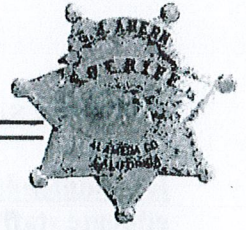


Alameda County Sheriff's Office

Santa Rita Jail
5325 Broder Boulevard, Dublin, CA 94568-3309



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

MEMORANDUM

DATE: October 31, 2017
TO: Darren Skoldqvist, Captain
FROM: Peter Slaughter, Lieutenant

REVIEWED
DS 1395

SUBJECT: **2017 ANNUAL HEALTH INSPECTION RESPONSE**

The County Health Inspector and members of their team conducted the Annual Health Inspection of Santa Rita Jail on two consecutive days, August 16-17, 2017. The scope of the inspection included the areas of Environmental, Nutritional, and Medical/Mental Health, including Dental Care services. During the course of the inspection, a few areas were found to be of concern or out of compliance with set standards. Some corrections were made before the completion of the inspection and others have determined completion dates, which were documented below.

NUTRITIONAL HEATH EVALUATION:

1242 Menus

Recommendation #1 – The current menu needs to be reviewed, updated to USDA 2015 Dietary Guidelines, and approved annually by the Registered Dietician. (*Non-Compliant - this was a noted recommendation from the 2016 inspection.*)

Response from Aramark District Manager Hal Yasa: *End of September – beginning of October is when the Alameda menus are reviewed by our RDs. I am not clear as to why this was not done prior year (I have started my position here at Alameda Area towards the end of April 2017 and the previous person is no longer with the company). Matter of fact, they were forwarded by our Registered Dietitians recently and we had sent the menus to our Supervising Officer as attached to be approved. This would definitely be guaranteed to be executed seamlessly moving forward, same as this year, as it is not only an ACSO agreement item; but an important compliance standard for Aramark Correctional Services in general.*

STATUS: Corrected. Standard Met.

1243 Food Service Plan

Recommendation #2 – Locate and make readily available the Emergency Feeding Plan; educate staff on the Plan. *(Non-Compliant - this is a new recommendation for 2017)*

Response from Aramark: *In general, most Aramark units have more than seven (7) days of food items inventory on their hands. At ACSO facilities, Aramark carries an inventory level of approximately \$300,000. Of these items, when the shelf stable ones are considered, we would have more than a week's supply of food to feed the local inmate population. While not being able to forecast the type of possible emergency and not knowing if the specific dietary regulations would still be enforced or not under emergency conditions, we are diligently working in conjunction with our Nutrition Department to put together a shelf stable menu that would still be able to satisfy regulations and will report the exact menu and procedures. This date will not be later than 11/30/2017.*

STATUS: Corrected. Standard Met.

Food Service

Recommendation #4 – Consider using preprinted forms for labeling foods/meals prepared for assembly and delivery. These forms can be half sheet and have space for the date the food was prepared, the food item, and any other notes (i.e., location to be delivered). *(Non-Compliant - this is a new recommendation for 2017)*

Response from Aramark: *Aramark has complete labeling procedures and materials for dry and refrigerated foods. We will make sure that this Aramark QA compliance item is adhered to at all times.*

STATUS: Already in compliance. Standard Met.

Inmate Units

Recommendation #7 – Update all Special Diet Lists, post on the wall in the meal holding rooms of each unit, with the updated list. *(Non-Compliant - this is a new recommendation for 2017)*

Response from ACSO: *A training bulletin will be sent to all shift sergeants. Shift sergeants will conduct training with all security staff members to ensure Special Diet Lists are posted in the meal holding rooms of each unit and updated daily.*

STATUS: Corrected. Standard Met.

Vending Machines

Recommendation #8 – Increase the number of healthful beverages to a minimum of 50% of the available items. Vending machines in the units at this facility consist almost entirely of

unhealthy beverages; snack food and beverage machines in the public lobby area and in the staff areas are also predominantly unhealthy. The Alameda County Nutrition and Physical Activity Policy and Guidelines require that a minimum of 50% of vending machine items are not more than 35% sugar by weight, not more than 30% of total calories from total fats, not more than 10% of total calories from saturated fats, contain no trans-fat, and at least one item meet the FDA low sodium guideline. Meet with the vending machine vendor and discuss options to include healthier options. (Non-Compliant - this was a noted recommendation from the 2013, 2014, 2015, and 2016 inspections.)

Response from Trinity: *At the time of this writing, Trinity Services Group has failed to provide a response. However, a check of all 18 housing units on base and the visiting lobby area the Public has access to at CP-11, revealed the following: 15 of the 18 housing units have vending machines that dispense soda and bottled water only. All snack food vending machines have been removed. Three housing units do not have any vending machines based on the housing unit's inmate classification. One housing unit has one vending machine based on the inmates' classification.*

STATUS: A meeting will be scheduled with Trinity to discuss this recommendation. Standard Met.

ENVIRONMENTAL HEALTH

1245 Kitchen Facilities, Sanitation and Food Service

Comments: Chili in the Officer's Dining kitchen was observed at an inadequate holding temperature of 108 degrees F while in a hot holding unit. Upon discussion with foodservice staff, the chili had been placed directly into the hot holding unit prior to rapidly reheating to required temperature of 135 degrees F. This was corrected onsite by having staff transfer the chili to the stove to reheat to 135 degrees F, then, transfer back to the hot holding unit.

Observed partially thawed hot dogs in hot hold unit in ODI reheating. Thaw foods properly before cooking or reheating.

Observed can opener in ODI with food debris accumulation; clean and sanitize all food-contact surfaces and equipment after each use.

Observed and discarded two (2) dented, rusty cans of food product.

Response from Aramark: *As sited in the findings above, this was remedied immediately. While this was a mistake made by one of our associates, we re-visited the topic and re-trained our staff regarding the re-heating procedures, where Aramark's standard is actually 165°F internal temperature for general and 140°F for processed/canned products. We will ensure ongoing monitoring is done diligently.*

Observed can opener in ODI with food debris accumulation; clean and sanitize all food-contact surfaces and equipment after each use.

Response from Aramark: *We will make sure that our cleaning procedures and checklist emphasizes sanitation regarding can opener gear and blade areas stronger.*

As sited, these were sitting outside of the prep room and were not destined to be used and were discarded. Aramark will never risk using dented/rusted cans for any reason and it is the company policy to reject or discard these products. Cans were not open and were not being used.

STATUS: Corrected. Standard met.

Comment: Observed a broken prep table in disrepair in the "production area". Repair/or replace table.

Response from Sergeant John Souza – ACSO: *An Alameda County request form was completed and submitted to replace the table.*

STATUS: Corrected.

Comments: Re-grout flooring where needed (small scullery, etc.)

Response from Sergeant John Souza – ACSO: *A request for repair form was completed and submitted to the Santa Rita Jail Building Maintenance Department (BMD).*

STATUS: Repair order completed and submitted to BMD.

Refrigeration Units

Comments: There was one (1) minor temperature violation observed in the WR #5 of the refrigeration units, measuring 46 degrees F, however, upon re-check the following day, the unit was back at proper operating temperatures, i.e. < 41 degrees F.

Response from Sergeant John Souza – ACSO: *A request for repair form was completed and submitted to the Santa Rita Jail Building Maintenance Department. The WR #5 was adjusted to proper operating temperature.*

STATUS: Corrected. Standard met.

Comments: There appeared to be an excessive amount of condensation buildup on the ceilings in several refrigeration units; approximately ten (10) pounds of bologna in an open package was discarded due to excessive freezer burn.

Sandwich probed in the #5 walk-in measured at 46 degrees F. Monitor temperatures in unit and maintain internal food temperatures below 41 degrees F.

Response from Aramark: *We have re-trained our associates regarding the proper storage techniques of items in order to avoid freezer burn and will continue to monitor closely.*

During production, sandwiches will be transported to the coolers more frequently in order to make sure that they reach the correct cold holding temperatures faster.

STATUS: Corrected. Standard met.

Comments: Bakery: An oven in the Main Kitchen was observed without proper mechanical ventilation. Corrective Action: Relocate oven under a ventilation hood.

Response from Sergeant John Souza – ACSO: *The SRJ BMD will properly relocate the oven to a location beneath the ventilation hood in the main kitchen.*

STATUS: A work order was completed and submitted; oven to be relocated under ventilation hood in Main Kitchen.

Comments: Garbage/Refuse Room: Gap greater than three (3) inches was observed at the roll-up door (possible rodent entry). Corrective Action: Eliminate gaps greater than a quarter inch to prevent entry of rodents.

Response from Sergeant John Souza – ACSO: *A commercial door repair company was contacted and the door was repaired immediately.*

STATUS: Corrected. Standard met.

Laundry Facilities

Comments: Old rodent droppings were observed in a back corner of the room. Corrective Action: This area should be included as part of the pest control program for the jail facility, and should be checked and monitored regularly.

Response from Sergeant John Souza – ACSO: *The GSA Grounds Unit was notified and the weekly pest control will be extended to the Laundry Unit.*

STATUS: Corrected. Standard met.

1272 Mattresses

Comments: Mattresses needing replacement due to “normal” wear and tear were pointed out to the facility staff and were replaced upon notification with new mattresses.

STATUS: Corrected. Standard met.

Title 24, Uniform Building Code – Plumbing

Comments: There were a number of inmate cells with slow draining sinks and a number of cells which the toilets required more cleaning. Work orders were made to correct all observed plumbing issues and were repaired and verified functional the following day.

STATUS: Corrected. Standard met.

Title 24, Part 1, 13-102(c)6 – Heating and Cooling

Comments: Cells with blocked vents were brought to the attention of facility staff, and were immediately cleaned and unblocked by the following day.

STATUS: Corrected. Standard met.

Title 24, Part 2, 470A.3.3 – Lighting

Comments: Observed some lighting fixtures that needed repair or needed to be replaced. Facility staff made corrections by the following day.

STATUS: Corrected. Standard met.

HSC 1803

Comments: There was a live and a dead mouse caught in the same trap in the upstairs dry storage room. Overall, general housekeeping in all the food service and storage areas were otherwise satisfactory. (Non-Compliant - this is a new recommendation for 2017)

STATUS: Corrected. Standard met.

MEDICAL/MENTAL HEALTH:

1248 Medical Diets

Recommendation #3 – Ensure inmates receive special diets as prescribed by doctor or nurse practitioner by checking to make sure all inmates on special diets are indicated correctly on the Diet Alert List. This can be accomplished by installing a procedure for medical staff to verify on a regular basis that inmates are assigned to the correct therapeutic diet on the “Diet Alert List” as indicated in the medical chart by the comparison of special diet orders on the list in the computer against diets indicated in the chart. (Non-Compliant - this was a noted recommendation from the 2016 inspection.)

Response from George Herron at California Forensic Medical Group: *A list of Special diets are approved by the Medical Director and the food service dietician. The list of approved special diets are in the food service diet manual. The special diets are selected from the approved list of diets and entered into the medical record. The “diet alert list” in ATIMS will be matched to the approved special diet list in the food service manual. The “diet alert list”*

appears in the Jail Management System. The diet order in the medical record is checked against the "diet alert list" when the diet is entered into the computer to alert the kitchen staff. An audit will be performed on a quarterly basis by the Quality Assurance Coordinator to ensure inmates receive special diets as prescribed by doctor or nurse practitioner.

STATUS: Corrected. Standard met.

