

AIRWAY HEIGHTS CORRECTIONS CENTER OPERATIONS REVIEW - 2018



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WASHINGTON STATE DEPARTMENT OF CORRECTIONS

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Operations Review Team

Team Member Name	Review Assignment
Liana Dupont Smith Audit Director/Ethics Admin, Audit And Ethics	Audit Director
Thomas Garcia Ops Review Coordinator, Audit And Ethics	Team Leader
Patrick Gosney Internal Auditor, Audit And Ethics	Assistant Team Lead
Corina Cornwell Larsen It Specialist 6, IT Cyber Security	IT
Kenneth Bratten Lieutenant, MCC WSR	Critical Security
Scott Speer Correctional Program Manager, OCC	Disciplinary Process
Phillip Marker Correctional Industries Supervisor 2, WSP	Food Services Program
Rodney Nordbye Corrections Unit Supervisor, WCCW	Restrictive Housing
Sherri Albrecht Corrections Spec 3, Reentry Division	Offender Management
Emily Van Duren Corrections Sergeant, MCC WSR	Searches/Evidence
Margaret Williams Security Specialist, CRCC	Staff Accountability
Theresa Hilliard Quality Improvement Program Administrator, Health Services	Health Services
Shane Evans Health Services Manager 2, SCCC	Health Services
Cheryl Strand Registered Nurse 3, SCCC	Health Services
Eric Rainey Gibson Psychologist 4, WSP	Health Services

Facility Overview

Superintendent:

James Key

Associate Superintendents

**Kay Heinrich
Bill McDonell**

Captain:

Frank Rivera

Custody Level:

Minimum, Medium, Close

Operating Capacity:

2,258 male inmates

Academic & Partnership Programs

- Adult Basic Education
- Dog Training & Adoption Program
- General Education Development (GED)
- Victim Awareness

Research Based Programs

- Stress & Anger Management
- Sex Offender Treatment
- Substance Abuse Treatment

Work & Vocational Programs

- Aerospace Composites (I-BEST)
- Bindery
- Bookkeeping
- Business Technology
- CAD Drafting and Design
- Computer Basics
- Computer Refurbishing
- Department of Natural Resources Work Crews
- Food Service
- Job Search
- Maintenance (custodial, plumbers, painters, home builders, laundry, upholstery)
- Optical Lab
- Teacher's Aides
- Upholstery

Built in 1992, Airway Heights Corrections Center (AHCC) is situated in Airway Heights Washington. AHCC has an operating capacity of 2258 offenders.

Airway Heights utilizes local resources and volunteers to assist in running programs that strive to help offenders make positive changes in their lives and to help them grow in a way that will help them achieve a successful re-entry into the community.

Volunteers are instrumental in assisting in the development of programs aimed at promoting positive changes in personal growth and successful reintegration to society. Volunteer led programs at AHCC include: African American Literature Program, Alcoholics Anonymous (AA), Freedom Project-Non-Violent Communication, Locks of Love, Narcotics Anonymous, PRIDE, Toastmasters International, Eastern Washington University's Writer's in the Community (WITC), Yoga, and multiple faith based programs including special holiday events.

AHCC's various programs have been a great way for offenders to give back to the community and to their own families. The facility's work crews give back to the community in a number of ways. AHCC trains and dispatches a wildland firefighting crew that consists of Department of Natural Resources (DNR) staff who serve as supervisors and offenders. These same crews are utilized by DNR to work on land conservation projects as well. In July of 2018 4 groups of 10 offenders were sent to help fight the Upriver Beacon Fire.

In April of 2019 a dog named Candy graduated from AHCC's Dog Training and Adoption program. Candy was one of three Shih Tzu dogs turned over to the Human Society in such a neglected state that their tangled, thick mats of dirty fur made the local news and struck a chord in the local community.

Operations Review Scores

Scoring Matrix

The Operations Review utilizes a scoring matrix for each checklist. This score reflects a facility's level of compliance with the audit questions and determines the rating of Compliance, Partial Compliance, or Not-In Compliance.

