

# MISSION CREEK CORRECTIONS CENTER FOR WOMEN OPERATIONS REVIEW REPORT – 2018



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**WASHINGTON STATE DEPARTMENT OF CORRECTIONS**

**November 6-8, 2018**

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## **Review Components**

**Operations Team Lead**

**Operations Co-Team Lead**

**Critical Security**

**Information Technology**

**Searches & Evidence**

**Disciplinary Process**

**Food Services Program**

**Staff Safety & Accountability**

**Secured Housing**

**Offender Management**

**Health Services**

**Health Services**

**Health Services**

**Health Services**

# Facts

## **Superintendent:**

**Dennis Tabb**

## **Correctional Program Manager:**

**Beth Rietema**

## **Custody Level:**

**Minimum**

## **Operating Capacity:**

**321 female offenders**

## **Academic & Partnership Programs**

- Adult Basic Education
- Beyond Trauma
- Business Technology
- College Readiness Course
- Domestic Violence Survival Group
- High School Equivalency (HSE)
- Job Seeking Skills
- Moving On
- Partner in Parenting
- Pawsitive Prison Project & Cat Adoption Program
- Read to me Mommy
- Roots to Success
- Transition to Life
- Women's Conference

## **Research Based Programs**

- Substance Abuse Therapeutic Community

## **Work & Vocational Programs**

- Butterfly Rearing Technicians
- Community Service Work Crews
- Education Teacher Assistants
- Fisheries Work Crews
- Food Services
- Horticulture
- Janitorial
- Library Clerks
- Maintenance Workers
- Recreation Teacher Assistants

# Overview

*Information provided by Mission Creek Corrections Center for Women*

The following are MCCCW's highlights/accomplishments for the past year.

- Bee Program with two active hives.
- Cat Program in partnership with the Kitsap County Humane Society.
- Partnering with Correctional Industries to create a Trades Related Apprenticeship Training (TRAC) Program.
- Grant developed and awarded to the Butterfly Program.
- Completion of the Emergency Management Systems Audit resulting in no CAP items.
- Results Prison Facilitator Training
- Increased Specialty Team membership
- Implemented WRAP restraint and WRAP Cart Training.
- Training staff in the phone intercom system to increase notifications during emergent situations.
- Entered a contract with Bremerton Police Department for range (firearm) use.
- Revised the Movement Schedule and worker call status.
- Hosted a Leadership luncheon for Sergeants, DOC Executives and local Law Enforcement Personnel.



## Scoring Matrix

The Operations Review utilizes a scoring matrix for each checklist. This score reflects your 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:

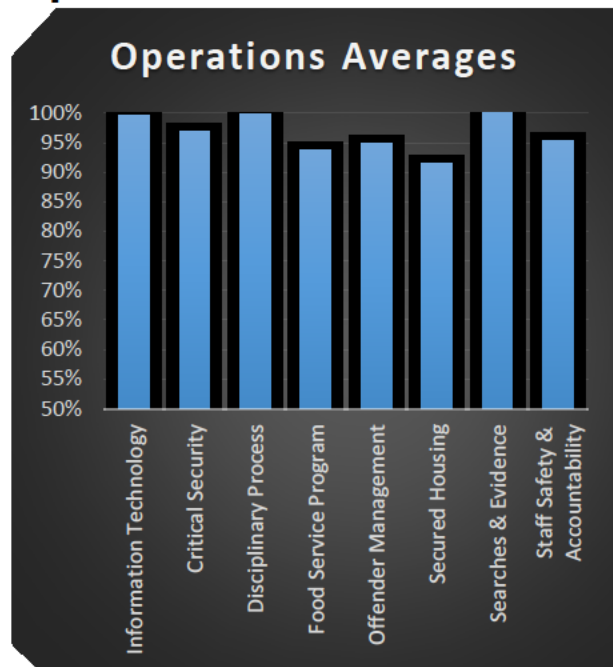
- Number of questions missed,
  - Repeat corrective action items (CAPs)
- Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that part's score.

