

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: 8/21/2013-8/22/2013		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Cynthia Bartus, Supervisor, REHS (510) 567-6714 Kimberly Caiçon, REHS (510) 567-6879 Jennifer LaPorta, REHS (510) 567-6761 Vicent Kazibwe, REHS (510) 567-6728				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Eugene Haddock, General Manager, Aramark (925) 551-6836 Kevin Johnson, Aramark (925) 551-6838 Lt. Ralph Lacer, Santa Rita Jail, Projects (925) 551-6628 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				
<p>Approach for Providing Food Service</p> <p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	
<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>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			Aramark staff with supervisory duties have food safety certification as required: Rehan Anwar (expires on 6-14-16) and Kevin Johnson (expires on 9-28-14), ServSafe Certified.
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p> <p>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.</p>				<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p> <p align="center">Do not identify compliance with this section here. See comments.</p>

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>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.</p> <p>Cooler 2 (employee dining) observed internal food temperature at 45 degrees; Turkey lunch meat on ice in employee dining noted at 45 degrees; One paper towel dispenser in bakery lacked paper towel; WIR0002 door gasket deteriorated; Opened bags of food discovered in upstairs store room; Knives were stored in sanitizer buckets in two areas (bakery and employee dining); Rodent nesting materials found in upstairs store room; Old rodent droppings discovered in upstairs store room; Employee dining is in need of new commercial refrigeration for the cook line and for milk storage; Bulk lid to sugar container was broken in the WIR0004 walk in box; Condensate drips noted for the following refrigerators and freezers (WIF 0001, WIF 0002, WIR0001, WIF0004); Ice noted on floors to the following refrigeration: WIF0001 and WIF 0002.</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 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 that provide for food safety and sanitation in these situations.)</i></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		Large scullery machine (DD0001) and small scullery machine (DD0003) did not reach sanitizing level of 160 degrees at the plate. Corrected during inspection.
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/SECTION	YES	NO	N/A	COMMENTS
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue <i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i> There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:	X			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
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			
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			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
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			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.05 (12/08/06).
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			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.05 (12/08/06).
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			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03(04/30/99).
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
1266 Personal Hygiene				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03 (04/30/99).
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				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03 (04/30/99).
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				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
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				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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 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			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 6.01 (4/30/99) 6.02 (01/01/98) 15.01 (12/08/06) 15.02 (12/08/06)
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			34 West – Urinals needed to be cleaned and de scaled; Some drinking faucets were observed to be blocked off (paper wrapped around the water fountain area); 24 East – Slow drains to A1 and B2 area sinks; 7 East (A11) toilet required cleaning; 22 East (#39 housing unit) toilet required cleaning.
Title 24, Uniform Building Code – Cleanliness and Repair Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			7 East – Remove mold deposits from ceiling and walls of the walk in box for housing units. Repair slight condensate drips to 8 West, 22 East, and 24 East walk in boxes.
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			22 East and 8 West – Some vents observed to be blocked with paper in individual cells.
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			<p>Drinking water samples were taken at the following locations:</p> <p>Housing Units: 34 West Ad-Seg 8</p> <p>Kitchen Area: Kettle #2 Cold Prep Room (Middle Sink Faucet)</p> <p>A total of five (5) water samples were collected (duplicate sample of 34 West) and were all found negative for Total Coliform.</p> <p><i>Note:</i> Samples were collected by Environmental Health staff, and, laboratory tests were conducted by Alameda County Public Health Laboratory.</p>
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			Some rodent "nesting" material was found in the upstairs store room; Old rodent dropping were also discovered in the same corner area in the upstairs store room; Floor sink without proper grate was observed in the cook line for the employee dining room. 34 West, 24 East and 22 East had drain fly activity in the shower areas. Old rodent droppings were also discovered under the vending machine in 24 East housing common area.
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation: The following housing units were checked: 34 West (Minimum Men), 24 East (Female), 22 East (Medium Men), 7 East (Maximum Men), and 8 West (Ad-Seg).

Also inspected were the Laundry Facility and well as the Commissary areas.

Please see the Environmental Health Inspection Checklist Attachment for more detailed information on the main kitchen, bakery and employee dining areas (for observations and corrective actions to be taken).

Please note that the majority of our observations \ violations noted during our inspection were corrected that same day.

In summary, this facility continues to maintain good overall food safety management practices and good overall sanitary conditions for the housing units.

