

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

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

FACILITY NAME: <b>SANTA RITA JAIL</b>		COUNTY: <b>ALAMEDA</b>			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <b>5325 Broder Boulevard Dublin, CA 94568 (925) 803-7088</b>					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: <b>XX</b>	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: <b>8-16-16 &amp; 8-17-16</b>		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): <b>Kimberly Caison, REHS (510) 567-6879 Ryan Hammon, REHS Trainee (510) 567-6761 Lisa Park, REHS Trainee (510) 567-6795 Ron Torres, Supervising REHS (510) 567-6736</b>					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <b>Lori McConnell, District Manager, Aramark (510) 965-5815 Sgt. John. Souza, Santa Rita Jail, Projects (510) 551-6840 Tony Tousley, Carpenter Supervisor, GSA (925) 803-7037</b>					
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.

**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>				
<b>1. Knowledge in Food Safety</b>				
113947-113947.6(HSC) Minimum standards of knowledge in food safety	x			
<b>2. Cooling, Holding and Preparing Food Ahead of Service</b>				
113996,113998, 114050, 114159(HSC) Holding potentially hazardous foods; temperatures for holding, keeping or displaying; thermometers	x			Crate of unopened, individual milk containers was observed at 56 degrees F, (Unit 25 North); milk containers were promptly discarded.
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			
<b>3. Personal Hygiene/Food Handling</b>				
113952-113953.5(HSC) Requirements for food handlers/hand washing	x			
113952 (HSC) Water supply; minimum temperature for hot water	x			
114250, 114276(HSC) Toilet facilities	x			
113953.3(HSC) Hand washing facilities	x			
114256-114256.1,113953.4 (HSC) Food service clothing/apron storage	x			
<b>4. Cooking Temperatures</b>				
114004-114016(HSC) Cooking temperatures (Lauren Beth Rudolph Safety Act of 1997)	x			
114016(HSC) Reheating of foods	x			
<b>5. Cross Contamination/Inspection</b>				
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			
114161, 114179(HSC) Storage of food and non-food items	x			
<i>Safety, Housekeeping, Maintenance and Equipment</i>				
<b>6. Cleaning and Sanitizing</b>				
114099.6, 114107 (HSC) Requirements for manual sanitation and cleaning, and sanitizing of utensils and equipment	x			

**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
Chapter 5 (HSC) Cleanliness of utensils and equipment; three-compartment metal sink required; methods of cleaning utensils	x			
<b>7. Pesticide and Cleaning Supply Storage</b>				
113978,113953.5 (HSC) Posting of signs	x			
114254-114254.3 (HSC) Storage and use of poisonous or injurious substances	x			
<b>8. Vermin Exclusion</b>				
114259, 114259.3(HSC) Prevention of the entrance and harborage of insects and/or rodents		x		A few rodent droppings observed in upstairs store rooms (left side – right wall corner area and right side – back corner areas).  Main door to garbage area needs to lay flush to the ground to prevent vermin entrance; work order issued, and was corrected and verified via photos on 9/6/16.
<b>9. Solid Waste</b>				
114244-114245.8(HSC) Storage and disposal of waste material	x			
<b>10. Other Requirements</b>				
114259-114259.1 (HSC) Cleanliness of premises	x			
113903, 114259.4,- 114259 HSC) Prohibition against live animals; Exceptions; Liability for damages	x			
114419-114423(HSC) Requirements for HACCP Plans & HACCP Plans Requiring Approval. The food facility may operate pursuant to a Hazard Analysis Critical Control Point Plan (HACCP). Applicability is determined by food management techniques.	x			
114057, 114057.1(HSC) Date marking on containers	x			
114130-114141, 114163 (HSC) New or replacement equipment		x		Observed a broken storage shelf in the small scullery area; to be replaced
114190, 114193-114193.1, 114197,114199. 114269(HSC) Installation and maintenance of plumbing; disposal of liquid waste; drains	x			
114149-114149.3(HSC) Ventilation; mechanical exhaust for cooking equipment	x			
114268-114269 (HSC) Floor surface materials and floor drains	x			
114271 (HSC) Wall and ceiling surfaces	x			
114185-114185.5 (HSC) Storage for clean linens; containers for soiled linens	x			
114279-114282(HSC) Storage area for cleaning equipment and supplies; disposal of mop bucket waste and other liquid wastes	x			
114286(HSC) Lighting requirements	x			

**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
114286(HSC) Living and sleeping quarters shall be separated from food preparation areas	x			

Summary of foodservice operations inspection:

There were no significant food safety violations observed in the main kitchen and food prep area, and Staff Dining kitchen.

There was a shelving unit for large pots/pans in disrepair in the large scullery, and upon notification to facility staff, a work order was initiated to repair/replace.

There few rodent droppings observed in each of the upstairs food storage rooms, however, the amount of droppings did not indicate an active infestation. These areas were pointed out to facility staff for clean-up and close monitoring. Furthermore, an adequate number of traps were observed, which is indicative of an active pest control program.

There were significant gaps observed on the roll-up door leading from the trash compactor to the outside (i.e. greater than 1"), and during the inspection a work-order was issued. Note: the Department received notification (vial photo) that this issue was resolved by 9/6/16.

There was a crate containing approximately 20 individual serving containers of milk which was observed in Unit 25 North at an improper holding temperature of 56 degrees F. These containers appeared to be held too long at room temperature before being brought into the walk-in refrigerator. These containers were immediately discarded and replaced with milk from the same walk-in cooler.

Temperatures of meals were regularly taken and logged before each meal service in the Units. All logged temperatures were found to be at 165 degrees F and above.

Overall, the foodservice operations were satisfactory in terms of overall sanitation and worker hygiene.