<b>Compliance</b>	<b>97% &lt;</b>
<b>Partial Compliance</b>	<b>88%-96%</b>
<b>Not In Compliance</b>	<b>87% &gt;</b>

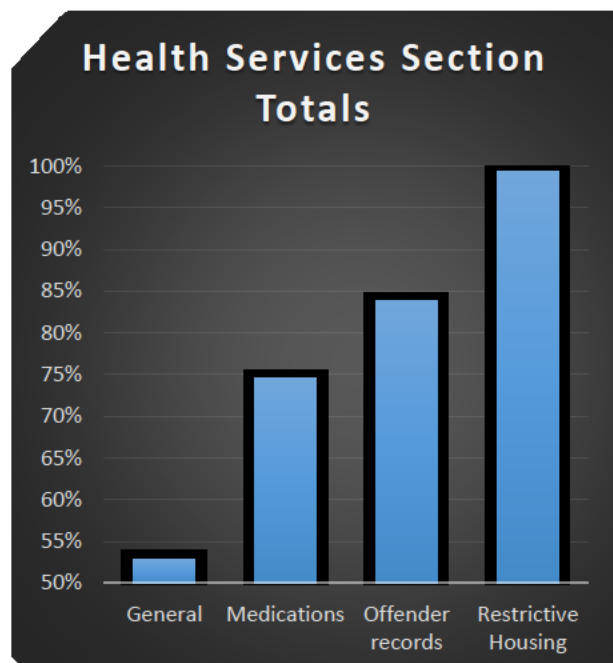
A score of 97% Compliance allows for one or two CAP items in a checklist.

## Scores at a Glance

### Operations:



### Health Services:



## Information Technology

The Information Technology (IT) staff at the Mission Creek Corrections Center for Women (MCCCW) are extremely knowledgeable and they clearly recognize the importance of securing the computers utilized by offenders.

The Department of Corrections (DOC) standalone offender computers are secured in locked boxes, some of the keyboards are as well. Access to applications is restricted to only those necessary for an offender to use to complete their assigned tasks.

In addition to the CD ROM drives being disabled, security tape is placed across their disc trays. This enables staff to easily detect a drive that has been tampered with.

MCCCW's IT equipment rooms are clean and organized. Key control plays a large part in the process of keeping these rooms secured. The IT Equipment Room keys are secured in a **20** device. This device restricts access to only specific staff and automatically logs who checked out the keys with date and time.

The computers Tacoma Community College (TCC) uses for offender education are secured using a software solution called *Deep Freeze*. *Deep Freeze* secures the computer by not allowing offenders to save data or make changes to files. They also use a program that prevents the computer from recognizing USB storage devices (i.e. thumb drives or cellular phones) and the CD Rom drives are secured the same manner as the DOC's computers.

***IT security practices have improved greatly since the last operational review and as a result, the previous four (4) Corrective Action Items were successfully resolved.***

**Rating: Compliance**

**Score: 100%**

### Corrective Action Item(s):

There are no corrective Action items for this section.



Photograph of the Information Technology Room in the Gold Unit



Photograph of the computers in the Education Department

## Critical Security

A great tracking system has been developed and put into place by the Security Specialist. This process ensures updates are completed as required and because of this focus, all of the post order/manuals reviewed, are thoroughly written and up to date.

Staff interviewed are aware of their responsibility to review and sign off on the post order log. Post order signoff compliance is audited and Supervisors take an active role to ensure any non-compliance is addressed.

Log book entry requirements are being met consistently in all areas reviewed. Supervisors, as well as Executive staff, are conducting routine visits of areas as required by policy.

Place Safety Muster (PSMs) documentation shows that musters are occurring as scheduled. Muster notes indicate the information is typically well-received by staff and the topics are current and of interest to staff.

***The Corrective Action Items identified during the previous Operations review, were successfully addressed and closed out.***

