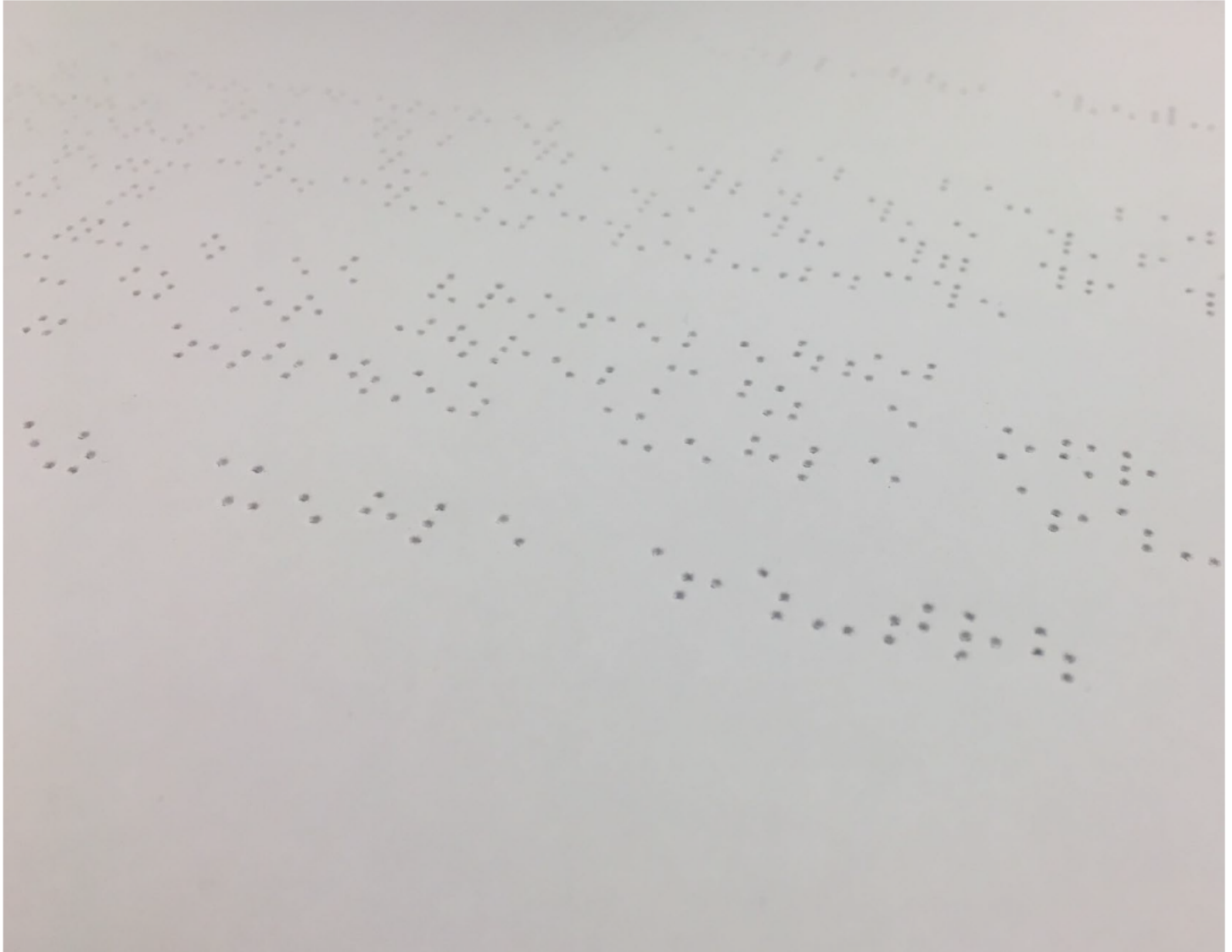


# WASHINGTON CORRECTIONS CENTER FOR WOMEN OPERATIONS REVIEW - 2018



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**WASHINGTON STATE DEPARTMENT OF CORRECTIONS**  
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***Cover photo:** A close up of a page of a book printed in braille. Since 1996 Washington Corrections Center for Women has been part of a collaborative program between the facility, Correctional Industries and the Washington State School for the Blind/Ogden Resource Center. The program is designed to help address the national shortage of braille materials and provide offenders with educational and job training opportunities. As of August 2015, offenders in this program transcribed a total of 1,196,056 braille pages. The program's impact in the community is measured in the thousands of dollars and in the expansion of access to materials by the blind.*