## 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.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b>				
<i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>	X			
Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.				
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	
<b>1230 Food Handlers</b>				
<i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.				
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			Aramark staff with supervisory duties have food safety certification as required: Jenny Vaa (expires 7-3-19) and Kristen Scott (expires 7-1-19)
<b>1243 Food Service Plan</b>				
There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.				The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.				
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				
	Do not identify compliance with this section here. See comments.			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1245 Kitchen Facilities, Sanitation and Food Service</b></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>A crate containing individual containers of milk were observed at 56 degrees F at one of the housing Units (25 North)</p>
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following Cal Code standards may be waived by the local health officer. (Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</p>			X	
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
<p><b>1246 Food Serving and Supervision</b></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>
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<p><b>1260 Standard Institutional Clothing Issue</b></p> <p>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.</p> <p>There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:</p>	X			
Clean socks and footwear;	X			
Clean outergarments; and,	X			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code -- Plumbing</b>				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			There were a number of inmate cells with observed slow-draining sinks, and work orders were issued upon notification; one cell observed with a non-functional sink was immediately repaired, and verified to be functional the following day.
<b>Title 24, Uniform Building Code - Cleanliness and Repair</b>				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			Graffiti observed in a number of inspected cells were brought to the attention of the facility staff for removal; photos were posted in a number of shower facilities, and were promptly removed by the following day.
<b>Title 24, Part 1, 13-102(c)6 - Heating and Cooling</b>				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			Cells with blocked vents were brought to the attention of facility staff, and were immediately corrected the following day.
<b>Title 24, Uniform Plumbing Code - Floor Drains</b>				
Floor drains are flushed at least weekly.	X			No issues were observed with regard to floor drains
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 - Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			Several lighting fixtures in inmate cells were pointed out to facility staff, and work orders were promptly submitted for repair/replacement;
20 foot candles light are provided at desk level and in the grooming area. (Applicable to facilities constructed after 1980.)	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (Applicable to facilities constructed after 1980.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>CA Safe Drinking Water Act</b> 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 & 31 West Kitchen: Kettle #1 & Cold Prep Room (2 Comp sink) A total of four (4) water samples were found to be negative to Total Coliform. Note: Samples were collected by Environmental Health staff, and, laboratory tests were conducted by Alameda County Public Health Laboratory.
<b>Local Ordinances</b> Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b> The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b> The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

**Summary of foodservice operations:**

There were no significant food safety violations observed in the main kitchen and food prep area, and Staff Dining kitchen.

There few rodent droppings observed in each of the upstairs food storage rooms (mainly at the floor-wall junctures on each side of the storage rooms). However, the amount of droppings did not indicate an "active" infestation, and there was evidence that active pest control measures were in effect (various traps were observed in strategic locations throughout the storage rooms). The areas with rodent activity were pointed out to facility staff for clean-up and close monitoring. Furthermore, there was noticeable improvement with regard to rodent droppings in several "electrical rooms" located within the food storage areas. These "electrical rooms" were pointed during last year's inspection, and during the current inspection there were no droppings observed.

Overall, the foodservice operations at the main kitchen and Staff Dining kitchen were satisfactory in terms of overall sanitation and worker hygiene.

A crate containing approximately 20 individual serving containers of milk was observed in the walk-in refrigerator at Unit 25 North at an improper holding temperature of 56 degrees F. These containers appeared to be held too long without refrigeration before being brought into the walk-in refrigerator. These containers were immediately discarded. Milk containers from the same walk-in cooler (measured at 39 degrees F) were served in place of the discarded milk.

Food temperatures were regularly taken and logged before each meal service in the Units.

**Facility Sanitation and Safety:**

Overall sanitary and safety conditions at the housing "Units" were satisfactory. Of the cells inspected, graffiti and blocked ventilation ports were the most common occurrence, and in each instance, the facility staff was promptly notified, and corrective action was initiated immediately.

In several common showers and restroom facilities, pictures (presumably from magazines) were posted on the walls, and upon notification to the facility staff, the pictures were promptly removed.

There was one cell with a non-functional sink, and upon notification of facility staff, the sink was immediately repaired. There were several other cells with slow-draining sinks, and upon notification to facility staff, work orders were initiated.

One other common occurrence in the units was the observation of mattresses needed replacement due to normal "wear and tear". The older "blue" mattresses were replaced with the newer "beige" mattresses upon notification to the facility staff.

There were no signs of vermin or rodent infestation observed in any of the inmate cells or common areas.

Several drinking water samples were taken from various water fountains within the inmate Units and main kitchen for bacterial analysis, and each sample yielded satisfactory results, i.e. no presence of coliform found.



**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:	TYPE IV: XX
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED: August 16 & 17, 2016	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Lavery MPH, RD Program Specialist 510-595-6446				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lori McConnell Director ARAMARK <a href="mailto:Mcconnell-lori@aramark.com">Mcconnell-lori@aramark.com</a> (925) 551-6839 Sgt. Souza, Food Service Department Holvis Delgadillo, Medical Coordinator				
			DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1240 Frequency of Serving</b>				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			Breakfast and Dinner meals include hot food.
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			
<b>1241 Minimum Diet</b> (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			Vegetarian and religious diets are provided to inmates upon request. ARAMARK, the contracted food service company, has a dietary guideline available for inmates on these special diets. These diets are ordered through the Inmate Services Department, rather than through Medical Services. Policy No J-F-02.00 outlines the procedure for these diets as: "Only medically required special diets will be ordered by Corizon health clinicians. Diets for religions and /or individual dietary preferences are ordered through ACSO Inmate Services".
<b>Protein Group.</b> 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			
<b>Dairy Group.</b> 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			
<b>Vegetable-Fruit Group.</b> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable.	X			A variety of fresh fruits/vegetables continues to be served each week, depending on availability. Fresh fruits served include oranges, apples and pears. Fresh vegetables include cabbage, lettuce, carrot sticks, and celery sticks. Celery sticks were being prepared by inmate workers at inspection time.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving of a Vitamin C source containing 30 mg. or more.	X			Typically, oranges are served for lunch, meeting this requirement. The menu indicates the fruit beverage drink mix satisfies the vitamin C requirement; however, it would be best for the requirement to be satisfied through food sources. This drink mix contains no nutritional value aside from the added vitamins (C, D) and minerals (primarily Calcium). Calcium and vitamin D can be obtained through dairy products, if served. See Suggestion 1.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	X			
<b>Grain Group.</b> 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			
<b>1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</b>				
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 & special diet lines each have separate production sheets).
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>				
There is a food services plan that complies with applicable 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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Emergency feeding plan;	X			ARAMARK maintains an Emergency/Contingency Plan for food service operation should an emergency occur. Sufficient food is available onsite for a minimum of three days. A water tank is available on the premise for water. Paper and other disposable supplies are available.
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
<b>1247 Disciplinary Isolation Diet</b>				
No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.			X	Disciplinary isolation diets are served periodically at SRJ. A Policy and Procedure is in place (14.04 Alternative Meal Service for Disciplinary Actions"). No inmate was observed at inspection time to be on a disciplinary isolation diet.
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			
<b>1248 Medical Diets</b>				
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			An out of state dietitian is available for consult.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager complies with providing any medical diet prescribed for an inmate.		X		26 charts were reviewed. 92% (24 /26) of reviewed charts had a MD/PA diet order. Of these, one inmate had an order for renal diet, but there was no indication as to why, as the inmate's medical issues did not pertain to altered kidney function; additionally, the inmate was a vegetarian on a previous diet order, but when the diet was changed to "renal" the vegetarian aspect was not continued. 92% (24/26) had a medical diet slip in the chart matching the MD order. When comparing the special diet lists to the actual diets the inmates were receiving, five (5) of the 21 charts (76%) reviewed (of inmates who were "in custody") had diets that did not match the computerized "Diet Alert" sheet that ARAMARK uses to prepare therapeutic diets; meaning that these five inmates would not be receiving a medical diet as prescribed (24% of those inmates on a special diet). This is a higher rate than last year. Additionally, a protocol for a review at the time when an inmate reaches one year's stay was not observed to be in place, lending to possible errors in special dietary orders. <b>See Recommendations 1 &amp; 2.</b>
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			The medical diet manual was reviewed.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual was reviewed by responsible staff and signatures indicated approval.

