

Alameda County Sheriff's Office

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



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

MEMORANDUM

DATE: February 7, 2018

TO: Thomas Madigan, Commander

FROM: Riddic Bowers, Lieutenant

VIA: Chain of Command

SUBJECT: SANTA RITA JAIL 2017 PUBLIC HEALTH INSPECTION CORRECTIVE ACTION REPORT

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As you are aware, on August 16 and 17, 2017, under the direction of Dr. Mintu Davis, several members of the Alameda County Public Health Department, inspected the Santa Rita Jail facility. That inspection was broken down into three subdivisions, "Environmental Health", "Nutritional Health" and "Medical/Mental Health". The Environmental Health inspectors were Kimberley Caison, REI-IS, Ron Tores, Supervising REHS, Palo-Ricards Atnador, REHS Trainee and Aied Dobashi, REHS Trainee. The Nutritional Health inspector was Annette Laverty, MPH, RD - Program Specialist. The Medical/Mental Health evaluators were Christina Yamat, Paulina Lopez, Dr. Muntu Davis, Marta Gonzalez, Kimberly Wesley Boston, Debra Richarillmn, Annette Laverty, Kim Caison, Susan Sawley, and Georgia Schrieber.

The inspectors noted corrective actions in a number of areas, in both the Environmental Health and the Nutritional Health areas. The Medical/Mental Health inspection did not note any deficiencies. I have addressed the deficiencies and their associated corrective actions in detail below.

Environmental Health:

1. *Section 1245 Kitchen Facilities, Sanitation and Food Service - Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in Cal Code.*
 - a. *Food preparation/temperature violations were observed in the Officers' Dining as follows - "Chili in the Officers' Dining kitchen was observed at an inadequate holding temperature of 108 degrees F while in a hot holding unit. Upon discussion with foodservice staff, the chili had been placed directly into the hot holding unit prior to rapidly reheating to required temperature of 135 degrees F.*

This was corrected onsite by having staff transfer the chili to the stove to reheat to 135 degrees F, then transfer back to the hot holding unit."

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

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

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

- c. *Food debris/residue found on the can opener*

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

- d. *An oven in the Main Kitchen was observed without proper mechanical ventilation*

Corrective Action: Relocate oven under a ventilation hood

2. *HSC § 1803- The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.*

- a. *Vermin activity was observed in the upstairs dry food storage room - one live and one dead mouse was observed in trap along the back wall of the Officers' dry food storage room. There was no observed evidence of active infestation, since there were no significant amount of mice droppings and/or nesting materials observed in any of the inspected areas. Also, there was an abundance of traps throughout the upstairs dry storage areas. Furthermore, areas where mice activity and harborage were noted on previous inspections appear to have been eliminated and rooms were properly sealed to prevent rodent entry, e.g. electrical rooms in upstairs dry storage areas, food prep room in main kitchen and in main scullery. Corrective Action: Monitor traps in these areas daily, replace traps as needed and maintain Monthly Pest Control Monitoring log to monitor for overall activity*

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

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

- c. *Gap greater than three (3) inches was observed at the [garbage room] roll up door (possible rodent entry).*

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

The issues discussed in Item #1 a, b, and c above were addressed by Aramark staff immediately upon their discovery. Additionally, Aramark staff received remedial food safety handling training by the Aramark supervisors to reinforce proper food safety habits.

Item #1 d was addressed by moving the existing oven over under an exhaust hood.

Item #2 a and b above were addressed by BMD/GSA staff immediately upon its discovery. Additionally, a meeting was held with the contracted pest control provider to implement additional pest control strategies, which included increasing the number of traps along the exterior of the facility to minimize the potential for rodents to enter the facility. On site GSA staff implemented a daily trap inspection/replacement regimen.

Item #2 c was addressed by on site BMD/GSA staff. This was a significant repair item, which took several days to complete.

There were five additional discrepancies noted in the "Environmental Health" portion of the inspection, which did not have associated suggested "corrective actions". However, each of those items was addressed immediately upon discovery or within the next couple of days, depending on the severity of the discrepancy. Those were as follows:

1. *"Observed several bags of meat (bologna-like product) with freezer burn in FR 4"*
This meat was discarded upon discovery.
2. *"Observed and discarded a two (2) dented, rusty cans of food product."*
These cans were discarded immediately upon discovery.
3. *"Observed a broken prep table in disrepair in the 'production area'."*
This table was discarded and has subsequently been replaced.
4. *"Excessive condensate accumulation was were observed in the following walk-in refrigerators: WIR 1 & 2"*
This was determined to be the result of condensation on the pipe above those refrigerators. The pipe insulation was replaced and the condensation was eliminated.
5. *"Re-grout flooring where needed (small scullery etc.)"*
The tile areas needing repair identified during the inspection were repaired. This is an ongoing maintenance need as the kitchen is in near constant use.

