

**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			DATES INSPECTED: 12/9/14 & 12/17/14		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Kimberly Caison, REHS (510) 567-6879 Jason Beebe, REHS (510) 567-6711 Okoro Umozurike, REHS (510) 567-6878					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lori McConnell, District Manager, Aramark (510) 965-5815 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 Jenny Vaa (expires 7-3-19)
<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>	Do not identify compliance with this section here. See comments.			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.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
1246 Food Serving and Supervision Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
1262 Clothing Exchange				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 clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			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				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.05 (12/08/06).
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items				Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03(04/30/99).
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene There are policies and procedures for inmate showering/bathing.	X			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03 (04/30/99).
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
1267 Hair Care Services Hair care services are available.	X			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.03 (04/30/99).
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			Alameda County Sheriff's Office Detention and Corrections Policy and Procedure Manual, Section 15.04 (1/28/08).
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			Observed a few mattresses needing to be replaced. Mattresses were either ripped or torn. Also, observed many newly replaced mattresses as well.
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			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			31 West (E3) – scaling observed in one urinal; cleaned at this time. 4 East – replace one broken faucet (GSA to order part and repair)
Title 24, Uniform Building Code – Cleanliness and Repair Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			24 West (area C3) – some vents observed to be blocked; cleaned at this time.
Title 24, Uniform Plumbing Code – Floor Drains Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			21 West – clean one light cover in showering unit; cleaned at this time.
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Drinking water samples were taken at the following locations: Housing Units: 21 West 22 West Kitchen Area: Kettle #1 Cold Prep Room (Hand Wash Sink) A total of five (4) water samples were collected and were all found negative for Total Coliform. <u>Note:</u> Samples were collected by Environmental Health staff, and, laboratory tests were conducted by Alameda County Public Health Laboratory.
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803 The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	X			

Summary Notes of 2014 Environmental Health evaluation:

A representative number of inmate cells from the following housing units were inspected: 21 West, 22 West and East, 24 West, 8 West, 31 West and 4 East. Note: Many of the housing units were vacant due to a reduction in the inmate population from previous years, and therefore, were not inspected during this inspection.

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

There were no violations involving food-handling practices observed during inspection.

Please note that all items requiring corrective action were corrected immediately upon notification by maintenance staff, except for a basin faucet noted in Unit 4 East (which required a part to be ordered); GSA to notify Kim Caison, Lead REHS Inspector upon correction.

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:

- A few deteriorated mattresses were observed during inspection; staff advised to continue replacing mattresses as needed.

**II. ADULT TYPE I, II, III and IV FACILITIES
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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:	TYPE IV: XX
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): 				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): 				
NUTRITIONAL EVALUATION		DATE INSPECTED: December 17, 2014		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Lindsay Orbeta, MS, RD Nutritionist II 510-595-6447 Annette Laverty MPH, RD Nutritionist II 510-595-6446				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lori McConnell Director ARAMARK Mcconnell-lori@aramark.com (925) 551-6839 Mike Pace, District Manager ARAMARK Lenore Gilbert, Health Services Director, Corizon				
		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				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			Breakfast and Dinner meals are typically hot meals
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			
<u>Protein Group.</u> 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			
<u>Dairy Group.</u> 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			
<u>Vegetable-Fruit Group.</u> The daily requirement is at least five servings. At least one serving is from each of the following categories.				Each day's menu contains only four servings from the fruit-vegetable group, as the "fruit drink with vitamin C" is used daily to supplement the total servings to 5/day or more. 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.
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			Substitutions are documented on production sheets (cold prep, bakery, sandwiches & diet lines each have separate production sheets).
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			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;		X		At the time of inspection, this was not available although a current Emergency Feeding Plan does exist.
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	Disciplinary isolation diets are served periodically at SRJ. A Policy and Procedure is in (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			71%, or 10/14 charts, reviewed had a MD diet order, 79%, or 11/14 charts had a diet slip matching the MD order. 79%, or 11/14 diets, were accurately listed on the Food Service Master diet list. See Recommendation 1.
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 December 17, 2014 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 2,093 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, 14% (or 295 inmates) were on a special diet, which is much higher than the 2013 inspection.

The facility-wide Policy and Procedure Manual was noted to be last revised in November 2014.