**Rating: Compliance**

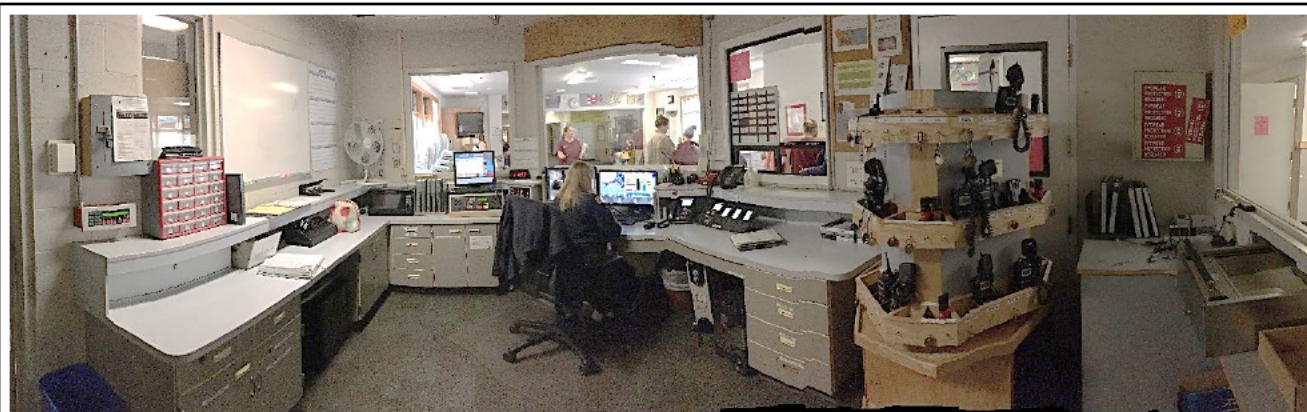
**Score: 97%**

### Corrective Action Item(s):

- Shift Commander/designee completed monthly perimeter inspection 6 out of the last 10 months reviewed. **DOC 420.370, IV.A.**
- No documentation was found to confirm that the Superintendent toured the perimeter of the facility during "night" conditions as required by policy. **DOC 420.370, III.B.**
- None of the four booth officers interviewed had knowledge regarding the Emergency Key Set Book and were unable to explain how to use the key index. **DOC 420.550, XI.F.**

### Items of Note

- The "keyed mic" test did not register a radio number on the Base Radio's screen until the test was completed two (2) to three (3) times in a row.
  - Note: the Base officer's notification of a possible duress and the facilities response could be delayed due to the officer being out of the immediate area to complete SHU related duties, **DOC 410.140, V.B & C;** **DOC 420.160, III.B.**



*The interior of "Base" at Mission Creek*



## Disciplinary Process

MCCCW has a well-trained and extremely organized group of hearings professionals. They are knowledgeable of the disciplinary process, protocols, timeline requirements and expectations.

Audio recordings and disciplinary packets confirm that disciplinary hearings are being conducted in a consistent, professional and timely manner. The disciplinary team at MCCCW takes great steps during the hearing process to ensure the offender understands the disciplinary proceedings and is aware of the rights they are entitled to.

A reviewer attended a disciplinary hearing in order to observe the process first hand. The hearing was conducted in a professional and thorough manner. The individual conducting the hearing made certain the offender understood the process throughout the entire hearing.

Overall, the Hearings Department does an excellent job of ensuring hearings are conducted according to policy and preserving an offenders due process rights.

**Rating: Compliance**

**Score: 100%**

### Corrective Action Item(s):

*There are no corrective action items for this section.*



MCCCW's evidence area

## Food Services Program

Mission Creek should be proud of its Food Service Program because of the knowledgeable staff and their commitment to providing the best food services possible.

The kitchen and surrounding areas are clean with no signs of debris, mold or other types of contaminants. All food was clearly marked with dates and stored in an appropriate manner.

The Hazard Analysis Critical Control Point (HACCP) forms are well maintained and organized. These forms are reviewed daily by the Food Service Manager to ensure there are no discrepancies and to monitor the food output vs. input.

The kitchen's tool cabinets are well organized. Storage, documentation and accountability of these tools all meet policy standards.

The Food Service Staff take pride in the work that they perform and in the service that they provide the facility. They strive to produce quality meals with the ingredients and menu they are supplied with.

