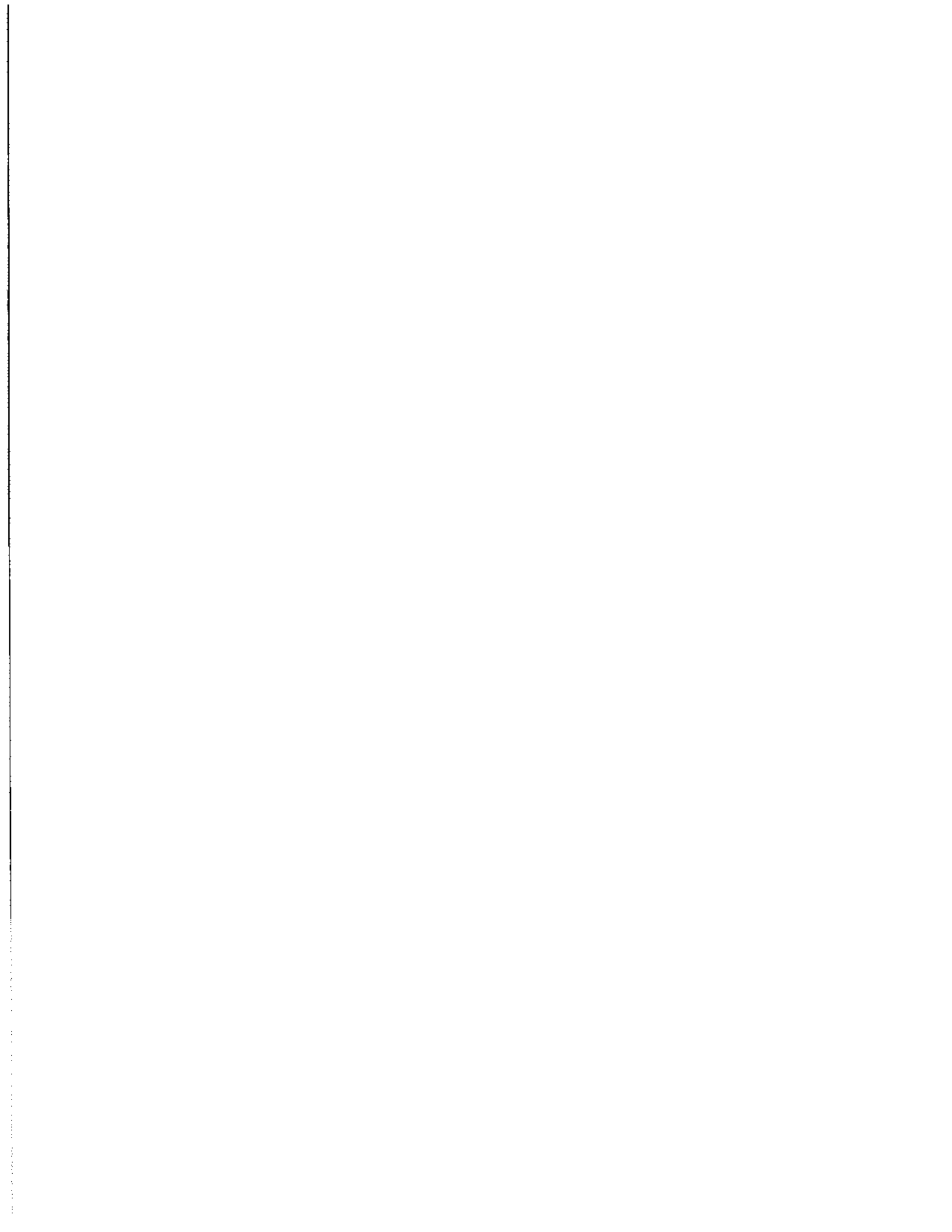
Any questions regarding the Nutritional Health Evaluation can be directed to Annette Laverty, MPH, RD at Alameda County Public Health Department, 510-268-4218 or [Annette.Laverty@acgov.org](mailto:Annette.Laverty@acgov.org).

**ADULT TYPE I, II, III and IV FACILITIES  
Local Detention Facility Health Inspection Report  
Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME:  Glen Dyer Detention Facility Inspection		COUNTY:  Alameda County			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  550 6 <sup>th</sup> Street Oakland, CA 94607 (510)- 268-7760 or (510) 268-7777					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: Yes	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED: March 14, 2018		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Laverty, Program Specialist					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Lieutenant Carrie Carone Cheryl Leines Barbara Gerleman					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: March 14, 2018		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nick Moss, M.D. Patricia Calloway, RN, PHN					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

This checklist is to be completed pursuant to the attached instructions.