**Review Team:**

**Review Components**

Thomas Garcia Audit And Ethics Team Leader	Team Leader
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Sylvia Dewitt CCCC Disciplinary Process	Disciplinary Process
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Theresa Hilliard MAPLE LANE Health Services 1	Health Services 1
Mary Flygare CRCC Health Services 2	Health Services 2
Melissa Freeman CRCC Health Services 3	Health Services 3

# Facility Overview

## **Superintendent:**

**Jo Wofford**

## **Associate Superintendent**

**Charlotte Headley**

**Felice Davis**

## **Captain:**

**Brandon Marshall**

## **Custody Level:**

**Minimum,  
Medium & Close**

## **Operating Capacity:**

**738 female Offenders**

## **Academic & Partnership Programs**

- Adult Basic Education
- Prison Pet Partnership Program (PPPP)
- General Education Diploma (GED)
- Information Technology
- Technical Design
- Ornamental Horticulture
- Residential Parenting Program
- Braille Program

## **Research-Based Programs**

Substance Abuse Treatment

## **Work & Vocational Programs**

- Correctional Industries Jobs:
- Computer-Aided Drafting (CAD) Services
- Embroidery
- Trades Related Apprenticeship Coach (TRAC)

### *Information provided by Facility*

Washington Corrections Center for Women (WCCW) continues its work in utilizing evidence-based and gender responsive programs such as *Moving On*, *Alternatives to Aggression*, and the *Therapeutic Community* to assist offenders in learning to build sound relationships and break the cycles of substance abuse.

WCCW offers educational programs as well, such as the Second Chance Pell Grant program that offers an offender the opportunity to earn a college degree.

The Prison Pet Partnership Program teaches valuable animal grooming and obedience training skills. While offering the surrounding community grooming and boarding services.

# 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 are marked as "Not Applicable." These questions do not factor into the score.

There are two ways to impact the compliance rating for a checklist:

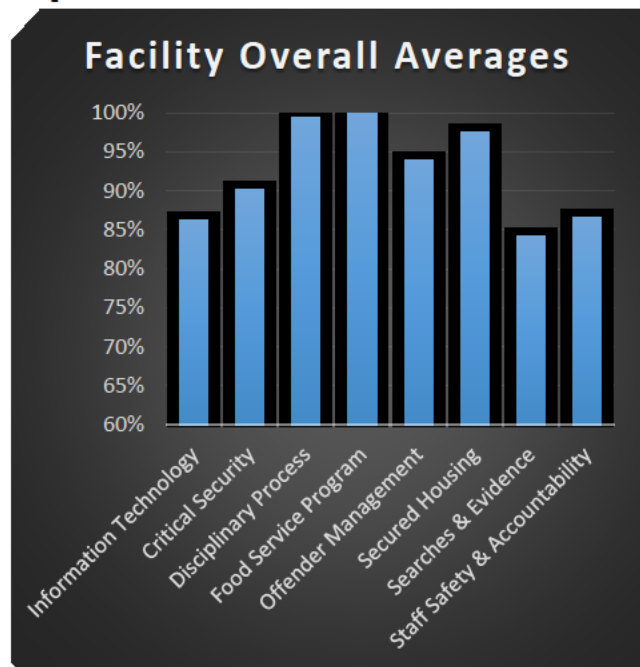
- Number of questions missed,
- Repeat corrective action items (CAPs)
- Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that part's score.