**Rating: Partial Compliance**

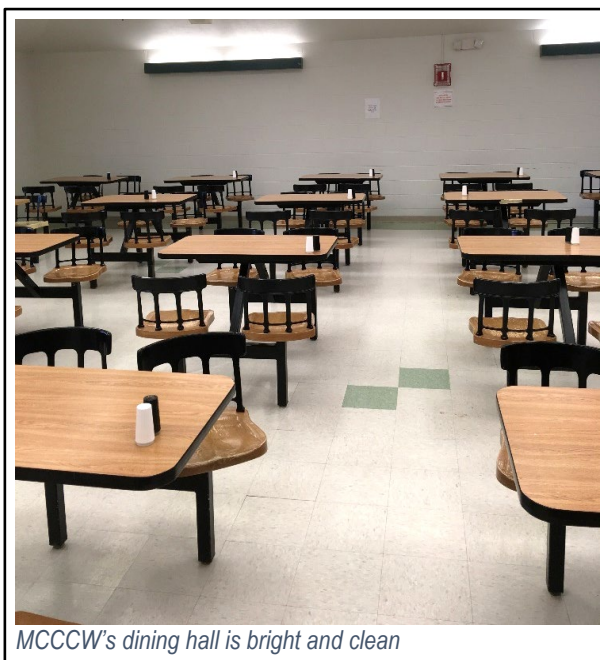
**Score: 94%**

### Corrective Action Item(s):

- There is no documentation to confirm the Food Service Manager and/or their designee is conducting quarterly meal evaluations to verify adherence to the established basic daily servings, as required by policy. **DOC 240.100, I.A.1.c.**
- There is no documentation supporting that an independent, outside source has inspected the facilities food service equipment to ensure the equipment meets established governmental health and security codes. **DOC 240.100, I.A.2.**
- Fifteen Offenders were allowed to work in the kitchen's food service jobs before they received formal HACCP training. **DOC 240.100, I.E.1.a & I.E.2.**



*Correctional Industries staff preparing a meal*



*MCCCW's dining hall is bright and clean*



## Offender Management

Classification staff and program managers are knowledgeable of the Offender Management policies. It is obvious through conversations that the counselors know their offender caseload well, to include base-line behaviors, needs/goals, and risks. Staff demonstrate pro-social interactions and behaviors as examples of positive role models.

The day an offender arrives at the facility they receive a thorough orientation, meet with a counselor and their Incoming Transport Job Screening (ITJS) is completed. MCCCW has created a very efficient process, ensuring the offender is receiving the information needed to be successful while incarcerated there. This is an effective way to diminish offender idle time and mitigates the possibility of receiving wrong information from other offenders.

**Rating: Partial Compliance**

**Score: 95%**

### Corrective Action Item(s):

- The Offender Orientation Handbooks (English & Spanish) were last updated in July of 2017. Policy indicates they will be updated every 12 months. **DOC 310.000, II.I.5.**
- No callouts or movement schedules were posted in any of the areas where offenders report to – only in the living units. Offenders are not consistently being checked in upon arrival at their destination. **DOC 420.155, I.B. & DOC 420.155, II.D.**
- Case Managers are not consistently updating the Personal Goal and Incentives Narratives as required in policy. **DOC 300.000, II.A.**
- One offender was not appropriately screened for the job they were presently in. There was no documentation via the ITJS screening as required. **DOC 700.100, II.A. & DOC 300.380, III.**



Offenders take part in Chemical Dependency programs



MCCCW has a provided space for offenders to do crafts

## Secured Housing Unit

The staff working in MCCCW's secured housing area are fulfilling multiple roles not only are they responsible for the Secured Housing area, they also perform the duties of the communication booth/Mission Base.

This can be a busy area when trying to manage answering all base radio notifications, answering multiple phone calls, and logging for Mission Base, Mission Creek Unit and SHU.

One great practice observed in the Secured Housing Unit (SHU) area is the wall-mounted rings outside of the cells. These rings allow officers the ability to secure cuff retainers. This helps mitigate circumstances that would allow an offender to gain control of the restraints. It also assists staff in safely maintaining control over a combative or non-compliant offender.



*A cell door in the Secured Housing Unit, the opening in the middle of the door allows for safe interaction.*

**Rating: Partial Compliance**

**Score: 92%**

### Corrective Action Item(s):

- Information, such as exercise times, shower times, refusals of each and medical interactions are inconsistently being documented on the **DOC 05-091 Form. DOC 320.255, XI.A & DOC 320.260, X.**
- Staff and visitors to the unit are not being logged into the unit log book. Tool inventories and equipment checks were also missing from the log book. **DOC 400.200, IV.B.2.**
- The log book shows that the Shift Commander or Executive Management are inconsistent in conducting their checks each day. **DOC 320.260, IX.B,D.**

### Items of Note:

- **DOC 320.200** requires standalone Minimum Security Prisons to transfer an offender within 14 days of placement in Administrative Segregation (Ad Seg). Because of this timeframe no intermediate or final Ad Seg review can be conducted as required. **DOC 320.200, III.L.1-3**

*This is a policy issue that is in the process of being resolved and requires follow up.*

- Due to the short span of time that an offender is housing in SHU, they are not always present at their Classification and Custody Facility Plan Reviews as required by policy. **DOC 300.380.III.B , DOC 320.200.III.B**

*This is a policy issue that is in the process of being resolved and requires follow up.*

- Policy requires that offenders in SHU be provided with access to personal hygiene items based on security and safety. Staff could not describe an informal process for issuing hygiene items such as nail clippers or shaving equipment to offenders and no formal process could be located. **DOC 320.260.II.A.4**



## Searches & Evidence

The search and evidence processes at MCCCW are conducted very well. Each living unit has an easy to read search log that not only tracks the offenders who have been searched, but which cells have been searched as well. This tracking system ensures that every offender and every cell is searched as required by policy.