**Summary of nutritional evaluation:**

Inspection of this facility was conducted on August 16 and 17, 2016 to determine compliance with Title 15 California State standards. Inspection of the Food Service Department, the medical unit, and four inmate units (4E/4W, 9E/9W) was conducted.

Approximately 2,100 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, 19% (or 402 inmates) were on a special diet, which is lower than last year's inspection high of 22%.

Overall the results of this year's inspection were improved over last year.

**FOOD SERVICE**

ARAMARK remains contracted to administer the food service department. Meals are prepared by a combination of inmate workers and employed county staff. There are approximately 50 inmate kitchen workers at this facility. It was reported that this it is getting harder to maintain an adequate number of inmate workers due to the lower number of minimal security inmates (those who qualify to be an inmate worker) currently held in detention. Six deputies work in the kitchen while inmate workers are present (approximately, between the hours of 10:00am and 4:00pm).

ARAMARK prepares meals at this facility for not only Santa Rita Facility, but also other county facilities: Glen Dyer Facility (Alameda County) and adult facilities in Solano, San Benito, Colusa, San Joaquin, and Amador counties and a juvenile facility in San Joaquin County. An estimated 19,000 meals are trayed each day at this facility. A separate tray-line is in use for regular hot meals and one for regular lunch meals. Also a tray-line,

designed to prepare special diets, continues to operate to insure that inmates on therapeutic diets receive the appropriate foods and serving sizes. Currently the facility is repairing their mixers. Substitutions have needed to be made for biscuits and corn bread to account for this loss of equipment.

All kitchen staff is trained monthly on special diets, in addition to other special trainings as specified by ARAMARK. Special diets are kept secure (locked up) in the refrigerator as they await delivery. Special diets are labeled with the type of diet for meals travelling offsite; color-coded dot labels are used on site for special diet indication.

ARAMARK is looking to initiate a new training program, "In2Work", as they have discontinued their ROP program. Current training as provided to inmate workers is sufficient with requirement of inmate workers participating in a brief training and review of general rules; 13 inmate rules are posted on the wall in the kitchen as a reminder. Additionally, proper food handling signs are posted. A supervisor oversees each inmate-staffed trayline for accuracy and appropriate food safety protocol use. Inmate workers are not allowed to make any of the food items for the juvenile facility, contracted by ARAMARK.

Breakfast is served at 7:00am; lunch meals are served around noon, and dinner meals are served between 3:30pm and 5:00pm. Medical diet trays are distributed in the units first (and separately) from regular diet trays; snacks accompany these deliveries. The consulting Dietitian visits the facility once each year. The policy and procedure manual was recently reviewed and signed by the necessary staff.

ARAMARK continues to offer a variety of fruits and vegetables, when available. Many baked goods are prepared onsite and are offered at the breakfast and dinner meals. The main food vendors are Sysco, Single Source, Bimbo Bakery, and two Small, Local, Emerging Businesses (SLEB), LeBlanc and Atlantis.

Units have beverage machines available for inmates. These machines were not in compliance with the Alameda County Nutrition and Physical Activity Policy and Guidelines. See **Recommendation 3**. Commissary food, contracted by a separate vendor, is available at a cost.

On the day of inspection, the facility was on "cycle 3" of the four-cycle menu. The menu is the same as the menu analyzed for last year's inspection. Breakfast meals on many days still contain 1 cup of hot cereal, potatoes, and a biscuit, providing quite a load of carbohydrates at one meal, with low protein content. The menu will be revised and updated according to the 2015 Dietary Guidelines within the next few months. It is recommended that ARAMARK take this revision opportunity to consider spreading out the carbohydrate load across meals. See **Suggestion 2**.

Two meal tests (breakfast and dinner) were conducted by members of the inspection team to determine taste, palatability, texture, acceptability, and quality of inmate meals. For breakfast oatmeal, sausage, biscuit, and home fries were tasted. For dinner scalloped potato with protein, green bean/carrot mixed vegetable, shredded cabbage salad, and wheat roll were tasted. The breakfast overall appeared beige in color. The oatmeal was ranked the lowest for taste (bland) and texture (gelatinous). The sausage atypical in texture, but had good flavor. Portion sizes of all meal components were adequate; however, the meal contained mostly starches, and not much protein. The dinner meal was a better presentation. Colors were balanced, portion sizes were appropriate, and taste and texture was ok to good. The scalloped potato entree looked and tasted poor, the shredded cabbage was fresh and welcoming, the green beans/carrots were cooked well, and the whole wheat roll was very delicious.

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

## MEDICAL

A review of twenty-six (26) medical charts was conducted. Five of these charts provided to us for review were for inmates that had already been discharged, making it difficult to assess accuracy of charting procedures or follow through on dietary care plans. With this caveat, accuracy of the charts is as follows:

- ◆ 92% of special diet orders contained a diet order written by a MD/PA (required by Title 15). This percent is similar to last year's inspection results.
- ◆ 92% 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 similar to last year (93%).
- ◆ Of those charts containing a diet slip, 76% (16 of 21 charts) of inmates on special diets were estimated to be receiving their intended diet, based on diets which were accurately listed in the Master Diet Alert List in the Food Service department. This is a slightly worse outcome compared to last year (79%). A PFN list of the five inmates' whose diet was not listed on the Alert List was provided to nursing for follow up.