Each question has a score value. The percentage is calculated by totaling all of the scoring questions of a checklist into an average. Most checklists are broken up into parts. Each checklist 'part' gets totaled for a score. The checklist 'parts' are then added together and averaged out for a checklist category score (i.e. Post Operations, Searches and Inspections).

Many checklists have "Info Only" questions and some questions will not apply to certain facilities and be marked as "Not Applicable." These questions do not factor into the score.

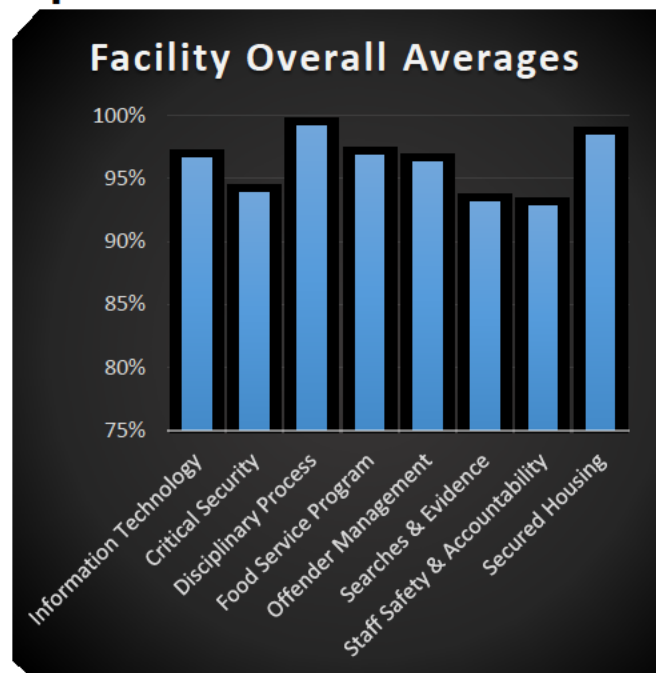
- There are two ways to impact the compliance rating for a checklist:
- Number of questions missed,
- Repeat corrective action items (CAPs)
Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that part's score.

Compliance	97% <
Partial Compliance	88%-96%
Not In Compliance	87% >

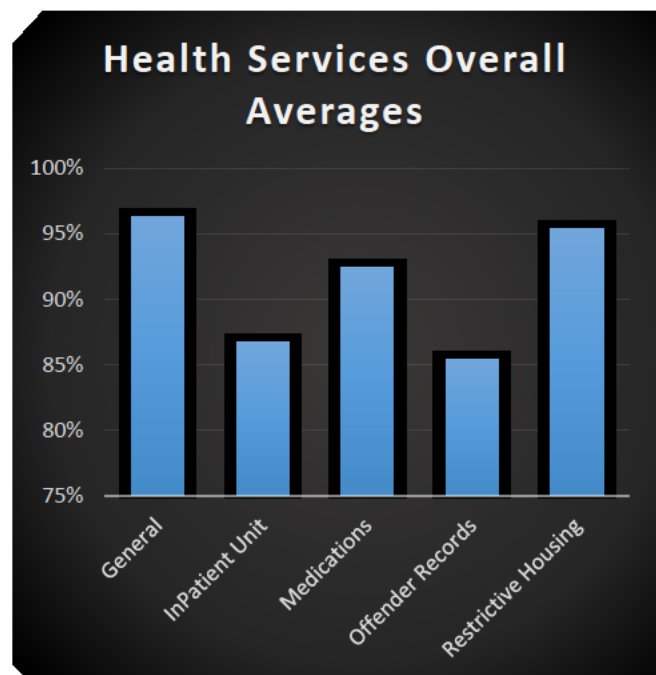
A score of 97% Compliance allows for one or two CAP items in a checklist.

Scores at a Glance

Operations:



Health Services:



Operations Review Section Reports

Information

Technology

The IT staff at AHCC have a high level of knowledge, skills and ability, which has enabled them to make significant improvements since the previous review. They have improved the organization of their IT equipment rooms, have color-coded cabling for easy identification, and made great strides in securing offender utilized computers.