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

Nutritional Evaluation:

1. 1241 Minimum Diet – *"A registered dietitian evaluates menus, as planned and including changes, at least annually. The current menu was last reviewed in April 2014. A registered dietitian (RD) is available to review the menu. The menu should be reviewed annually, updated, and signed by RD."*

Recommendation 1 – *"The current menu needs to be reviewed, updated to USDA 2015 Dietary Guidelines, and approved annually by the Registered Dietitian. When updating,*

consider improving the appearance and appeal of the meals by including foods of contrasting color."

At the time of the inspection, Aramark was not able to provide evidence of the annual menu evaluations. Since then, Aramark has provided copies of the 2015, 2016, and 2017 annual Registered Dietitian evaluation reports.

2. 1243 Food Service Plan - Emergency feeding plan. *"An Emergency Feeding Plan could not be located at the time of inspection. A Plan had been created and existed at previous inspection."*

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

At the time of the inspection, Aramark was not able to provide evidence of the Emergency Feeding Plan. Since then, Aramark located and provided the Emergency Feeding plan.

3. 1248 Medical Diets – *The facility manager complies with providing any medical diet prescribed for an inmate.*

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

California Forensic Medical Group (CFMG) has implemented a procedure for a medical assistant to check for new diets on a daily basis to ensure the diets ordered in CorEMR are reconciled with those in ATIMS.

4. Recommendation 4 – *Consider using preprinted forms for labeling foods/meals prepared for assembly and delivery.*

Aramark uses preprinted labels for bulk food and for palletized prepared foods to indicate prepared dates and use by dates.

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

This was an issue with the prior contracted medical provider (Corizon Health Services) and at the time of review, the current provider (CFMG) was still converting medical files from paper to electronic. As of December 2017, all files are electronic and include an "Allergy" warning as part of the software.

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

With all medical records converted to electronic, all inmates with chronic diseases and on medication are automatically referred to Chronic Care Clinic.

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

Updated diet lists are und daily and provide to the staff in each Housing Unit.

8. Recommendation 8 - *Increase the number of healthful beverages to a minimum of 50% of the available items. Vending machines in the units at this facility consist almost entirely of unhealthful beverages; snack food and beverage machines in the public lobby area and in the staff areas are also predominantly unhealthful. The Alameda County Nutrition and Physical Activity Policy and Guidelines require that a minimum of 50% of vending machine items are not more than 35% sugar by weight, not more than 30% of total calories from total fats, not more than 10% of total calories from saturated fats, contain no trans-fat, and at least one item meet the FDA low sodium guideline. Meet with the vending machine vendor and discuss options to include healthier options.*

Inmate Services maintains a contract with a vendor to provide the beverage vending machines assessable to the inmates. In late 2017, this contract was rebid. During the re-bid process, this recommendation was passed on to the bidders for their consideration. The Santa Rita Employees Association (SRJEA) manages the vending machines in the public lobby area. The SRJEA was also provided a copy of these recommendations for consideration as well.

9. Recommendation 9 - *Establish an automatic review for inmates when they have been incarcerated for one year. 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 [sic] one year stay. The current system is unacceptable as the lack of a special diet could go unnoticed for months."*

This was an issue with the prior contracted medical provider (Corizon Health Services) and at the time of review, the current provider (CFMG) was still converting medical files from paper to electronic. As of December 2017, all files are electronic. The CorEMR system automatically creates annual appointments

for each inmate on a therapeutic diet to see the medical provider for a review and renewal of their therapeutic diet.

10. Recommendation 10 - *Employ a Registered Dietitian to support medical staff in the medical needs of inmates. 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.*

The Alameda County Sheriff's Office worked with CFMG on evaluating the efficacy of adding this position to the CFMG staffing matrix. We are in agreement with the assessment of the Public Health inspectors and are in the process of submitting a proposal to the Board of Supervisors to fund this position.

In summary, there were 22 items identified in the 2017 Public Health report that had "recommendations" or were noted as an area of concern. Of those, 21 have been addressed and corrected. The final item is pending approval by the Board of Supervisors before it can be implemented.

RMB/rmb