

LARCH CORRECTIONS CENTER



OPERATIONS REVIEW REPORT 2017

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WASHINGTON DEPARTMENT OF CORRECTIONS

May 4, 2017

Larch Corrections Center

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Larch Corrections Center

Review Team:

Liana Dupont Smith, Operations Review Coordinator (HQ)

Emily Van Duren, Sergeant (MCC)

Corina Cornwell-Larsen, Information Technology Specialist 5 (HQ)

Adam Kapa, Lieutenant (WCC)

Jamie Kerschner, Corrections Specialist (OCC)

Tonya Pleines, Corrections Specialist (OCC)

Kenneth Bratten, Lieutenant (MCC)

Adin Easter, Lieutenant (AHCC)

Theresa Hilliard, Health Services Program Administrator (HQ)

Karen Forss, Health Services Manager (WSP)

Review Components

Review Coordinator

Review Assistant

Information Technology

Post Operations

Tool Control

Searches and Inspections

Staff Safety and Accountability

Mail for Offenders
Volunteer Programs

Health Services Checklists

Health Services Checklists

Larch Corrections Center

Facts

Superintendent:

Lisa Oliver-Estes

CPM:

James C Miller

Lieutenant:

Shane Maitland

Custody Level: Minimum

Operating Capacity: 480 male offenders

Academic & Partnership Programs

- Adult Basic Education/General Education Development (GED)
- Animal Socialization/Adoption Program
- Job Seeking Skills

Research Based Programs

- Substance Abuse Treatment
- Thinking for a Change (Cognitive Behavioral Intervention)

Work & Vocational Programs

- Automotive Service and Brakes Technician
- Community Work Crews
- Department of Natural Resources Work Crews
- Life Skills Computing
- Small Business Basics
- Waste Water Training and Certification
- Correctional Industries Laundry

Overview

Information provided by LCC

The last couple of years have been pretty eventful for Larch Corrections Center (LCC). They welcomed a new Superintendent, a new Lieutenant, and a new CPM to the facility.

Their sustainability programs are growing by leaps and bounds. In September 2016, they added an apiary program, educating participants in bees and beekeeping. Although starting small, the class has been a success and there is already demand for more classes. Another sustainability program grows plantain for the Portland Oregon Zoo's rare Taylor's Checkerspot butterflies, and a different program works with the recovery of the Western Pond Turtle, so they can be released in healthy form back into their natural habitat. They also have a successful dog and cat program. LCC and the Humane Society have partnered as an avenue for offenders and dogs to learn and grow together, ultimately preparing the dogs for adoption to their forever home. They also take in feral cats and work with them to become pets ready for adoption. Their next challenge is working towards a more effective and efficient recycling program.

LCC recently established their own Inmate Recovery Team (IRT) with the help of their new Lieutenant. This is a team that has been a long time coming and assists in the facility doing as much as possible to work towards public safety in the event an offender puts himself in "escape" status.

On October 13, 2016, LCC held their first combined Thinking for Change (T4C) graduation. Over 60 residents graduated from the program that day. It was the largest T4C graduation ever held in Washington State Prisons. The event was hosted by DOC leadership, included outside speakers, and a graduation cake. The graduating class appreciated this show of encouragement upon their successful completion of this program.

Scoring Matrix

The Operations Review has a scoring matrix for each checklist. This score will reflect your level of compliance with the audit questions, determining 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 "Information 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 three ways to impact the compliance rating for a checklist:

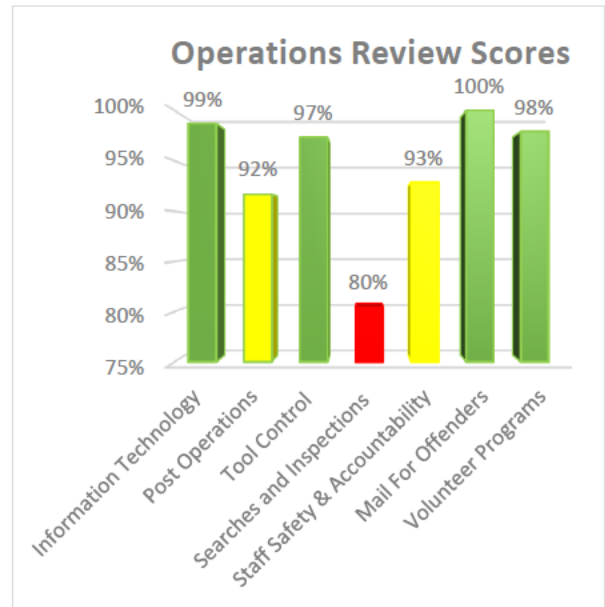
- 1) Number of questions missed,
- 2) Repeat corrective action items (CAPs)
Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that 'part's' score.
- 3) Significant or weighted questions
Missing these questions reduces the total percentage for that specific 'part' to "Not in compliance" or "Partial Compliance."

| | |
|---------------------------|---------|
| Compliance | 97% + |
| Partial Compliance | 88%-96% |
| Not In Compliance | 87% - |

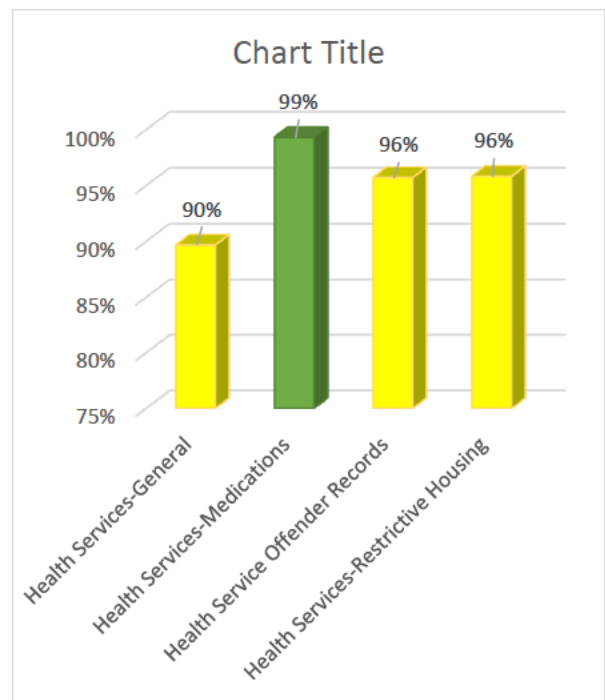
NOTE: A score of 97% Compliance allows for one or two CAP items in a checklist.

Scores at a Glance for LCC

Operations:



Health Services:



Larch Corrections Center

Information Technology

Larch Corrections Center's Information Technology (IT) Unit was more than ready for their operational inspection. The Operational Audit Command Center was set up and ready for computer and printer connectivity upon arrival of the audit team. Electronic documentation was provided and included key assignments for IT areas, diagrams/locations of equipment/server rooms and inventory/location of all offender computers on-site.

The IT equipment rooms are secured at all times and have limited key assignments for access. These rooms have sign-in sheets that staff and/or vendors accessing the rooms are required to sign for accountability of room integrity. The equipment rooms are organized and very clean. The color cabling is accurate, making it easy to identify the different systems.

There is an incredible working relationship between local IT staff and LCC management. IT has the support needed to ensure adequate set-up and maintenance of all the computers on-site. It is also amazing to see the working relationship between local IT and Clark Community College staff. This rapport has ensured that the education computers, used by offenders, meet the same secure standards as the DOC offender computers.

Offender stand-alone computers are all secured via standard imaging, disabled USB ports, disabled CD-ROM drives, and all computer hard drives are locked inside boxes with Plexiglas windows, including the new smaller hard drives.

Rating: **Compliance** Score: **99%**

Corrective Action Item(s):

No corrective action items for this section.



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Larch Corrections Center

Post Operations

The post orders and operations manuals are well organized and detailed, covering all information required by policy. All equipment has been assigned a designated place within the booth and items issued to staff are accounted for utilizing chits.