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

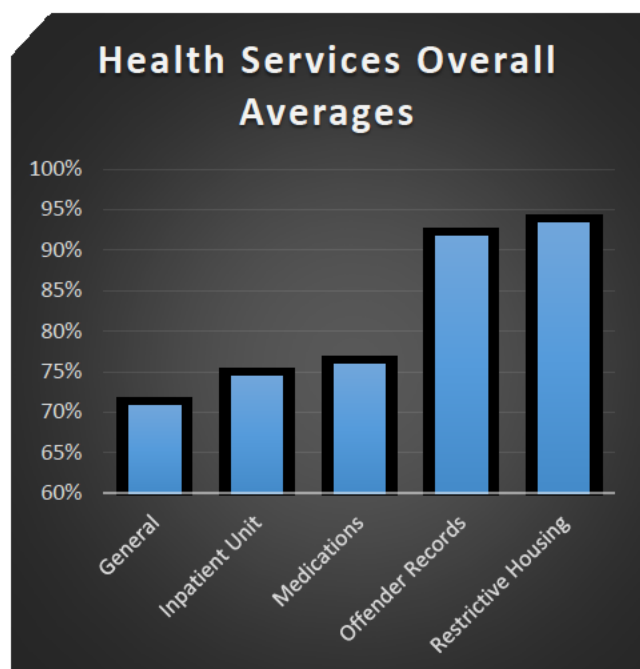
**A score of 97% Compliance allows for one or two CAP items in a checklist.**

## Scores at a Glance

### Operations:



### Health Services:



# Operations Review Sections

## Information Technology

The IT staff at the Washington Corrections Center for Women (WCCW) work well with facility leadership, Correctional Industries' (CI) leadership, Tacoma Community College's (TCC) IT staff and other key stakeholders.

Both TCC and WCCW IT staff are well versed in the Department of Corrections (DOC) policies that govern staff and offender computer usage. Together they continue to find better ways to secure computers against tampering and to check them for contraband.

Among the security features of WCCW's computers is the use of a software solution called "Deep Freeze." This software resets a computer to a default state after every use. TCC's IT staff disable the USB ports on their computers in order to prevent access to data on thumb drives and j-pay players.

Security tape is placed across computer disc trays. This allows staff to easily spot a drive that has been tampered with. It also helps prevent the theft of the CD ROM's motors by offenders. These motors are a key component needed to craft a tattoo gun and these tattoo guns present a contraband and health hazard.

There is an abundance of standalone computers at WCCW. Because a unique system can require individualized attention keeping these systems secure and up to date can be a challenge.

WCCW is currently in the process of replacing 17 standalone computers with standardized leased computers. This move will enhance security and increase efficiency. Computer systems that are standardized make automating updates possible which allows updates to be performed on many computers at once.

Despite the challenges, IT staff do a great job of keeping WCCW's computer systems secure.

**Rating: Not In Compliance**  
**Score: 86%**

### Corrective Action Item(s):

- CI computer **Z173755** in I Building is not in a locked box or cabinet and has no zip tie. **DOC 280.925 II.B**
- Within the Prison Pet Partnership Program building for dog boarding/grooming, there is a non-DOC router that is being used to form a network that consists of 3 non-standard computers. This does not meet Department policy requirements.
  - There is also a non-DOC server that was once utilized for the same purpose. Currently, this server is powered down and not in use.
- Tacoma Community College's education servers are housed in classrooms, policy requires that they should be secured in DOC IT equipment rooms. Approval has been made for the purchase of replacement servers that will be housed in DOC IT equipment rooms. It was stated that this issue will be corrected within the next 6 months. Unfortunately, this has previously been reported as a CAP item.

*This is a repeat CAP item.*

Thirteen standalone offender computers are non-standard and have USB ports or CD ROM drives that are not disabled. This is in violation of Department IT Standards. WCCW IT is in the process of replacing those standalone computers. **DOC 280.100 I.C**

*This is a repeat CAP item.*

## Critical Security

WCCW is mainly meeting all of the critical security points required by the Department.

Out of 54 posts, 53 have been appropriately updated within the last year. This is an achievement considering the volume of work, effort, and energy that goes into maintaining post orders, pushing out updates and keeping supervisors engaged in the process. It's an uphill process and WCCW is managing it very well.

Offender movement is initiated by a control booth only after Response and Movement officers are in place to observe and control movement. This is an outstanding practice for ensuring security presence at every offender movement.

Radio communications have improved over the past few years, but the CAP regarding radio communications will remain open as a repeat CAP. Repeat CAPs cause a five percentage point reducing in this section's overall score.

All other CAPs from the previous audit have been resolved.