Recommendation #5 – Indicate on the Allergy label on the front of medical charts any known food allergies. (Non-Compliant - this is a new recommendation for 2017)

Response from George Herron at California Forensic Medical Group: *The paper medical charts have been replaced by an electronic medical record, CorEMR. The paper charts were produced from the electronic health record system and did not prominently display an Allergy label. The electronic health record has prominently displayed Allergy alerts on the home screen of the patients' record. When viewed on the computer, the allergy alert is clearly visible on the first screen viewed in red letters.*

In 2018, the Health Inspection Auditors will be provided laptop computers to view the medical record in CorEMR.

STATUS: Already in compliance within the electronic medical record. Standard met.

Recommendation #6 – Ensure that inmates with chronic diseases are referred to the Chronic Care Clinic based on their chronic disease. Many charts of inmates with a chronic disease, such as hypertension, did not indicate referral to a Chronic Care Clinic. (Non-Compliant - this is a new recommendation for 2017)

Response from George Herron at California Forensic Medical Group: *The charts of inmates with chronic diseases have referrals that appear in the electronic medical record. The printed version of the electronic record does not clearly indicate the location of the referral to the Chronic Care Clinic making it difficult to locate. In 2018, the Health Inspection Auditors will be provided laptop computers to view the medical record in COREMR, electronic medical record.*

STATUS: Already in compliance within the electronic medical record. Standard met.

Recommendation – First Aid Kits in Sick Call Rooms: Assess need for contents list to be attached to all first aid kit bags for easy access of needed supplies in an emergency. Consider clarifying that emergency medications are located in a smaller compartment within the larger first aid kit bag. Assess need for first aid kit check log to be signed on a consistent basis; main concern is to check for expired supplies/medications. (Non-Compliant - this is a new recommendation for 2017)

Response from George Herron at California Forensic Medical Group: *All first aid kits are located in the housing unit control towers with a list of supplies contained in the kit.*

The larger emergency bag has a list of supplies along with another list of the medications inside the smaller compartment of the Emergency bag.

Medical Assistants are assigned to check the first aid kits monthly and replenish expired supplies. The Medical Assistants are assigned to remove the locks from the smaller compartment containing emergency medications on a monthly basis and check for and remove expired medications.

STATUS: Corrected. Standard met.

Recommendation #9 – Establish an automatic review for inmates when they have been incarcerated for one year – (Non-Compliant - this was a noted recommendation from the 2011, 2012, 2013, 2014, 2015, and 2016 inspections.)

Response from George Herron at California Forensic Medical Group: *A process has been established using the electronic medical record, CorEMR ,to schedule annual physical examinations. At the completion of the initial physical examination after incarceration, the medical provider creates a “task” or creates a scheduled appointment for 365 days from the current date. CorEMR produces a list of inmates scheduled for an annual history and physical examination on the appointed date one year later. This process is repeated at each physical examination.*

Additionally, on a quarterly basis, the Quality Assurance Coordinator will audit the records of the inmates who are scheduled for an annual physical to ensure they received the annual physical on time and if a medical diet has been ordered, the medical diet in the electronic health record is the same as the “diet alert list” in ATIMS.

STATUS: Corrected. Standard Met.

Recommendation #10 – Employ a Registered Dietician to support medical staff in the medical needs of inmates. (Non-Compliant - this was a noted recommendation from the 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, and 2016 inspections.)

Response from Aramark: *Employing a local RD is not within the parameters of Aramark’s partnership agreement with ACSO. Yet, Aramark has a complete Division/Department that is made up of RDs and fully dedicated to supporting all units in the field. The menus are designed to be compliant with all Federal, State and Local Regulations. We also do have a diet manual that is signed by Command and Medical Staff. There does seem to be a good amount of opportunity in the coordination of the diet needs of inmates among the Medical, Religious, Food and Command departments at ACSO and we have requested a meeting to make this function easier and better for the entire ACSO family, as attached.*

Response from George Herron at California Forensic Medical Group: *Although the medical services contract does not require a Registered Dietician to be employed, CFMG works closely*

with ARAMark , the food service vendor, to provide medically approved diets that meet the nutritional requirements.

STATUS: Corrected. Standard Met.

PHS:clb

cc: Captain Tara Russell

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

BSCC #: _____

FACILITY NAME: SANTA RITA JAIL		COUNTY: ALAMEDA			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 5325 Broder Boulevard Dublin, CA 94568 (925) 803-7088					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: XX	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: 8-16-17 & 8-17-17		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Kimberly Caison, REHS (510) 567-6879 Ron Torres, Supervising REHS (510) 567-6736 Paolo-Ricardo Amador, REHS Trainee (510) 567-6792 Aied Dobashi, REHS Trainee (510) 567-6747					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Hal Yasa, Resident District Manager, Aramark (925) 551-6838 & (805) 861-3028 L. James Bowers, Santa Rita Jail, Projects (925) 560-6628 Sgt. John Sousa, Santa Rita Jail, Projects (925) 551-6840 Balraj Chahal, Supervisor, GSA (925) 551-6674					
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
Article 12. Food				
Approach for Providing Food Service				
<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>	X			
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.				
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	
1230 Food Handlers				
<i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>	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.
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, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			Aramark staff with supervisory duties have food safety certification as required: Haladun Yasa, exp: 7/31/20
1243 Food Service Plan				
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.				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.
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.				
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.			Do not identify compliance with this section here. See comments.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1245 Kitchen Facilities, Sanitation and Food Service</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>		X		<p>Food preparation/temperature violations were observed in the Officers' Dining (See detailed comments below)</p> <p>Equipment not being properly cleaned/sanitized</p>
<p>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 Cal Code standards may be waived by the local health officer. (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.)</p>			X	
HSC §114130-114141.	X			
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			
<p>1246 Food Serving and Supervision</p> <p>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.</p>	X			<p>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.</p>
Article 13. Inmate Clothing and Personal Hygiene				
<p>1260 Standard Institutional Clothing Issue</p> <p><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></p> <p>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:</p>				
Clean socks and footwear;	X			
Clean outergarments; 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
1261 Special Clothing				
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			
1262 Clothing Exchange				
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			
1263 Clothing Supply				
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			
1264 Control of Vermin in Inmates Personal Clothing				
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			
1265 Issue of Personal Care Items				
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
1266 Personal Hygiene				
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			
1267 Hair Care Services				
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			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
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			
1271 Bedding and Linen Exchange				
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			
1272 Mattresses				
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			Mattresses needing replacement due to "normal" wear and tear were pointed out to the facility staff, and were replaced upon notification with new mattresses.
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
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
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			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			There were a number of inmate cells with slow draining sinks and a number of cells which the toilets required more cleaning. Work orders were made to correct all observed plumbing issues and were repaired a verified functional the following day.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
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			Cells with blocked vents were brought to the attention of facility staff, and were immediately cleaned and unblocked by the following day.
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			Observed some lighting fixtures that needed repair or needed to be replaced. Facility staff made corrections by the following day.
20 foot candles light are provided at desk level and in the grooming area. (Applicable to facilities constructed after 1980.)	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (Applicable to facilities constructed after 1980.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Drinking water samples were taken at the following locations: A total of four (4) water samples were found to be negative to Total Coliform. Note: Samples were collected by Environmental Health staff, and, laboratory tests were conducted by Alameda County Public Health Laboratory.
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803 The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		There was a live and a dead mouse caught in the same trap in the upstairs dry storage room. Overall, general housekeeping in all the food service and storage areas were otherwise satisfactory.
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

Several food-handling violations were observed were as follows:

Officers' Dining

Chili in the Officers' Dining kitchen was observed at an inadequate holding temperature of 108 degrees F while in a hot holding unit. Upon discussion with foodservice staff, the chili had been placed directly into the hot holding unit prior to rapidly reheating to required temperature of 135 degrees F. This was corrected onsite by having staff transfer the chili to the stove to reheat to 135 degrees F, then transfer back to the hot holding unit.

Corrective Action: All foods must be rapidly reheated to proper temperature prior to being placed in hot holding units

Frozen pre-cooked hot dogs were improperly reheating in the oven as they were found to be partially frozen;

Corrective Action: Previously frozen foods must be properly thawed prior to reheating

Food debris/residue found on the can opener

Corrective Action: Clean and sanitize all food contact services after each use

Main Kitchen:

Refrigeration Units: There were one (1) minor temperature violation observed in WR #5 of the refrigeration units, measuring 46 degrees F, however, upon re-check the following day, the unit was back at proper operating temperature, i.e. < 41 degrees F. There appeared to be an unusual amount of condensate buildup on the ceilings in several of the refrigeration units; approximately ten (10) pounds of bologna in an open package was discarded due to excessive freezer burn.

Bakery:

An oven in the Main Kitchen was observed without proper mechanical ventilation;

Corrective Action: Relocate oven under a ventilation hood

Note: There appeared to be adequate space next to a nearby steam kettle in which the oven could possibly be relocated

Upstairs Dry Storage:

Vermin activity was observed in the upstairs dry food storage room – one live and one dead mouse was observed in trap along the back wall of the Officers' dry food storage room. There was no observed evidence of active infestation, since there were no significant amount of mice droppings and/or nesting materials observed in any of the inspected areas. Also, there was an abundance of traps throughout the upstairs dry storage areas. Furthermore, areas where mice activity and harborage were noted on previous inspections appear to have been eliminated and rooms were properly sealed to prevent rodent entry, e.g. electrical rooms in upstairs dry storage areas, food prep room in main kitchen and in main scullery.

Corrective Action: Monitor traps in these areas daily, replace traps as needed and maintain Monthly Pest Control Monitoring log to monitor for overall activity;

Garbage/Refuse Room:

Gap greater than three (3) inches was observed at the roll-up door (possible rodent entry);

Corrective Action: Eliminate gaps greater than a quarter inch to prevent entry of rodents

Inmate Housing Units:

The following housing units were inspected: 31 East and West; 23 East and West; 24 East and West. In each of these housing units, there were no significant structural or operational violations observed. However, there were a variety of minor operational issues, e.g. slow draining sinks, blocked ventilation ports (modifications made by the inmates for "personal comfort"), which were immediately corrected upon notification to maintenance staff. Worn/damaged mattresses were replaced immediately whenever inspectional staff identified the need to replace mattresses due to general "wear and tear".

Note: There were no evidence of vermin activity observed in any of the housing units.

Also inspected were the Laundry Facilities where (old) rodent droppings were observed in a back corner of the room.

Corrective Action: This area should be included as part of the pest control program for the jail facility, and should be checked and monitored regularly

A total of four (4) drinking water samples were taken for bacterial analysis from different locations throughout the facility, and each sample result was satisfactory, e.g. Negative for Coliform bacteria.

In summary, this facility continues to maintain overall good food safety management practices (except where noted above) and good overall sanitary conditions for the housing units. Most items pointed out to the staff were either corrected immediately upon notification, or were corrected the following day. Items such as the roll-up door to the garbage/refuse room, required additional time to correct.

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT
 Reference: California Retail Food Code; Health and Safety Code (HSC) Division 104, Part 7, Chapter 1-13

Use of this checklist is optional; however, inspectors may find it useful when determining responses to the Environmental Health Evaluation. Facility managers may use the checklist and corresponding explanations of key CalCode requirements as a self-audit.