Officers are efficient in describing their zones of control and communicated the many duties they share, including Response and Movement Officers on second and third shifts, carrying out operations of the main control booth. The control booth is not a manned post during second and third shift. A Response and Movement Officer supports the Shift Commander by running the control booth and main sally port access/egress of the secured perimeter. They are monitoring and controlling vehicle traffic onto institution grounds, processing work crews in and out of the facility, answering and directing institution phone calls, and overseeing the secured housing unit (SHU), until there is a call for officer assistance within the facility.

Throughout the facility, correctional officers are kept busy monitoring movement, work crew departures and arrivals, performing tier walks and maintaining presence within their zones of control.

Rating: **Partial Compliance** Score: **92%**

Corrective Action Item(s):

- Several posts lacked a significant number of signatures of staff who were assigned to the post during the month reviewed, including regular post staff. This is out of compliance with DOC 400.200 Post Orders/Operations Manuals and Post Logs. **(DOC 400.200 V. B)**
This is a repeat CAP item.

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Tool Control

During the last audit, the Tool Control Sergeant stated the tool control program needed work, and he had a continuing improvement plan for the program. It was apparent from the start of this audit that several improvements had been made to the tool control program, and issues from the last review corrected.

The Tool Control Sergeant came in early to assist with the review. He is highly knowledgeable in the requirements of policy, and tool control in general. He not only answered audit questions, but provided documentation showing how he meets the policy requirements. Visual checks of tool areas verified that tool crib inventories are updated as required. His monthly reports to the Lieutenant clearly identify the addition and/or disposal of tools, unscheduled tool control audit checks completed, tools reported as missing or lost, and any other information pertinent to tools during the month.

Offender tool cribs are clean and well-organized. The offender in Recreation is aware of his responsibility to account for tools, and clearly articulated his process.

All staff were helpful and quick to provide assistance. They displayed a good overall knowledge of tool control management. Throughout the facility tool inventory lists were up-to-date and padlocks were locked. Although still needing a little work, most areas are accounting for their tools correctly by checking them out on the Work Shop Designation Tool Control Check Out Sheet, and performing Daily Tool Accountability properly.

Rating: **Compliance** Score: **97%**

Corrective Action Item(s):

- Missing tools were not properly reported and documentation was not completed in a timely manner, as required by policy. (DOC 420.500, VI.D.3)

Larch Corrections Center

Searches and Inspections

There is a lot of movement in and out of the two living units; Silver Star and Elk Horn. Unit porters wore orange safety vests when they were working, so it was easy to distinguish these workers from those moving between work programs or those in the unit not working. Part of the living units are open bays/bunkhouses and part are double-man cell houses. This makes searches and inspections a little unique. Plus, Silver Star houses the dog and cat programs. The offenders were eager to show us their animals and the commands they have taught them. It is evident that those in these animal programs take pride in the program and maintain a nice "home" environment for themselves and the animals for which they are responsible. Overall, both units were very clean and orderly.

It was evident that improvements have been made in documentation. Custody staff have done a nice job documenting searches in unit log books. The set process is to record the search in the logbook, as well as in a color-coded spreadsheet of all cells/bunks. This system allows staff to easily see which areas/cells still need to be searched. This is a very smooth and ingenious process.

As necessary within a camp setting, multiple job classes conduct serious infraction hearings, which means several people have access to major evidence. In a review of evidence being held for hearing, we noted that the evidence log and evidence cards are filled out completely and legibly. The appropriate documentation was placed in the locker with the evidence, and, if necessary, pictures were taken and had the required photo backers.

Rating: **Not in Compliance**

Score: **80%**

Corrective Action Item(s):

- The local Security Inspection Report (LCC Form 21-001) requires supervisory signature for all shifts. This form is not consistently being reviewed/signed by supervisors on every shift. (DOC 420.370 Attachment 1)
- Pat searches are not being conducted on a routine/random basis. (DOC 420.310, II. A). Out of six major movements in three days, only twelve pat searches were observed. Offender workers leaving the perimeter and returning with tools were not searched, nor were their tool buckets.
- Monthly Security Reports submitted to the Superintendent, do not address the status of previously noted issues (DOC 420.370 VII.E)
- The facility does not have an annual report on evidence and recordkeeping inspections, as required. (DOC 420.375, V.A)



Mural within Silver Star unit.