<b>Rating:</b>	<b>Partial Compliance</b>
<b>Score:</b>	<b>90%</b>

### Corrective Action Item(s):

- Currently, the facility does not operate an ID magnifier as required by policy. **DOC 400.025.II.C.1**
- Four out of 10 post logs reviewed did not indicate that weekly visits by administration staff are taking place as required by policy. **DOC 400.200.IV.B.2**
- Other than WCCW Base, the facility is failing to clear the frequency at the completion of radio communications. **DOC 410.140**

*This is a repeat CAP item*

### Items of note:

- Policy requires the chit system be used only for key exchanged and issuance. Some facilities have expanded this process to equipment as well. During the review, it was discovered that equipment assigned to a Sergeant was noted as issued, with no chit exchange. WCCW has established this as a facility practice, however, there is no policy requirement that chits be exchanged for equipment. Because of this, this issue is not a CAP item but was concerning enough to be noted. **DOC 420.550 XI.E**

## Disciplinary Process

The disciplinary process at WCCW is solid. The Hearings staff are well versed in the hearing processes and timelines. They maintain an excellent, well-organized office, which was revealed in how quickly and easily they were able to locate documents that were requested.

An excellent practice WCCW has implemented is to provide training on the basics of the disciplinary process to new officers after they have completed their new-hire (CORE) training is fantastic. This additional training provides these staff with an extra grounding in the disciplinary hearings process and directly impacts the quality and impact of the disciplinary process at WCCW.

The Disciplinary Hearings Officer also makes a point of being available to provide training or answer questions at Place Safety Musters. This helps bolster WCCW's entire disciplinary process by ensuring staff have a good base understanding of the requirements.

Sharing information and on-going training is seen as a core value of the WCCW Hearings Office.

<b>Rating:</b>	<b>Compliance</b>
<b>Score:</b>	<b>99%</b>

### Corrective Action Item(s):

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

### Item of note:

- When an offender is unable to sign on **DOC 21-312 Disciplinary Hearing Minutes and Findings** a staff witness should sign the document. **DOC 460.000**



## Food Services Program

The Food Services team at WCCW has high morale. The staff work as a team within the kitchen, as well as with other departments, and with the offender workers. This group demonstrates that they care for the product they produce.

In addition to producing an average of over 21,000 meals a week. The Food Service team helps support WCCW's large volume of "family-friendly events," the Residential Parenting Program (RPP) and other special events. The food service staff make this look like a smooth process despite the significant impact it has on their workload and the overtime required to supervise the preparation of meals for many of these events. They remain determined and professional as they tackle the needs of the facility.

The Residential Parenting Program (RPP) relies on the Food Service Department to manage their special food and snack products. The Food Service team has developed a streamlined process to manage these special RPP orders that is both effective and efficient.

Operationally the kitchen performs very well effectively despite the workload that they shoulder. They are able to take a potentially chaotic process and operate it as though it were a well-choreographed work of art.

<b>Rating:</b>	<b>Compliance</b>
<b>Score:</b>	<b>100%</b>

### Corrective Action Item(s):

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

## Offender Management

The processes WCCW has established for managing offender orientations, Incoming Transfer Job Screenings, job referrals, and callouts are well-executed.

Within two weeks of the offender's arrival, the Receiving Center simultaneously conducts an initial offender orientation and a WCCW specific orientation. This makes the orientation process at WCCW unique and streamlined.

The job coordinator does a good job managing the job referral process. She emphasized the importance of the role communication between herself and the various job areas plays in the job assignments process.

Prior to assigning an offender to a job, she double-checks all Incoming Transfer Job Screening documentation to verify where the offender is allowed to work. These efforts have proven themselves effective, 100% of the documents reviewed showed that the offenders were placed in a job that was in line with the requirements of their ITJS.

The call-out coordinator processes a huge amount of callouts on a daily basis. Even with this large number, she does well communicating conflicts to other areas and managing callout changes.

Staff throughout the facility were knowledgeable of the callout process and knew how to proceed if an offender does not show up for a callout. If an offender fails to show up for a callout, staff at the check-in point communicates with unit staff on offender status and follows up with required documentation as necessary.

Three programming areas have an amazing program that is tied to the callout system and gives staff the ability to scan an offender into the programming area with a bar code reader. From this system, staff can run a report of offenders who didn't show up for their callouts and can generate an infraction for those who miss a mandatory callout.