The charts reviewed were organized in the same manner; however, they continue to lack sufficient tabs to separate out the various sections. This makes it difficult to find specific forms that are not color-coded. See **Suggestion 2**.

Chronic disease care clinics continue to operate to serve inmates with chronic diseases, such as diabetes, HIV, and heart issues.

## INMATE UNITS

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

The deputies on assignment were very knowledgeable of which inmates receive which meals (therapeutic or regular).

It was verbally reported that inmates with minor infractions get 1 hour outside their cells each day and 1 hour outdoors, 5 days per week. It is unclear if psych-Admin, moderate and serious offenders get outdoor time, as deputy staffing is often short and there is a high need to separate the various categories of inmates in these classifications. Hence, the inmates whom we interviewed noted not being permitted outside. They are let out of their cells periodically for pod time. This could raise a health concern, particularly for inmates suffering from depression. If they are not getting outside, they may not be producing sufficient vitamin D, which could impact their mental and physical health status.

## REVIEW of 2015 Recommendations:

- Recommendation 1** – Consider offering a vitamin C source from a whole food instead of from a fruit beverage drink mix.
- Recommendation 2** – ARAMARK Registered Dietitian must review and sign the current menu that is in place. **(compliant)**
- Recommendation 3** – All charts require a Medical Diet Order signed by a MD/PA and a matching diet slip. **(compliant)**
- Recommendation 4** – Establish a review for inmates when they have been incarcerated for one year.
- Recommendation 5** – A registered dietitian must review, and the responsible physician must approve, the diet manual on an annual basis. **(compliant)**
- Recommendation 6** – Review the vending company's contract and increase the number of healthful beverages to a minimum of 50% of the available items.
- Recommendation 7** -- Employ a Registered Dietitian to support medical staff in the medical needs of inmates.

**2015 Suggestions:**

- Suggestion 1** – Medical chart organization: adding tabs specific to Medical Orders, progress notes, lab results, nutrition-related documents (Medical Diet Order slip, food allergies, etc) is advisable for medical staff to efficiently locate special diet orders.
- Suggestion 2-** Suggest ARAMARK continue to watch for an alternative supplier for peanut butter packets; one without hydrogenated oils.

**2016 RECOMMENDATIONS:**

**Recommendation 1** – **Ensure special diet orders are entered into the computer system for the Food Service Department to provide the correct therapeutic diet.**

Install a procedure for medical staff to verify on a regular basis that inmates are assigned to the correct therapeutic diet on the "Diet Alert List", as indicated in the medical chart. This can be done by requiring staff to compare special diet orders on the list in the computer against diets indicated in the chart.

**Recommendation 2** – **Establish an automatic review for inmates when they have been incarcerated for one year (2013, 2014, 2015).**

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

**Recommendation 3** – **Review the vending company's contract and increase the number of healthful beverages to a minimum of 50% of the available items (2011, 2012, 2013, 2014, 2015)**

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

**Recommendation 4** -- **Employ a Registered Dietitian to support medical staff in the medical needs of inmates. (1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015)**



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.

**2016 Suggestions:**

**Suggestion 1 – Consider offering a vitamin C source from a whole food instead of from a fruit beverage drink mix.** The drink mix used to satisfy the vitamin C requirement contains no nutritional value aside from the added vitamins (C, D) and minerals (Calcium), which calcium and vitamin D can be obtained through dairy products.

**Suggestion 2 – Medical chart organization:** adding tabs specific to Medical Orders, progress notes, lab results, nutrition-related documents (Medical Diet Order slip, food allergies, etc) is advisable, to support medical staff in efficiently locating special diet orders.

**Suggestion 3-** Suggest ARAMARK continue to watch for an alternative supplier for peanut butter packets; one without hydrogenated oils.

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				J-A-02.00 Revised 3/15/2015
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	x			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits (Applicable to facilities with on-site health care staff)</b>				J-A-04.00
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications (Applicable to facilities with on-site health care staff)</b>				J-C-01.00
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
<b>1204 Health Care Procedures (Applicable to facilities with on-site health care staff)</b>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
<b>1205 Health Care Records (Applicable to facilities with on-site health care staff)</b>				J-H-01.00
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 (Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);	X			
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;				
(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-02.00
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.				
1206 Health Care Procedures Manual (Applicable to facilities with on-site health care staff)				J-A-05.00
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			J-G-07.00
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			J-G-02.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			
<b>1206.5 Management of Communicable Diseases</b>				J-B-01.00 REVISED 3/15/2015
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				J-E-02.00
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			
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				J-G-09.00
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1208 Access to Treatment</b>				J-A-01.00
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			
<b>1209 Transfer to a Treatment Facility</b> (Not applicable Type I and IV.)				J-E-05
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.	X			
<i>(If yes, please complete the following)</i>				
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				J-G-01.00
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			J-G-02.00
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				J-E-07.00
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				J-B-01.00
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				J-G-07 INTOXICATION/WITHDRAWAL
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
<b>1214 Informed Consent</b>				J-I-05.00
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.				
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.				N/A
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1215 Dental Care</b>				J-E-06
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				J-D-01.00
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1217 Psychotropic Medications</b> <i>(Not applicable Type IV.)</i>				J-I-02.00
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
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 following a clinical evaluation in person or by telephone. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	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			
<b>1219 Suicide Prevention Program</b>				J-G-05
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				J-D-03
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>				J-A-10
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			N/A
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>				J-B-01.00
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>				J-E-05
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			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>				J-B-02
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
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			
<b>1056 Use of Sobering Cell</b>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
<b>1057 Developmentally Disabled Inmates</b>				J-G-04.00
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding inmates in excess of 24 hours.)	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <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>  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.	X			
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			
<b>ARTICLE 8, MINORS IN JAILS</b>				
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	N/A			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	S/A			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b></p> <p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>	N/A			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>				
<p><b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b></p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>	N/A			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>is received from the sending facility;</p>	N/A			
<p>is reviewed by designated health care staff at the receiving facility; and,</p>	N/A			
<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><b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b></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. J-G-10.I
<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><b>1125 PSYCHOTROPIC MEDICATIONS</b></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>	N/A			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25- Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>				J-G-08.00
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate - Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			

Summary of medical/mental health evaluation:



2016 Santa Rita Jail Inspection  
Date of Inspection: August 16, 2016  
Medical Narrative Summary of Walkthrough/Interviews