FOOD SERVICE

ARAMARK remains contracted to administer the food service department. Meals are prepared by a combination of inmate workers and Trinity workers, who conducts Commissary this year. 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 kitchen staff are trained monthly about special diets, in addition to other special trainings as specified by ARAMARK. Special diets are kept secure (locked up.) 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.

Breakfast is served at 7:00am. Medical lunch diet trays are delivered first (and separately) from regular diet trays between 7:00am and 12 noon, and snacks accompany these deliveries. Regular diets are sent for lunch time in the afternoon with milk cartons. The consulting Dietitian visits the facility once each year. The policy and procedure manual was last revised in November 2014, and has the Dietitian's signature.

For the last few years, ARAMARK has openly requested an independent, yearly audit- strictly for food safety- with EcoLab to ensure foodservice operations are held to ARAMARK's self-imposed standards.

This year, ARAMARK has made some notable menu changes, which are reflected in the diet manual: celery is offered as a substitute, sugar packets are now not provided automatically, Chex Mix and chips are now served in single-serve pouches to limit calories, and the regular diet is pork-free. Other, commendable menu changes as of 2014 include a 10% reduction in both sodium and cholesterol in regular diets. This was achieved by formulating the meat in many entrees to be 50% texturized vegetable protein instead of 100% mechanically separated chicken. In prior years, the only fresh fruit served was an orange. Apples are now offered 1/day each week, as are carrots and celery sticks. Snack substitutions which are lower in sugar have also been made, such as Bugles snack chip instead of cookies. The peanut butter still contains hydrogenated oils. **See Suggestion 1.** Vending machines in each unit have been removed.

Five out of seven (5/7) 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. The current daily servings of fruits and vegetables need to be supplemented with 1 additional serving per day to bring this into compliance.

See Recommendation I.

On the day of inspection, the facility was on the "cycle 1" menu. It was observed that diabetic lunch trays received four slices of bread and an orange, with only two thin slices of lunchmeat- along with other meal components that regular diets receive. Four slices of bread provides excessive carbohydrate content (relative to other macronutrients) in the lunch tray. Additionally, the diabetic lunch may not be adequate in protein. One example of a balanced and healthier alternative (to four slices of bread) could be a bean and cheese burrito with avocado and vegetables, with a side salad. **See Recommendation II.**

A second problem noted on the day of inspection was that multiple pregnancy diet trays were delivered to unit "West 6", which houses 100% male inmates, so this delivery of pregnancy diets was obviously just human error.

Overall observation shows good maintenance of 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.

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, sausage were tasted. For lunch, French fries, carrots and turkey loaf with gravy was tasted. The creamed farina was somewhat bland in taste (and color) but not overly sweet, and the portion size was inflated relative to other components of the tray. Both the sausage and turkey loaf had questionable texture; whereas the taste was okay. Aside from the farina, portion sizes of all meal components seemed balanced. The french fries were limp and soggy, however the seasoning was excellent and made it somewhat more palatable despite the lack of texture. The carrots were cooked beyond al dente; they were too soft but their color was a nice orange.

MEDICAL

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

- ◆ 71% of special diet orders contained a diet order written by a MD or NP (required by Title 15). This is a regression compared to last year (91%).
- ◆ 79% 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 also a regression compared to last year (95%). See Recommendation III.
- ◆ Of those charts containing a diet slip, 79% of inmates on special diets were estimated to be receiving their intended diet, based on diets which were accurately listed in the Master Diet List in the Food Service department. This is likewise decrement in accuracy compared to last year.

Accuracy in all three areas indicate diminished compliance performance, compared to performance in 2013. Generally speaking, the medical charts reviewed were poorly organized. Most of the charts reviewed were missing 2 tabs (blue- Infirmary, and purple- Outside Hospital Tab) and strangely, these tabs were where all of the nutrition-related documentation was kept (in charts reviewed which had color coded tabs).

See Suggestion 2.

Finally, for a diabetic inmate who had a documented admission date, a diet order was not signed by an MD until 3 days after the initial admission date, and the corresponding diet slip matches this 3 day- delay. Medical staff on the day of the inspection stated it was likely an LVN (who was acting as the day's intake nurse) who accepted the MD's order via phone, however it was not documented that this was indeed a phone order. Thus, it appears a LVN is who prescribed the therapeutic diet, which would be out of the scope of practice for an LVN and out of compliance with Title 15. See Recommendation IV.