**Rating: Partial Compliance**  
**Score: 94%**

### Corrective Action Item(s):

- In 5 of the 5 offender records reviewed staff are not following policy. As part of the Incoming Transfer Job Screening (ITJS) process DOC 300.380 requires that the receiving facility review the following before the offender's scheduled arrival date: the Classification Review, STG/Protection/Threat Concerns, Medical Concerns, and Mental Health Concern sections. This is not being completed. **DOC 300.380**
- The policy and OM state that a Receiving Diagnostic Center (RDC) will review the statewide handbook annually. WCCW is an RDC and no documentation could be found showing that statewide handbook had been reviewed. The revision date on the handbook itself is 6/10/2016. **DOC 310.000**
- It was stated that the WCCW handbook had been reviewed within the last year, but no documentation could be located that reflects this. The date of the last handbook revision was 2016 for the English copy and 2017 for the Spanish version. **DOC 310.000**

## Secured Housing

Offenders housed in WCCW Segregation Unit (Seg) are largely a unique and difficult population to manage. The Seg Unit staff follow policy and try to do the right thing every day.

An excellent practice observed at WCCW is that they utilize a restraint tether that runs from the wrist restraints to an eyebolt located just outside the cell. This is useful in containing an offender who becomes resistive or noncompliant and likely avoids a use of force situation that could result in injuries.

Staff are very aware of who enters and leaves the unit and appropriately documents them in the unit log. Management is on record as performing walkarounds of these units and walking the tiers. This is a policy requirement and a practice that is viewed as going a long way towards solving small issues before they become larger ones.

There are some corrections that needed in the Administrative Segregation process, but the correct staff are in position and they are carrying out their duties successfully to a high degree. They are receptive to making the appropriate changes for improvement.

<b>Rating:</b>	<b>Compliance</b>
<b>Score:</b>	<b>98%</b>

### Corrective Action Item(s):

- Responsibility for the Administrative Segregation (Ad-Seg) process has been assigned to the Segregation Unit Manager. The OM states the responsibility belongs to Grievance Coordinator. **DOC 320.200**
- Currently, offenders are being transferred to the disciplinary process from the AD Seg Process until the infraction is adjudicated. Policy **DOC 320.200 - 3.A.1** directs that the Ad Seg and disciplinary process run concurrently. **DOC 320.200**
- Segregation Authorizations and Ad Seg reviews are being submitted but are not being approved in a timely manner (72 hours/Seg Auth and one working day/Ad-Seg Review) by the Superintendent/designee. At least one offender is currently in Segregation and has been for two weeks without an approval. **DOC 320.200**

## Searches & Evidence

Staff professionalism is instrumental in effectively conducting pat searches. Throughout the facility, staff were observed giving firm verbal directives to the offenders and conducting systematic, thorough pat searches.

A great practice was witnessed at the vehicle sally port. Whenever one of the vehicle gates is opened, the perimeter patrol officer positions themselves in the vicinity in order to provide an additional security presence. By watching over the sally port this practice helps keep the sally port officer safe and increases the visibility of security, which in itself can serve as a deterrent, it.

All but 2 of CAP items from the previous Operations Review have been corrected. The two that remain are partially corrected and need further work.

Three of the Corrective Action Items noted are documentation issues, as are the two repeat CAP items. Because of the two repeat Cap items, the score for this section took a -10 percentage point penalty that has resulted in a "Not In Compliance" Score of 84%. This is important to note because staff and leadership are doing good work at the facility.

Overall WCCW's Searches and Evidence program is effective and compliant with policy. The evidence portion of WCCW's Operations Review found no major variances with policy.

**Rating: Not in Compliance**  
**Score: 84%**

### Corrective Action Item(s):

- Public Access searches are not documented in the area log book. The logbook indicates area checks (zone check) but does not notate a search. **DOC 420.320 VII, A.**
- The completion rate of cell searches in L Unit – was 55%, this needs improvement in order to be compliant with policy/OM. **DOC 420.320 IV.**
- Daily cell inspections are not being conducted or logged on a consistent basis in all living units as required by the local OM. **OM 420.320 IV.A**

*This is a repeat CAP item.*

- Although search reports were easily found in the unit search binder and are completed as required, staff are not logging conducted cell searches in the unit log/area book as required by Department policy. **DOC 420.320 VII. A**

*This is a repeat CAP item.*

## Staff Safety & Accountability

Staff at WCCW do a great job of responding to duress alarms. Part of conducting the Staff Safety and Accountability portion of an Operations Review involves conducting unannounced duress response drills. It was impressive to see that after every drill conducted staff take time to do a debrief, which even extended to conversations after shift. Staff exiting the facility were overheard discussing changes in response tactics they could employ in the future to better the process. This demonstrates that staff take staff safety and emergency response to heart.