- I. Housing Units (Sick Call rooms and Housing Control rooms)**  
Note: Housing Units 3, 4, 6-9, 21-24 were inspected
- A. All of the First Aid/Blood borne Pathogens Kits in the Housing Control Rooms were fully stocked and checked regularly (per check log). All were properly stored in cabinets that were clearly labeled for quick access.
  - B. All emergency breathing apparatus' (EBA) located in the Housing Control Rooms were in working order/full and checked regularly (per check log).
  - C. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers is 6/6/2016 or 6/7/2016.
  - D. All Orange Emergency Medical 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. Check log in place on all boxes, located on outside of boxes.
  - E. There were Red Emergency Medication Boxes in all Sick Call rooms. Contents in all the boxes were all within expiration dates. There was a broken vial of benzotropine in the box located in the sick call room in housing unit 4; vial was immediately discarded and then restocked. There were no check logs in place on any of the red boxes throughout this inspection.
  - F. There was clear signage on the outside of the locked cabinets that indicated the location of the Emergency Medical Supply boxes and the Emergency Medication Boxes. In the Sick Call room in housing unit 23 the signage for the Orange Emergency Medical Supply box was on a top cabinet, above the sink but the orange box was located in a bottom cabinet, under the sink. Staff immediately removed the sign; a new sign to indicate correct location of the box was created.
  - G. All AEDs were in good working condition. All AED pads were within the expiration date. Check logs located on the AEDs were up to date and regularly signed by staff daily.
  - H. All used medications/multi-use vials were clearly labeled with date of opening and were all within 30 days of initial use.
  - I. Ambu-bags were readily accessible in every sick call room.
  - J. All oxygen tanks were regularly checked per a check log; all were filled and ready for use.
  - K. All eye wash stations were regularly checked per check log; all stations were in working order.
  - L. *2016 Recommendation* (Red Emergency Medication boxes): Initiate check logs for all red Emergency Medication Boxes to ensure all items are ready for immediate use when needed.
  - M. *2016 Recommendation* (Orange Emergency Supply boxes): Ensure that the boxes are located in labeled cabinets with signage indicating the location of the box for quick access in an emergency situation.

**II. OB Clinic, Medical Clinic, Intake/Transfer/Release Clinic**

- A. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers is 6/3/2016.
- B. All of the Emergency Boxes (Red Medication Boxes/Orange Medical Supply Boxes) in the clinics were appropriately stocked and contents were within their expiration dates. Contents lists with expiration dates were easily found, located outside of boxes, clearly visible. There were check logs for all orange medical supply boxes but not the red boxes.
- C. All used medications/multi-use vials and bottles were clearly labeled with date of opening and were all within 30 days of initial use.
- D. Refrigerator storing medications and immunizations (pill room and pharmacy), is in good working order, temperature reading is within normal parameters and is regularly checked per log; all dates and signatures on the temperature check log are consistent with a daily staff check.
- E. Two first aid kits located at a main desk in the medical clinic had several expired packets of the following:
  - Apanal exp. 6/16
  - Neomycin exp. 3/16
  - First aid cream exp. 6/16
  - Sting relief exp. 12/14

All expired items were immediately discarded by staff.

- F. *2015 and 2016 Recommendation* (First aid kits): Regularly check that all contents of all first aid kits are within expiration dates and are in compliance. Initiate a check log for the first aid kits to ensure that each kit is confirmed to be fully stocked with usable contents.

**III. Inmate Interviews**

3 interviews were conducted

- A. Overall, inmates were satisfied with the level of medical care received.
- B. All of the inmates understood the reasons and importance of each medication. All understood potential health complications as medical team has verbally communicated these to them. One inmate says he could benefit from having all of his medications listed and printed out on paper which includes medication information such as indication/side effects/interactions/etc.
- C. Getting exercise was a challenge common for the three inmates.
- D. Inmates were satisfied with the response time after sick call request is made. Response time is dependent on acuity of the sick call.

Medical Narrative Summary  
Completed by: Christina Yamat

Alameda County Santa Rita Detention Center

Mental Health Audit Summary

Debra F. Richardson, LCSW

August 31, 2016

On August 16, 2016, a ten member staff delegation from Alameda County Public Health Department scheduled an annual inspection of the Alameda County Santa Rita Detention Center in Dublin, CA. I was assigned to conduct the mental health audit. The Santa Rita Detention Center staff provided me with ten (10) randomly selected charts of adult inmates who received mental health services at the County facility. Additionally, as the ten inmates had also maintained history of attempted suicides while being held in the County facility – there were records of Safety Cell / or Attempted Suicide Inmate Observation Logs in which I reviewed. Lastly, at the conclusion of the chart audit, five members of the inspection team had an opportunity to interview three (3) inmates in order to solicit their feedback on services they received from the County facility.

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

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

Initially, it was difficult for me to locate the mental health charts – further inquiries revealed that the mental health charts were separated from the original medical files as they were copies of the electronic files that were maintained by the mental health provider.

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

- ✓ 5150 Form – on file;
- ✓ Consent for Treatment – on file;
- ✓ Discharge Summary – on file;
- ✓ Drug and Mental Health Assessment – on file;
- ✓ Medical Assessment – on file;
- ✓ Mental Health History – on file;
- ✓ Noted Mental Health Diagnosis in file;
- ✓ Progress Notes – on file;
- ✓ Refusal of Clinical Services – on file;
- ✓ Release Medication Order – on file; and,
- ✓ Request for Mental Health Triage- on file.

There were special entries in the mental health charts that focus on medical conditions (i.e., health education for inmates who had asthma and HIV status). The progress notes varied from being scarce to comprehensive. However, I was unable to read the progress notes written by Mcheko

Matthews. Also included in the charts were a history of community out-patient treatment, discharge medication list, client information face sheet and several 5150 Court ordered Evaluations.

In reviewing the Safety Cell / or Attempted Suicide Inmate Observation Logs, I had an opportunity to review ten (10) logs. Over 60% of the logs had a narrative rationale which described in detail, the rationale for remanding an inmate in seclusion or observation following an attempted suicide gesture. Over 40% didn't demonstrate a rationale. I would highly recommend that the County Facility provide a standard that ALL staff provide a detailed rationale for the inmate having to be seclusion or observation. It would provide consistency in maintaining the mental health records.