**III. MEDICAL/MENTAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Health Services Staff Disaster Policy-A07 Rev. 9/15/2017
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	x			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	x			
Security regulations are applicable to facility staff and health care personnel.	x			
At least one physician is available.	x			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			x	
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				Quality Management Program Policy- A06 Rev. 9/15/2017
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	x			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Credentialing and Privileging of Medical Services Policy- C01 Rev. 9/15/2017
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Governance and Administration Policy-A02 Rev. 9/15/2017
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>				Patient Care and Treatment Policy-E02 Rev. 9/15/2017
Individual, complete and dated health records are maintained and include, but are not limited to:	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Receiving screening form/history ( <i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i> );	X			
(2) Medical/mental health evaluation reports;	X			Policy-E05 Rev. 9/15/2017
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			Policy-E02 Rev. 9/15/2017
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				Confidentiality of Health Records Policy-H02 Rev. 9/15/2017
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			Management of Health Records Policy-H03 Rev. 9/15/2017
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )				Policy and Procedures Manual Policy-A05 Rev. 9/15/2017
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			Patient Care and Treatment Policy- E-08 Rev. 9/15/2017
c) Emergency and non-emergency medical and dental services, including transportation;	X			Oral Care Policy-E06 Rev. 9/15/2017
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			Special Needs and Services Policy G10 Rev.9/15/2017
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Special Needs and Services Policy-G09 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Special Needs and Services Policy-G02 Rev. 9/15/2017
h) Implementation of special medical programs;	X			Special Needs and Services Policy-G01 Rev. 9/15/2017
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			Infection Prevention and Control Policy-B01 Rev.9/15/2017
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Storage of Drugs Policy-D02 Rev. 9/15/2017
k) Use of non-physician personnel in providing medical care;	X			Personnel and Training Policy-C01 Rev.9/15/2017
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			Confidentiality of Health Records Policy-H02 Rev. 9/15/2017
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Transfer of Patients With Acute Illness Policy-E08.1 Rev. 9/15/2017
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			Transfer of Patients With Acute Illness Policy-E08.1 Rev. 9/15/2017
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			Transfer of Patients With Acute Illness Policy-E08.1 Rev. 9/15/2017
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			Patient Care and Treatment Rev. 9/15/2017
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			Medical/Legal Issues Policy-I03 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>  There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Intake health screening procedures;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Identification of relevant symptoms;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Referral for medical evaluation;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Treatment responsibilities during incarceration; and,	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Coordination with public and private community-based resources for follow-up treatment.	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017 Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
The types of communicable diseases to be reported;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
The persons who must receive the medical reports;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Sharing of medical information with inmates and custody staff;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Medical confidentiality requirements;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Provision for inmates consent that address the limits of confidentiality; and,	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			Infection Prevention and Control Policy- B01.1 Rev. 9/15/2017
<b>1207 Medical Receiving Screening</b>  A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017
The screening is performed by licensed health care staff or by trained facility staff.	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			Receiving Intake Screening Policy E-02 Rev.9/15/2017
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				Mental Health Screening/Special Needs Policy-G04 Rev. 9/15/2017
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
<b>1208 Access to Treatment</b>				Patient Care and Treatment Policy-E01 Rev. 9/15/2017
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				Patient Care and Treatment Policy-E05 Rev. 9/15/2017
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
2) Crisis intervention and management of acute psychiatric episodes;	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
3) Stabilization and treatment of mental disorders; and,	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017 Patient Care and Treatment Policy-E05 Rev. 9/15/2017
4) Medication support services.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Designation of licensed personnel authorized to order and administer involuntary medication.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Designation of appropriate setting for involuntary administration of medication.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
Documentation of the administration of involuntary medication in the inmate's medical record.	X			Patient Care and Treatment Policy-E05 Rev. 9/15/2017
<b>1210 Individualized Treatment Plans</b>				Patient Care and Treatment Policy-12.1 Rev. 9/15/2017
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			Patient Care and Treatment Policy-12.1 Rev. 9/15/2017
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			Patient Care and Treatment Policy-12.1 Rev. 9/15/2017
<b>1211 Sick Call</b>				Special Needs Policy-G07 REV. 9/15/2017
There are policies and procedures for daily sick call for all inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any inmate requesting health care is provided that attention.	X			Special Needs Policy-G07 Rev. 9/15/2017
<b>1212 Vermin Control</b>  There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Patient Care and Treatment Policy-E02; pg. 4/Bullet C Rev. 9/15/2017
<b>1213 Detoxification Treatment</b> <i>(Not applicable Type IV.)</i>  Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Special Needs Policy-G07 Rev. 9/15/2017
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Special Needs Policy-G07 Rev. 9/15/2017
<b>1214 Informed Consent</b>  There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Medical and Legal Policy-I01 Rev. 9/15/2017
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Medical and Legal Policy-I01 Rev. 9/15/2017
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			Medical and Legal Policy-I01 Rev. 9/15/2017
<b>1215 Dental Care</b>  Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			Patient Care and Treatment Policy-E06 Rev. 9/15/2017
<b>1216 Pharmaceutical Management</b>  Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			Health Care Services and Support Policy-D02 Rev. /915/2017
Securely lockable cabinets, closets and refrigeration units;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
A means for the positive identification of the recipient of the prescribed medication;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Administration/delivery of medicines to minors as prescribed;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Prohibiting delivery of drugs by inmates;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Limitation to the length of time medication may be administered without further medical evaluation;	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Health Care Services and Support Policy-D01.3 Rev. 9/15/2017
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017 Health Care Services and Support Policy-D01.3 Rev. 9/15/2017
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			Health Care Services and Support Policy-D01.1 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			Health Care Services and Support Policy-D01.2 Rev. 9/15/2017
<b>1217 Psychotropic Medications</b> ( <i>Not applicable Type IV.</i> )	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. ( <i>See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.</i> )	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
Medication is prescribed by a physician in written form in the inmate's record following a clinical evaluation in person or by telephone. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			Psychotropic Medications Policy-D01.4 Rev. 9/15/2017
<b>1219 Suicide Prevention Program</b>				SUICIDE PREVENTION PROGRAM BINDER
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				PATIENT CARE AND TREATMENT Policy-E08.2 Rev. 9/15/2017
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			PATIENT CARE AND TREATMENT Policy-E08.2 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			Governance and Administration Policy-A10 Rev. 9/15/2017
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Communicable Disease and Safety Policy-B01 Rev. 9/15/2017
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			Communicable Disease and Safety Policy-B01 Rev. 9/15/2017
The inmate's response is noted on the booking form and/or screening device.	X			Communicable Disease and Safety Policy-B01 Rev. 9/15/2017
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			Patients with Special Health Needs Policy-G04 Rev. 9/15/2017
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			Patients with Special Health Needs Policy-G04 Rev. 9/15/2017
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Safety cells are not used for punishment or as a substitute for treatment.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
Continued retention of inmate is reviewed a minimum of every eight hours.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			Patient Care and Treatment Policy-E09.1 Rev. 9/15/2017
<b>1056 Use of Sobering Cell</b>				Special Needs Policy-G07 Rev. 9/15/2017
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Special Needs Policy-G07 Rev. 9/15/2017
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			Special Needs Policy-G07 Rev. 9/15/2017
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			Special Needs Policy-G07 Rev. 9/15/2017
<b>1057 Developmentally Disabled Inmates</b>				Patients with Special Needs Policy-G02 Rev. 9/15/2017
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			Patients with Special Needs Policy-G02 Rev. 9/15/2017



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1058 Use of Restraint Devices</b></p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
Restraints are not used as a discipline or as a substitute for treatment.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			Medical/Legal Issues Policy-I01 Rev. 9/15/2017
<b>ARTICLE 8, MINORS IN JAILS</b>				
<p><b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b></p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