HSC AREAS	YES	NO	N/A	COMMENTS
Foodborne Illness – Critical Risk Factors				
1. Knowledge in Food Safety				
113947-113947.6(HSC) Minimum standards of knowledge in food safety	x			
2. Cooking, Holding and Preparing Food Ahead of Service				
113996, 113998, 114050, 114159(HSC) Holding potentially hazardous foods; temperatures for holding, keeping or displaying; thermometers		x		Temperature of chili on the hot hold line in ODI measured 108 degrees F. Reheat to 135 degrees F (for commercially pre-packaged food) and minimum hold at or above 135 degrees F. Sandwich probed in the #5 walk-in measured at 46 degrees F. Monitor temperatures in unit and maintain internal food temperatures at or below 41 degrees F.
114002, 114002.1(HSC) Cooling of potentially hazardous foods	x			
114018, 114020, 114020.1(HSC) Storage of frozen food; refreezing thawed food; thawing potentially hazardous food		x		Observed partially thawed hot dogs in hot hold unit in ODI reheating. Thaw foods properly before cooking or reheating.
3. Personal Hygiene/Food Handling				
113952-113953.5(HSC) Requirements for food handlers/hand washing	x			
113952 (HSC) Water supply; minimum temperature for hot water	x			
114250, 114276(HSC) Toilet facilities	x			
113953.3(HSC) Hand washing facilities	x			
114256-114256.1, 113953.4 (HSC) Food service clothing/apron storage	x			
4. Cooking Temperatures				
114004-114016(HSC) Cooking temperatures (Lauren Beth Rudolph Safety Act of 1997)	x			
114016(HSC) Reheating of foods	x			
5. Cross Contamination/Inspection				
114021-114031(HSC) Protection from contamination/approved sources	x			
114035(HSC) Inspections upon receipt	x			
113980, 114025, 114027(HSC) Food must be protected	x			
114257-114257.1, 114175 (HSC) Facilities and equipment are to be clean and in good repair		x		Observed can opener in ODI with food debris accumulation; clean and sanitize all food-contact surfaces and equipment after each use.

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT

Reference: California Retail Food Code; Health and Safety Code (HSC) Division 104, Part 7, Chapter 1-13

HSC AREAS	YES	NO	N/A	COMMENTS
114161, 114179(HSC) Storage of food and non-food items		x		Observed several bags of meat (bolona-like product) with freezer burn in FR 4 – product discarded. Observed and discarded a two (2) dented, rusty cans of food product.
<i>Safety, Housekeeping, Maintenance and Equipment</i>				
6. Cleaning and Sanitizing				
114099.6, 114107 (HSC) Requirements for manual sanitation and cleaning, and sanitizing of utensils and equipment	x			
Chapter 5 (HSC) Cleanliness of utensils and equipment; three-compartment metal sink required; methods of cleaning utensils	x			
7. Pesticide and Cleaning Supply Storage				
113978,113953.5 (HSC) Posting of signs	x			
114254-114254.3 (HSC) Storage and use of poisonous or injurious substances	x			
8. Vermin Exclusion				
114259, 114259.3(HSC) Prevention of the entrance and harborage of insects and/or rodents		x		A live mouse (and a dead mouse) caught in trap was observed in the dry food storage room upstairs. Observed gap greater than one (1) to two (2) inches at base of roll-up door in garbage/refuse room (possible rodent access; eliminate gap such that the base of the roll-up door seats flush to the floor to prevent rodent access).
9. Solid Waste				
114244-114245.8(HSC) Storage and disposal of waste material	x			
10. Other Requirements				
114259-114259.1 (HSC) Cleanliness of premises	x			
113903, 114259.4,- 114259 HSC) Prohibition against live animals; Exceptions; Liability for damages	x			
114419-114423(HSC) Requirements for HACCP Plans & HACCP Plans Requiring Approval. The food facility may operate pursuant to a Hazard Analysis Critical Control Point Plan (HACCP). Applicability is determined by food management techniques.	x			
114057, 114057.1(HSC) Date marking on containers	x			
114130-114141, 114163 (HSC) New or replacement equipment		x		Observed a broken prep table in disrepair in the "production area". Repair/or replace table.

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT

Reference: California Retail Food Code; Health and Safety Code (HSC) Division 104, Part 7, Chapter 1-13

HSC AREAS	YES	NO	N/A	COMMENTS
114190, 114193-114193.1, 114197, 114199. 114269(HSC) Installation and maintenance of plumbing; disposal of liquid waste; drains		x		Excessive condensate accumulation was observed in the following walk-in refrigerators: WIR 1 & 2
114149-114149.3(HSC) Ventilation; mechanical exhaust for cooking equipment		x		Observed Hobart 2-door oven being used without proper hood ventilation. Discussed placement of oven under existing hood.
114268-114269 (HSC) Floor surface materials and floor drains		x		Re-grout flooring where needed (small scullery etc.)
114271 (HSC) Wall and ceiling surfaces	x			
114185-114185.5 (HSC) Storage for clean linens; containers for soiled linens	x			
114279-114282(HSC) Storage area for cleaning equipment and supplies; disposal of mop bucket waste and other liquid wastes	x			
114286(HSC) Lighting requirements	x			
114286(HSC) Living and sleeping quarters shall be separated from food preparation areas	x			

EXPLANATION FOR CALCODE REQUIREMENTS ON INSPECTION ATTACHMENT

The following explanation was developed by California environmental health inspectors as a reference for detention facility health inspectors and facility managers. It is not intended as a replacement to California Retail Food Code (CalCode). Explanations reference the numbers on the CalCode attachment to the Corrections Standards Authority inspection checklist.

FOODBORNE ILLNESS – CRITICAL RISK FACTORS

1. Knowledge in Food Safety

- Health and Safety Code 113947-113947.6, 113794, 113794.1
- Food Safety Manager

Knowledgeable managers and employees, who understand the importance of food safety are vital to the operation of a food facility in preventing foodborne illness. Each food facility must have at least one employee who has successfully passed an approved and accredited food safety certification examination. The certification is good for three years from the date of issuance and is to be kept on file in each food facility.

2. Cooling, Holding & Preparing Food Ahead of Service

- Health and Safety Code 113996-114157, 114159
- Hot and Cold Holding Temperatures

Maintaining proper holding temperatures is one of the most important factors in preventing foodborne illness. Since disease-causing bacteria are able to multiply rapidly at temperatures between 41 degrees Fahrenheit and 135 degrees Fahrenheit, and this is known as the temperature danger zone. You can prevent bacterial growth in food by keeping hot foods hot, and cold foods cold. The proper holding temperatures for potentially hazardous foods are:

- Hot foods shall be kept at 135 degrees Fahrenheit or above.
- Cold foods shall be refrigerated at 41 degrees Fahrenheit or below.
- Frozen food shall be kept at 0 degrees Fahrenheit or below.

Ways in which hot foods can be held safely:

- Transfer hot foods directly to an oven, steam table, or other holding unit. Do not heat foods in a steam table or by using hot holding equipment.
- Reheat leftover foods to 165 degrees Fahrenheit prior to placing in holding unit.
- If possible, avoid cooking foods more than one day ahead of time.
- Stir foods at frequent intervals to evenly distribute heat.
- Keep a cover on foods to help maintain temperatures.

Ways in which cold foods can be held safely:

- Keep foods in cold-holding tables, commercial refrigerated display cases, and refrigerators.
- For salad bars and display units place the food containers in ice up to the product depth.
- Keep a cover on foods held in cold holding units to help maintain temperatures.
- Check the temperature of the foods on a frequent and regular basis. Use a calibrated, clean and sanitized thermometer. Thermostat gauges of holding equipment may not accurately indicate the internal temperature of the food and should not solely be relied on during food preparation.

Thawing

Frozen food must be thawed under refrigeration, or under cold (70 degrees Fahrenheit) running water, as part of the cooking process or in a microwave oven as part of a continuous cooking process.

- Health and Safety Code 114002, 114002.1
- Cooling of Potentially Hazardous Food
- Potentially hazardous food prepared or cooked, which will be served at a later time and which is not held at 135 degrees Fahrenheit must be rapidly cooled to prevent the growth of microorganisms that cause foodborne illness.
- After heating or hot holding, potentially hazardous food must be cooled from 135 degrees Fahrenheit to 70 degrees Fahrenheit (or below) within two hours and from 70 degrees Fahrenheit (or below) to 41 degrees Fahrenheit or below within four hours.
- Food prepared at room temperature must be cooled to 41 degrees Fahrenheit or below within four hours.

Methods of Rapid Cooling:

- Using shallow pans.
- Separating food into smaller portions.
- Using rapid cooling equipment.
- Adding ice.
- Placing food in an ice bath and stirring.
- Other means as approved by local Environmental Health Agency.

3. Personal Hygiene/Food Handling

➤ **Health and Safety Code 113967, 113952-113961, 113973, 113977**

➤ **Food Handlers**

Employees (including inmate workers) must conduct themselves in such a manner that they do not contribute to the contamination of either food or utensils. This includes the need for wearing clean outer garments and hairnets, caps, etc., to confine hair. Hands must be washed for at least 20 seconds before and after any activity that may result in contamination. This includes:

- Immediately before engaging in food preparation or handling.
- When switching from handling raw food products to ready-to-eat food.
- After handling soiled equipment or utensils.
- After using the toilet facilities.
- After coughing, sneezing, eating or drinking.
- After any other activity that may contaminate the hands.

Disposable gloves are to be worn by employees (including inmate workers in detention facilities), when contacting food or food surfaces if the individual has any cuts, sores, rashes, artificial nails, etc. An adequate supply of dispensed soap and paper towels are to be maintained at all sinks used for hand washing.

4. Cooking Temperatures

➤ **Health and Safety Code 114004, 114008, 114093 Cooking Temperatures**

Proper cooking of potentially hazardous foods at correct temperatures is essential to kill bacteria, viruses, and parasites and deactivate some bacterial toxins. The following are the minimum internal cooking temperatures:

- Poultry, stuffed meats, pasta stuffed with meat, leftovers: 165 degrees Fahrenheit.
- Ground meats, including ground beef (non-poultry): 155 degrees Fahrenheit for 15 seconds.
- Eggs, pork and most other potentially hazardous foods: 145 degrees Fahrenheit.

Foods cooked in a microwave oven must be stirred or rotated often during cooking, and need to be covered and heated throughout to a minimum temperature of 165 degrees Fahrenheit. Never cook or reheat food using hot holding equipment, and never add raw food to food that has already been cooked. The final cooking temperatures should be checked with a sanitized, calibrated thermometer.

5. Cross Contamination/Inspection

➤ **Health and Safety Code 114035-114039.4, 114041**

➤ **Inspecting Food upon Receipt**

Food delivered to a food facility must be inspected upon receipt. A receipt or invoice is to be provided upon delivery in order to verify this food is from an approved source.

Purchasing and Receiving of Food:

- Only clean and unbroken shell eggs shall be received.
- Carefully inspect deliveries for proper labeling, temperature and appearance.
- Check shipments for intact packaging, e.g., broken boxes, leaky packages or dented cans are signs of mishandling.
- Check packages for signs of refreezing and/or pest infestation.
- Inspect deliveries immediately and put items away as quickly as possible.
- Frozen foods are accepted only if there is no sign of thawing or re-freezing.

➤ Health and Safety Code 113980, 114047-114055, 114060, 114061, 114063, 114065

➤ Food Storage

All food must be stored in a manner that prevents contamination. Food must be stored at least six inches above the floor and away from sources of contamination, e.g., like overhead pipes and trash storage areas. Ready-to-eat food must be stored away from, or above raw food, such as uncooked meat, poultry or pork. Bulk container of flour, sugar etc. must be labeled and kept covered. Unpackaged food, which has been previously served, shall not be served to another person.