The Unit Sergeant compiles documentation for cell and common area searches, reviews the documentation for accuracy, and forwards the packet to the Security Specialist.

The Security Specialist and Roster Manager compile a monthly report for the Lieutenant that provides an overview of all of the searches that have been conducted and it includes a list of every item discovered during those searches.

This impressive report allows the Lieutenant to spot trends and assess potential training needs.

***The CAP item identified during the last operational cycle was successfully corrected and closed out.***

**Rating: Compliance**

**Score: 100%**

### **Corrective Action Item(s):**

*There are no corrective action items for this section.*



*Photograph of an Evidence Locker*



*A MCCCW Correctional officer pat searches an offender during movement.*

## Staff Safety & Accountability

MCCCW has some very good security practices in place. One of these is including notifications to Mission Base when unlocking or going through certain alleys or gates on the secured perimeter.

Shift Commanders check the facility sign in/sign out sheets at regular intervals to determine if staff or visitors have exceeded their expected time onsite and need to be checked on. All of these checks are then logged in ATLAS.

When staff accountability drills are performed discrepancies are documented. A thorough review process ensures discrepancies are followed up on.

***Log book entries show that zone checks are being conducted as required in policy. As a result, the Corrective Action Item noted in the previous Operational Review has been successfully closed out.***

**Rating: Partial Compliance**

**Score: 95%**

### **Corrective Action Item(s):**

- At MCCCW the two to open/two to close procedure only occurs at the start and end of the business day. If a building is vacated during the work day, staff are permitted to re-enter without a second staff member present. This practice neutralizes the mitigation strategy in **DOC 420.160**, A mitigation strategy created solely to help keep staff safe, and hopefully prevent a line of duty death. This has also created other disconnects in the staff safety processes, such as not consistently documenting the two to open two to close process in the Atlas Operations Log, or a hardbound log book as required. **DOC 420.160.II.A**
- No documentation could be found to verify that an accounting of all staff takes place when a picture card count occurs. **DOC 420.150.IV.G** and **DOC 420.160.1.A.2**.

## Health Services - General

There has been significant upheaval at MCCCW for more than a year. Short staffing, and coverage by a variety of volunteer and contract providers has significantly impacted the staff's ability to meet all process and documentation requirements.

There has been no permanent practitioner or formal leadership on site until recently, leaving staff tired and frustrated. Despite this adversity Health Service staff remain dedicated to quality patient care and are supporting one another the best they can.

The nurse overseeing the red emergency response bags is dedicated to correctly managing them. The bags were up-to-date with a few corrections made to bring them into full compliance.

MCCCW Health Services is in a very small clinic that has a challenging layout. It is not easily accessible and the space is not configured to support a medical clinic or efficient clinic workflows. Some organization is needed to assist in safety and security of the area. The clinic is cluttered. There are too many supplies and they take up a great deal of the very limited storage space. Some supplies, including liquid disinfectant products, are being kept unsecured in treatment rooms where offenders are often left unattended. This alone poses a potential threat to the safety and security of the area.

Patients interviewed stated that health services staff are responsive to their needs, respectful, and communicate well with them. Most stated that care was provided in a timely manner. Multiple patients expressed concern that there has been many different medical providers with different ideas for providing care and different ways of doing things. This has made continuity of care difficult.