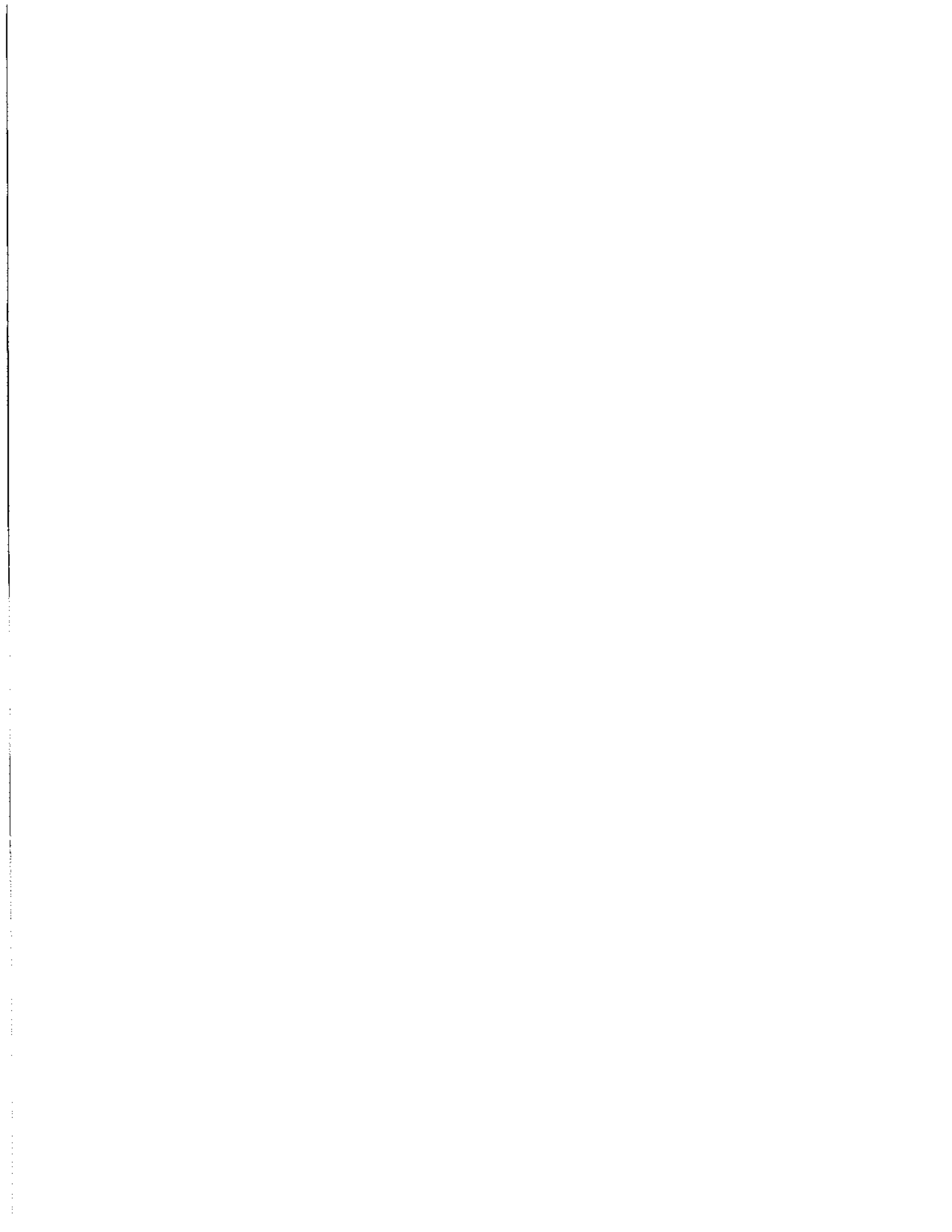
ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
<b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b>  Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b>  For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination: is received from the sending facility; is reviewed by designated health care staff at the receiving facility; and, absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b>  There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids. Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician. Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
			X	
			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1125 PSYCHOTROPIC MEDICATIONS</b>  <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>  (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>			X	
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Be suitably equipped;	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Be located within the security area and provide for inmate privacy;	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Provide lockable storage space for medical instruments; and,	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			Clinic Space, Equipment and Supplies Policy-D03 Rev. 9/15/2017
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>  In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			HEALTH CARE SERVICES AND SUPPORT
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>  Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
<b>PC 4023.6 Female Inmates' Physician</b>  Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
Procedures allow female inmates to receive needed medical services.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
<b>PC 4023.5 Female Inmate – Personal Care</b>  At their request, female inmates are allowed to continue use of materials for:	X			Special Needs and Services Policy-G08 Rev. 9/15/2017

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Personal hygiene regarding menstrual cycle; and,	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
Birth control measures as prescribed by their physician.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017
<b>PC 4028 Abortions</b>  Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			Special Needs and Services Policy-G08 Rev. 9/15/2017

Summary of medical/mental health evaluation:

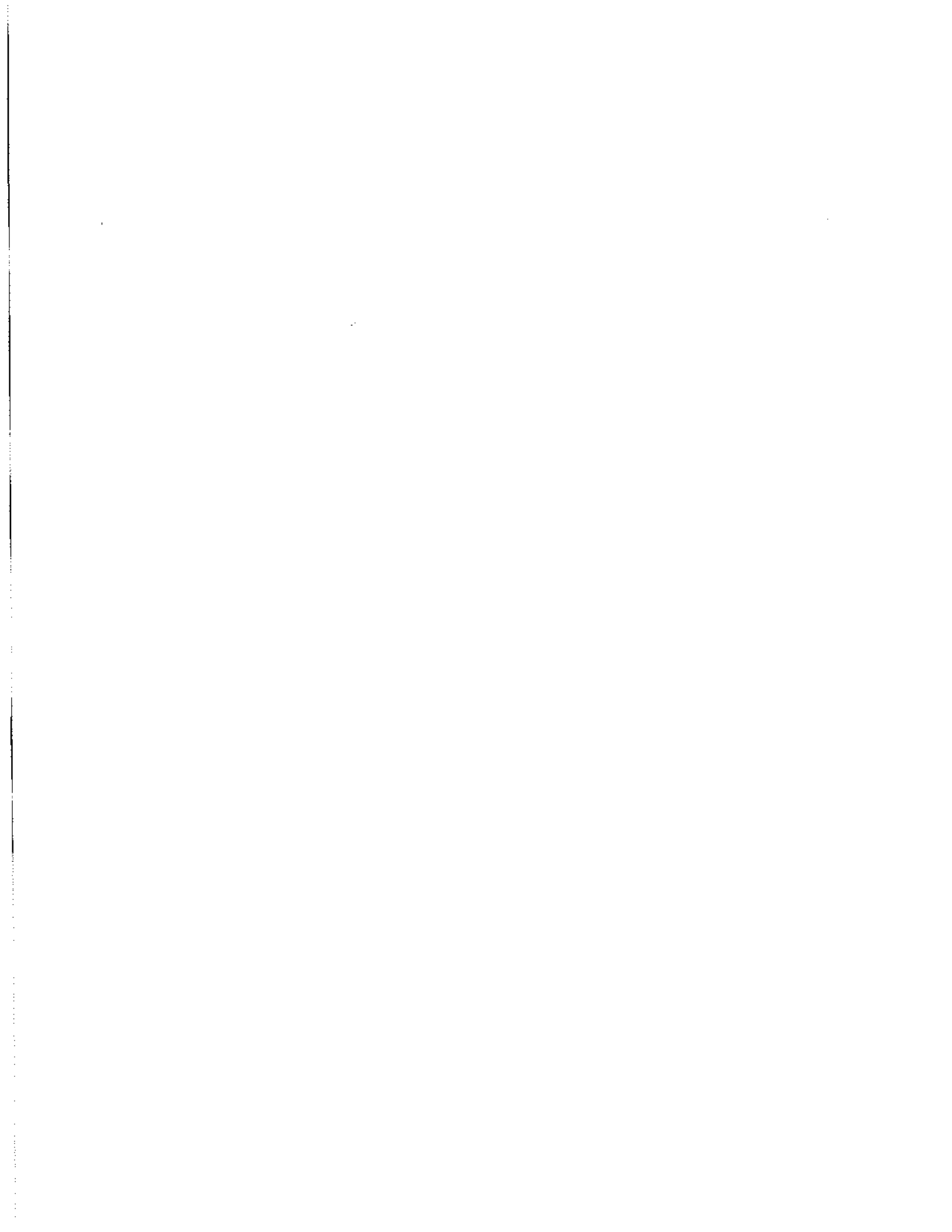


**ADULT TYPE I, II, III and IV FACILITIES  
Local Detention Facility Health Inspection Report  
Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME:  Glen Dyer Detention Facility Inspection		COUNTY:  Alameda County		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  550 6 <sup>th</sup> Street Oakland, CA 94607 (510)- 268-7760 or (510) 268-7777				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: Yes	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: March 14, 2018		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Laverty, Program Specialist				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Lieutenant Carrie Carone Cheryl Leines Barbara Gerleman				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: March 14, 2018		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nick Moss, M.D. Patricia Calloway, RN, PHN				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.





**III. MEDICAL/MENTAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Responsibility Health Authority CFMG-A 02 REV. 10/1/2016
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			A physician is on call 24 hours. The usual work day hours are 9-5
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				Quality Management Program CFMG-A 06 REV 10/2016
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Credentialing and Privileging of Medical Services CFMG-C01
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			Monthly trainings are provided by the nurse manager. Continued Education credit is provided.
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> ( <i>Applicable to facilities with on-site health care staff</i> )  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Health Records CFMG-H01 REV, 10/1/2016
(1) Receiving screening form/history ( <i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i> );	X			CFMG-H01 REV 10/1/2016
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			Confidentiality of Health Records CFMG-H02 REV. 10/1/2016
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			Policy and Procedures CFMG-A05 REV. 10/1/2016
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			Patient Care and Treatment CFMG E-08
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			Special Needs and Services CFMG-G10 REV. 10/1/2016
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Contraception and Care of Pregnant Inmate CFMG- G-09 10/1/2016
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Special Needs and Services CFMG G-04 REV. 10/1/2016
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Infection Control Guidelines CFMG-B01 REV. 10/1/2016
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			Forensic Information CFMG-103 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				Communicable Disease CFMG B01.1 REV. 10/1/2016
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			Infection Control Guidelines CFMG-B01 REV. 10/1/2016
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			Communicable Disease CFMG-B01.1 REV. 10/1/2016
<b>1207 Medical Receiving Screening</b>				Receiving Intake Screening CFMG-E02 REV. 10/1/2016
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1207.5 Special Mental Disorder Assessment</b>  <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>	X			Individual safety assessment is conducted by qualified behavioral health staff. A safety planning template include education on mindfulness, deep breathing and other methods to reduce stress. The pharmacy is notified for medication verification, bridge meds are offered if needed. Inmates are scheduled for a medical evaluation as soon as possible.
<p><b>1208 Access to Treatment</b></p> <p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			Individualized Treatment Plan CFMG-E12.1 REV. 10/1/2016
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>	X			
<p><b>1209 Transfer to a Treatment Facility</b>  <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			Mental Health Screening and Evaluation CFMG-E05 REV. 10/1/2016
<p>1) Screening for mental health problems;</p>	X			
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>	X			
<p>3) Stabilization and treatment of mental disorders; and,</p>	X			
<p>4) Medication support services.</p>	X			
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>	X			Transfer of Inmates CFMG-E03 REV. 10/1/2016
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.  <i>(If yes, please complete the following)</i></p>	X			Patients with Special Health Needs CFMG-G02 REV. 10/1/2016
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>	X			
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>	X			
<p>Designation of appropriate setting for involuntary administration of medication.</p>	X			
<p>Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				Individualized Treatment Plan CFMG-E12.1 REV. 10/1/2016
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				Sick Call CFMG-E07.1 REV. 10/1/2017
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				Control and Treatment of ECTO Parasites CFMG B01.3 REV. 10/1/2016
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				Intoxication and Withdrawal CFMG-G06.1 REV. 10/1/2016
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
<b>1214 Informed Consent</b>				Informed Consent and Right to Refuse CFMG-I05 REV. 10/1/2016
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				Oral Care CFMG-E06 REV. 10/1/2016
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				The 10 rights of medical documentation are practiced at this facility.
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)  There are policies and procedures governing the use of psychotropic medications.	X			Psychotropic Medications CFMG D)1.4 REV. 10/1/2016 Clients identify themselves on intake.
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			Only with consent.
Medication is prescribed by a physician following a clinical evaluation.	X			Clinical judgement is used and documented.
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			Re-evaluation is done with every contact or as needed; inmates are evaluated by a medical doctor every 30 days or more often as needed
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>  There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Suicide Prevention Program Located in Separate Binder CFMG-G05
<b>1220 First Aid Kits</b>  One or more first aid kits are available in the facility.	X			Patient Care and Treatment CFMG E08.2 REV. 10/1/2016
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			Medical/Mental Health Review of In-Custody Deaths CFMG A10.1 REV. 10/1/2016
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Communicable Disease CFMG B01.1 REV. 10/1/2016
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			Patients with Special Health Needs CFMG-G02 REV. 10/1/2016
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Patient Care and Treatment CFMG-E09.1 REV. 10/1/2016
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			This action is often done more frequently.
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>				Special Needs and Service CFMG G06.2 REV. 10/1/2016
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
<b>1057 Developmentally Disabled Inmates</b>				Patients with Special Health Needs CFMG-G02 REV. 10/1/2016
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