Larch Corrections Center

Staff Safety and Accountability

LCC staff around the facility are very open and friendly. They have a good understanding of the staff safety and accountability process. The Shift Sergeant is very knowledgeable in policy and protocol for safety of staff and accountability practices.

Control is the main access/egress site of the facility. This is not a manned post during second and third shift; however, a Response and Movement (R&M) Officer is taken offline to run the control booth during those shifts. This position supports the Shift Commander. They control vehicle traffic on/off institution grounds, control access to the secure perimeter, process work crews in and out of the facility, and answer radio and telephone calls.

All custody posts are standard shifts and report in through the shift exchange. They are accounted for via ATLAS rosters. Non-custody staff use a sign in/out roster prior to entering the secure perimeter. They are then expected to sign in/out of all areas visited within the facility.

R&M Officers conduct hourly checks of each work area in their zone of control. The R&M calls the check into Control where it is logged into ATLAS, and the area log book. The staff working in Control do a great job of multi-tasking, and logging required entries into ATLAS.

Custody and non-custody staff do a great job responding to duress alarms. It was especially encouraging to see education staff listening to their radio and were the first to respond to check on staff in their area.

Rating: **Partial Compliance** Score: **93%**

Corrective Action Item(s):

- Employees do not consistently follow policy or the Operational Memorandum (OM) on the two-to-open/two-to-close process. Staff were observed entering a building alone, and not logging the fact they had entered the building. (DOC 420.160 II)
- As per the requirements of the Place Safety Muster policy, and the local OM, musters are not being conducted regularly by all required locations, as evidenced by a lack of documentation for several areas. (DOC 420.010, III)

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Mail for Offenders

The Mailroom is exceptionally clean, and well laid out. Everything has its designated space, is well-labeled, and easily accessed. The staff can efficiently complete all of the mailroom duties without unnecessary movements.

A Sergeant and two non-custody staff ensure proper processing of the mail. As in a camp setting, the Sergeant supervises several areas, leaving the majority of the mail to be completed by the two non-custody staff. Their knowledge of policy and practice is impressive, especially as both are relatively new to the mailroom position.

Due to their location, a staff member picks up the incoming mail from the local post office. Upon return to the facility the mail is briefly inspected, and unallowable items put to the side for further review. Allowable mail is sorted by area, envelopes opened, and contents scanned for inappropriate content or contraband.

The staff maintains meticulous records for their continuous mail log, mail rejections, incoming funds and legal mail. A DOC 05-525 Rejection Notice is attached to any rejected incoming mail, and then secured in a designated file cabinet until appeal and decision is reached or the rejected mail time frame has been exceeded.

Legal mail is not only logged in their logbook, but onto a legal mail log sheet that is sent to the corresponding unit with the legal mail. In the unit a staff member notifies the offender that he has received Legal Mail. The offender signs the form of receipt, the legal mail is opened in his presence, and inspected to insure that the package/contents meet the requirements of legal mail and does not contain contraband. The legal mail log sheet is then returned to the mailroom for retention.

The mailroom's processes for incoming and outgoing mail meets or exceeds all policy requirements, while supporting a practice that is the model of efficiency.

Rating: **Compliance** Score: **100%**

Corrective Action Item(s):

No corrective action items for this section.

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Volunteer Programs

For a facility that is geographically challenged, the support of the volunteer program from the community is generous. LCC offers all of the religious programs offered at much larger institutions, plus successful dog and cat programs, Alcoholics Anonymous, Narcotics Anonymous, focus groups and assistance in preparing for release.

Larch's volunteer program is managed by a Community Partnership Program Coordinator (CPPC) who takes her role seriously. Her office is neat and organized and all volunteer files are locked up in a cabinet. The CPPC reports that LCC currently has 100 volunteers in good standing.