Safety, Housekeeping, Maintenance and Equipment

6. Cleaning and Sanitizing

➤ Health and Safety Code 114099.6, 114107

➤ Cleaning and Sanitizing Utensils and Equipment

After utensils, cutting boards, prep tables, and other food contact surfaces have been soiled from food storage, preparation, cooking and/or service, they must be washed, rinsed and sanitized before re-use. Failure to do so properly could contaminate food and lead to foodborne illness. Cleaning and Sanitizing must occur separately to be effective.

Definitions:

- "Cleaning" is the physical removal of soil and food matter from a surface.
- "Sanitizing" is the reduction of the number of bacteria and viruses on a surface to safe levels.

Dishwashing Machines

Dishwashing machines, when properly operated and maintained, can be very effective in removing soil and destroying microorganisms. Dishwashing machines must be certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program or otherwise approved by the local environmental health jurisdiction. Generally, there are two types of dishwashing machines, and they differ in their method of sanitizing:

- High Temperature Machines sanitize dishes by rinsing dishes and utensils in water that has been heated to a temperature between 180 degrees Fahrenheit to 195 degrees Fahrenheit. The temperature at the dish surface must be at least 160 degrees Fahrenheit.
- Chemical-Sanitizing Machines dispense a chemical sanitizer into the final rinse water [concentration must be at least 100 parts per million (ppm) chlorine] for at least 30 seconds.

The sanitizing temperature or chemical concentration must be checked often to ensure proper levels are maintained.

Manual Dishwashing

Washing, rinsing, and sanitizing equipment, utensils, and other food-contact surfaces can also be done manually in a three-compartment sink. In a three-compartment sink, the first compartment is used for washing, the second is used for rinsing and the third is used for sanitizing. The three-compartment sink shall be equipped with dual integral drain boards. There are five steps to the manual dishwashing method:

1. Pre-Rinse: scrape and pre-rinse dishes thoroughly. If necessary for effective cleaning, utensils and equipment shall be pre-flushed, presoaked, or scrubbed with abrasives.
2. Wash with hot water and dishwashing detergent
 - a. Wash water shall be maintained at not less than 100 F or the temperature specified by the manufacturer on the cleaning agent manufacturer's label instructions or as provided in writing by the manufacturer.
 - b. Change the water often to keep it hot and free of food particles.
3. Rinse: Rinse in clean hot water to remove detergent.
 - a. Hot water means the water should be as hot as can be tolerated by hand.
 - b. Change the water often to keep it hot.
4. Sanitize: Immerse dishes into the warm (75 degrees Fahrenheit to 120 degrees Fahrenheit) sanitizer solution for the required amount of time listed below. Change the water solution often. The choices of sanitizer and the time required are:
 - a. 100 ppm chlorine for 30 seconds, or
 - b. 200 ppm quaternary ammonium for one minute, or
 - c. 25 ppm iodine for one minute, or

- d. Hot water, at least 171 degrees Fahrenheit for 30 seconds.
- 5. Air Dry: Allow dishes to air dry or store in a draining position.

Frequency of Washing and Sanitizing

Food contact surfaces, such as prep tables, cutting boards, and utensils, (including knives and serving spoons) must be cleaned and sanitized throughout the day if in continuous use or after each use as indicated:

- Whenever there is a change between animal products.
- Each time there is a change from working with raw meats, or other potentially hazardous foods, to ready-to-eat foods.
- If the utensil or equipment is in continuous use throughout the day, it must be washed and sanitized at least every four hours.
- At any time during food preparation when contamination of the equipment or utensil may have occurred.

Wiping Cloths

Wiping cloths used on service counters, scales, and other surfaces that may directly or indirectly contact food, shall be used only once until laundered, or held in a sanitizing solution as indicated in #4 above, "Sanitize." The water solution must be changed often to keep it clean and to maintain the proper strength of sanitizer. Wiping cloths and solution used in the dining area must not be used on kitchen equipment and other food contact surfaces.

Sanitizer Test Kits

Sanitizer testing kits are necessary to ensure proper concentrations are being prepared and maintained. Check with your cleaning chemical or restaurant supplier to obtain the specific type of kit for the sanitizing chemical used in your facility.

7. Pesticide and Cleaning Supply Storage

- Health and Safety Code 114254-114254.3
- Use and Storage of Pesticides and Cleaning Supplies

All pesticides and cleaning supplies must be stored in an area where they will not contaminate food or food contact surfaces, utensils or packaging materials. It is recommended that only a licensed pest control operator apply pesticides. Pesticides are not to be stored with cleaning supplies.

8. Vermin Exclusion

- Health and Safety Code 114259, 114259.3
- Exclusions of Vermin

To exclude flies, physical barriers such as the installation of window and door screening, high velocity air curtain fans above exterior doors, and installation of self-closing devices on exterior doors are recommended. Openings under exterior doors and around pipes and wires that enter buildings through exterior walls, greater than one-quarter inch, are to be sealed to exclude rodents.

9. Solid Waste Management

- Health and Safety Code 114244-114245.8
- Solid Waste Management and Garbage Disposal

Pests attracted by garbage can contaminate food items, equipment and utensils. The solid waste management (garbage) program shall include:

- Removal of trash and garbage away from food preparation areas as soon as possible, and from the facility at least once each week, or more often if necessary to prevent a nuisance.
- Use of leak proof garbage containers with tight fitting lids.
- Frequent cleaning of garbage containers in a location away from food preparation and food storage areas.

10. Other Requirements

- Health and Safety Codes 113947-114286 (from attachment to inspection checklist)

Please reference the California Retail Food Code if further explanation is required.

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

BSCC #: _____

FACILITY NAME: Santa Rita County Jail		COUNTY: Alameda			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 5325 Broder Blvd. Dublin, CA 94568					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II:	TYPE III:	TYPE IV: X
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED: 8/16/17 - 8/17/17		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Lavery MPH, RD Program Specialist 510-268-4218					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Haldun Yasa, Director ARAMARK John Souza, Deputy Food Service Department					
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
Article 12. Food				
<p>1230 Food Handlers</p> <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> <p>There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).</p>	<p>Do not identify compliance with this regulation here. See comments.</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>1240 Frequency of Serving</p> <p>Food is served three times in any 24-hour period.</p>	X			<p>Meals are served approximately at the following times: 5:30am (breakfast), 12 noon (lunch), 4:30pm (dinner)</p>
<p>At least one meal includes hot food.</p>	X			<p>Two hot meals are served - breakfast and dinner</p>
<p>If more than 14 hours passes between these meals, supplemental food is served.</p>	X			
<p>Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.</p>	X			
<p>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.</p>	X			
<p>Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.</p>	X			
<p>Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.</p>	X			
<p>1241 Minimum Diet <i>(See regulation and guidelines for equivalencies and serving requirements.)</i></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>All food groups are provided according to the USDA Recommended Guidelines.</p>
<p>Protein Group. 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>There is an additional, fourth serving of legumes three days per week.</p>	X			<p>Beans are consistently served to meet this requirement.</p>
<p>Dairy Group. The daily requirement for milk or milk equivalents is three servings.</p>	X			
<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>No minors are housed at this facility.</p>
<p>All milk is fortified with Vitamin A and D.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving can be from a fortified food containing at least 250 mg. of calcium.	X			A punch drink packet is provided at the lunch meal that contains additional calcium and multiple vitamins.
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			Variety of fruits offered has diminished since the previous inspection. Typically oranges and apples are served the majority of the time.
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			The menu indicates the fruit beverage drink mix satisfies the vitamin C requirement; however, it would be best for the requirement to be satisfied through food sources. This facility serves plenty of citrus, which meets this criteria.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
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			
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			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)	X			
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			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			Substitutions are documented on production sheets.
A registered dietitian evaluates menus, as planned and including changes, at least annually.		X		The current menu was last reviewed in April 2014. A registered dietitian (RD) is available to review the menu. The menu should be reviewed annually, updated, and signed by RD (see Recommendation 1).
1243 Food Service Plan				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.
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:				
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documentation and record keeping;	X			
Emergency feeding plan;		X		An Emergency Feeding Plan could not be located at the time of inspection. A Plan had been created and existed at previous inspection. See Recommendation 2.
Waste management; and,	X			
Maintenance and repair.	X			
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	
1245 Kitchen Facilities, Sanitation and Food Service 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>				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.
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.				
1246 Food Serving and Supervision 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.				Do not identify compliance with this regulation here. See comments.
1247 Disciplinary Isolation Diet 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.			X	Disciplinary isolation diets are served periodically at SRJ. A Policy and Procedure is in place (14.04 Alternative Meal Service for Disciplinary Actions"). No inmate was observed at inspection time to be on a disciplinary isolation diet.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period. 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.			X	
1248 Medical Diets				
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			ARAMARK has an out of state registered dietitian available for consultation. She is noted to be very responsive and had recently visited three weeks prior to inspection.
The facility manager complies with providing any medical diet prescribed for an inmate.		X		See Recommendation 3.
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.	X			The medical diet manual was reviewed, and is available in the Food Service Department and the Medical Unit.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

Inspection of this facility was conducted on August 16 and 17, 2017 to determine compliance with Title 15 California State standards. Inspection of the Food Service Department, the Medical Unit, and four inmate units was conducted. The following subsections will review findings for each of these areas of the facility.

FOOD SERVICE

ARAMARK remains as the contractor to administer the food service department. Meals are prepared by a combination of inmate workers and employed county staff. There are approximately 150 inmate kitchen workers at this facility; all who receive additional benefits in the form of food treats, such as pizza and sausages. It was reported that this necessary number of inmate workers has been difficult to maintain due to the lower number of minimal security inmates (those who qualify to be an inmate workers) currently held in detention. Six deputies work in the kitchen while inmate workers are present (approximately, between the hours of 10:00am and 4:00pm). All inmate workers were observed to be wearing gloves, have their hair/facial hair contained by hairnets, and be properly attired for food preparation.

ARAMARK prepares meals at this facility for not only the Santa Rita facility, but also other county facilities: Glen Dyer Jail (Alameda County) and adult facilities in Colusa, Solano, San Benito, San Joaquin, Amador and Lake counties, and a juvenile facility in San Joaquin County. A total of four tray lines were functioning at the time of inspection. A separate tray-line is in use for regular hot meals and one for regular lunch meals. Additionally, there were two tray lines, designed to prepare special diets that were in operation to insure that inmates on therapeutic diets receive the appropriate foods and serving sizes. The facility has a new mixer, which will reduce the need to substitute for baked goods on the menu.

There was a transition in management due to the retirement of the ARAMARK Food Service Director. There was no overlap between the retiring manager and the newly on boarded manager, which seems to have been a detriment to the functioning of the department. There were distinctive visible differences noted within the kitchen in regards to storage of food, labeling of food, and organization. In previous years the kitchen was a tightly-functioning entity. Due to the change in management, there is room for improvement to maintain the standards this facility needs to produce over 20,000 meals each day. It was observed that meal trays were not appropriately sealed (possibly due to a need to calibrate the film machine), exposing meals to the open air, bacteria, and freezer burn. It was reported that new trays have been ordered, so perhaps this may help to reduce the inadequate seal process. There were handwritten tags on most food stacks, indicating the date prepared; however, they were very small, and some were written on torn brown paper, which was difficult to read (see **Recommendation 4**). Food debris was present throughout the kitchen area, and floors were quite dirty, causing one to wonder how often they are cleaned. Damaged #10 cans of tomato sauce were staged for service. These cans had dents and dirty water marks on the outside, and there was question as to how these cans were stored and why were they going to be served. It is advisable for food service management to review sanitary procedures and enforce them to prevent potential contamination of food.