INMATE UNITS

Four inmate units were visited during the inspection and informal interviews were held with unit staff. All of the units had well organized refrigerators/ storerooms. There was good signage of the diet list in each unit. The housing patrol technician prints out diet the special diet list at each unit, this list is referred to as the "JQSD" and is color coded according to diet type. This list is posted to a wall adjacent to the unit entrance by 5:30-6:00am and is updated each morning. Unit deputies first call up inmates (by name) who receive special diets. General inmates get 30 minutes to eat their dinners; those held in protective custody get 15 minutes for meals. If inmates on a special diet have a court appointment, they receive a conventional bagged lunch, which they may consume in the booking room. Inmates receive their special diet dinner upon their return. If a newly booked inmate arrives at any time in between meals, it is the inmate's responsibility to inform the unit staff that they receive a special diet. In this case, the kitchen is called and a tray is received shortly thereafter. Inmates get 1 hour spent outside their cells each day and 1 hour outdoors, 5 days per week. The deputies on assignment were very knowledgeable of which inmates received which meals (therapeutic or regular).

2014 Recommendations:

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

Five out of seven (5/7) 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. This offering, which has increased from 3 servings/day in 2013 to four servings/day, is somewhat of an improvement - however still fails to meet minimum criteria for five minimum daily servings. The improvement in the variety of vegetables offered is acknowledged in the 2014 menu- which includes options such as broccoli, mixed vegetables, coleslaw, carrots and garden salad.

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.

Recommendation II - Update the diabetic lunch tray so that it no longer includes four slices of bread with only two thin slices of lunchmeat. Recommendation for the ARAMARK-contracted Dietitian to perform a nutritional analysis of the current diabetic lunch meal, particularly macronutrient ratio, in order to assess whether the ratio of carbohydrate to protein is ideal.

Recommendation III- All charts require a Medical Diet Order signed by an MD or NP and a matching diet slip. Ensure charts are consistently and accurately maintained with proper documentation of patient dietary care plans.

Recommendation IV- Only an MD or NP may prescribe diets, per Title 15.

If a Nurse (or LVN) accepts a phone order from an MD or NP, this method needs to be clearly documented in the chart.

Recommendation V – Establish a review for inmates when they have been incarcerated for one year (2013). 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 VI- 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.

Suggestion 1- Find an alternative supplier for peanut butter packets; one without hydrogenated oils.

Suggestion 2- Medical chart organization: adding a tab specifically where all nutrition-related documents are kept (Medical Diet Order slip, food allergies, etc) is advisable, not only for medical staff to efficiently locate special diet orders, but also to streamline future nutrition inspections.

Any questions regarding the Nutritional Health Evaluation can be directed to Lindsay Orbeta, MS, RD 510-595-6447 or Lindsay.orbeta@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) Santa Rita Jail 5325 Broder Blvd. Dublin, CA 94568				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: XX	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: July 23, 2014-July 24, 2014		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
Christina Yamat	(510) 670-8443	Dr. Muntu Davis	(510) 267-8000	
Paulina Lopez	(510) 670-8454	Dr. Baharak Amanzadeh	(510) 208-5911	
Pamela Casey	(510) 268-7651	Barbara J. Wilson	(510) 535-7702	
Erika Heebner	(510) 292-7421			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

III. MEDICAL/MENTAL HEALTH EVALUATION - SANTA RITA JAIL, 2014
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			
1205 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				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:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
(2) Medical/mental health evaluation reports;	X			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			
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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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				J-B-01 "INFECTION CONTROL PROGRAM" REV.2/2/2013
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>				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:	X			
Screening for mental health problems;	X			J-E-05 MENTAL HEALTH SCREENING