#### Client Interviews Summary:

The three (3) inmates that were interviewed tend to be medically and psychologically fragile. Two of the inmates appeared to be obese. In our interviews with the inmates, they indicated the following:

- Requested more information on HIV, testing and services;
- Requested more nurses be provided to the inmates to increase medical services;
- Requested more time with the psychiatrist staff;
- Wants more fresh fruits and vegetables;
- Would like an alternative to medications; and
- Would like to go outside @ least once a week for physical activities.



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

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

Date: August 16<sup>TH</sup> & 17<sup>TH</sup> 2016'  
To: Muntu Davis MD,  
From: Kimberly Wesley Boston RN, PHN, and MSN  
Copy: Wendy Georges via Huddle  
Re: Medical Charts Reviewed @ the Santa Rita County Jail.  
(See Attached Audit Tool Results).

**2016 RECOMMENDATIONS**

- Documentation that Family Planning Education was provided and understood.
- Documentation of Coordination of Continuity of Care after discharge/release.
- Sexually Active Inmates (HIV, RPR, Chlamydia, and GC Screenings Offered).
- Documentation of the use of Standard /Universal Precautions for the (persons/inmates transferred to the hospital/clinic).
- Documentation of inmates' condition and inmates medications given to transport team.
- Documentation that STI/STD Education was provided.
- Provision of dental dams as well as condoms for female inmates who may share dildos.

**2016 MEDICAL CHART REVIEWS**

- 8 Pregnant charts were reviewed.
- 5 Transferred to hospital charts were reviewed.
- 7 STI/STD charts reviewed (Chlamydia).

**2016 CLIENT INTERVIEWS**

- Face-to-Face interviews conducted by; Muntu Davis MD, Christina Yamat RN, Annette Laverty RD, Debra Richardson LCSW, Baharak Amanzadeh DDS.

**2016 INSPECTION FINDINGS**

- Tour of Facility; Conducted By Christina Yamat RN, PHN, Muntu Davis MD, Annette Laverty RD, Debra Richardson LCSW, Baharak Amanzadeh DDS.

Santa Rita Jail

CORRECTIONAL FACILITIES AUDIT TOOLS

Corizon Health 8/16/16

I of II

INMATES TRANSFERRED TO HOSPITAL					
INDICATOR: Staff are required to document and supply transport team with documentation of inmates' medical condition					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Is a form authorizing the transfer of medical information from correctional facility to authorized health care setting in the chart?	Y	Y	Y	Y	4
B.) A copy of the transfer summary is in Medical record?	Y	Y	Y	Y	4
C.) Medication information is documented and staff has documented information given to transport staff in medical record?	N	N	N	N	0
D.) Did staff inform transport team of precautions to prevent disease transmission?	N	N	N	N	0
E.) Is there documentation stating information given to transport team?	Z	Z	Y	Y	2
F.) Does the documentation include date of transport?	Y	Y	Y	Y	4
G.) Does documentation show what time transport took place?	Y	Y	Y	Y	4
H.) Did staff member sign transfer summary?	Y	Y	Y	Y	4
I.) Is there a provider's order specifying need for transfer?	Y	Y	Y	Y	4
J.) Did staff member document inmate's condition on transfer?	N	N	N	N	0
GRAND TOTALS	6	6	7	7	26
LEGEND:					
For each question, the response is:					
Y = YES (1) N = No (0) P = Partially Done (0.5)					
Z = N/A (disregard question)					

Santa Rita Jail

Corizon Health

CORRECTIONAL FACILITIES AUDIT TOOLS

8/16/16

III of III

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

San Joaquin State  
Corinna Heath

I OF II  
8/16/16

CORRECTIONAL FACILITIES AUDIT TOOLS  
PREGNANT INMATE

INDICATOR: Identification, documentation, and care of Pregnant Inmates.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Completed "Intake/Receiving" form and has a response for pregnancy?	Y	Y	Y	Y	4
B.) Is pregnancy test documented?	Y	Y	Y	Y	4
C.) Was Client referred to medical resources after initial screening?	Y	Y	Y	Y	4
D.) A Prenatal visit should occur within one week of screening; did it happen?	Y	Y	X	Y	4
E.) HIV, RPR, Chlamydia, GC screening done?	Y	Y	Y	Y	4
F.) If STD testing is positive, did inmate get treated?	Y	Z	Z	Z	1
G.) Treated with the appropriate medication?	Y	Z	Z	Y	2
H.) Did the inmate receive Health Education and is it documented in the medical record?	Y	Y	Y	Y	4
I.) Prenatal Education?	Y	Y	Y	Y	4
J.) Family Planning Education?	Y	Y	Y	Y	4
K.) If referred to Prenatal or TAB Clinic, is there documentation supporting that inmates attended appointment?	P	Y	Y	Y	3.5
J.) Date of diagnosis/screening? - 1 ab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	N	Z	Z	Z	0
<b>GRAND TOTALS</b>	10.5	9	9	9	37.5
<b>LEGEND:</b> For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					



San Joaquin  
Corizon Health

Amended 10/12/10  
II of II

CORRECTIONAL FACILITIES AUDIT TOOLS

PREGNANT INMATE					
INDICATOR: Identification, documentation, and care of Pregnant inmates.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Completed "Intake/Receiving" form and has a response for pregnancy?	Y	Y	Y	Y	4
B.) Is pregnancy test documented?	Y	Y	Y	Y	4
C.) Was Client referred to medical resources after initial screening?	Y	Y	Y	Y	4
D.) A Prenatal visit should occur within one week of screening; did it happen?	Y	Y	Y	Y	4
E.) HIV, RPR, Chlamydia, GC screening done?	Y	Y	Y	Y	4
F.) If STD testing is positive, did inmate get treated?	Z	Y	Z	Y	4
G.) Treated with the appropriate medication?	Z	Z	Z	Z	0
H.) Did the inmate receive Health Education and is it documented in the medical record?	Y	Y	Y	Y	4
I.) Prenatal Education?	Z	Z	Y	Y	5
J.) Family Planning Education?	Z	Z	Z	Z	0
K.) If referred to Prenatal or TAB Clinic, is there documentation supporting that inmates attended appointment?	Y	Y	Y	Y	4
L.) Date of diagnosis/screening? - 1 ab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	Z	Z	Z	Z	0
<b>GRAND TOTALS</b>	8	9	8	8	33
<b>LEGEND:</b> For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

Sanita Rota Jail  
 County Health Services

II

August 14th  
 2016

CORRECTIONAL FACILITIES AUDIT TOOLS

SEXUALLY TRANSMITTED DISEASES (STD) - CHLAMYDIA

INDICATOR: Identification, documentation, and care of inmates with a positive Chlamydia result.