AHCC's IT staff maintains a strong culture of accountability when it comes to offender utilized computers. They track of all computers on site, provide logon credentials for each offender authorized to use a computer and maintain a "standard image" for the computers offenders use. This "standard image" consists of a snapshot of the authorized software, operating system and security settings of a computer, which is then duplicated onto the other offender computers giving them the exact same set up. This standardized imaging makes it easier to audit a computer, checking that the machine is being utilized appropriately, and the integrity of the machine is intact.

By providing unique logon identifications to each offender it is possible to limit access to specific directories and only the data necessary to conduct their jobs functions.

AHCC's Education Department has gone above and beyond when it comes to securing their computers both electronically and physically. The computers are physically secured from offenders tampering with locks, the USB ports on the computer are secured electronically so that only mice and keyboards are able to function. The Education Department also limits offender folder access to only the classes the offender is assigned. These security measures help keep the systems secure.

Rating:	Compliance
Score:	97%

Corrective Action Item(s):

- Two computers in the Offender Visit area are non-standard computers with non-standard images. They both have games for children that are used by the family and friends of Offenders. These computer are currently not plugged in.
DOC 280.310, II & III;

Items of Note:

- AHCC has a backup system that is separate from the main file servers and data. The backup data is stored in a different location, however, they have no off-site backup.
 - This is not an issue AHCC can address locally. It is being addressed by the DOC Chief Information Officer but it nonetheless an issue that needs tracked. **Instructions and Procedures 400.121, II**

Critical Security

AHCC, as a whole, is clean and organized. Officers emphasized what a great place it is to work. Their answers showed a high level of knowledge about the work they perform. These things all contribute to a culture of safety and security.

The security culture presented itself to the review team in several ways – one of those ways was in how they continually check staff identification cards each and every time they entered or exited the prison.

Another presentation of their security was noted in how the front desk officer ensured that the Review team signed their wireless technology into and out of the facility ensuring that all electronic devices that enter the facility come back out.

AHCC's entry process ensures that all hand carried items are ran through an x ray device. Staff also press a "random button" that flashes a red (no-go) or green (go) light. Those getting a red light are subject to an additional search.

AHCC utilizes a form called "AHCC PUBLIC ACCESS UNAUTHORIZED ITEMS LOG" to track unauthorized items identified during check-in at the facility entry search point. This is a great tool that is paired with another form "FACILITY SECURITY TRACKING SHEET" that is used to track contraband introduction, purposely or otherwise, over time. These tools, when used in tandem with a strong search process go a long way toward keeping contraband out of the facility.

AHCC has kept up on its post order process, ensuring all post orders were updated and signed in March of 2018; however some of the section contact information was out of date.

Rating: Partial Compliance
Score: 89%

Corrective Action Item(s):

- Out of date phone lists were found in several Post Manuals. Several years ago AHCC changed from a three digit calling system to a four digit one. The lists found in the manuals were three digit numbers. **DOC 400.200**
- The requirement that a level III, IV, or V facility utilize an electronic ID magnifier is established in **DOC 400.025**. Airway Heights does not have one of these in place. **DOC 400.025, II, C, 1, a**
- Staff are inconsistently using their call signs and are not clearing the channel after transmission by stating their call sign. **DOC 410.140, XIII.B.3**

This is a repeat Corrective Action Item

- Base is not regularly signing off radio calls with facility prefix. **DOC 410.140,XIII.B.1**

Disciplinary Process

The Hearings team is invested in the work they do. Their hearing documentation is well organized and they were able to retrieve hearing information very quickly.

Ten hearings were reviewed, along with 5 Category D hearings. All of the reports were well written and clearly support the findings. Some of the reports were complex, but because they were well-written it was easy to follow the story leading up to the disciplinary action.

It should be noted that AHCC had no outstanding hearings showing in OMNI Reports. This is a testament to the team's organization and investment in their work because this can be an easy process to fall behind on.