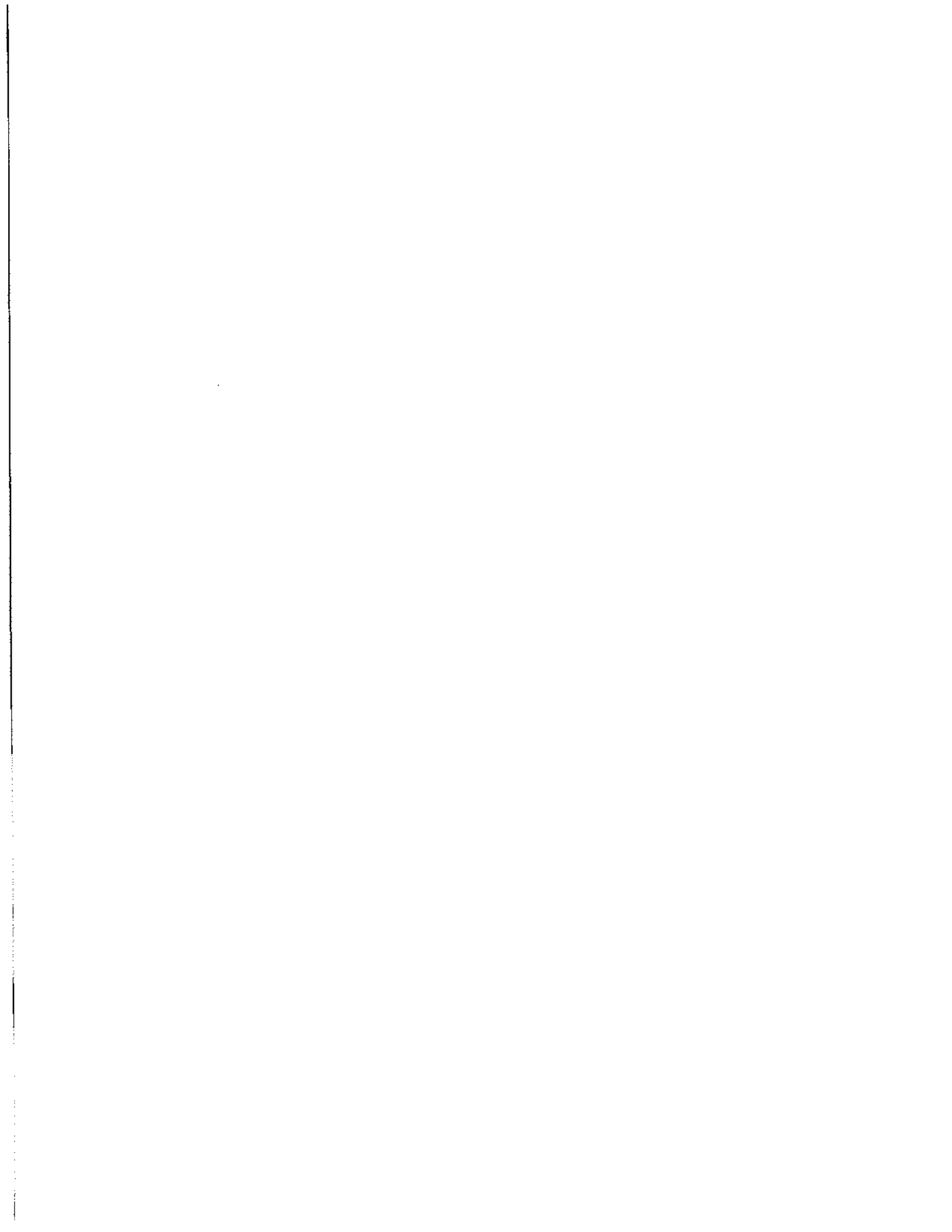
ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1058 Use of Restraint Devices</b></p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>	X			Medical-Legal Issues CFMG-101 REV. 10/1/2016
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8. MINORS IN JAILS</b>				
<p><b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b></p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b>  Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b>  For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
<b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b>  There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	
<b>1125 PSYCHOTROPIC MEDICATIONS</b>  <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>  (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>				Health Care Services CFMG-D03 REV. 10/1/2016
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>				Health Care Services CFMG-D03 REV. 10/1/2016
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25-- Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				Special Needs and Services CFMG-G06.1 REV. 10/1/2016
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate – Personal Care</b>				Special Needs and Services CFMG G08 REV. 10/1/2016
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			

Summary of medical/mental health evaluation:







Alameda County Health Care Services Agency Colleen Chawla Agency Director  
Public Health Department Muntu Davis MD, MPH, Director and Health Officer

Department of Public Health Nursing  
24085 Amador Street, Suite 110  
Hayward, CA 94544  
Phone: (510) 670-8441  
Kimberly Wesley RN III PHN MSN

Date: March 14<sup>th</sup> 2017  
To: Nicolas Moss MD  
From: Kimberly Wesley RN3, PHN, MSN  
Re: Medical Charts Reviewed @ Glen E. Dyer Detention Facility

### **2018 MEDICAL CHART REVIEWS via ELECTRONIC HEALTH RECORDS**

- Five Charts reviewed for inmates transferred to hospital.
- One Hepatitis C Medical Chart.
- Four Chlamydia Charts.
- One Chronic Hepatitis C Medical Chart.