AUDIT QUESTIONS	CHART	CHART	CHART	CHART	TOTALS
	1	2	3	4	
A.) Positive lab slip in chart?	Y	Y	Y	Y	4
B.) Is pregnancy test documented on female inmates?	Y	Z	Y	Z	2
C.) Did inmate get tested for other STDs?	Y	Y	Y	Y	4
D.) Did the inmate receive Health Education and was it documented in the medical record?	Y	N	Y	N	2
E.) Date of diagnosis/screening? - lab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	Y	P	P	P	2.5
<b>GRAND TOTALS</b>	5	2.5	4.5	2.5	14.5
<b>LEGEND:</b> For each question, the response is: Y = YES (1) N = No (0) P = Partially Done (0.5) Z = N/A (disregard question)					

Santa Rita Jail

II of II

Coronavirus Health Summary

CORRECTIONAL FACILITIES AUDIT TOOLS

August 17th 2016

SEXUALLY TRANSMITTED DISEASES (STD) - CHLAMYDIA					
INDICATOR: Identification, documentation, and care of inmates with a positive Chlamydia result.					
AUDIT QUESTIONS	CHART 1	CHART 2	CHART 3	CHART 4	TOTALS
A.) Positive lab slip in chart?	Y	Y	Y	—	3
B.) Is pregnancy test documented on female inmates?	N	Y	Z	—	1
C.) Did inmate get tested for other STDs?	Y	Y	Y	—	3
D.) Did the inmate receive Health Education and was it documented in the medical record?	Y	Y	Y	—	3
E.) Date of diagnosis/screening? - lab value present - Offered other STI screening (Hep B, Syphilis, Gonorrhea) - CMR = faxed over/completely filled out - Allergies - Questions added for all STIs (Chlamydia, Sexual Active Immune, Pregnant inmate)	P	Y	Y	—	2.5
<b>GRAND TOTALS</b>	3.5	5	4	—	12.5
<b>LEGEND:</b> For each question, the response is: Y = YES (1)    N = No (0)    P = Partially Done (0.5) Z = N/A (disregard question)					



**ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT**

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

**Date:** September 12, 2016  
**To:** Muntu Davis, M.D.  
**From:** Pamela Casey  
**Re:** HIV/AIDS Report and Recommendations for the AC-PHD Inspection of Santa Rita Jail (SRJ) Correctional Facility August 2016

**2015 Recommendations**

1. All charts should contain outside records from the inmate's primary care provider if it has been  $\geq 6$  months since the last documented medical visit either in jail or at the inmate's community provider. This is to establish continuity of care, as well as to save time and money on recently done tests. This was a recommendation from a previous year.
2. With the inmates consent, medical information should be consistently provided to the inmate's community HIV provider so that continuity of care is maintained.
3. Consider including ADAP and/or insurance enrollment as part of the discharge coordination.
4. For the next inspection visit, have available all Policy and Procedure manuals related to delivery of HIV services.
5. For the next inspection visit, provide a packet of HIV educational materials that are available to HIV+ clients.

**Findings**

- During this SRJ inspection for 2016, 10 HIV+ inmate charts were reviewed. The discharge coordinator, Holvis Delgadillo, was available to answer some questions about the files and made recommendations about which HIV+ client was the best to interview.
- Posters on HIV testing were visible in inmate areas. Other HIV-related materials are available in the intake areas and in the clinic.

**Medical Chart Review**

Charting and monitoring	<ul style="list-style-type: none"> <li>• The Corizon chart order guide was followed and all elements in this section were found in 100% of the files reviewed.</li> <li>• The greatest improvement was noted in the section with outside medical records 100% of the files had outside information as appropriate. This was not consistent in previous years.</li> </ul>
Clinical Evaluation/ Monitoring	<ul style="list-style-type: none"> <li>• 100% of the charts included Mental health/substance use/psychosocial assessment and TB screens Mental health issues (major depression, bipolar, schizopbrenia) were noted in 100% of the files reviewed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Six files, or 60%, received initial blood draws and follow up labs as appropriate (<math>\leq 3</math> months)</li> <li>• Inmate files that had initial but no follow-up lab work was because they were in custody less than three months.</li> <li>• One inmate refused any lab work.</li> </ul>
Discharge and Linkage	<ul style="list-style-type: none"> <li>• Coordination of appointments were offered for 100% of those discharged, when appropriate.</li> <li>• The 30-day medication supply form was found in 100% of charts and the discharge HIV medications were consistent with medications provided during custody.</li> </ul>

### Client Interview

One HIV+ inmate and one inmate who was not HIV+ were interviewed in two different pods. Dr. Davis was present for the interviews, which also included a nurse, RD and LCSW from AC-PHD.

Questions	HIV+ inmate	Non-HIV+ inmate
Do you have an HIV provider in the community?	Inmate familiar with an outside provider	Inmate familiar with an outside provider
Are you given the results of medical tests and lab work?	yes	
Describe how you receive your HIV medication.	Medications received, however, if missed he has to wait until next nurse round	Medications received, however, if missed he has to wait until next nurse round. Patient is diabetic
Were you given HIV/AIDS education?	Inmate likes doctor who is able to answer all HIV-related questions.	
What improvements are recommended	More outdoor activity, more variety in food.	More outdoor activity, more variety in food.
Privacy for medical-related issues	Satisfied	
Availability of HIV testing	More information should be provided about testing, and if an inmate wants the testing it should be provided.	Was offered a test

### 2016 Recommendations and Comments

1. Continue to request and file in medical file all of the inmates outside records
2. Offer HIV tests to all inmates during intake and all sick call visits
3. Continue to update and provide up to date HIV-related education materials. AC-PHD to provide a referral for free HIV resources.
4. Consider expanding the intake form to include more descriptive options (MTF, FTM) for transgender inmates. This could be a safety issue. (See AOS293, noted on flow sheet, however, not on intake form).