Rating:	Compliance
Score:	99%

Corrective Action Item(s):

- Out of the 10 hearings that had their documentation checked 8 were found to be missing a completed **DOC 05-093 Disciplinary Hearing Notice/Appearance Waiver. DOC 460.000**

Items of note:

- While not a cap item it was noted that the practice of writing "*Watch Callout*" on the Disciplinary Hearings Notice/Appearance Waiver for offenders in the segregated population, who do not have free access to view the callouts is a concern. **DOC 460.000, IV, C Disciplinary Process for Prisons** states: "The offender will be notified of the date, time, and place of the hearing and served..." There are circumstances within the secured housing that could preclude an offender from being able to access the call outs.
- When an offender refuses to sign the **Disciplinary Hearings Minutes and Findings** form, that form should be signed by a witness in order to verify that offender did receive a copy.

Food Services Program

Airway Heights Corrections Center has two kitchens: one at their main facility and another at their minimum facility. Both kitchens have good efficient filing systems for their documentation. Anytime a document was needed for the review it was easy for staff to retrieve.

Airway Heights' kitchens have an excellent offender training program that not only includes the Food and Drug Administration required Hazard Analysis and Critical Control Points (HACCP), a systematic approach to ensuring food safety that works to mitigate the dangers of biological, chemical and physical hazards in food production processes, it also encompasses training in the use of the kitchens' equipment. The training is broken up into blocks, each block encompassing a specific training element, such as the requirements of safety or sanitation. This process allows offender workers to be placed in a variety of worker positions based on the training completed.

The Food Service Manager utilizes an efficient ordering guide. This guide is a direct reflection of the menus that are to be used and lists not only the products needed but also the vendor from which to order the products from, as well as the portioning needed to maintain accuracy and cost effectiveness.

The HACCP sheet used by both of AHCC's kitchens is an effective document. It documents all the items used at each meal service, as well as the temperatures related to the heating and cooling of the meals. In the event that there is a need to track down a possible point of contamination this document will provide a recap of any products used and how the food products have been handled.

Rating: Compliance

Score: 97%

Corrective Action Item(s):

- It is required by **DOC 110.100** that the Superintendent ensure that a member of the facility's executive management team conduct a walk-through of the two kitchens on a weekly basis. No evidence of this requirement being met could be found for either kitchen. **DOC 110.100 IV.A.2.B**
- Both Kitchens were found with sub-inventories (**DOC 21-515**) in the tool cribs that were not signed by the Tool Control Sergeant. **DOC420.500 VII, B**

Offender Management

AHCC's Classification Counselors are quick to meet with newly arriving offenders assigned to their caseload. Offenders are being thoroughly screened prior to their arrival via the Incoming Transfer Job Screening (ITJS) process. Every offender reviewed as part of the Operations Review had job referrals that matched the ITJS approved jobs.

Some counselors utilize a checklist when first meeting with an offender to ensure that they cover everything that needs to be entered into OMNI. This is a fool-proof way to ensure no documentation is forgotten.

Line staff know the notification process that is triggered when an offender fails to check into a work or programming area. AHCC uses a barcode scanning system as an integral part of their check in and check out process for work/programming locations. With this system staff can readily hold offenders accountable when they fail to attend a mandatory callout.

Rating:	Partial Compliance
Score:	96%

Corrective Action Item(s):

- **DOC 310.000** states that Spanish speaking offenders will attend a Spanish version of the orientation program. No Spanish Orientations are provided.
 - **DOC 450.500** states that Offender Orientation in Prisons and Work Releases will be provided to non-English speaking offenders by Department certified employees or through a Headquarters approved orientation video.
- DOC 450.500, I, F, DOC 310.000, III, E, 1**

Secured Housing

Staff working AHCC's Segregation Unit were forthcoming and helpful, they readily explained the processes and protocols within their unit. The Counselors were knowledgeable, organized and efficient.