### **2018 INDICATOR UNMET/RECOMMENDATIONS:**

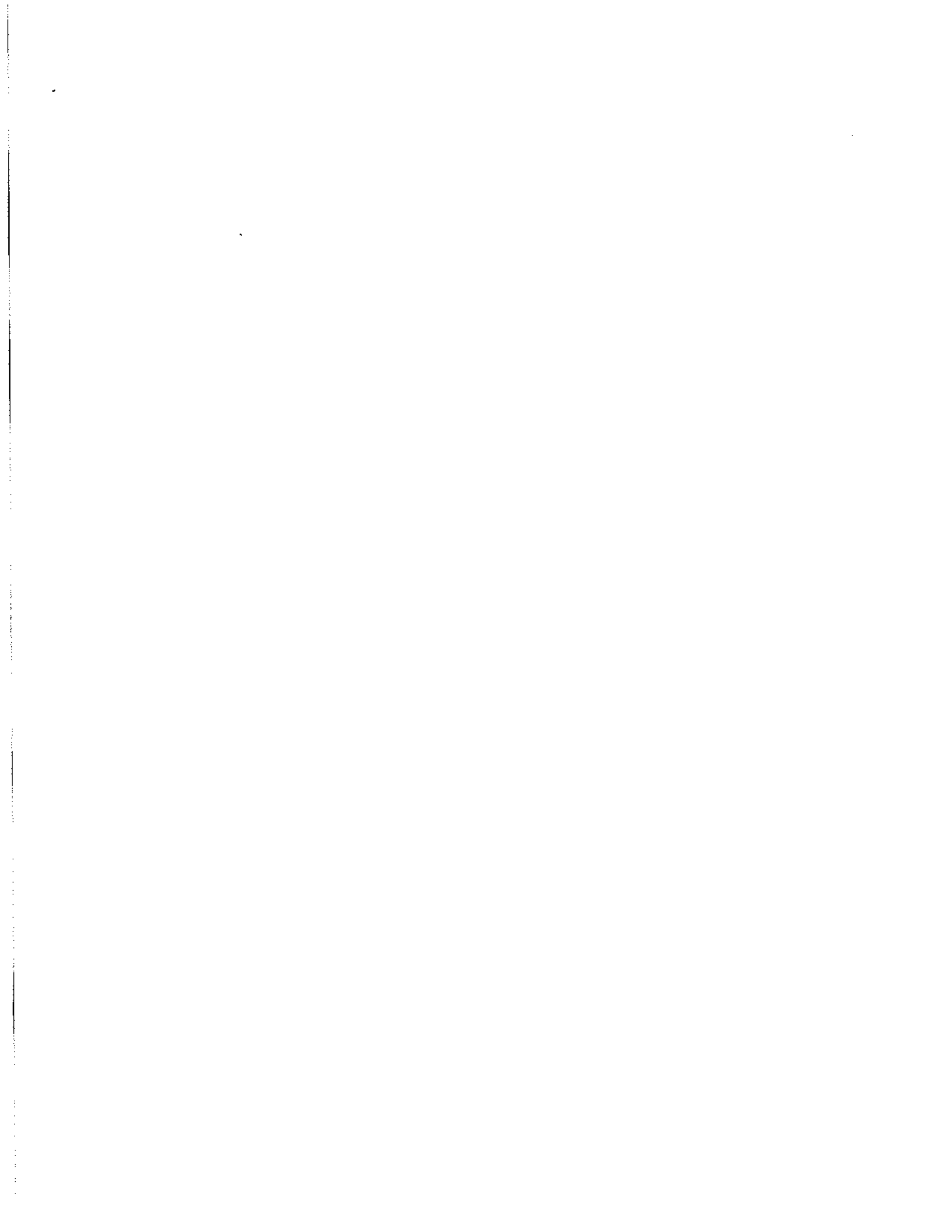
- Staffers did not inform transport team about precautions to prevent disease transmission in the medical record.
- Medication information documented and provided to the transporters if out of area.
- No CMR found for the (Chronic Hepatitis C patient) No documentation that it was faxed to PHD.
- Continuity of Care plan needed for Inmate with Chronic Hepatitis C
- No documentation noted in the Electronic Health Record, that the inmates who received STI treatment also received health education related to their STI.
- Ongoing consultation with SRJ Medical Staffers needed for Inmates with Chronic STI's.

### **2018 CLIENT INTERVIEWS**

- Inmate interviews: Conducted By Patricia Calloway RN, PHN

### **2018 INSPECTION FINDINGS**

- Tour of Facility: Conducted By Patricia Calloway RN, PHN



# MEMORANDUM

DATE: March 29, 2018

TO: Muntu Davis, MD, MPH ACPHD Director and County Health Officer

FROM: Tracey Andrews, RDH, MPH

Subject: Jail Inspection Glen Dyer Jail-Dental March 14, 2018

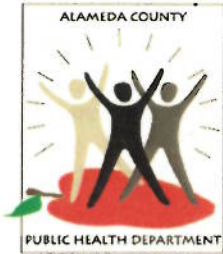
On March 14, 2018, I made a site visit to Glen Dyer Jail along with members of the Alameda County Public Health Department Inspection team. Electronic chart audits for twenty inmates were performed. The twenty randomly selected patient records were evaluated for timeliness, diagnostic integrity, treatment planning, comprehensiveness of care as well as, documentation of informed consent and proper documentation of medical alerts. The site manual for dental procedures was reviewed with the Facility Medical Director. Overall, the dental providers at the site continue to provide professional care within the community standard given the restrictions of custody, legal appointments, and facility transfer of inmates.

## Summary of chart audit

- 1) The dental provider continues to make the effort to provide a timely and comprehensive restorative treatment plan, and complete the required treatment for the inmate while they are in custody. Emergency and urgent care needs are prioritized. Preventive care is included if inmate's internment time frame permits. Provider diagnosis and treatment plan notes are of excellent quality. Generally, the review consistently saw completed treatment plans for inmates that are incarcerated for six months or longer.
- 2) The facility's electronic medical record is not without challenges for integrating dental charting. The dental provider adequately completed and reviewed a separate dental medical history form and noted the presence or absence of medical alerts, although this document is not included under the dental record notes of the electronic record. It is found under the summary and requires searching by date of appointment found in the dental record notes section. Although there is evidence that the dental provider is reviewing the health history, it is not written within the dental record notes. One suggestion is to have dental provider write in the dental notes, where the visit treatment is documented, that medical history form was completed, reviewed and updated at each visit. There is also a chart notes tab in the medical records where some of the dental notes were found when missing from dental tab.
- 3) Only four charts noted the type of x-ray taken. Since the dental x-rays are not available to view in the electronic record, careful documentation of the tooth number, type of radiograph (PA, BWX, PAN) and the number of films taken should be recorded.

- 4) An improvement noted from last year, is that there was a change to a new electronic form for documentation of Informed Consent that is more comprehensive than the version from last year. Dental is now mentioned in the new Informed Consent document. Additionally, informed consent for dental treatments and oral surgery are consistently found to be completed properly and are easily located in the inmate charts. It was also noted that outside referrals also consistently included a properly signed written document.
- 5) The electronic system for the dental record still does not adequately allow for hard and soft tissue charting. Periodontal assessment and probe readings are still noticeably missing.
- 6) Inmates were seen the same day after requesting an emergency dental appointment. If they requested a dental visit through sick calls, and pain was not noted, it took between one to thirteen days to be seen at a scheduled appointment by the dentist. This is consistent with community standards.
- 7) Nurses do a fair assessment of the dental health triage at the initial assessment. The referral to dentist also happens seamlessly after the physical which assures timely follow up. On one chart, the triage nurse assessment made a dental referral but the dental referral box was not checked. A few charts did not have a triage referral to dental even though dental problems were noted. It was noted that sometimes the inmate is released before they can have the complete physical and dental exam. Nurses do offer oral health education at triage appointment.
- 8) A suggestion for the nurse triage referral system, if an inmate reveals a methamphetamine history an automatic referral to dental should be generated, as wide-spread tooth decay is consistent with methamphetamine addiction.
- 9) Since the dental radiographs are not available in the electronic record, can they either be scanned into the electronic chart of the twenty names for review or pulled to accompany the twenty chart names for future reviews.

Thank you for the quality dental care and the much needed services that you provide to our inmates at Glen Dyer facility.