Approximately 2,050 inmates were housed at the Santa Rita facility during the time of the inspection. Of these, 396 were on a special diet, representing 19% of inmates. All kitchen staff is trained monthly on special diets, in addition to other special trainings as specified by ARAMARK. Special diets are kept secure (locked up) in the refrigerator as they await delivery. Special diets are labeled with the type of diet for meals travelling offsite; color-coded dot labels are used on site for special diet indication.

ARAMARK initiated a new training program, "In2Work", to replace the discontinued ROP program; however, the In2Work program is not currently operating. Current training provided to inmate workers includes a brief training and review of general rules. Thirteen (13) inmate rules are posted on the wall in the kitchen as a reminder. Additionally, proper food handling signs are posted. A supervisor oversees each inmate-staffed tray line for accuracy and appropriate food safety protocol use. Inmate workers are not allowed to make any of the food items for the juvenile facility, contracted by ARAMARK.

The main food vendors remain the same: Sysco, Single Source, Bimbo Bakery, and two Small, Local, Emerging Businesses (SLEB), LeBlanc and Atlantis.

On the day of inspection, the facility was on "cycle 4" of the four-cycle menu. The menu is the same as the menu analyzed for last year's inspection. Breakfast meals on many days still contain 1 cup of hot cereal, potatoes, and a biscuit, providing quite a load of carbohydrates at one meal, with low protein content. While it was reported last year that the menu would be revised and updated according to the 2015 Dietary Guidelines, there was no indication that this had been done as yet (see **Recommendation 1**).

Two meal tests (breakfast and dinner) were conducted by members of the Public Health inspection team to determine taste, palatability, texture, acceptability, and quality of inmate meals. For breakfast farina, sausage, wheat bread, and home fries were tasted. For dinner sloppy joe, pinto beans, carrots, and coleslaw were tasted. The breakfast overall appeared beige in color. The farina had an unusual texture and tasted bland; the sausage was atypical in texture, but had good flavor; home fries were bland; and wheat bread was standard. For dinner the sloppy joe had a strange flavor, likened to a watered-down chemical; pinto beans had no flavor; and the carrots were standard. Portion sizes of all meal components were adequate. Both meals were not appetizing in presentation (see **Recommendation 1**).

Overall observation showed average maintenance of standards.

Recommendation 4 -- Employ a Registered Dietitian to support medical staff in the medical needs of inmates. (non-compliant)

2017 Recommendations

Recommendation 1 -- The current menu needs to be reviewed, updated to USDA 2015 Dietary Guidelines, and approved annually by the Registered Dietitian. When updating, consider improving the appearance and appeal of the meals by including foods of contrasting color. (2016)

Recommendation 2 -- Locate and make readily available the Emergency Feeding Plan; educate staff on the Plan.

Recommendation 3 (2016) -- Ensure inmates receive special diets as prescribed by doctor or nurse practitioner by checking to make sure all inmates on special diets are indicated correctly on the Diet Alert List. This can be accomplished by installing a procedure for medical staff to verify on a regular basis that inmates are assigned to the correct therapeutic diet on the "Diet Alert List", as indicated in the medical chart by the comparison of special diet orders on the list in the computer against diets indicated in the chart.

Recommendation 4 -- Consider using preprinted forms for labeling foods/meals prepared for assembly and delivery. These forms can be half sheet and have space for the date the food was prepared, the food item, and any other notes (i.e., location to be delivered).

Recommendation 5 -- Indicate on the Allergy label on the front of medical charts any known food allergies.

Recommendation 6 -- Ensure that inmates with chronic diseases are referred to the Chronic Care Clinic based on their chronic disease.

Recommendation 7 -- Update all Special Diet Lists, posted on the wall in the meal holding rooms of each unit, with the updated list.

Recommendation 8 -- Increase the number of healthful beverages to a minimum of 50% of the available items (2011, 2012, 2013, 2014, 2015, 2016)

Vending machines in the units at this facility consist almost entirely of unhealthful beverages; snack food and beverage machines in the public lobby area and in the staff areas are also predominantly unhealthful. The Alameda County Nutrition and Physical Activity Policy and Guidelines require that a minimum of 50% of vending machine items are not more than 35% sugar by weight, not more than 30% of total calories from total fats, not more than 10% of total calories from saturated fats, contain no trans fat, and at least one item meet the FDA low sodium guideline. Meet with the vending machine vendor and discuss options to include healthier options.

Recommendation 9 -- Establish an automatic review for inmates when they have been incarcerated for one year (2013, 2014, 2015, 2016).

For longer term inmates (those staying a year or more) the computer system drops special orders out of the system, allowing inmates who are on a special diet to drop off the awareness of the food service department. It is highly recommended that the computer system be fixed so it does not drop inmate information, or a review panel be established to review those inmates who are coming up on an one-year stay. The current system is unacceptable as the lack of a special diet could go unnoticed for months.

Recommendation 10 -- Employ a Registered Dietitian to support medical staff in the medical needs of inmates. (1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016)

MEDICAL

A review of twenty (20) medical charts was conducted. Twelve (12) of these charts provided to us for review were for inmates that had already been discharged, making it difficult to assess accuracy of charting procedures or follow through on dietary care plans. With this caveat, accuracy of the charts is as follows:

- ◆ 95% of special diet orders contained a diet order written by a MD/PA (required by Title 15).
- ◆ 88% of special diet orders were accurately recorded by nursing staff (a diet slip is no longer included in the charts, as ordering of diets is now fully made electronically).
- ◆ Of the charts indicating the need for a special diet, 75% (6 of the 8 in custody) of inmates on special diets were assumed to be receiving their intended diet, based on diets which were accurately listed in the Master Diet Alert List in the Food Service department. A PFN list of the inmates whose diet was not listed on the Alert List was provided to nursing for follow up.
- ◆ Several charts did not indicate a food allergy on the Allergy label on the front of the chart. The allergies included peanut, tomato, and orange, some of which could have dire consequences should the inmate encounter any of these common allergy-causing foods (see Recommendation 5).
- ◆ Many charts of inmates with a chronic disease, such as hypertension, did not indicate referral to a Chronic Care Clinic (see Recommendation 6)

INMATE UNITS

Four inmate units were visited during the inspection. All of these units had well organized refrigerators/storerooms. There was good signage of the diet list in each unit; however, the signage needs to be updated with the most recent version (see Recommendation 7). The housing patrol technician prints the special diet list at each unit; this list is referred to as the "JQSD" and is color coded according to diet type. This list is posted to a wall adjacent to the unit entrance by 5:30-6:00am and is updated each morning. Unit deputies first call up inmates (by name) who receive special diets. Generally inmates get a minimum of 15 minutes to eat their meals. If inmates on a special diet have a court appointment, they receive a conventional bagged lunch, which they may consume in the booking room. Inmates receive their special diet dinner upon their return. If a newly booked inmate arrives at any time in between meals, it is the inmate's responsibility to inform the unit staff that they require a special diet. In this case, the kitchen is called and a tray is received shortly thereafter. This procedure was not observed during this inspection.

The deputies on assignment were very knowledgeable of which inmates receive which meals (therapeutic or regular). The inmates on special diets are typically served first and snacks accompany these deliveries. Commissary food, contracted by a separate vendor, is available at a cost. Inmates now order through an electronic tablet rather than the paper/pencil method previously used.

VENDING MACHINES

Vending machines are available for inmates (open areas), the public (lobby), and staff. These machines were not in compliance with the Alameda County Nutrition and Physical Activity Policy and Guidelines as they did not contain a sufficient number of healthy options (see Recommendation 8).

REVIEW of 2016 Recommendations:

Recommendation 1 – Ensure special diet orders are entered into the computer system for the Food Service Department to provide the correct therapeutic diet. (non-compliant)

Recommendation 2 – Establish an automatic review for inmates when they have been incarcerated for one year. (non-compliant)

Recommendation 3 – Review the vending company's contract and increase the number of healthful beverages to a minimum of 50% of the available items (non-compliant)

A registered dietitian (RD), with an emphasis in clinical nutrition, would benefit inmates at the facility by providing professional support in the following areas:

A. Recommending medical diets consistent with medical needs; educating staff in the use of medical diets

A RD is needed to keep diets professionally updated. A RD would insure that inmates with special medical needs would not fall through the cracks and would actually receive the diet as prescribed. A RD would advise medical staff of appropriate diet orders.

B. Conducting medical nutrition therapy (MNT)

MNT is necessary for inmates requiring therapeutic diets as to the nature of their acute or chronic disease, appropriate food choices, contra-indications and potentially negative health results of the disease without dietary compliance. Of 19 charts reviewed and three inmates interviewed, 11 inmates would benefit greatly from having MNT by a RD. A RD on site would perform education to high-risk inmates, such as those with diabetes, hypertension, kidney disease, GI disorders and those with special dietary needs.

C. Medical team involvement

Professional nutrition intervention and support is needed for dietary consultation, diet modification and chart review. Identification of special dietary needs related to presenting medical conditions is another charge of the registered dietitian with the medical team.

These roles are critical in preventing complications from acute and/or chronic diseases that inmates may have.

Any questions regarding the Nutritional Health Evaluation can be directed to Annette Lavery MPH, RD 510-268-4218 or Annette.Lavery@acgov.org at Alameda County Public Health Department.

2017 Santa Rita Jail Inspection
Date of Inspection: August 16, 2017
Medical Narrative Summary of Walkthrough/Interviews

I. Housing Units (Sick Call rooms and Housing Control rooms)

Note: Housing Units 1, 2, 3, 8, 9, 21, 22, 24, 31, 34 were inspected

- A. All of the First Aid/Blood borne Pathogens Kits in the Housing Control Rooms were fully stocked and checked regularly (per equipment supply check log, signed every shift). All were properly stored in cabinets that were clearly labeled for quick access.
- B. All emergency breathing apparatus' (EBA) located in the Housing Control Rooms were in working order/full and checked regularly (per check log).
- C. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers is 5/15/2017 or 5/16/2017. All fire extinguishers were serviced by an OSFM approved agency.
- D. All sick call rooms were supplied with a first aid kit whose contents included emergency medical supplies and emergency medications all housed in one single bag; sick call rooms no longer were stocked with the orange emergency medical supply box nor the separate red emergency medication boxes as in previous years.
- E. First aid kits located in the sick call rooms were in plain view on a wall shelf, easily accessible in an emergency situation.
- F. There were no check logs for the first aid kits but all kits were sealed with a breakaway twist tie. There was also no supply list indicating the contents of the first aid kit. The first aid kit includes an emergency medication bag (yellow) tucked into a smaller compartment within the first aid kit. This yellow medication bag had a contents list, which includes dates of expiration; this contents list was located on the outside on the yellow bag but again, this yellow bag is located inside a small compartment in the bigger first aid kit bag and there is no way to check for expired medications unless the outer breakaway twist tie is broken.
- G. All AEDs were in working condition; all were hung on the wall in plain view and easily accessible. All AED pads were within the expiration dates. There were two check logs in place, both located near the AEDs. One check log for sign off of sheriff staff (monthly) and a separate check log for sign off of CFMG staff (daily). Different logs were used in different sick call rooms and at times, it was not clear which log was used by whom.
- H. All used medications/multi-use vials were clearly labeled with date of opening and were all within 30 days of initial use.
- I. Ambu-bags were readily accessible in every sick call room.
- J. All oxygen tanks were regularly checked per a check log which was signed daily; all were filled and ready for use. A weekly maintenance log was also in place and check off consistently.
- K. All eye wash stations were regularly checked per check log; all stations were in working order.
- L. *2017 Recommendation* (First Aid Kits in Sick Call Rooms): Assess need for contents list to be attached to all first aid kit bag for easy access of needed supplies in an emergency. Consider clarifying that emergency medications are located in a smaller compartment within the larger first aid kit bag. Assess need

for first aid kit check log to be signed on a consistent basis; main concern is to check for expired supplies/medications.