After Place Safety Masters are conducted, supervisors enter the roster list of attendees and meeting notes directly into SharePoint. This eliminates the potential for lost documents and because the documents are accessible, staff can see what other areas are discussing and gather content for their own Place Safety Masters. This is a fantastic practice for meeting policy and sharing information.

Staff on all shifts spoke freely about all the management changes that the facility has undergone and how this has impacted them. They expressed that at the present time they are happy with the direction the leadership team is moving and that they have seen some very positive changes.

**Rating: Not in Compliance**  
**Score: 87%**

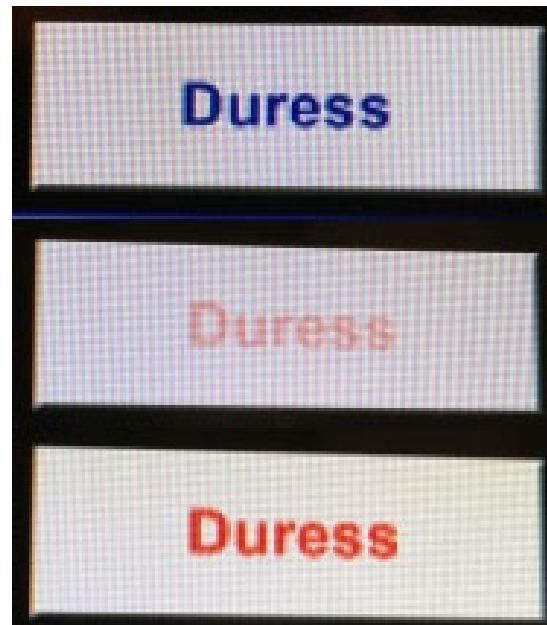
### Corrective Action Item(s):

- Picture count and staff accountability drills are not consistently being conducted together. **DOC 420.160 I, A**
- On all three shifts, there are supervisors who are not completing Place Safety Masters on a consistent basis. **DOC 420.010**

*This is a repeat CAP item*

### Items of Note:

- It was discovered that during duress alarms the computer system in the Z Unit booth fails to give an audible alarm and provides an inadequate visual alarm indicator. A grey text box with the word "Duress" in it flashes pink to red but it is not effective enough to alert the booth officer. In the event of an emergency, this could lead to delayed detection. After the completion of the testing, the Lieutenant addressed his concerns with staff on both 1<sup>st</sup> and 2<sup>nd</sup> shift.



*Three different images capturing the three potential states of the Duress alarm indicator in the Z Building Booth. During normal operations, the top icon is shown. When the duress alarm is triggered, the icon will change back and forth between the middle and bottom image. This is the only indicator on the main screen of the booth that an alarm has been triggered. This rectangle is approximately 1.5 inches long.*

## Health Services - General

The clinic at WCCW is busy and recently experienced a leadership change. The new Health Services Manager, along with the entire leadership team, is working proactively to become a cohesive team and make improvements where necessary.

The rapport among the medical staff is impressive. Medical staff work across disciplines to ensure good communication is maintained that focuses on continuity of care. It was observed that they treat one another, and their patients, with courtesy and respect.

The schedulers and staff use the OMNI-HS software for scheduling. This supports continuity of care and provides a way to accurately track offender care and the services provided.

As designed, the process for documenting error corrections in the primary needle/hazardous instrument storage log at WCCW is excellent. Corrections and details are to be clearly written on a separate line in order to make tracking easy and then, for transparency and security, the entry initialed by two different staff members.

Despite this excellent process, this section's score was impacted by four repeat cap items that centered on logging, securing and inventorying needles, syringes and hazardous instruments. This caused a 20 point deduction to this section's score.