Areas for improvement:

- **Improve on daily testing methodology for high temperature dish wash machines. Document proper sanitizing abilities of the machines daily by using “thermo” labels. Document corrective action.**
- **Eliminate potential harborage areas for rodents in upstairs store room. Discontinue the use of cardboard boxes as a means to store paper work, equipment, etc. Store all bulk foods in rodent-proof containers after opening.**
- **Update and provide proper ANSI/NSF refrigeration for employee dining room kitchen \ cook line. Discontinue the use of an ice bath for sandwich toppings.**
- **Eliminate drain fly activity in the shower areas at housing units.**
- **Floors in scullery areas are wet and slippery; continue ongoing floor maintenance during dish washing operations.**

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
<i>Foodborne Illness – Critical Risk Factors</i>				
1. Knowledge in Food Safety				
113947-113947.6(HSC) Minimum standards of knowledge in food safety	x			
2. Cooling, Holding and Preparing Food Ahead of Service				
113996,113998, 114050, 114159(HSC) Holding potentially hazardous foods; temperatures for holding, keeping or displaying; thermometers		x		Observed Cooler 2 temperature at 45 degrees in the employee dining room; Observed lunch meat at 44 degrees on ice in cook line for employee dining room. Both violations corrected at time of inspection.
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			
3. Personal Hygiene/Food Handling				
113952-113953.5(HSC) Requirements for food handlers/hand washing	x			Out of paper towel in one dispenser in the bakery area. Corrected at this time.
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		GSA to replace deteriorated door gasket to WIR 0002; Observed small amount of mold build up to ice machine located in upstairs store room – cleaned and sanitized during the inspection; Observed dirty pallets and inverted pans stored in the small scullery area – cleaned immediately.
114161, 114179(HSC) Storage of food and non-food items	x			Opened bags of food observed in upstairs store room; Placed into bulk containers with lids during inspection.

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
<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		Observed knives being stored in sanitizer in two areas: Bakery and in employee dining room kitchen. Provide knife holders for knives.
Chapter 5 (HSC) Cleanliness of utensils and equipment; three-compartment metal sink required; methods of cleaning utensils		x		Large scullery dish washer (DD0001) and small scullery dish washer (DD0003) did not reach sanitizing level of 160 degrees at plate; Repaired by GSA same day of inspection; Tested the next day and found to be operating properly.
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		Found old rodent nest and rodent droppings in far corner of upstairs store room inside of box with papers. Cleaned and sanitized same day. Recommend using sealable containers with tight fitting lids.
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		New refrigeration is needed in the employee dining cook line and for milk storage in the employee dining room. Pepsi merchandiser cannot be used to store perishable product. Broken lid to bulk sugar storage container in WIR 0004 in the bakery to be replaced.

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		Provide grate for sewer opening to the floor sink in employee dining cook line. GSA to repair condensate drips to the following equipment: WIF 0001, WIF 0002, WIR 0001 and WIF 0004. GSA to install vacuum breaker to hose bib for the scullery spray down faucet. GSA to repair small drip to mop sink faucet in garbage dock area.
114149-114149.3(HSC) Ventilation; mechanical exhaust for cooking equipment	x			
114268-114269 (HSC) Floor surface materials and floor drains		x		Observed small areas of ice build up on the floors of the following units: WIF0001 and WIF 0002. Apply salt and maintain slip free floors. Observed excessively wet flooring in the scullery areas – squeegee and maintain wet areas of floors as dry as possible.
114271 (HSC) Wall and ceiling surfaces	x			Observed dust and grease around make up air vents in employee dining room; GSA to clean.
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.

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

BOC #: _____

FACILITY NAME: Santa Rita County Jail		COUNTY: Alameda		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II:	TYPE III: XX
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED: August 21-22, 2013	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Lavery MPH, RD Nutritionist 510-595-6446				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Eugene Haddock, General Manager ARAMARK Mike Pace, District Manager ARAMARK Lenore Gilbert, Health Services Director , Corizon				
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				
1240 Frequency of Serving				Breakfast is served between 3:45AM and 4:00AM Lunch is served between 11:00AM and noon Dinner is served between 3:30PM and 4:00PM Breakfast and Dinner meals are typically hot meals
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
1241 Minimum Diet (See regulation and guidelines for equivalencies and serving requirements.)				
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.	X			
Protein Group. The daily requirement is equal to three servings, each containing at least 14 grams of protein.	X			
There is an additional, fourth serving of legumes three days per week.	X			
Dairy Group. The daily requirement for milk or milk equivalents is three servings, each of which is equivalent to 8 oz. of fluid milk and providing at least 250 mg. of calcium.	X			1% milk is served
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			
All milk is fortified with Vitamin A and D.	X			
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.				Every meal contains less than five servings from the fruit-vegetable group, as the "fruit drink with vitamin C" is used (often twice each day) to supplement the total servings to 5/day or more. Currently, each day averages only 4 servings or less of fruit and vegetables. See Recommendation 1
One serving of a fresh fruit or vegetable.	X			Oranges are the only type of fresh fruit served each day. In prior years there was effort by ARAMARK to add more variety; i.e., inmates were offered an apple, orange or pears when in season. See Recommendation 1
One serving of a Vitamin C source containing 30 mg. or more.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	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.)				
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			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Service Plan				
There is a food services plan that complies with applicable California Uniform Retail Food Facilities Law (CURFFL). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:	X			
Planning menus;	X			The new menu was last updated on 11/22/11 and was included in the Diet Manual
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			The facility has an excellent ROP (Regional Occupational Program) that certifies inmate kitchen workers in food handling, waste management and nutrition.
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			Maintenance log is available and current.
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	