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT**

**Colleen Chawla, Director  
Muntu Davis, MD, MPH, Director, Health Officer**

Division of Communicable Disease Control and Prevention  
TB Control Program  
1000 San Leandro Boulevard, First Floor  
San Leandro, CA 94677  
Tel (510) 667-3096  
Fax (510) 273-3916

**Erica Pan, MD, MPH, Director & Deputy Health Officer  
Amit Chitnis, MD, MPH, TB Controller**

### Annual Public Health Inspections of Alameda County Correctional Facilities

**Date:** 3/27/18

**Correctional Facility:** Glenn E. Dyer Detention Facility

**Reviewer:** Susan Sawley, RN & Reiko Okada, RN

**Inspection Date:** 3/14/2018

<b>Indicator</b>	
Identification, documentation, and care of inmates with active tuberculosis (TB) disease or latent TB infection (LTBI)	
<b>Inmate medical record review</b>	
Five inmate charts were reviewed:	
<ul style="list-style-type: none"> <li>• TB screening was initiated in a timely manner when applicable</li> <li>• All five inmates had positive tuberculin skin tests (TSTs) recorded; of these, 2 inmates had a previous positive TST documented in their record, so no TB testing was performed; 2 inmates reported a previous positive TST without documentation, so TB testing was performed; 1 inmate had an unknown history of previous TST tests so TB testing was performed</li> <li>• No inmates were symptomatic for TB; all chest X-rays reports were within normal limits; no inmates were diagnosed with active TB disease</li> <li>• With regard to LTBI treatment, 2 inmates were advised to start LTBI treatment but refused; 2 inmates had a physician appointment pending but were released before their follow up; 1 inmate had documentation of previously completing LTBI treatment</li> </ul>	
<b>Audit Questions</b>	<b>Reviewer's Findings</b>
A. Was the completed "intake/receiving" form in the medical record?	All 5 inmate medical records had completed intake forms.
B. Was the tuberculin skin test (TST) placed within 96 hours of intake?	Two inmates had documented history of a previous positive TB test so no TB testing was performed upon their most recent booking; the remaining 3 inmates had TSTs placed within 96 hours of intake.
C. Was the TST recorded in mm induration?	All 3 TB tests performed were recorded in mm induration.
D. If the TST was $\geq 10$ mm induration, was inmate told of the signs and symptoms of TB, and was this documented?	Assessments for signs and symptoms of TB were performed at intake and documented for all 5 of the inmates.





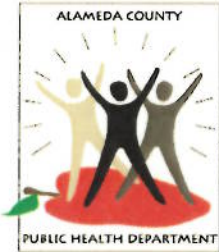
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<p>E. If an inmate was found to have signs and symptoms of TB, was the inmate placed on respiratory isolation?</p>	<p>Not applicable; review of medical records indicated no inmates were reported or observed to have signs or symptoms of TB.</p>
<p>F. If TST was found to be <math>\geq 10</math>mm induration, did inmate have a chest X-ray? G. Were the results of the chest X-ray documented in the medical record?</p>	<p>Of 5 inmate medical records reviewed, all had documentation of a chest radiograph and all were reported as within normal limits. One inmate's chest x-ray was performed at a different facility and the radiology report was not available in the medical record. However, the date and result were referenced in the federal marshal's report that arrived with the inmate upon his transfer.</p>
<p>H. TST <math>\geq 10</math>mm induration:</p> <ul style="list-style-type: none"> <li>• Accepted treatment?</li> <li>• If not on treatment, documented?</li> <li>• Patient education documented?</li> <li>• Liver function test (LFT) results on record?</li> </ul>	<p>Of all 5 inmates newly or previously diagnosed with LTBI:</p> <ul style="list-style-type: none"> <li>• One inmate was previously treated for LTBI; repeat treatment was not recommended; documentation available</li> <li>• Two inmates refused LTBI treatment and documentation was available; patient education was implicit in the provider note</li> <li>• Two inmates had a scheduled Corrections provider appointment to discuss LTBI but were released before appointment date</li> <li>• LFTs not applicable to any inmate as no treatment was started</li> </ul>
<p>I. If inmate was discharged to the community, did facility connect inmate with outside provider?</p> <ul style="list-style-type: none"> <li>• Was an appointment documented?</li> <li>• Did inmate get TB clearance?</li> </ul>	<p>For the 2 inmates released prior to follow-up for LTBI with Corrections provider:</p> <ul style="list-style-type: none"> <li>• No appointments for follow up in the community were documented</li> <li>• TB clearance not applicable</li> </ul>
<p>J. Was inmate given an adequate supply of TB medication to last until appointment date?</p>	<p>Not applicable</p>
<p>K. Was there documentation of summary sent to outside provider?</p>	<p>No documentation of summaries for the 2 inmates released prior to LTBI follow-up with Corrections provider.</p>
<p>L. Copy of medical summary of federal prisoner alien in chart?</p>	<p>For the 1 inmate that was transferred from a different facility, there was a federal marshal report that contained a medical summary, including history of TB testing, chest x-ray, and LTBI treatment.</p>



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**Comments:**

1. Inmate medical records were easy to navigate once reviewers became familiar with the new system. Electronic medical records supported uniformity in documentation.
2. Patient education was implied through documentation of signs and symptoms reviews or documentation of LTBI treatment refusal; however, there was no explicit documentation that patient education was performed.
3. For inmates diagnosed with LTBI and released before the Corrections provider appointment, there were no referrals given for follow up with community providers upon release.
4. Patient interviews were not conducted.
5. Protocols for evaluation and treatment of TB disease and latent TB infection were reviewed. In general, policies and procedures were consistent with current Public Health guidelines and previous recommendations from Public Health have been added to guidelines. Please see new recommendations below.
6. Alameda County TB Control TB Controller/Medical Consultant is available as a resource for questions regarding medical management of LTBI and suspected and confirmed cases of active TB.