**Rating: Not in Compliance**

**Score: 53%**

### Corrective Action Item(s):

- Hazardous instrument and needle storage areas were found unsecured at various times throughout the audit. **DOC 650.055**
- The needles and hazardous instruments log is not compliant with the requirements of **DOC 650.055**. Several concerns were noted:
  - There were 4 entries missing times, another 4 missing dates, 39 missing the required dual signatures, and 1 missing the actual count.
  - Many disbursements were unsigned and a mathematical error was noted.
  - Documentation was not always legible and corrections were not initialed.
  - "Sterile Instruments" need to be identified by actual item type in a separate log book.
- There is no evidence of a formal handwashing program as required in the infection prevention protocols, **Department of Health (DOH) Standard 400**.
- Health information is not being consistently protected. Loose filing was found sitting in an open basket at the front of the clinic where it was visible to any passersby. The same is true with open charts and open computer screens in the nursing work area/provider work area, both of which are not private and are viewable by all. This is not consistent with laws governing protected health information, **DOH Standard 403** and **DOC 640.020 Offender Health Records Management**.
- Routine required maintenance was past due on all medical equipment reviewed. This does not meet expectations of **DOH Standard 505**.
- Spore testing of the autoclave is occurring monthly. **Center for Disease Control (CDC guidelines)** require weekly spore testing.



## Health Services - Medications

No controlled substances are issued at MCCCW, which assists in keeping the medication process streamlined.

MCCCW has used multiple fill-in and contract staff to cover shortfalls in staffing. This inconsistent staffing has contributed to some of the issues identified in medication management documentation.

Permanent nursing staff attempt to monitor for compliance, but they do not have the authority to correct the actions of their coworkers.



*A Nursing Station in MCCCW's Clinic*

**Rating: Not In Compliance**

**Score: 75%**

### **Corrective Action Item(s):**

- The Medication Administration Records (MARs) reviewed do not meet requirements of **Nursing Procedure N-306 Medication Administration and Documentation Procedure**.
  - One of 10 MARS reviewed had a blank space left;
  - Two of 10 handwritten orders did not contain complete information;
  - Two of 10 discontinued orders reviewed were not documented correctly;
  - Five of 10 no show or refused orders for more than two days did not document provider notification as required.
- Urgent stock is not being documented as required by **DOC 650.020, VII A & B**, and not being noted on the MARS as required in **Nursing Procedure N-306 Medication Administration and Documentation Procedure**. This deficiency was identified on the most current three pharmacy inspections with no evidence of correction.
- Five expired medications were found in urgent stock, which is a violation of **DOC 650.020 Pharmaceutical Management**.

## Health Services - Health Records

MCCCW health services does not have an actual secured records room due to the small physical space of the clinic. Staff make do with the space they have and work within the confines of the securing files cabinets.

Many of the records were in compliance as required.

Documentation of vital signs was 100% compliant in all records reviewed.

Transfer/Release forms were 100% compliant with all records reviewed.

Nursing consistently note prescriber orders.

Problem lists were 100% complete and timely.

Mental Health Assessments/Updates and Mental Health Treatment Plans were 100% compliant with required deadlines.

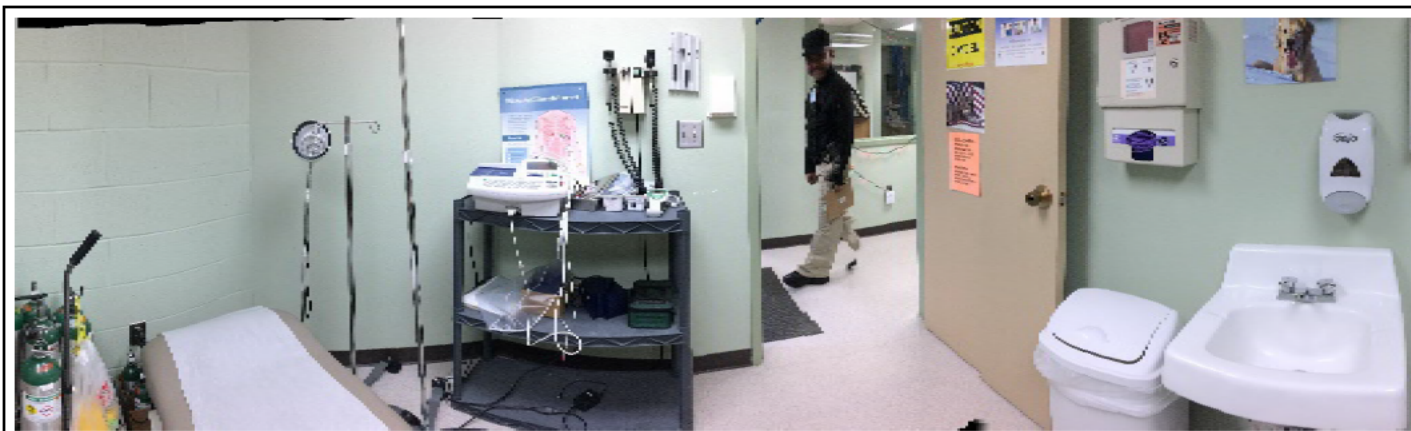
A best practice was identified in Mental Health: a chart utilizing a new practice called collaborative documentation. Collaborative documentation shows a high level of integration between the mental health provider and the patient.