ARTICLE/SECTION	YES	NO	N/A	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	No disciplinary isolation diet was being served at inspection time. Disciplinary isolation was discontinued at SRJ. A Policy and Procedure is in place if and when the diet is reinstated (14.04 Alternative Meal Service for Disciplinary Actions”).
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			Policy No 14.03, Section 4A outlines the procedure for Special Diets as such: <i>“Therapeutic diets shall be made available to inmates upon medical authorization only. Therapeutic diets can be ordered by physicians, physician’s assistants, nurse practitioners or a dentist.”</i>
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			Out of state dietitian is available for consult.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			The intake forms include a question about allergies (including food), but do not have a question about special medical diets the incoming inmate may have been on. Add this to the intake form. See suggestion 1. Ninety-five percent (95%, or 20/21 charts) reviewed had a MD diet order, ninety-five percent (95%, or 20/21 charts) had a diet slip matching the MD order. Eighty-six percent (86%, or 18/21 diets) were accurately listed on the Food Service Master diet list, and finally, all but 5% (1/21 charts) was missing a Special Needs Diet Report listing the therapeutic diet. When staff was presented with the discrepancies they followed up to make the corrections.
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 diet manual is updated and has been reviewed and approved by all necessary personnel
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual was reviewed and approved.

Summary of nutritional evaluation:

Inspection of this facility was conducted on August 21 and 22, 2013 to determine compliance with Title 15 California State standards. Inspection of the Food Service Department, the medical unit, and eight inmate units was conducted.

Approximately 3,150 inmates were housed at the Santa Rita facility during the time of the inspection. Typically 7-10% of Santa Rita inmates are on a special diet. During this inspection 15% inmates were on a special diet, consistent with last inspection.

While a new intake form is now being used upon inmate arrival, this updated form does not address whether or not the new inmate has special dietary needs or problems with swallowing or chewing. (See Suggestion 1.)

FOOD SERVICE

ARAMARK is contracted to administer the food service department. The department is very well managed and is commended for the efforts put forth towards the preparation of meals served in such a large facility as this one. Meals are prepared by a combination of inmate workers and ARAMARK staff. There are approximately 70 inmate kitchen workers at this facility.

Meals not only for Santa Rita Facility are prepared, but also for Glen Dyer Facility (Alameda County), Fremont Jail (Alameda County) and facilities in San Benito, Colusa, Lake, and Amador Counties. Two tray-lines are currently in use. A tray-line designed to prepare special diets is still in use to insure that inmates on therapeutic diets receive the appropriate foods and serving sizes. All 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.

Overall observation shows good maintenance of the standards. Stored food was well marked with dates, storerooms showed good FIFO rotation of food. Prepared meals were well marked with the meal and date of service.

The ARAMARK dietitian reviews the menu regularly and is available by phone for consultation. The food service manual was reviewed and approved within the past year.

Two meal tests (breakfast and dinner) were conducted by the inspection team to determine taste, palatability, texture, acceptability, and quality of inmate meals. For breakfast, farina, potatoes and turkey ham were tasted. The farina was very bland, but attractive, and the portion size was good. The turkey ham had mixed reviews—from good to rubbery; the amount was small. The potatoes were very spicy/peppery. Since the potatoes tasted at last year's inspection were bland, the seasoning could be due to the preference of the cook. The presentation was okay. For lunch, au gratin potatoes with chicken, carrots, lettuce, wheat bread, and cookies were tasted. Surprisingly, the carrots appeared fresh and had a good sweet taste. The entrée of gratin potatoes with chicken was bland, with a texture consistent with an abundance of corn starch, which proved uninviting. The lettuce was fresh and crisp—an improvement over prior years. The cookies, aside from getting damp from the tray having moisture, tasted good. All the Public Health Inspectors commented on how appropriate the food was, given the situation and vast numbers of inmates served.. The overall meal quality was average-okay.