AHCC's Segregation unit uses a piece of custom software developed by AHCC to track cell searches. It is a very impressive system and used facility wide. It not only tracks searches but also creates and retains search reports, the names of the staff who conducted the searches, offender moves, the quantity of offender beds available and it updates their paddle boards. It is a very impressive system and could benefit prisons throughout the agency.

Rating: Compliance

Score: 93%

Corrective Action Item(s):

- Sergeants are not annotating **DOC 05-091** checks in the unit log. They are checking these forms each shift almost without exception, but they are not making the appropriate log entry. **DOC 320.260.X. B**
- Staff assigned investigations are required to complete **DOC 02-077 (Investigation Report)** after an investigation is completed and provide that form to the Administrative Segregations (Ad Seg) Hearings Officer no later than 6 days before the offender's final review. **DOC 320.200.III.G**
- Conditions of Confinement (COC) forms were found with typed names instead of the required signatures.
 - COC's were found with a CPM's signature rather than the Associate Superintendent as designated in **OM 320**.
 - COC's were found with no end dates

Searches & Evidence

Observation of the search process spanned all AHCC. Staff were generous with their time and invested in answering questions posed to them.

The officer working the vehicle sallepport demonstrated sound search practices when searching vehicles.

Overlooking the vehicle sallepport is a tower that controls the sallepport gates. Communication between the two staff is excellent. This coordination plays a vital role in ensuring the secure and safe operations of the sallepport.

Each evidence room was neat and orderly. Evidence logs are legible and complete. Staff interviewed are well-versed in proper evidence handling and chain of custody.

AHCC's Search Tracker Database shows staff what searches need completed. Updates are immediate and the system generates all required search documentation. The system is also searchable, which means it is miles ahead of any hard-copy archiving system.

Rating: Partial Compliance
Score: 89%

Corrective Action Item(s):

- AHCC was unable to locate an Annual Report to the Superintendent (regarding evidence). Quarterly reports were located from 2016. **OM 420.375.V.A** designates the Property Lieutenant as responsible for completing this task. This report fell off the radar due to the shifting of positions and staff turnover.
- Documentation of electronic searches of the yard.
Staff stated the searches do occur, but are not logged in AHCC's search database in a way that makes them distinguishable from a regular search. **DOC 420.320 VI.B**
- Areas that are accessed by the public, such as the visiting area, are not being searched after each use and before offenders are allowed access to the areas again as required by **DOC 420.320 Searches of Facilities**.
Staff stated that checks were conducted on some shifts, but not logged. A different shift stated the checks were conducted randomly. Documentation in AHCC's "Search Tracker" was inconsistent. **DOC 420.320.III.A**

This is a repeat Corrective Action Item

Staff Safety & Accountability

As part of the review, unplanned and unannounced duress alarm drills are conducted. A facility's response to these drills can give insight into their staff safety culture.

This test is performed by asking a staff member to key their radio to broadcast dead air or a garbled transmission. The facility response is then observed.

The first attempt of this test resulted in a concern – Base never received a transmission. Further testing revealed that a radio keyed for too short an amount of time does not send a transmission.

A second test, where the radio was keyed longer, produced an excellent response. AHCC Base quickly attempted to contact the owner of the radio and initiated an emergency response.

Two staff from outside the unit arrived and verified that all was well.

A test of the radio systems “stat alarm” and of the “handset off hook” alarm resulted in excellent, swift responses as well.

Rating: Compliance

Score: 98%

Corrective Action Item(s):

- During the Operations Review it was discovered that it was common practice in some areas for a single staff member to reopen a building after it had been vacated of all staff. **DOC 420.160.II.A**

Items of note:

- Only one shift commander interviewed was able to identify or retrieve the identification of AHCC's isolated posts. **DOC 420.160.II.B**
- There is no written expectation for guidance regarding foot traffic at the back gate. This has resulted in a disconnect between expectations and back gate operations. **DOC 400.200**
- The sign in/out logs are reviewed between 1700-1800hrs. Non custody staff from 1st shift are not getting checked on for over 8 hours after their shift ends. It is related to the team that the 1st shift control officer reviews the sign in logs around midnight to ensure that 3rd shift staff have signed out safely. If that check is missed, it could be more than 16 hours until a checks to see if staff had signed out is completed.
- While testing the facility's response to a keyed radio it was found that if no noise is transmitted Control will receive no indication that a radio was keyed. During a struggle an employee may not be able to get a sound out. This may be a technical issue that AHCC cannot address locally.