**Rating: Not in Compliance**  
**Score: 71%**

### Corrective Action Item(s):

- The medical needles and hazardous instrument logs reviewed were not compliant with department policy or nursing procedures:
  - Math errors were found in the clinic storage log book and in the subsequent inventory counts.
  - Multiple math errors, carried through multiple counts, were found in the lab needle logs.
  - Some corrections in the lab needle log were illegible.
  - The trauma room and lab needle logs were missing several date and time entries. Three dual signatures were missing in the trauma room needle log book.
  - Multiple dates, times and dual signature entries were found to be missing in the trauma room hazardous instrument log.

#### **Nursing/Dental Procedure ND-504, DOC 650.05**

*This is a repeat cap.*

- The dental needles and hazardous instrument logs reviewed were not fully compliant with department policy or nursing procedures:
  - Times were not recorded in the instrument log book as required.
  - There was one missed instrument count and 3 missed dual signatures in the needle logbook.
  - Disbursements and inventory additions are not recorded in the dental hazardous instrument log.

#### **Nursing/Dental Procedure ND-504, DOC 650.055.**

*This is a repeat cap.*

- Unsecured hazardous instruments were found in the unsecured clean and dirty rooms in the dental clinic. **Nursing/Dental Procedure ND-504, DOC 650.05**
- Red Emergency Response Bags were not fully compliant with department policy/expectations. All three bags were found to be missing multiple items. An expired trauma dressing was found in the trauma room bag.

*This is a repeat cap.*

## Health Services - Infirmary

This is a busy unit that was staffed with intermittent coverage for the majority of this inspection.

Nursing Discharge Education forms were all thorough, signed, and consistently provided to patients. Of particular note is the information given to infirmary patients: discussing discharge instructions in simple terms, explaining options for accessing further care, discussing what things they need to watch for to ensure proper healing and are given handouts when available.

Two of the five CAP items noted are carrying over from the previous two inspection audits. Both stem from a CAP item containing multiple issues. Some of the issues from the prior Corrective Action Items have been resolved, but these two still remain.

The two outstanding CAP items resulted in a 10% deduction from this section's score.

**Rating: Not in Compliance**  
**Score: 74%**

### Corrective Action Item(s):

- Daily wellness checks are not consistently being documented for long term care and housing patients. **DOC 610.300 Infirmary/Special Needs Unit Care**
- Both records reviewed for IV administration were missing Intake and Output Flowsheets as required by nursing protocol. **DOC 640.020 & Standard Nursing Protocol**
- Clinician orders were not noted by nursing in 4 out of 14 records reviewed. **DOC 610.300 Infirmary/Special Needs Unit Care**
- Three out of 7 records reviewed did not have prescriber discharge summaries. *This is a repeat cap from the previous two inspection cycles.*
- The Infirmary documentation is still not consistent with policy requirements. **DOC 610.300 Infirmary/Special Needs Unit Care**
  - Infirmary Admission orders are not routinely signed, housing level is not consistently being indicated, and dental admissions are not using the correct form.
  - While Face Sheets are consistently being used, they do not always indicate the level of care necessary to define appropriate service and documentation requirements.
  - Five of the 14 charts reviewed did not have an initial nursing assessment.

*This is a repeat cap from two previous inspection cycles*



## Health Services - Medications

WCCW has good security measures in place for securing medication, whether it is urgent stock or narcotics. All medications were properly secured at all times, including when those in transport to pill line. Infirmary nurses and nursing leadership are the only ones with access. This assists in the accountability of medication management.

The nursing staff perform consistent narcotics counts at shift changes.

One excellent practice noted is the utilization of a stamp to indicate that the weekly nurse leadership narcotics log audit has been conducted. This practice helps ensure the integrity of this important task.

Because of the unique mission of this institution as the female reception center, WCCW maintains a high volume of urgent stock, including refrigerated vaccines. The management of this sort of stock takes great organizational management and routine inventories. The medication management nurse reviews the stock for expired medications on a weekly basis. It's commendable that with this large amount of urgent stock, not one expired medication was found.