MEDICAL

A review of 21 medical charts was conducted. Accuracy of the charts is as follows:

- ◆ 95% of special diet orders contained a diet order written by a MD or NP (required by Title 15). This is an improvement over last year (75%).
- ◆ 95% of special diet orders were accurately recorded by nursing staff (either a diet slip or an updated diet slip matching the diet order was included in the chart). This is a vast improvement over last year (65%).
- ◆ Of those charts containing a diet slip, 75% of inmates on special diets were estimated to be receiving their intended diet, because only 86% of diets were accurately listed in the Master Diet List in the Food Service department. This is a lesser percentage than last year (75%).

Accuracy in all three areas reviewed indicated a tremendous improvement in compliance compared to performance in 2012. When Santa Rita medical staff was presented with the diet discrepancies they followed up to make the corrections in the system and chart.

INMATE UNITS

Eight inmate units were visited during the inspection, Units 1 E/W, 2E/W, 8E/W, and 9E/W. All of the units had well organized refrigerators/ storerooms. There was good signage of the diet list in each unit, and the dietary meal code sheet was posted in most units. Inmates receive at least 15 minutes for meal consumption. Inmates on therapeutic diets continue to be served first in all pods, helping to ensure that those inmates on special diets receive the prescribed meal.

The deputies on assignment were very knowledgeable of which inmates received which meals (therapeutic or regular). This is a marked difference to the results of last year's inspection.

Four inmate interviews indicated that medical care (on average) is good:

Inmate 1: 5 months pregnant. Receiving a high protein/high calorie diet with snacks. Weight has been monitored, and weight gain has been as expected. She received her correct diet 100% of her incarceration (45 days). She has received excellent resources while incarcerated, including yoga, baking, mom, and alcohol/drug abuse classes. Overall, gave positive praise for medical care.

Inmate 2: Inmate with hypertension and mental health issues. Admitted in January 2013. Currently not receiving hypertension meds, nor is he on a special sodium restricted diet. His blood pressure has been checked only twice since his admission. It is recommended that this inmate's blood pressure be checked and that the physician consider prescribing a sodium restricted diet and patient education.

Inmate 3: Inmate with rapid heart rate, no history of hypertension. Claims he doesn't put a sick call slip in because it costs \$3.00 that he does not have. Inmate requests low sodium meal and prefers not to purchase items from the canteen because they are high in salt and cost too much. Referred to the medical unit to follow up.

Inmate 4: Inmate with diabetes, hypertension, and mental health issue. Taking a lot of meds: 10 in the AM, 7 in the PM. BG is running in the low 200s. Record that inmate has had diabetes education.

Review of 2012 Recommendations:

Recommendation 1- Increase fruit-vegetable servings to five servings per day (**Non-Compliant: 2011, 2012, 2013**)

Recommendation 2- Update the Diet Manual in Food Services (**Compliant**)

Recommendation 3- Ensure all inmates on *therapeutic diets* have a diet order written by appropriate medical staff in their chart. (**Compliant**)

Recommendation 4- Review the Canteen contract and increase the number of healthful snacks and beverages to a minimum of 50% of the available items (**Non-compliant: 2011, 2012, 2013**)

Recommendation 5- Education for inmates with handouts re: special diets (**Non-compliant: 2012, 2013**)

Recommendation 6- 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)

- A. Recommending medical diets consistent with medical needs; educating staff in the use of medical diets
- B. Modifying special diets to meet specific needs of inmates
- C. Conducting medical nutrition therapy (MNT)
- D. Medical team involvement

2012 Suggestions:

Suggestion 1- Ensure a final check of portion sizes at trayline

Suggestion 2- Update the intake form to include a question about special diets (2011, 2012, 2013)

Suggestion 3- Offer a variety of fruits and fruit juices for improved nutrient availability

2013 Recommendations:

Recommendation 1- Increase fruit-vegetable servings to five servings per day (2011, 2012, 2013)

Several (seven) daily menus do not include at least five servings from the fruit-vegetable group. The "fruit drink with vitamin C" does not count as a fresh fruit or vegetable.

Per Title 15, Division 1, Chapter 1, Subchapter 4, Article 1241: Minimum Diet: *Vegetable-Fruit group. Includes fresh, frozen, dried and canned vegetables and fruit. One serving equals: ½ C vegetable or fruit, 6 oz 100% juice, 1 medium apple, orange, banana, or potato, ½ grapefruit or ¼ C dried fruit.*

Supplement the current daily servings by 1-2 more per day to bring this into compliance. Additionally, oranges are the only type of fresh fruit served each day. To increase acceptability and improve variety, suggestion is to offer other fruits when in season.