- II. OB Clinic, Medical Clinic, Intake/Transfer/Release Clinic**
- A. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers was 5/15/17 or 5/16/17.
 - B. All first aid kits included emergency medical supplies and emergency medications as found in other areas of the facility. The first aid kits were sealed with breakaway twist tie; these kits also had a check log, checked and signed monthly by staff and also whenever the kit was opened/used.
 - C. There was no supply list indicating the contents of the first aid kit.
 - D. All AEDs were in working condition; all were hung on the wall in plain view and easily accessible. All AED pads were within the expiration dates. All AED check logs were signed and checked daily by staff.
 - E. All used medications/multi-use vials and bottles were clearly labeled with date of opening and were all within 30 days of initial use.
 - F. Refrigerator storing medications and immunizations (pill room and pharmacy), is in good working order, temperature reading is within normal parameters and is regularly checked per log; all dates and signatures on the temperature check log are consistent with a daily staff check.

III. Inmate Interviews
2 interviews were conducted

- A. Overall, inmates were satisfied with the level of medical care received.
- B. Inmates felt that medical staff was knowledgeable of their health histories and their care plans. They felt safe in discussing their medical needs to the MD/RN and also felt they were being heard when expressing their needs.
- C. Medications were dispensed daily, in a timely manner. Per inmates, medical staff goes out of their way in order for inmate to receive timely doses during scheduling conflicts.
- D. Both inmates were satisfied with how the medical team safeguards their privacy.
- E. Inmates were satisfied with the response time after sick call request is made. Response time is dependent on acuity of the sick call.
- F. One inmate noted weekly MD appointments due to health complications; inmate felt this was an appropriate response thus feeling overall satisfied with the level of care while at SRJ. Also receives from appropriate medical staff, specialized health teaching and support.

Medical Narrative Summary Completed By: Marta Gonzalez, PHN

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

CSA #: _____

FACILITY NAME: Santa Rita Jail		COUNTY: Alameda			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE) Santa Rita Jail 5325 Broder Blvd, Dublin Ca, 94568					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: XX	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: August 16-August 17, 2017		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Christina Yamat 510- 670-8443 Paulina Lopez 510-589-0801 Munni Davis 510-774-1327 Marta Gonzalez 510-206-3369 Kimberly Wesley Boston 510-589-0829 Debra Richardson 510384-6950 Annette Lavery 510-919-7751 Kim Caison 510-520-3220 Susan Sawley 510-589-1112 Georgia Schrieber 510-547-3773					
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
Article 11. Health Services				
1200 Responsibility For Health Care Services				Section : Governance and Administration CFMG-A07 Rev. 10/1/2016
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			CFMG-A02 REV. 10/1/2016
Security regulations are applicable to facility staff and health care personnel.	X			CFMG-A02 REV. 10/1/2016
At least one physician is available.	X			CFMG-A02 REV. 10/1/2016
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			CFMG MEDICAL REFERRAL CFMG-D05.1 REV. 10/1/2016
1202 Health Service Audits (Applicable to facilities with on-site health care staff)				ADMINISTRATIVE MEETING AND REPORTS CFMG-A04 REV. 10/1/2016
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			CFMG A-04 REV. 10/1/2016
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			CFMG A-06 REV. 10/1/2016
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			CFMG A-04 REV. 10/1/2016
1203 Health Care Staff Qualifications (Applicable to facilities with on-site health care staff)				SECTION A: GOVERNANCE AND ADMINISTRATION CFMG A-02
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			LICENSURE CFMG C01.1 REV. 10/1/2016
1204 Health Care Procedures (Applicable to facilities with on-site health care staff)				RESPONSIBLE HEALTH AUTHORITY CFMG-A02 REV. 10/1/2016
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records (Applicable to facilities with on-site health care staff)				PATIENT CARE AND TREATMENT
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			RECEIVING INTAKE HEALTH SCREENING CFMG-E02 REV. 10/1/2016
(2) Medical/mental health evaluation reports;	X			CFMG-E05
(3) Complaints of illness or injury;				NON EMERGENCY HEALTH CARE AND REQUEST
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			CFMG-07 & E02 REV. 10/1/2016
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privileges 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 CFMG-H02 REV. 10/1/2016
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			CFMG-H02 REV. 10/1/2016
Inmates are not used for medical record keeping.				" "
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				SECTION A: GOVERNANCE OF POLCY AND PROCEDURE CFMG-A05 REV. 10/1/2016
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			" "
c) Emergency and non-emergency medical and dental services, including transportation;	X			CFMG- E 06, E07 & E08 EMERGENCY AND NON EMERGENCY
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			CFMG-G10
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			CFMG-G10 REV. 10/1/2016
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			CFMG-G09 CONTRACEPTION AND CARE OF THE PREGNANT INMATE

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
g) Screening, referral and care of mentally disordered and developmentally disabled inmates	X			MENTAL HEALTH SERVICES CFMG G-04 REV. 10/1/2017
h) Implementation of special medical programs;	X			" "
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			B01.1 REV. 10/1/2016
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			STORAGE OF DRUGS CFMG D02 REV. 10/10/2016
k) Use of non-physician personnel in providing medical care;	X			PERSONNEL AND TRAINING CFMG-C01
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			CONFIDENTIALITY OF HEALTH RECORDS H02 REV. 10/1/2016
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: CFMG E08.1 INFECTION CONTROL: 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			TRANSFER OF PATIENT E08.1 REV. 10/1/2016
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			PATIENT CARE AND TREATMENT REV. 10/1/2016
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. 10/1/2016
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 CFMG-103 REV. 10/1/2016
1206.5 Management of Communicable Diseases 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			CFMG B01.1 COMMUNICABLE DISEASE REV. 10/1/2016
Intake health screening procedures;	X			" "

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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			" "
1207 Medical Receiving Screening				INTAKE/ HEALTH SCREENING
A receiving screening is performed on all inmates at the time of intake. (See regulation for exception.)	X			CFMG-E02
RR	X			REV. 10/1/2016
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			" "
1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)				SPECIAL NEEDS AND SERVICES
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			CFMG-G04 MENTAL AND HEALTH SERVICES
				CFMG-G08 REPRODUCTIVE SERVICES
				REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1208 Access to Treatment 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			PATIENT CARE AND TREATMENT REV. 10/1/2016
Health care personnel perform the evaluation.	X			" "
1209 Transfer to a Treatment Facility (Not applicable Type I and IV.)				PATIENT CARE AND TREATMENT CFMG-E03 REV. 10/1/2016
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			"
2) Crisis intervention and management of acute psychiatric episodes;	X			"
3) Stabilization and treatment of mental disorders; and,	X			"
4) Medication support services.	X			
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			"
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)	X			
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			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
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			"

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documentation of the administration of involuntary medication in the inmate's medical record.	X			"
1210 Individualized Treatment Plans				INDIVIDUALIZED TREATMENT PLAN CFMG E 12.1 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			"
1211 Sick Call				SICK CALL E07.1 REV. 10/1/2016
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			SICK CALL E07.1 REV. 10/1/2016
1212 Vermin Control				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			
1213 Detoxification Treatment (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			" "
1214 Informed Consent				INFORMED CONSENT CFMG E01 & I05 REV. 10/1/2016
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
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.				
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1215 Dental Care				CFMG -E06 ORAL CARE REV. 10/1/2016
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				HEALTH CARE SERVICES AND SUPPORT
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			STORAGE OF DRUGS CFMG-D02 REV. 10/1/2016
A means for the positive identification of the recipient of the prescribed medication;	X			ADMINISTRATION OF MEDICATION CFMG D01.1
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			ADMINISTRATION OF MEDICATION CFMG D01.1
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			ADMINISTRATION OF MEDICATION CFMG D01.1
Prohibiting delivery of drugs by inmates;	X			ADMINISTRATION OF MEDICATION CFMG D01.1
Limitation to the length of time medication may be administered without further medical evaluation;	X			ADMINISTRATION OF MEDICATION CFMG D01.1
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			PRESCRIPTION MEDICATION CFMG D01.2 REV. 10/1/2016
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
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			STORAGE OF DRUGS CFMG-D02 REV. 10/1/2016
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			STORAGE OF DRUGS CFMG-D02 REV. 10/1/2016
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			ADMINISTRATION OF MEDICATION CFMG-D01.1 REV. 10/1/2016
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			CFMG-D01.1 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			CFMG-D01.1 REV. 10/1/2016
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			CFMG-D01.1 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (see regulation text). 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 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016
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 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>				PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
There are policies and procedures governing the use of psychotropic medications.	X			
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 MEDICATION CFMG-D01.4 REV. 10/1/2016
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
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 MEDICATION CFMG-D01.4 REV. 10/1/2016
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
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 MEDICATION CFMG-D01.4 REV. 10/1/2016
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			PSYCHOTROPIC MEDICATION CFMG-D01.4 REV. 10/1/2016
1219 Suicide Prevention Program				PREVENTION PROGRAM CFMG-G05 REV. 10/1/2016
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				CFMG-E08.2 REV. 10/1/2016
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			CFMG-E08.2 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody				
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			
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	
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases				CFMG-B01.1 COMMUNICABLE DISEASE REV. 10/1/2016
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
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 REV. 10/1/2016
The inmate's response is noted on the booking form and/or screening device.	X			COMMUNICABLE DISEASE REV. 10/1/2016
1052 Mentally Disordered Inmates				SPECIAL HEALTH NEEDS AND SERVICES CFMG-G02 REV. 10/1/2016
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmates of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			CFMG-G02 REV. 10/1/2016
1055 Use of Safety Cell				SAFETY CELL AND PLACEMENT CFMG-E09.1 REV. 10/1/2016
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			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			CFMG-E09.1 REV. 10/1/2016
Safety cells are not used for punishment or as a substitute for treatment.	X			CFMG-E09.1 REV. 10/1/2016
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			CFMG-E09.1 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			CFMG-E09.1 REV. 10/1/2016
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			CFMG-E09.1 REV. 10/1/2016
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			CFMG-E09.1 REV. 10/1/2016
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			CFMG-E09.1 REV. 10/1/2016
Continued retention of inmate is reviewed a minimum of every eight hours.	X			CFMG-E09.1 REV. 10/1/2016
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			CFMG-E09.1 REV. 10/1/2016
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			CFMG-E09.1 REV. 10/1/2016
1056 Use of Sobering Cell				SPECIAL NEEDS AND SERVICES/SOBERING CELL 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			CFMG-G06.2 REV. 10/1/2016
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			CFMG-G06.2 REV. 10/1/2016
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			CFMG-G06.2 REV. 10/1/2016
1057 Developmentally Disabled Inmates				PATIENTS WITH SPECIAL NEEDS CFMG-G02 REV. 10/1/2016
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding inmates in excess of 24 hours.)	X			CFMG-G02 REV. 10/1/2016