She makes sure all pertinent paperwork is maintained in each volunteer's file, which were noted to be complete and up-to-date. She also tracks the volunteers to ensure that each completes their annual in-service training covering the Prison Rape Elimination Act (PREA), suicide prevention, and infectious disease control, as directed by policy.

The CPPC takes a lot of pride in the volunteer program at Larch, and has high expectations of her volunteers. She is actively involved with the program and knows if volunteers are not fulfilling the needs of the program. If a volunteer fails to meet their training requirements, or does not participate in any scheduled events for six months, the CPPC notifies that volunteer that their services will no longer be needed. Once a volunteer has been removed from the program, the CPPC removes their identification badge from the control booth to prevent unauthorized access.

Larch's Volunteer program definitely shows that attention to detail and positive communication with the volunteers in the program provide valuable experiences for the offender population at Larch Corrections Center.

Rating: **Compliance** Score: **98%**

Corrective Action Item(s):

No corrective action items for this section.

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Health Services-General

LCC Health Services is a small, busy clinic serving the needs of a mostly healthy population, in a very remote prison location. As in all DOC minimum facilities, the staff is small and must understand all aspects of clinic operations, work collaboratively, communicate effectively, and cover the workload for each other. LCC has been working around some significant staffing challenges, including the lack of an on-site health authority. In spite of their staffing issues, patient care is occurring. Health Services staffing assistance has come from other facilities, headquarters, and contractors. They have done a nice job maintaining clinic continuity with so many different people, work styles, and levels of understanding of DOC Health Services processes.

Staff's positive attitude and focus on meeting patient needs, to ensuring quality care, is commendable. It was evident through conversations with staff that there is close coordination with Washington Corrections Center's (WCC) Health Services for physician oversight, and consultation with the clinical advisor.

It must also be noted that the collaborative communication within the clinic, as well as with other facility staff, helps with assuring DOC policy expectations are met. This includes having an efficient system to schedule patients, check them in for appointments, and contact custody concerning no-shows.

LCC Dental Services is a very effective part of the Health Services operation. They perform a high volume of work, and are heavily focused on providing superior patient care. They have worked hard over the last year to bring their area into compliance with all policy requirements for dental tool management and security.

Rating: **Partial Compliance** Score: **90%**

Corrective Action Item(s):

- Hazardous medical instruments were not secured when not in direct use as required by Department policy. (DOC 650.055, III.A)
- Documentation management of needles, syringes and hazardous instruments does not meet the requirements of Department policy. Specifically, inventory logbooks in Medical were missing double signatures as per the count requirements, and a few were missing date/time as required. (DOC 650.055 IV A-C)
- There is no documentation to prove the nurses are properly oriented to DOC Health Services as required by DOC/DOH Guidelines Standards 504.
- Coordinated Quality Improvement Process (CQIP) meetings are not occurring every quarter as required by CQIP Plan and DOH Standard 403.

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Health Services-Medications

LCC does not house offenders that require pill lines. They provide "Keep on Person" (KOP) medications weekly during scheduled times. This method works well for sustaining patients with adequate levels of medication.

Some of the complex Medication Administration Record (MAR) documentation requirements do not apply at LCC because there is no pill line or narcotics. However, both the Medical Assistant (MA) and Registered Nurse (RN) exhibited a full understanding of the requirements. Their MAR documentation meets all policy requirements for capturing medication orders, distribution and refills. One area of notability is the LCC health services staff have developed a great practice of noting "release meds" on the MAR when they are given to an offender upon release. This is an excellent practice that will be recommended for statewide use.