Recommendation 2- Review the Canteen contract and increase the number of healthful snacks and beverages to a minimum of 50% of the available items (2011, 2012, 2013)

Vending machines in the units consist almost entirely of unhealthful snacks. Of four different vending machines that were reviewed (containing a total of 145 possible food items), only two out of 145 (2/145) items would be considered "healthy". 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, and no trans fat; and at least one item meet the FDA low sodium guideline). This policy extends to vending machines provided to staff and the public as well.

Recommendation 3- Education for inmates with handouts re: special diets (2012, 2013)

Although patient education materials are available for special diets, they are not being distributed to new inmates upon designation of a diet order. Handouts are not useful unless they are given to the inmates.

Recommendation 4 – Establish a review for inmates when they have been incarcerated for one year. For longer term inmates (those staying a year or more) the computer system currently 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 5- 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)

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.

2013 Suggestions:

Suggestion 1- Update the intake form to include a question about special diets (2011, 2012, 2013)

Suggestion 2- Offer a variety of fruits and fruit juices for improved nutrient availability (2012, 2013)

Any questions regarding the Nutritional Health Evaluation can be directed to Annette Laverty, MPH, RD [510-595-6446 or annette.laverty@acgov.org] at Alameda County Public Health Department.

**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): 5325 Broder Blvd. 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: 8/22/2013 – 8/23/2013		
NUTRITIONAL EVALUATION			DATE INSPECTED: 8/22/2013 – 8/23/2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 8/22/2013 – 8/23/2013		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
Beverly Juan, MD		(510) 618-2057		Erika Heebner (510) 577-7000	
Paulina Lopez		(510) 670-8454			
Brenda Parish		(510) 670-8442		Dr. Muntu Davis (510) 267-8000	
Pamela Casey		(510) 268-7651		Dr. Jared Fine (510) 208-5911	
Barbara J. Wilson		(510) 535-7702			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
CAPTAIN KERRY JACKSON					
DR. HAROLD ORR, MEDICAL DIRECTOR					

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

**III. MEDICAL/MENTAL HEALTH EVALUATION
CORIZON HEALTH SANTA RITA JAIL
8/21/2013
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				J-A-01.00
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Revised 2/2/2013
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			J-A-03 Revised 2/2/2013
Security regulations are applicable to facility staff and health care personnel.	X			J-A-02
At least one physician is available.	X			J-A-02
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	TYPE II FACILITY
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				J-A-06 "CONTINUOUS QUALITY IMPROVEMENT REV.2/2/2013
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				J-C-0.-01.00 REV 2/2/2013
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			J-C-01
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)	X			J-H-01 "HEALTH RECORD INFORMATION" REV. 2/2/2013
Individual, complete and dated health records are maintained and include, but are not limited to:				
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
(2) Medical/mental health evaluation reports;	X			H&P
(3) Complaints of illness or injury;	X			MEDICAL REQUEST FORM
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				J-H-02 CONFIDENTIALITY OF HEALTH RECORD REV.2/2/2013
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			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				J-H-02 CONFEDENTIALITY OF HEALTH RECORD REVISED 2/2/2013
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:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			J-E-08 REV. 2/2/2013 "EMEGENCY SERVICES"
Provision for medically required dental and medical prostheses and eyeglasses;	X			J-G-10, VISION CARE
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;	X			J-G-09 "CARE OF PREG INMATE" J-G-09 "PREG COUNSELING" REV. 2/2/2013
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			J-E-02; J-E-05 HEALTH SCREENING/EVALUATION REV.2/2/2013
Implementation of special medical programs;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Management of inmates suspected of or confirmed to have communicable diseases;	X			J-B-01 INFECTION CONTROL PROGRAM
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			J-B-01 REV.2/2/2013
Use of non-physician personnel in providing medical care;	X			NP-RN-LVN OR MA
Provision of medical diets;	X			J-F-02 NUTRITION& MEDICAL DIET
Patient confidentiality and its exceptions;	X			
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			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and healthcare information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission dtransport.	X			Medical info./Transfer form
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			J-I-03"FORRENSIC INFORMATION" REV. 2/2/2013
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			J-B-01 "INFECTION CONTROL PROGRAM" REV.2/2/2013
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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				"RECEIVING SCREENING" J-E-02 REV.2/2/2013
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				J-E-02 "INTAKE SCREENING"
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			
1208 Access to Treatment				J-E-05"MENTAL HEALTH SCREENING" J-E-04 MENTAL HEALTH SCREENING
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>	X			J-E-05 MENTAL HEALTH SCREENING REV.2/2/2013
There are policies and procedures to provide mental health services that include but are not limited to:				
Screening for mental health problems;	X			J-E-05 MENTAL HEALTH SCREENING
Crisis intervention and management of acute psychiatric episodes;	X			J-G-04 MENTAL HEALTH SCREENING
Stabilization and treatment of mental disorders; and,	X			J-G-04 MENTAL HEALTH SCREENING
Medication support services.	X			J-G-04 MENTAL HEALTH SCREENING
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.	X			J-G-05 SUICIDE PREVENTION REV.2/2/2013
1210 Individualized Treatment Plans				J-G-02 SPECIAL HEALTH NEEDS REV.2/2/2013
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				J-E-07 NON-EMERGENCY HEALTH CARE REQUESTS AND SERVICES REV.2/2/2013
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				J-B-02 ENVIRONMENTAL HEALTH CONTROL J-B-01 REV.2/2/2013
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 <i>(Not applicable Type IV.)</i>				J-G-06 INTOX & WITHDRAWAL REV.2/2/2013
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				REFER J-I-05 INFORMED CONSENT REV.2/2/2013
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				J-E-06 "ORAL CARE"/ J-E-08 EMERGEENCY SERVICES
Emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				J-D-08 EMERGENCY SERVICES J-E-06 ORAL CARE REV.2/2/2013 "PHARMECEUTICAL OPERATIONS" SEE PHARMACY POLICY –PROCEDURE MANUAL
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			J-D-02/MEDICATION SERVICES REV.2/2/2013
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			MARS
Prohibiting delivery of drugs by inmates;	X			J-D-01 PHARMECEUTICAL OPERATION
Limitation to the length of time medication may be administered without further medical evaluation;	X			J-D-02 MEDICATION SERVICES
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			J-D-02 MEDICATION SERVICES
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			J-A-06 CONT. QUALITY IMPROVEMENT
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			J-D-01 PHARMECEUTICAL OPERATIONS
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			J-D-01 a ORDERING AND RECEIVING
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
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			PERSONNEL PRE-LABEL RX (LICENSE STAFF)
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			J-D-02
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.		X		DEPENDENT ON PT RX, OTHER WISE INMATE CARRIES RX ALL THE TIME