**Rating: Not in Compliance**  
**Score: 76%**

### Corrective Action Item(s):

- MARs are not consistently meeting the requirements of **Nursing Procedure N-306 Medication Administration and Documentation Procedures**.
  - A color-coding system is used rather than the actual time period (a.m., noon, p.m., HS).
  - Several errors or omissions were found in handwritten orders.
  - Some discontinued orders were not documented appropriately.
- Required notification of prescribers after 2 days of no shows or medication refusals are either not occurring or not being done until after 7 days.  
*This is a repeat cap item.*
- The five narcotics logs reviewed are not consistent with the requirements in **N-306 Medication Administration and Documentation Procedures and DOC 650.020 Pharmaceutical Management**.
  - The outpatient logs reviewed had 4 missing times, 5 missing dual signatures, and one count missed altogether.
  - The narcotic log in TEC (the mental health residential unit) was missing multiple dates and times. Also, a math error due to inaccurate transcription was carried forward through multiple counts.
- Four discrepancies between the narcotics log and patient MARs were identified. **N-306 Medication Administration and Documentation Procedures, DOC 650.020 Pharmaceutical Management**  
*This is a repeat cap item.*



## Health Services - Health Records

A great deal of time and effort has been dedicated to improving the quality of the WCCW health records via auditing content and catching up previously backlogged filing. The results of this effort were evident in the improved quality of the files reviewed.

As health records can be difficult to meet a level of high compliance, we found several areas that are doing a nice job:

- Dental treatment plans and follow-up documentation is consistent with policy requirements.
- Patient education is clearly a focus at WCCW and is consistently documented in the charts.
- Release documentation is 100% compliant with department expectations in all 14 of the reviewed records.
- Fourteen outpatient mental health and ten of 14 residential mental health treatment records reviewed fully meet the quality and documentation expectations of the Mental Health Golden Thread Procedure.
- All 14 outpatient and residential mental health records reviewed contained a psychiatric assessment as required.

It is evident that ongoing review by mental health leadership is a priority at WCCW.

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

### Corrective Action Item(s):

- Four out of 14 charts reviewed missed a few nursing notations on practitioner orders which is not consistent with policy expectations. **Nursing Procedure N-305 Noting and Processing Orders, DOC 640.020 Health Records Management**
- Four out of 14 charts reviewed did not have the form **13-419 Tuberculosis Screening Questionnaire**. A stamp is used to indicate a PPD (purified protein derivative, a test that determines if a patient has tuberculosis) was given in a Primary Encounter Report, but a screening was not given as required in **DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program** and the **TB Screening Protocol**.  
*This is a repeat cap from the past two inspection cycles.*
- Three out of seven records reviewed did not have documented evidence of notification of CRC findings as required in the Offender Health Plan CRC Process. **DOC 610.600**
- Three out of 14 charts reviewed had problem lists that have not been updated within the last three years as required in the **Problem List Guideline**.
- Several of the dental records reviewed were found to be missing a consent form required in **DOC 610.010 Offender Consent to Care**

## Health Services - Restricted Housing

WCCW Restricted housing is made up of two separate units; a Segregation/Intensive Management Unit, and a Close Observation Area (COA). The health services audit specifically looks at the accessibility of medical care to these areas.

The COA is co-located directly behind the infirmary. Coordination between custody and health care staff, as well as the continuity of services provided to offenders is evident.

Custody staff are knowledgeable regarding patient access to care for routine medical care, as well as the process for accessing medical and mental health assistance in emergent situations. These staff also have a good grasp of patient confidentiality rights and they understand the need to keep patient information quiet.

In an effort of gender responsiveness and ensuring quality care, it was noted that mental status exams (completed on form DOC 13-349) are often completed the same day as admission to restrictive housing.

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

### Corrective Action Item(s):

- The full nursing assessment using DOC 13-432 is not being completed for COA admissions and some daily medical checks were not documented as required in **DOC 320.265 Close Observation Areas**.
- DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening was not completed within 1 business day of patient arrival in 3 out of 10 patient records reviewed as required in **DOC 320.255 Restrictive Housing and DOC 610.040 Health Screenings and Assessments**.
- Although medication distribution was consistently noted on an offender's DOC 05-091 Daily Report form, wellness checks were not noted if medications were given in 5 of the 10 records reviewed. This is not consistent with the requirement in **DOC 610.650 Outpatient Services**.

# **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/Pages/CATSHomePage.aspx>