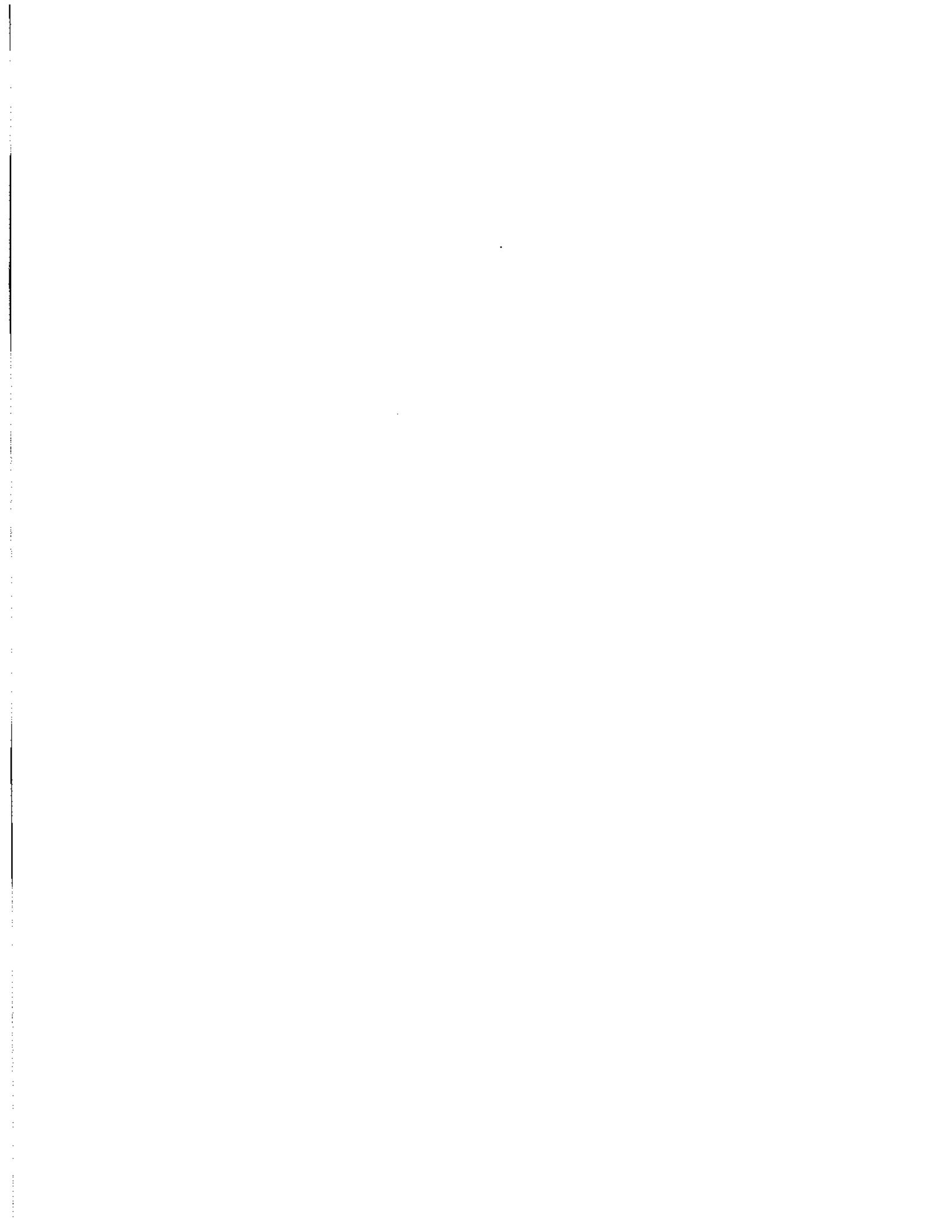
**Recommendations:**

1. Nursing Protocols (Respiratory, Section 4):
  - Treatment for LTBI: recommend including the option of rifampin daily for 4 months (as an alternative to INH/Rifapentine or INH mono-therapy). Additionally, treatment with isoniazid should be updated to a duration of 9 months.
2. Infection Control Manual (Tuberculosis, Section 5):
  - Recommend adding the option of rifampin daily for 4 months as a treatment regimen for LTBI.
3. Patient Education Manual (Tuberculosis Section)
  - Recommend using the CDC fact sheets available online

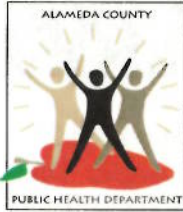
Signature:

Reiko Okada, RN, TB Public Health Nurse Corrections Liaison  
Division of Communicable Disease Control & Prevention/Tuberculosis  
Alameda County Public Health Department

Date







## ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

Office of AIDS Administration  
1000 Broadway, Suite 310  
Oakland, CA 94607  
Tel: (510) 268-7630 • Fax: (510) 268-7631

**Date:** March 14, 2018

**To:** Muntu Davis, M.D. and Nicholas Moss, MD

**From:** The Office of HIV Care: Pamela Casey

**Re:** HIV/AIDS Report and Recommendations for the AC-PHD Inspection of Glen Dyer  
Detention Facility (GDDF) March 14, 2018

### **2017 RECOMMENDATIONS**

1. Include in the Patient Education Manual copies of the type of information distributed for HIV patient education

### **2018 INSPECTION FINDINGS**

This is the second review of records since the California Forensic Medical Group became the provider of medical care. Laptops were used this time to access the inmate/client medical information.

#### **Review of Facility Manuals**

- In the *Clinical Pathways in Disease Management* manual, the HIV section has been maintained since last year and includes Diagnosis and Reporting, Antibody Testing, Adherence Consideration and Dental Maintenance, Transition to the Community, etc.
- The *Infectious Diseases Safety* manual was replaced by *The Infection Control Manual*, updated January 2018, and includes:
  - HIV testing sites
  - Alameda County's most recent HIV EPI Surveillance Report
  - CDC HIV fact sheets for inmates. Last year the fact sheets had been created for staff
  - Updated information, from January on policies for HIV consent, confidentiality and counseling, exposure control plan, and screening
- The *Patient Education* manual now includes information on HIV in English and Spanish. In addition, there are updated versions found in the education section of the inmate's electronic medical record.

#### **Medical Chart Review**

Four charts of inmates with HIV were reviewed by the Office of AIDS Administration staff. See the following results.

Sections of the e-record	
Charting and monitoring	All 4 inmate charts included the recordkeeping requirements, contained outside HIV primary care records, confirmation of HIV diagnosis, medical problem list, medication list and allergies. One chart did not contain a HIV Flow Sheet because the client refused to be seen.
Clinical Evaluation/Monitoring	Three of four inmate files contained HIV-related assessments, and medication and lab work was completed on time and documentation located. The same client who refused HIV Flow Sheet also refused some of the follow-up CD4 count.
Post-Release Linkage	Some of the elements of this section were located in a different file and not included in the e-record. Two of four records showed a refusal by the inmate to accept the 30-day supply of HIV medication. For connection to medical care: two of these inmates had been previously connected to an HIV specialist, one inmate refused to be connected to an MD, one inmate is still in custody.

### **Client Interviews**

One inmate with HIV was interviewed at the facility during this inspection. This was a new diagnosis. He describes the GDDF staff as very attentive and knowledgeable, and that he learned a lot about his condition since in custody. He reported that his HIV medications were always available.

Another inmate with diabetes also reported attentive staff. Both inmates complained of lack of access activity and the outdoors, repetitious, poorly seasoned meals (oatmeal, beans). There had been two hunger strikes in the last 12 months. One inmate participated in, however, he reported that these is protests never had an impact on the food selection.

### **2018 RECOMMENDATIONS**

Any information related to the discharge planning should be included in the inmate's electronic record.