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 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			
1217 Psychotropic Medications (Not applicable Type IV.)	X			J-G-05 SUICIDE PREVENTION PROGRAM
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			J-I-02 EMERGENCY PSYCHOTROPIC MEDICATION REV.2/2/2013
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			CHMH-MED
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.				
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			ACA 4-D-17 INVOLUNTARY
1219 Suicide Prevention Program				J-G-05 SUICIDE PREVENTION REV.2/2/2013
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				VISULIZED ON EACH UNIT/LOCATED ON HOUSING UNIT (REVIEWED 8/21/2013)
One or more first aid kits are available in the facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
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			J-A-10 "PROCEDURE IN THE EVENT OF AN INMATES DEATH" REV.2/2/2013
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	
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			J-B-01 REC. SCREENING FORM-INFECTION CONTROL PROGRAM REV.2/2/2013.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			J-G-04 MENTAL HEALTH SERVICES J-E-05 SCREENING REV.2/2/2013
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell A safety cell, specified in Title 24, Section 2-470A.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			J-G-05 SUICIDE PREVENTION PROGRAM J-I-01 RESTRAINTS & SECLUSION REV.2/2/2013
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.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			REFER J-G-05 SUICIDE PREVENTION PROGRAM J-G-06 INTOXICATION J-G-08 INMATE ETOH/DRUG PROBLEM
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			J-E-05 SCREENING EVALUATION REV.2/2/2013
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>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			J-E-01 RESTRAINTS/SECLUSION REV.2/2/2013
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<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>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<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>			X	
<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:				4 CLINIC ROOMS 1 TRAUMA 18 SICKLE CELLROOMS
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
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			
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			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25- Confidential Interview Rooms				J-D-03
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			
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			
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				J-G-07 CARE OF PREGNANT INMATE
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			J-G-07
PC 4028 Abortions				J-G-07 CARE OF PREGNANT INMATE
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			

Summary of medical/mental health evaluation:

This summarizes the Medical/Mental Health evaluation of the Santa Rita Jail (SRJ) Facility conducted, in accordance with Title 15 of the California Code of Regulations (CCR) "Minimum Standards for Local Detention Facilities" for Adult Type I, II, III and IV Facilities on August 21 and 22, 2013.

Thanks go to all Corizon and SRJ staff that assisted in making this year's inspection went so smoothly.

All of the applicable articles and sections required to be inspected during a Medical/Mental Health Evaluation of an Adult Type II Facility were in compliance.