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 ENIRONMENTAL 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 (Not applicable Type IV.)				J-G-06 INTOX & WITHDRAWL 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			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 Emergency and medically required dental care is provided to inmates, upon request.	X			J-E-06 "ORAL CARE"/ J-E-08 EMERGEENCY SERVICES
1216 Pharmaceutical Management Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			J-D-08 EMERGENCY SERVICES J-E-06 ORAL CARE REV.2/2/2013 "PHARMECEUTICAL OPERATIONS" SEE PHARMACY POLICY –PROCEDURE MANUAL
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			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			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
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
1217 Psychotropic Medications (Not applicable Type IV.) There are policies and procedures governing the use of psychotropic medications.	X			J-G-05 SUICIDE PREVENTION PROGRAM
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 There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			J-G-05 SUICIDE PREVENTION REV.2/2/2013
1220 First Aid Kits One or more first aid kits are available in the facility.	X			VISULIZED ON EACH UNIT/LOCATED ON HOUSING UNIT (REVIEWED 8/21/2013
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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				REFER J-G-05 SUICIDE PREVENTION PROGRAM J-G-06 INTOXICATION J-G-08 INMATE ETOH/DRUG PROBLEM
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			
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				J-E-05 SCREENING EVALUATION REV.2/2/2013
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				J-E-01 RESTRAINTS/SECLUSION REV.2/2/2013
<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>	X			
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.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
1121 HEALTH EDUCATION FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	
1125 PSYCHOTROPIC MEDICATIONS <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i> (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.

Thanks go to all Corizon and SRJ staff that assisted us in this year's inspection.

The facility's medical and health policy/procedure manual is up to date and 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** (Note: Housing Units 4, 6, 7, 8, 11, 24, 25, 31, 34, OB Clinic, 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 of the First Aid/Blood borne Pathogens Kits in the Housing Control Rooms were fully stocked and checked regularly. All were properly stored in cabinets that were clearly labeled for quick access.
 - 2) All emergency breathing apparatus' (EBA) located in the Housing Control Rooms were in working order/full.
 - 3) All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers is 7/5/2014.
 - 4) All of the Emergency Boxes (Red Medication Boxes/Orange Supply Boxes) in the Sick Call rooms were appropriately stocked and contents were within their expiration dates. Contents lists with expiration dates were easily found, located outside of boxes, clearly visible
 - 5) All AEDs were in good working condition. All AED pads were within the expiration date of 11/2015. Check logs located on the AEDs were up to date and regularly signed by staff daily.
 - 6) All used medications/multi-use vials were clearly labeled with date of opening and were all within 30 days of initial use.

- 7) Ambu-bags were readily accessible in every sick call room (*2013 recommendation implemented*). All oxygen tanks were regularly checked; all were filled and ready for use (*2013 recommendation implemented*).
 - 8) All used medications/multi-use vials and bottles were clearly labeled with date of opening and were all within 30 days of initial use.
 - 9) Refrigerator storing medications and immunizations (pill room and pharmacy), is in good working order and is regularly checked; all dates and signatures on the temperature check log are consistent with a daily staff check (*2013 recommendation implemented*).
 - 10) Small N95 respirators are available in all locations where respirators stored. (*2013 Recommendation implemented*)
- B. Opportunities for Improvement
- 1) 2014 Recommendation (Biohazard Containers): Ensure foot pedals on all biohazard containers are functional for worker safety. *Basis*: East 34 Sick Call Room biohazard receptacle foot pedal was not working.
 - 2) 2014 Suggestion (N95 respirators): If available, to make N95 respirator masks and sizes clearly visible in intake and all clinical rooms), mount N95 respirator masks holding racks with size designation on the walls. *Basis*: Although all sizes were in stock, they all were not readily available in all locations and some were stored in a holding rack noted as "dust masks".

2. Inmate Interviews

Three interviews were conducted (HIV, pre-diabetic)

- A. Overall, inmates were satisfied with the level of care received.
- B. Inmates were well educated on their medical condition. They all felt that they received adequate support and follow up teaching specific to their diagnoses.
- C. All three felt that there are always health education materials available to them in different forms (pamphlets/handouts, videos, posters on the wall).
- D. Inmates were satisfied with the response time after sick call request is made. Response time is dependent on acuity of the sick call but usually, inmates were seen within two days on average.
- E. All three inmates have daily medications. All of them understood the reasons and importance of each medication. All three understood potential health complications as medical team has communicated these to them.
- F. All three felt that staff has been accommodating in dispensing medications to them should issues arise or otherwise. If inmate has missed an AM dispensing time, staff will come back to remind/allow them to take the dose later in the day. In one instance, the AM med dispensing time coincided with inmate's work schedule; this was immediately worked out so that inmate will receive dose later in the day and he was grateful for the quick response and flexibility.
- G. After lab work is completed, the results are not always communicated to the inmates. They all feel that if they were to request them, they can have the results available to them.
- H. All of the inmates were aware that once released, they are able to get a 30 day supply of their medications to take with them.
- I. All of the inmates felt that the staff, at all levels, protects their privacy/confidentiality well.