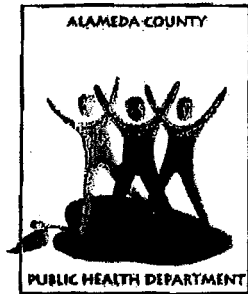
ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement 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 RESTRAINTS AND SECLUSION REV. 10/1/2016
Restraints are not used as a discipline or as a substitute for treatment.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
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			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
Continued retention in such restraints is reviewed every two hours.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
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			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
Medical review for continued retention in restraint devices occurs at a <u>minimum</u> of every <u>six</u> hours.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			CFMG-101 RESTRAINTS AND SECLUSION REV. 10/1/2016
ARTICLE 8, MINORS IN JAILS				
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>	N/A			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.	S/A			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that reproductive health services are available to both male and female 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.
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>				
<p>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</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.
<p>is received from the sending facility;</p>			X	
<p>is reviewed by designated health care staff at the receiving facility; and,</p>			X	
<p>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.</p>			X	
<p>1124 PROSTHESES AND ORTHOPEDIC DEVICES</p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</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.
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>			X	
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>			X	
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><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></p> <p>(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;</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
(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	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability 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 REV. 10/1/2016 CFMG-D03
Be suitably equipped;	X			REV. 10/1/2016 CFMG-D03
Be located within the security area and provide for inmate privacy;	X			REV. 10/1/2016 CFMG-D03
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			REV. 10/1/2016 CFMG-D03
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			REV. 10/1/2016 CFMG-D03
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			REV. 10/1/2016 CFMG-D03
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			STORAGE OF DRUGS CFMG-D02 REV. 10/1/2016
Title 24 Part 2 § 470A.2.14 – Medical Care Housing 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 REV. 10/1/2016 CFMG-D03
Provide lockable storage space for medical instruments; and,	X			REV. 10/1/2016 CFMG-D03
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			REV. 10/1/2016 CFMG-D03
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			REV. 10/1/2016 CFMG-D03

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25-- Confidential Interview Rooms 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			
HSC 11222 and 11877 Addicted Arrestee Care 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			CHEMICALLY DEPENDENT INMATES CFMG G06 REV. 10/1/2016
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmates' Physician 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 CONTRACEPTION AND CARE CFMG G08-09 REV. 10/1/2016
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			
PC 4023.5 Female Inmate - Personal Care 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			
PC 4028 Abortions 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			CONTRACEPTION AND CARE OF A PREGNANT INMATE CFMG G09 REV. 10/1/2016

Summary of medical/mental health evaluation:



ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT
Muntu Davis, MD Health Officer & Public Health Director

Public Health Nursing
24085 Amador Street, Suite 110
Hayward, CA 94544
Phone: (510) 670-8441
Fax: (510) 670-8466
Kimberly Boston RN PHN MSN

Date: August 16TH & 17TH 2017'
To: Muntu Davis MD,
From: Kimberly Wesley RN, PHN, and MSN
Copy: Wendy Georges via Huddle
Re: Annual Medical Charts Audits @ Santa Rita County Jail.

2017' CHART AUDIT FINDINGS

- Documentation that Family Planning Education was provided and understood.
- Documentation/resources identifying Coordination of Continuity of Care after discharge/release.
- STI testing for pregnant persons (HIV, RPR, Chlamydia, and GC Screenings Offered).
- Documentation of the use of Standard /Universal Precautions for the personnel transferring persons to the hospital/clinic.
- Documentation of MD orders specifying need for transfer, person's condition, medications, date and time of transfer given to transport team.
- Documentation of lab results in the person's medical record.

2017' MEDICAL CHART REVIEWS

- 11 Pregnant charts were reviewed.
- 6 Transferred to hospital charts were reviewed.
- 8 STI/STD charts reviewed (Chlamydia).
- 4 Medical Record Completeness

2017' CLIENT INTERVIEWS

- Face-to-Face interviews conducted by; Muntu Davis MD, Christina Yamat RN, Annette Laverty RD, Marta Gonzalez RN, PHN, Georgia Schreiber

2017 FACILITIES TOUR

- Conducted By Christina Yamat RN, PHN, Marta Gonzalez RN, PHN Muntu Davis MD, Annette Laverty RD, Georgia Schreiber

CORRECTIONAL FACILITIES AUDIT TOOLS

8/16/17

PREGNANT INMATE					
INDICATOR: Identification, documentation, and care of Pregnant Inmates.					
AUDIT QUESTIONS	CHART 81C 24	CHART 83X 245	CHART 86V 46	CHART 82L 475	TOTALS
A.) Completed "Intake/Receiving" form and has a response for pregnancy?	Y	Y	Y	Y	4
B.) Is pregnancy test documented?	Y	Y	Y	Y	4
C.) Was Client referred to medical resources after initial screening?	Y	Y	Y	Y	4
D.) A Prenatal visit should occur within one week of screening; did it happen?	Y	Y	N	Y	3
E.) HIV, RPR, Chlamydia, GC screening done?	0.5	Y	N	Y	2.5
F.) If STD testing is positive, did inmate get treated?	Z	Z	Z	Z	2
G.) Treated with the appropriate medication?	Z	Z	Z	Z	2
H.) Did the inmate receive Health Education and is it documented in the medical record?	Y	Y	N	Y	3
I.) Prenatal Education?	Y	Y	N	Y	3
J.) Family Planning Education?	N	N	N	N	0
K.) If referred to Prenatal or TAB Clinic, is there documentation supporting that inmates attended appointment?	Y	Y	N	Y	3
L.) Date of diagnosis/screening? - 1 ab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	Z	Z	Z	Z	2
GRAND TOTALS	7.5	8	3	8	26.5
LEGEND: For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/16/17

PREGNANT INMATE					
INDICATOR: Identification, documentation, and care of Pregnant Inmates.					
AUDIT QUESTIONS	CHART BLJ451	CHART B444 2254	CHART BLB57	CHART B316 2343	TOTALS
A.) Completed "Intake/Receiving" form and has a response for pregnancy?	Y	Y	Y	Y	4
B.) Is pregnancy test documented?	Y	Y	X	Y	4
C.) Was Client referred to medical resources after initial screening?	Y	Y	Y	Y	4
D.) A Prenatal visit should occur within one week of screening; did it happen?	Y	Y	Y	Y	4
E.) HIV, RPR, Chlamydia, GC screening done?	N	N	N	Y	1
F.) If STD testing is positive, did inmate get treated?	Z	Z	Z	Z	2
G.) Treated with the appropriate medication?	Z	Z	Z	Z	2
H.) Did the inmate receive Health Education and is it documented in the medical record?	N	Y	Y	Y	3
I.) Prenatal Education?	Y	Y	Y	Y	4
J.) Family Planning Education?	N	N	N	N	0
K.) If referred to Prenatal or TAB Clinic, is there documentation supporting that inmates attended appointment?	Y	N	Y	Y	3
L.) Date of diagnosis/screening? - 1 ab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant Inmate)	Z	Z	Z	Z	2
GRAND TOTALS	6	6	7	8	27
LEGEND: For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/16/17

PREGNANT INMATE					
INDICATOR: Identification, documentation, and care of Pregnant inmates.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Completed "Intake/Receiving" form and has a response for pregnancy?	Y	Y	Y	1	3
B.) Is pregnancy test documented?	Y	Y	Y		3
C.) Was Client referred to medical resources after initial screening?	Y	Y	Y		3
D.) A Prenatal visit should occur within one week of screening; did it happen?	Y	Y	Y		3
E.) HIV, RPR, Chlamydia, GC screening done?	Y	0.5	Y		2.5
F.) If STD testing is positive, did inmate get treated?	Z	Z	Z		2
G.) Treated with the appropriate medication?	Z	Z	Z		2
H.) Did the inmate receive Health Education and is it documented in the medical record?	Y	Y	Y		3
I.) Prenatal Education?	Y	Y	Y		3
J.) Family Planning Education?	N	N	N		0
K.) If referred to Prenatal or TAB Clinic, is there documentation supporting that inmates attended appointment?	Y	Y	Y		3
J.) Date of diagnosis/screening? - 1 ab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant Inmate)	Z	Z	Z		2
GRAND TOTALS	8	7.5	8	1	23.5
LEGEND: For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/17/17

SEXUALLY TRANSMITTED DISEASES (STD) - CHLAMYDIA					
INDICATOR: Identification, documentation, and care of inmates with a positive Chlamydia result.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Positive lab slip in chart?	Y	Y	Y	Y	4
B.) Is pregnancy test documented on female inmates?	Z	Y	Y	Z	2
C.) Did inmate get tested for other STDs?	Y	Y	Y	Y	4
D.) Did the inmate receive Health Education and was it documented in the medical record?	Y	Y	Y	Y	4
E.) Date of diagnosis/screening?					
- lab value present					
- Offered other STI screening (Hep B, Syphilis, Gonorrhea)					
- CMR = faxed over/completely filled out					
- Allergies					
- Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	Y	Y	Y	Y	4
GRAND TOTALS	4	5	5	4	18
LEGEND:					
For each question, the response is:					
Y = YES (1) N = No (0) P = Partially Done (0.5)					
Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/17/17

SEXUALLY TRANSMITTED DISEASES (STD) - CHLAMYDIA					
INDICATOR: Identification, documentation, and care of inmates with a positive Chlamydia result.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Positive lab slip in chart?	Y	Y	Y	Y	4
B.) Is pregnancy test documented on female inmates?	Z	Y	Z	Z	1
C.) Did inmate get tested for other STDs?	Y	Y	Y	Y	4
D.) Did the inmate receive Health Education and was it documented in the medical record?	Y	Y	Y	Y	4
E.) Date of diagnosis/screening? - lab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	Y	Y	Y	Y	4
GRAND TOTALS	4	5	4	4	17
LEGEND: For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/14/17

INMATES TRANSFERRED TO HOSPITAL					
INDICATOR: Staff are required to document and supply transport team with documentation of inmates' medical condition					
AUDIT QUESTIONS	CHART Aug 3, 4	CHART Sep 2, 14	CHART Oct 3	CHART Nov 2, 17	TOTALS
A.) Is a form authorizing the transfer of medical information from correctional facility to authorized health care setting in the chart?	Y	Y	Y	Y	4
B.) A copy of the transfer summary is in Medical record?	Y	Y	Y	Y	4
C.) Medication information is documented and staff has documented information given to transport staff in medical record?	Y	Y	Y	N	3
D.) Did staff inform transport team of precautions to prevent disease transmission?	N	N	Y	N	1
E.) Is there documentation stating information given to transport team?	N	N	Y	N	1
F.) Does the documentation include date of transport?	N	N	Y	N	1
G.) Does documentation show what time transport took place?	N	N	Y	N	1
H.) Did staff member sign transfer summary?	N	N	Y	N	1
I.) Is there a provider's order specifying need for transfer?	N	N	Y	N	1
J.) Did staff member document inmate's condition on transfer?	N	N	Y	N	1
GRAND TOTALS	4	4	8	3	19
LEGEND:					
For each question, the response is:					
Y = YES (1) N = No (0) P = Partially Done (0.5)					
Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/16/17