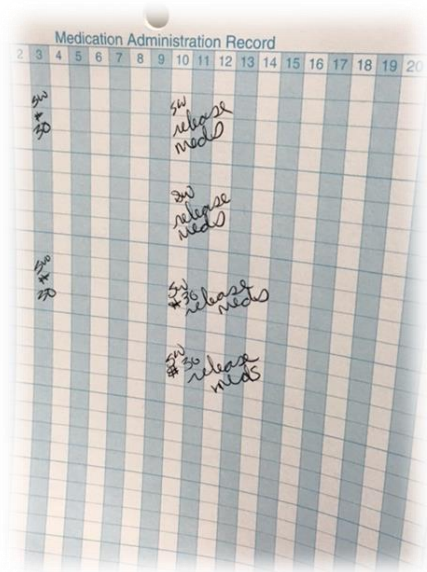
LCC has a well-kept perpetual inventory log for tracking prescriber office stock. Only prescribers have access, as required by policy. Fill-in providers who need access must check out keys from the control booth. This is a great practice for keeping access minimized.

Pharmacy inspections from the last three months indicated minimal deficiencies in the area of medications. Deficiencies noted are quickly remedied and there is no evidence of problem trends.

Rating: **Compliance** Score: **99%**

Corrective Action Item(s):

No corrective action items for this section.



Great practice: MAR notes for release medications.

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Health Services-Offender Records

For a camp, LCC has a large patient population. Health records were found to be orderly and filed in the correct section of the health record. As one of her many duties, the Medical Assistant (MA) manages the filing for all documents in patient charts. It is evident that careful attention is given to ensuring filing is accurate and compliant with records guidelines.

The MA also manages records for all releasing patients. She has a very organized routine process in place. She tracks all pending releases and ensures they are scheduled to come to health services to receive paperwork and release medications the day before their release. It is a very impressive process that ensures patients are receiving needed medications for their release.

In general, health records are mostly compliant with policy requirements. Records showed some great consistencies, such as provider documentation that risks and benefits were explained during appointments. However, some deficiencies identified in health records were attributable to lack of permanent staffing. Several temporary and fill-in providers, with different levels of understanding related to policy and protocol requirements, resulted in inconsistent documentation. As staffing becomes more stable, it is expected that documentation will improve.

Rating: **Partial Compliance** Score: **96%**

Corrective Action Item(s):

- Problem lists are not current as required by the Health Information Management Protocols. (HIMP 2.2, IV)
- Stamps or legible printed names are not consistently used in all records entries. (HIMP 2.1, I.M)
- Infection prevention documentation and treatment time frames are not being consistently met. Specifically, HIV Management (DOC 13-384) is not consistently updated indicating ongoing treatment. (HIV Protocol 2.b)
- Documentation within multiple Primary Encounter Reports (PER) were missing pertinent patient data, including birthdates and facility as required in the Health Information Management Protocols. (HIMP 2.1, I.K-L). One PER was missing the name of the facility as required specifically in HIMP 1.7 I.A.5.

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Health Services-Restrictive Housing Units

LCC has one restricted housing area, the Special Housing Unit (SHU). Most patients in the SHU are there for short-term, segregation related reasons (such as fights) while awaiting a hearing.

LCC does not have on-site mental health staff and are limited in their ability to manage medical needs in the SHU. Patients with needs that exceed the care level that LCC can provide are transferred to WCC to receive the appropriate level of care.

During business hours, health services responds immediately to medical emergencies and mental health concerns identified in the SHU. With limited staff, this can be a delicate balance, when managing other medical concerns within the clinic.

Custody staff provide medical staff with information pertaining to behavioral or medical concerns, medications, or other matters that may influence the type of response. This assistance by custody staff assures a timely and safe response for all involved in this challenging environment.

Rating: **Partial Compliance** Score: **96%**

Corrective Action Item(s):

- Initial nursing assessments for patients in LCC restrictive housing units (SHU) were missing on multiple records reviewed as required by policy. (DOC 610.040, VIII.A)

Outstanding Corrective Action Items

Three CAP items were carried over into this fiscal year's audit review and are noted above in Searches and Inspections and Post Operations.

All other previously outstanding CAP items have been corrected and closed.

Corrective Action Tracking System (CATS)

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

The CAP Tracking Log can be found at:
http://wadoc/sites/prisons/Lists/CAP%20Tracking%20Log/Facility_Audit_Received.aspx

Larch Corrections Center