Health Services

Health Services - General

AHCC's Health Services is clean and orderly with an evident focus on organization, security, and safety. Correctional staff effectively manage patient and other staff access and work well communicating and coordinating with clinic staff. Patient education materials are posted and pamphlets readily available. Protected Health Information is managed appropriately.

Handwashing protocols include enhanced training and the Infection Prevention Nurse (IPN) ensures that staff receive annual refreshers by watching a mandatory online video. Quarterly audits by the IPN are documented and are clearly standard procedure. There are hand sanitizers at sinks and also issued to staff to carry on person.

The Red Emergency Response Bags are 100% consistent with policy requirements.

Medical equipment maintenance is current. Maintenance record documentation is organized, easily accessible, and easy to review. These records along with spore testing requirements were 100% compliant. This is notable considering the amount of highly technical equipment in the clinic.

Offender interviews reflected a population that feels delivery of health services at AHCC is timely and responsive. Additionally, the offenders consistently report health service staff are respectful and supportive of their health needs and that communication is good and understandable. In fact, our team member asked "If you were king for the day, what would you change in health services at AHCC" and the general response was "Nothing. Generally it is really good."

Rating:	Partial Compliance
Score:	96%

Corrective Action Item(s):

- There were missing dates, times and dual signatures in the Infirmary Needles and Hazardous Instruments log which is not consistent with the requirements of **Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**.

Items of note:

- Additions and disbursements are not routinely recorded in the hazardous dental instrument logbook as required in **Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments** to ensure accurate counts.

Note: Health Services Staff took initiative and conducted a problem solving process on this issue during the Operations Review. They identified that a misunderstanding of the logging requirements was the culprit and they developed a process of ensuring that proper logging would take place. As of 3/7/19 that process is in place and function. A follow up on this will be conducted at the next Operations Review to

Health Services - Infirmery

The rhythm and flow of communication on all three shifts showed how well the infirmery staff work together. Even while interacting with the Operations Review team health services staff still responded quickly to call lights and attended to their regularly assigned tasks.

The nursing station for the infirmery is small, cramped, and busy with hustle and bustle of constant staff movement, but it is clean and organized for working efficiently.

Patient education is routinely given - usually verbally in this environment. Printed patient information is provided when appropriate.

The improvement in infirmery documentation from the previous inspection is notable. Almost all nursing documentation reviewed (care plans, nursing assessments, documented wellness checks, patient instructions, noted orders) was found to be compliant with standards and policy..

Rating: Partial Compliance
Score: 87%

Corrective Action Item(s):

- One out of 21 records reviewed did not have a completed face sheet and 1 of 14 records reviewed was missing an admission order.
- Two of 14 records reviewed were missing documentation of daily (every business day) practitioner rounds for skilled level patients as required in **DOC 610.600 Infirmery/Special Needs Unit Care**.

This is a repeat Corrective Action Item

- All 7 infirmery release records reviewed did not have a Discharge Summary as required in **DOC 610.600 Infirmery/Special Needs Unit Care**.

Health Services - Medications

The medication nursing staff at AHCC have a wonderful attitudes and display care and professionalism when dealing with staff, custody officers, and patients.

The medication management room is well organized and appropriately secure. No expired medications were found in the urgent stock. Hand hygiene is consistent and evident.

Narcotics are dispensed from the medication room and the infirmary. The assigned nursing supervisor audits the narcotics logs regularly.

Medication Administration Record documentation requirements were found 100% compliant with general documentation expectations, handwritten orders, and discontinued medications.