INMATES TRANSFERRED TO HOSPITAL					
INDICATOR: Staff are required to document and supply transport team with documentation of inmates' medical condition					
AUDIT QUESTIONS	CHART 1 Bliss	CHART 2 Anglin	CHART 3 Bigney	CHART 4	TOTALS
A.) Is a form authorizing the transfer of medical information from correctional facility to authorized health care setting in the chart?	Y	Y	Y		3
B.) A copy of the transfer summary is in Medical record?	N	Y			1
C.) Medication information is documented and staff has documented information given to transport staff in medical record?	N	Y			1
D.) Did staff inform transport team of precautions to prevent disease transmission?	N	X			1
E.) Is there documentation stating information given to transport team?	N	N			0
F.) Does the documentation include date of transport?	N	N			0
G.) Does documentation show what time transport took place?	N	N			0
H.) Did staff member sign transfer summary?	N	N			0
I.) Is there a provider's order specifying need for transfer?	N	Y			1
J.) Did staff member document inmate's condition on transfer?	N	Y			1
GRAND TOTALS	1	7			8
LEGEND:					
For each question, the response is:					
Y = YES (1) N = No (0) P = Partially Done (0.5)					
Z = N/A (disregard question)					

CORRECTIONAL FACILITIES AUDIT TOOLS

8/17/17

MEDICAL RECORD COMPLETENESS					
INDICATOR: That each Medical Record have all of the standards items required by the facility					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
That the Chronic Problem List be included in the chart and filled out if problem found?	Y	Y	Y	Y	4
A.) All entries are dated and timed?	Y	Y	Y	Y	4
B.) Physical exams are up to date and done within 14 days of admission?	Y	Y	Y	Y	4
C.) Tobacco, Alcohol, and Drug use documented?	Y	Y	Y	Y	4
D.) Behavioral health education is given and documented on above use?	Y	Y	Y	Y	4
E.) All positives lab results are addressed and documented in the Inmate's medical record.					
F.) All positive lab results are addressed and documented in the Inmate's medical record?	Y	Y	Y	Y	4
G.) Is the Medical Record in chronological order with most recent admission on top?	Y	Y	Y	Y	4
H.) Allergies are addressed and noted in the front of the chart?	Y	Y	Y	Y	4
I.) Prescribed medication is taken daily = health education/management/adheres to prescribed treatment?	Y	Y	Y	Y	4
GRAND TOTALS	9	9	9	9	36
LEGEND:					
For each question, the response is:					
Y = YES (1) N = No (0) P = Partially Done (0.5)					
Z = N/A (disregard question)					

Alameda County Santa Rita Detention Center

Mental Health Audit Summary

Debra F. Richardson, LCSW

August 30, 2017

On August 16, 2017, a ten member staff delegation from Alameda County Public Health Department scheduled an annual inspection at the Alameda County Santa Rita Detention Center in Dublin, CA. I was assigned to conduct the mental health audit. The Santa Rita Detention Center staff provided me with ten (10) randomly selected charts of adult inmates who received mental health services at the County facility. The ten inmates also maintained a history of attempted suicides while being in custody in the facility.

My primary role was to monitor the facility's compliance to established policy and procedures, to assess the levels of services offered and to strengthen the quality improvement process.

The findings of the mental health chart audit include the following:

There were 100% compliance on ten charts with adults having signed and dated consent for psychotropic medications. Of the ten charts where adults were on medication, the required labs were on file. As well, there were medical requests for all adult inmates on file.

Each of the inmates had a comprehensive mental health evaluation coupled with DSM-IV diagnosis. Documentations around inmate receiving mental health services were improved as the ten charts included detailed progress notes (i.e., by clinicians & physicians). Over 50% of the inmates had 5150 Evaluations on file.

As the ten charts indicated, all inmates had a history of suicidal attempts while being in custody. The charts reflected their mental health assessments and screenings (i.e., Suicide Behaviors Questionnaire and Assessment) that were conducted on the inmates.

The charts were able to offer specific instructions around inmates special conditions (i.e., allergies were noted; medical conditions – diabetes; HIV testing). Additionally, critical issues were identified in the charts such as refusal of clinical services; medical transportation details; community referral sources; and mental health discharge summaries.

Of the ten (10) charts that were reviewed, 100% of the charts shared the commonalities, namely:

- DSM IV Diagnosis
- Lab orders
- Medical Request
- Medication consent form
- Medication Evaluations
- Medication Orders
- Mental Health Evaluations and,
- Progress notes by Clinician and Physician

Submitted by:

Debra F. Richardson, LCSW

MEMORANDUM

DATE: August 16, 2017
TO: Dr. Muntu Davis, Health Officer and Dept. Director
FROM: Baharak Amanzadeh, DDS, MPH

Subject: Jail Inspection Santa Rita-Dental August 16, 2017 Site Visit

On August 16, 2017, Tracey Andrews RDH, MPH, Program Specialist at Office of Dental Health, participated in the ACPHD site visit to Santa Rita Jail to perform a chart audit and interview with the dental staff of the Center. Twenty randomly selected recent patient records, both paper charts and electronic records, were evaluated for diagnostic integrity, treatment planning, timeliness and comprehensiveness of care. Overall, the professional care that was provided seemed to be within the community standard given the restrictions of court dates, legal appointments, time constraints between intake and discharge, etc. In more detail, presence or absence of medical alerts, presence and review of updated medical history, charting of hard tissues, doctor comments, and quality of radiographs and adequacy of diagnostic data seemed to be complete and justify the treatment planning. In addition, a copy of Division of Correctional Health Care Services Dental Services Document, August 2010 was sent to the dentists and the medical director of the facility, to review, use as reference to adjust and complete their manual; Section 5.4 urgency determination table was suggested and following guidelines for periodontal best practices for this population was suggested.

Summary of chart audit:

1. The clinic has adequate interface between Medical and Dental Electronic Health Records (HER). Notably, access to medical history, and medical history updates is prominent in the dental section. Some other areas that can be improved involve better access to diagnostic records. X-rays are viewed from another electronic platform, and not part of the chart. The current system for the dental record does not adequately reflect soft tissue charting. Periodontal assessment and probe readings are noticeably missing.
2. The facility continues to provide preventive and restorative treatment needed for patients in a timely manner. The preliminary dental assessment occurring during the first week of patient's intake, were well documented in the nurse's notes. The comprehensive assessment form has improved process and time frame for handling emergency cases. The assessment form had clear prompts for 'emergency, urgent dental care needed' included, based on the answer collected. A referral process between medical and dental is in place. It was not clear if proper brushing and flossing instruction is offered to the individuals during the nurse assessment.
3. It was noted that both Dr. Barber and Dr. Fayyad consistently displayed excellence in documenting detailed chart notes on each encounter. An improvement noted, cases having disruptions in the completion of treatment plans were found to have a "refusal of service" form signed by the inmate, stating that the inmate did not want to have dental services. It was noted in a few of the charts that dental treatment plan was completed and inmate told that they must formally request another dental visit for other treatments such as recall cleanings. It was noted one inmate with diabetes, only received restorative treatment with no mention of prevention services. Since, the preventive services of a Registered Dental Hygienist are available, it is recommended to design protocol to especially utilize those services for medically compromised patients.

In summary, I am impressed by the quality of the dental services at Santa Rita Jail and believe that the dental clinic is offering a tremendous service to the population while in custody, many of whom enter the system with a history of unmet dental treatment needs. Thank you all!

Santa Rita Jail Inspection 8/16/17

Reviewer: Georgia Schreiber, Public Health Investigator in DCDCP

Focus: HIV and syphilis treatment, follow up and reporting

Reviewed:

- 10 medical charts featuring HIV treatment
- 10 medical charts featuring syphilis treatment
- Conversation with Medical Discharge Planner
- Interview of three inmates who have accessed medical care at Santa Rita Jail.

What I looked for in the charts: I looked for neat, thorough and consistent charting, appropriate medication for treatment, CMR use/reporting to Public Health Department, and how the clinic handled follow up for patients who were released from custody before received treatment.

In the interview with the Discharge Planner, I looked for good coordination with staff, follow up practices with medical cases, and coordination with public health staff.

In the inmate interviews, I listened for patient command of information about their conditions, relationship and comfort level with staff, and responsiveness of staff.

General findings

Charts

There was an obvious effort by the staff to present charts that are well organized, starting with a one page guide to how the charts are ordered. However, most charting at Santa Rita is now done electronically and the Medical Records staff prints certain pages onto paper for these kinds of chart reviews. I found the pages difficult to follow and attribute it to the fact that I was only able to see parts, not the whole of the charting process. Some note taking must be done on the floor, not directly into the computer, which is understandable but makes for more of a challenge to transcribe reliably into the computer.

It is obviously difficult to follow long term treatment with patients that often come and go unpredictably, with no jurisdiction over their care once they are out of custody. There is a concerted effort to deal with this by the medical staff, with whom I am familiar all year around as a Public Health Investigator who interfaces with doctors, PAs, nurses, medical records staff and case managers. For inmates

with some of the most common chronic, life threatening diseases, there is a Discharge Planner who helps inmates make appointments and arrange for continuation of medication, either coming or going from jail. Alameda County has one of the most impressive policies for discharge medication: a 30 day supply of all in the state of California, but when inmates are released without the medical staff's knowledge, the prescriptions are not supplied. This happens often.

The HIV follow up showed appropriate medications and the efforts to get people started on medication as soon as possible and connect with the inmate's outside provider for care coordination.

The syphilis cases showed a few examples of the difficulty of treating people with a difficult to obtain medical history and no chance to do the recommended proper follow up testing going forward. For these cases, a strong relationship with the public health department is critical so they can work together. The two entities do work together already, but I found two instances in the 10 charts I viewed of inmates with 1:16 titer and no RPR in the past 12 months; a consult with Public Health would be perfectly appropriate if the clinician ever wants to know pertinent history that we might have from the outside. Syphilis is complicated, the theatre of incarceration is complicated, so all the more reason to use Public Health staff for extra support.

Highlights of the Staff Interview

I interviewed the Discharge Planner and I was impressed that he knows the STD staff and the HIV follow up staff by name, and clearly has a lot of contact with them over the years. He is well versed in HIV, so he can provide health education to inmates. He has personally developed relationships with HIV specialists in clinics and the health departments of Alameda County and to some extent neighboring counties. He convenes a semi-annual dinner meeting outside the jail, called "Inside/Outside" for HIV providers to come together and have access to jail staff and discuss improvements for patient care for people who are or have been incarcerated.

Highlights of Patient Interviews

We interviewed three inmates. Two of the three inmates met with five investigators from the public health department. They were cordial, but not very forthcoming. They didn't share anything concerning and they said their experiences accessing medical care in the jail was decent. But it was hard to believe we were getting full disclosure. In the future, I think our interviewing teams should include fewer than three people, and continue to meet in as much privacy as possible with seating to maximize rapport building.

The third man, I interviewed one on one and was able to be more explicit in my questions and he gave me more in depth answers than the other two men had. He

generally liked and trusted the medical staff, but mentioned that albuterol inhalers are not available on site in the housing units, and must be requested by the Correctional staff from the Medical staff. In one case, the interviewee described having an asthma attack and having to wait uncomfortably long to get the medicine. There is an ongoing tension in jails and prison between medical and correctional priorities. It is important that examples like these be examined and reexamined and that medical standards not be compromised.

Problems

Paper charting and electronic charting do not always have complete patient histories. Both are needed, along with the lab histories, to see the whole picture of patient care.

Action items

At our inspection next year, we may need to have direct access to computerized charting system. Santa Rita will need to plan and arrange for this.