# MEMORANDUM

DATE: Sep 8th, 2016  
TO: Dr. Muntu Davis, Health Officer and Acting Dept. Director  
FROM: Baharak Amanzadeh, DDS, MPH

Subject: Jail Inspection Santa Rita -- Dental Aug 6th, 2016 Site Visit

On Dec 1st, 2015 I made a site visit to Santa Rita with the group, to perform a chart audit and interview with the dental staff at the Center. Fifteen randomly selected recent patient records were evaluated for diagnostic integrity, treatment planning, timeliness and comprehensiveness of care. Overall, the professional care that was provided seemed to be within the community standard given the restrictions of custody, legal appointments, etc. In more detail, presence or absence of medical alerts and updated medical history, charting of hard and soft tissues, documentation of oral and extra-oral examination, doctor comments, and quality of radiographs and adequacy of diagnostic data seemed to be adequate in most of the cases; the forms looked comprehensive and reflected a detailed documentation of diagnosis and treatment planning.

## **Summary of chart audit and dental director interview:**

1. I noted from the documentation that the nurses did an thorough initial oral health assessment followed by a timely referral. Timely appointment was often provided when patients asked for it, which facilitated access to care for inmates.
2. I still noted that the paper work to document patient's "refusal of service" was often used without patient's signature. Also, there seemed to be a time conflict between the sheriff's shifts and the clinic hours, which resulted in in-efficiency for the first 2 hours and last 2 hours of the day. The coordination between the Sherriff and the Dentist needs to be improved to prevent such instances and increase the services to eth inmates. Please see attached Section 5.7 of the guidelines for Inmate Dental Service Plan for the Inmates Right of Refusal and its terms.
3. I suggest that the facility updates their manual to reflect the recommendations by Department of Correctional Health Care Services as far as the timing and specificity of service provided. Please use section 5.4 of the Inmate Dental Service Plan document for the Dental Priority Classification System used by California Prisons to determine who is eligible for specific dental services and at which point of their custody. This classification system creates a level of transparency for both inmate and dentists. Some suggested areas of improvement:
  - a. Oral examination time frame
  - b. First Intake
  - c. Explanation on the scope of services
  - d. Process and time frame for handling emergency cases

I will be mailing the above document to Dr Barber for her review and to share with the administration.

Thank you for the valuable, quality and much needed services that you provide to our inmates at Santa Rita facility.



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

Division of Communicable Disease Control and Prevention  
1000 Broadway, Ste 500  
Oakland, CA 94607  
Tel (510) 667-3096  
Fax (510) 273-3916

Rebecca Gebhart, Interim Director  
Mantu Davis, MD, MPH, Director, Health Officer  
Erica Pan, MD, MPH, Director & Deputy Health Officer  
Sandra Huang, MD, TB Controller

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

Date: 9/12/16  
Correctional Facility: Santa Rita Jail  
Reviewer: Susan Sawley, RN  
Inspection Date: 8/11/16

<p><b>Indicator</b> Identification, documentation, and care of inmates with active tuberculosis (TB) disease or latent TB infection (LTBI) <b>Inmate medical record review</b> Ten inmate medical records were reviewed:</p> <ul style="list-style-type: none"> <li>Significantly, of 10 inmates with LTBI, 5 (50%) were not offered treatment for latent tuberculosis infection (LTBI) due to short admission/release times</li> </ul>	<p><b>Reviewer's Findings</b> 100% of medical records had completed intake receiving forms</p>
<p><b>Audit Questions</b> A. Was the completed "intake/receiving" form in the medical record? B. Was the tuberculin skin test (TST) placed within 96 hours of intake? C. Was the TST recorded in mm induration?</p>	<p><b>Reviewer's Findings</b> Of 10 medical records reviewed, 4 (40%) inmates had TST placed within 96 hours of intake; 6 (60%) inmates were history positive TST Nine (90%) inmates with either new or history positive TST had TST result recorded in mm induration</p>
<p>D. If the TST was <math>\geq 10</math>mm induration, was inmate told of the signs and symptoms of TB, and was this documented?</p>	<p>Nine inmates (90%) with new or history positive TST had documentation in their medical record of being told about signs and symptoms of TB.</p>

E. If an inmate was found to have signs and symptoms of TB, was the inmate placed on respiratory isolation?	No inmates had signs and symptoms of TB
F. If TST was found to be $\geq$ 10mm induration, did inmate have a chest X-ray?	100% inmates with new or history positive TST had chest X-rays
G. Were the results of the chest X-ray documented in the medical record?	Inmates with new positive TST (4) had documentation of a chest X-ray during the most recent admission; inmates with history positive TST (6) had documentation of chest X-ray within past year
H. TST $\geq$ 10mm induration: <ul style="list-style-type: none"> <li>• Accepted treatment?</li> <li>• If not on treatment, documented?</li> <li>• Patient education documented?</li> <li>• LFT results on record?</li> </ul>	<p>Of 10 inmates with LTBI:</p> <ul style="list-style-type: none"> <li>• No inmates accepted treatment for latent TB infection (LTBI) <ul style="list-style-type: none"> <li>○ 1 inmate had documentation of prior treatment for LTBI</li> <li>○ Treatment was not started for 5 inmates due to short admission/release time</li> <li>○ 3 inmates refused treatment for LTBI</li> <li>○ Treatment was contraindicated for 1 inmate due to alcohol use</li> </ul> </li> <li>• Education was documented for 9 (90%) inmates</li> <li>• LFTs not applicable</li> </ul>
I. If inmate was discharged to the community, did facility connect inmate with outside provider? <ul style="list-style-type: none"> <li>• Was an appointment documented?</li> <li>• Did inmate get TB clearance?</li> </ul>	No records of referrals to outside providers; no appointments documented; no documentation TB clearances provided to inmates
J. Was inmate given an adequate supply of TB medication to last until appointment date?	Not applicable
K. Was there documentation of summary sent to outside provider?	Not applicable
L. Copy of medical summary of federal prisoner alien in chart?	Not applicable



**Comments:**

Charts were well organized and documentation required by this tool was available. Patient interviews were not conducted because no inmates were receiving treatment for LTBI. Tuberculosis evaluation and treatment policies and procedures were not reviewed. Airborne infection control policies and procedures were not reviewed. Inspection of medical facility including airborne infection isolation rooms was not undertaken.

**Recommendations:**

1. Consider short course treatment for LTBI (12 weekly doses of Isoniazid and Rifampentine) due to short admission/release time
2. Public Health to review and update TB section of Jail Inspection audit tool

Signature:



Susan Sawley, RN, Nurse Manager  
Division of Communicable Disease Control & Prevention/Tuberculosis  
Alameda County Public Health Department

Date

Revised  
9/19/16