The following recommendations made or implemented as recommended in prior years' inspections are based on the inspection team's observations made during this inspection and on responses to questions asked of both facility and healthcare staff and current inmates.

1. **"Sick Call" Rooms and Observation Towers in Housing Units** (Specifically Units 1, 2, 8, 9, 21, 22, 23, 24, 25, and 34, and the Infirmary, were inspected in addition to a number of the common areas, such as the Intake (I&R) Unit.)
 - A. **Areas of Excellence**
 - 1) All fire extinguishers and First Aid/Blood-borne Pathogens Kits were in compliance and checked regularly by staff.
 - 2) All AEDs logs were present and staff sign off on inspection checklist every shift; all were in good working condition.
 - 3) All used medications/multi-use vials were clearly labeled with date of opening and were all within 30 days of initial use.
 - 4) *2012 Recommendation, Implemented:* The syringes in the Emergency Medication ("Red") Boxes in the healthcare locations were inspected and within their expiration dates.
 - B. **Opportunities for Improvement**
 - 1) *2012, 2013 Recommendation:* Ensure foot pedals on all biohazard containers are functional for worker safety. *Basis:* West 21 Sick Call Room and ITR Nursing Room biohazard receptacle foot pedal were missing.
 - 2) *2013 Recommendation:* Regularly check and log refrigerator temperatures where vaccines and medications are stored. *Basis:* The dates on the temperature log were inconsistent and the refrigerator needed defrosting in the Infirmary Pill Room.
 - 3) *2013 Recommendation:* Ensure ambu-bags are present and readily accessible. *Basis:* West 24 Sick Call Room ambu-bag was missing.
 - 4) *2013 Recommendation:* Ensure oxygen tanks are adequately filled and ready for use. *Basis:* East 23 OB/GYN Clinic oxygen tank was empty, and North 25 Sick Call Room oxygen tank needed refilling.
 - 5) *2013 Recommendation:* Ensure equipment is present in drawers as labeled. *Basis:* Infirmary Trauma Room pulse oximeter was missing from the drawer.
 - 6) *2103 Recommendation:* Regularly check the expiration dates for the IV Starter Kits as with other medication and equipment checks. *Basis:* Infirmary Trauma Room IV Starter Kit in the drawer was expired.
 - 7) *2013 Recommendation:* Refill the EBA in West 2 Control.
 - 8) *2013 Recommendation:* Appropriately label the storage of N95 respirators in areas of patient care (intake, health clinic, and hallways). *Basis:* N95s were stored in a holding rack against wall noted "Dust Masks".
 - 9) *2013 Recommendation:* Ensure some small N95 respirators are available in all locations where respirators stored. *Basis:* The majority was Large; some were Medium, but none were small or extra small in all clinical areas. There was a large supply of masks of all sizes available in the large storage closet to accommodate all sizes, but favor large (L) in size. Could have wall holding racks with size designations. Note: At time of inspection, some construction work was being done so all supplies were centralized in one area making it difficult to easily locate.
2. **Medical Chart Reviews**
 - A. *Medical Record Completeness* – All audit indicators were met for the charts reviewed.
 - B. *Medical Receiving and Screening* – All audit indicators were met for the charts reviewed.
 - C. *Sexually Transmitted Infections (STI), Chlamydia* – All audit indicators were met for the charts reviewed.
 - D. *Pregnant Inmates* – Eighty percent of the audit indicators were met for the charts reviewed.
 - 1) One "Intake/Receiving Form" did not have a response for pregnancy.
 - 2) Two inmates did not receive their prenatal visit within one week of screening.
 - E. *Sexually Active Inmates* – Eighty percent of the audit indicators were met for the charts reviewed.