Rating: Partial Compliance
Score: 92%

Corrective Action Item(s):

- Expired insulin was identified in multiple months in the monthly pharmacy audits. This could pose a danger to insulin dependent offenders if issued and is not consistent with **DOC 650.020 Pharmaceutical Management**
- Discrepancies were found between the narcotics log and the patient Medication Administration Record (MAR) in 3 of 8 records reviewed which is not consistent with documentation requirements in **Nursing Procedure N-306 Medication Administration and Documentation Procedure.**
- Out of 10 records reviewed, five did not document that a prescriber was notified after two days of an offender not showing up for pill line or medication refusals as required in **Nursing Procedure N-306 Medication Administration and Documentation Procedure.**

Health Services - Health Records

The records area has been revamped since the last Operations Review and is a great deal more organized. The health records staff were very helpful.

Nursing noted orders appropriately and documented vital signs consistently in all 14 records reviewed. Other general documentation requirements were fully compliant as was the offender Release documentation.

Rating: Partial Compliance
Score: 85%

Corrective Action Item(s):

- Eight of 14 records reviewed did not have documented evidence of patient education provided, consent for treatment, and/or explanation of risk benefits as required in **DOC 640.020 Health Records Management**.
- Two of 14 records reviewed did not have current Mental Health Assessments/Updates as required in **640.500 Mental Health Management**.
- Two of 14 records reviewed were missing the mental health consent form required by **DOC 610.010 Offender Consent for Health Care**.
- Four of 14 records reviewed did not have current Mental Health Treatment Plans as required in **640.500 Mental Health Management**.
- Two of 7 charts reviewed had no psychiatric assessment and 3 did not have timely 90 day psychiatric follow-ups as required in **640.500 Mental Health Management**.
- Psychiatric documentation was illegible on 6 of 7 records reviewed. This is an issue that was identified during the previous audit that has not been corrected. It remains a patient safety concern.

This is a repeat cap item

- Eleven of 14 records reviewed did not meet the quality expectations of the **Mental Health Golden Thread Procedure**.

Health Services - Restricted Housing

AHCC maintains two Restricted Housing Units. One is their Segregation Unit and the other is their Close Observation Area (COA).

Because they have created secure, private areas within their Segregation and the COA, patients are able to receive confidential medical and/or mental health services without feeling vulnerable to being overheard by others. These areas are set up in such a way that private conversations can be had between offenders and medical providers; however, custody staff is readily available to respond to any emergency.

Staff in these restricted housing areas are aware of the importance of coordinating with mental health and medical staff.

Face to face nursing assessments with vital signs at placement into restrictive housing as well as daily wellness checks were 100% compliant.

Rating: Partial

Compliance Score: 95%

Corrective Action Item(s):

- One of 14 restrictive housing admissions did not have document of the initial face to face mental health evaluation being completed within one business day of offender admission to Restrictive Housing as required. **DOC 630.500 Mental Health Services**
- Three of 5 COA records reviewed did not have weekend Conditions of Confinement signed on the next business day as required. **DOC 320.265 Close Observation Areas**
- Two of 5 COA records reviewed did not have a Suicide Intervention Inventory Reviewed and another 1 of the 5 did not have a Primary Encounter Report note indicating the rationale for admission other than suicide as required. **DOC 320.265 Close Observation Areas**
- Two of 5 COA records reviewed did not have documentation indicating that a mental health provider admitted the patients to COA as required. **DOC 320.265 Close Observation Areas**

Outstanding Corrective Action Items:

Areas with repeat Corrective Action Items are:

- Critical Security
- Secured Housing
- Searches and Evidence
- Health Services – Infirmary
- Health Services – Medical Records

The score of each of these areas was deducted five percentage points for repeat issue found in that area.

Corrective Action Tracking System (CATS):

All corrective action items are being tracked in the Corrective Action Tracking System (CATS) via SharePoint.

The CAP Tracking Log can be found at:

<http://wadoc/sites/prisons/Lists/CAP%20Tracking%20Log/WCCAll.aspx>