**Rating: Not in Compliance**

**Score: 84%**

### Corrective Action Item(s):

- Three of 14 files reviewed contained Patient Encounter Records (PERS) that were not signed and several PERS contained the note "see typed notes" but were also not signed as required in **DOC 640.020 Offender Health Records Management** and **State/Federal Law, 2.1.I.M.**
- Copious amounts of outstanding filing, some from up to 8 months prior, doesn't support continuity of care, could put patients at risk, and is not consistent with **DOC 640.020 Offender Health Records Management** and **DOH Standard 3000.**
- Release medications are not noted on the Medication Administration Record (MAR) as required by **DOC 650.020 Pharmaceutical Management** and **Nursing Procedure N-306 Medication Administration and Documentation Procedure.**
- Consult documents are not printed and placed in the file as required by the consult procedure and **DOC 640.020 Offender Health Records Management.**
- Eleven of 14 records reviewed did not fully meet the quality expectations of **DOC 630.500 Mental Health Services** and the **Mental Health Golden Thread Procedure.**



Panoramic photo of an exam room in the MCCCW Clinic



## Health Services - Restricted Housing

There is a great working relationship between custody staff and health services staff. It was a pleasure to see that the custody staff felt at ease contacting the health services staff for answers to questions or to get assistance for an offender.

Currently SHU offenders are taken to Health Services for their initial check as required by policy, but for safety and security purposes the facility is working on converting a SHU cell to be used for medical/mental health interviews. This will streamline the process and allow those types of interviews to be conducted in a more private and confidential manner. The project is slated for completion sometime in the near future.

Nursing and Mental Health Initial Assessment forms, as well as daily wellness checks by nursing staff and weekly checks by mental health staff, are being completed on a consistent basis. In the sample reviewed, documentation requirements were found to be compliant with policy expectations.

**Rating: Compliance**

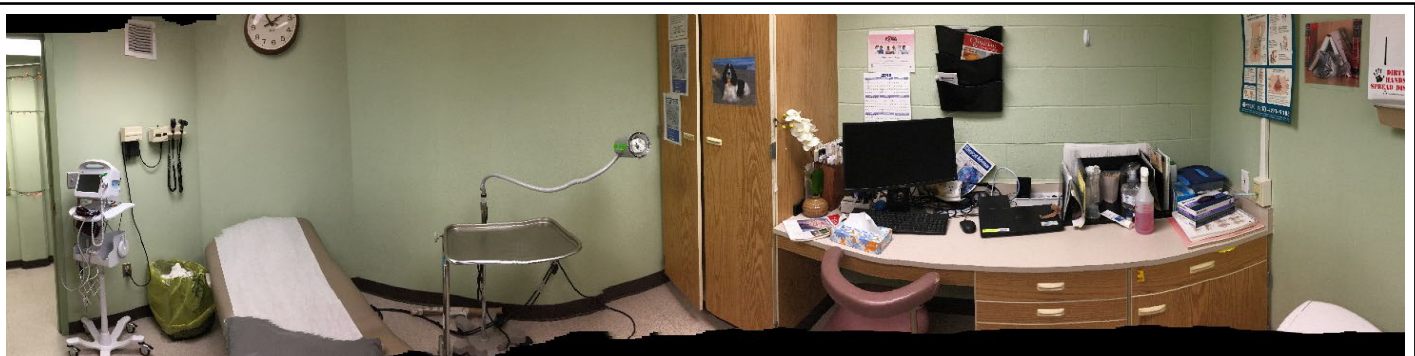
**Score: 99%**

### **Corrective Action Item(s):**

No corrective Action items for this section.



*Photograph of Clinic Health Records*



*A panoramic photo of a second exam room in the MCCCW Clinic*

## Outstanding Corrective Action Items:

Mission Creek Corrections Center has successfully addressed all of the Corrective Action Items that were issued during the previous audit cycle.

There are no other Corrective Action Items outstanding.

## 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>



*A lass or a lad in the MCCCW visiting room will feel at ease surrounded by these familiar, vibrant murals.*