- 1) For one inmate, the health education received was not documented.
 - 2) For two others who received treatment for a sexually transmitted infection, the available medication sheets (MARs) did not clearly indicate that the full course of treatment had been completed.
- F. *Inmates Transferred to Hospital* – All audit indicators were met for the charts reviewed.
- G. *Inmates with Mental Diagnoses*
- 1) Areas of Excellence
 - a. There was 100% compliance on ten charts, all of which had patients who had been placed in a safety cell and proper viewing had been done and recorded on the charts.
 - b. There was 100% compliance on the seven charts that had patients on medication. They all had the informed consents dated and signed properly.
 - c. 100% compliance on the three charts that had labs done for specific medications and there was proper follow with the patients done.
 - d. 100% compliance on the two patients who were placed on a 5150 for a Psychiatric evaluation. These patients were sent to John George Psychiatric Pavilion for further mental health clearance. Both of the 5150's were signed and dated properly.
 - e. 100% compliance for allergies on all charts.
 - f. Those patients who are not given discharge medication are given information for outpatient services.
 - 2) Opportunities for Improvement
 - a. None noted.
- H. *Inmates with Tuberculosis*
- 1) Areas of Excellence
 - a. Policy and procedure manual for testing and treatment for Tuberculosis/Latent Tuberculosis Infection (TB/LTBI) clearly delineated evaluation and treatment. Based on 5 charts reviewed protocol was followed.
 - b. Five charts were reviewed. All had intake/receiving form in the medical record.
 - i. One had a Tuberculosis Skin Test (TST) placed within 96 hours of intake of those meeting criteria for placement and result was recorded in millimeters (mm). The other four had reported prior history of positive TST based on interview, but none had supportive documentation of TST result (positive/negative) along with a numerical value in millimeters (mm).
 - ii. All inmates who were newly TST positive or with a history of positive TST were screened for signs and symptoms of tuberculosis.
 - iii. All inmates with TST positive or history of prior positive TST had a chest x-ray done, documented and placed in medical record.
 - iv. If TST newly or prior history of positive that the inmate accepted treatment, the treatment was documented and there was evidence of patient education.
 - v. For those that were eligible for LTBI treatment, four were placed on INH 300 mg QHS or INH 900 mgs BIW along with vitamin B6 per guidelines/protocol and one was on appropriate treatment for tuberculosis with INH, Rifampin, Ethambutol, and Pyrazinamine.
 - vi. All inmates (5/5) under TB/LTBI treatment were provided with DOT and documented on MAR.
 - 2) Opportunities for Improvement
 - a. 2013 Recommendation: Consistently note positive PPD and clearly delineate TB vs. LTBI with positive PPD test since the treatment regimen and management of care are different. *Basis*: Not clear in some charts.
 - b. 2013 Recommendation: Use the updated Confidential Morbidity Report (CMR) form for reporting of TB case to TB Controller with the correct contact numbers. *Basis*: CMR in Infection Prevention Manual, pg. 8/31 was outdated.
 - c. 2013 Recommendation: Add new policy and procedure for pharmacy to contact the County Public Health Acute Communicable Disease/Tuberculosis Section for assistance and/or referral if pharmacy is unable to procure TB medication to complete treatment of patients with active or latent tuberculosis infection. *Basis*: A national shortage of INH in 2013 impacted the treatment of TB/LTBIs and changed the priority use of the remaining amounts of INH nationally.
- I. *Inmates with HIV/AIDS*
- 1) Areas of Excellence
 - a. HIV test kits were up-to-date and in all sick call rooms with instructions and contact information.
 - b. Each "Sick Call" Room had posted reminder notices to staff to offer HIV testing to the inmates.

- c. Documentation of the medical records transferred between outside medical providers and Corizon has improved. Some charts had documentation of medical records from outside providers and some for released inmates had records faxed to the inmate's outside medical provider upon release.
 - d. The majority of HIV-positive inmates had documented follow-up labs done every three months.
 - e. All HIV-positive unable to verify from the chart that an inmate was discharged with a received a 30-day supply of their HIV medications at the time of release.
 - f. *2011 and 2012 Recommendation, Implemented* - Include a section in the medical chart for all medical/mental health discharge plans and documentation, including the medications and their quantities given at time of discharge. Corizon Health provided a list of the order of documents in the medical charts, and 95% of the time the charts were in this order.
 - g. *2011 and 2012 Recommendation, Implemented* - Include a section in the medical chart for all medical/mental health discharge plans and documentation, including the medications and their quantities given at time of discharge. Corizon Health provided a list of the order of documents in the medical charts, and 95% of the time the charts were in this order.
- 2) Opportunity for Improvement
- a. 2013 Recommendation - Include a copy of the HIV-specific Confidential Morbidity form in the Infection Prevention Manual.
3. Inmate Interviews
- A. Five inmates were interviewed (HIV, pregnant, Diabetes Mellitus, Hypertension, Asthma, Latent Tuberculosis). One patient with a mental health diagnosis was interviewed and was well educated about his medication and treatment follow up.
 - B. The majority of the inmates interviewed were aware of their medical condition, potential health complications, and of their dietary needs.
 - C. In general, they were satisfied with the level of care received and appreciative of the opportunities for exercise at Santa Rita Jail.
 - D. The inmates were hesitant to request "sick call" as a result of the \$3 charge
 - E. A concern was raised regarding the wait time for obtaining medications missed due to court or other required activities.

In general, we are greatly encouraged by constant improvements in the care afforded to inmates at Santa Rita Jail.

