

WASHINGTON STATE PENITENTIARY OPERATIONS REVIEW - 2018



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WASHINGTON STATE DEPARTMENT OF CORRECTIONS
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Review Components

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Team Lead

Assistant Team Lead

Searches & Inspections

Information Technology

Critical Security

Disciplinary Process

Food Services Program

Staff Safety & Accountability

Restrictive Housing

Offender Management

Health Services

Health Services

Health Services

Health Services

Facility Overview

Superintendent:

Donald R. Holbrook

Associate Superintendent

Christopher C. Bowman

Carla J. Schettler

Robert M. Jackson

Captain:

David A. Window

Lynn (Irish) Clark

Custody Level:

Maximum, Close, Medium & Minimum

Operating Capacity:

2,439 male offenders

Academic & Partnership Programs

- Auto Body Technology
- Information Technology
- Building Maintenance Technology
- Bookkeeping Classes
- Dog Training & Adoption Programs
- Diesel Mechanics
- Graphic Design
- HVAC Classes
- Carpentry
- Welding

Research Based Programs

- Getting it Right
- Substance Abuse Treatment
- Work & Vocational Programs

Work & Vocational Programs

- Laundry
- License Plates
- Metal Shop
- Field Crops
- Transportation/Warehouse

Sustainability Jobs:

- Recycle
- Sustainable Practices Lab (SPL)

Information provided by Facility

The Washington State Penitentiary was originally built in 1886 the age, compounded with the subsequent remodels, additions and expansions of the facility has resulted in a physical plant that is a challenge to maintain. The Plant Maintenance Team is able to meet tackle this challenge by providing services in a timely and efficient manner while modeling fiscal responsibility. This team has upgraded the facility's electrical infrastructure, enhanced the plumbing system and completed multiple construction projects.

The facility continues to partner with the Washington Department of Fish and Wildlife and the Washington State University on the "Big Horn Sheep Project." This project's goal is to mitigate the spread of a deadly pneumonia from domestic sheep population to the wild big horn sheep populations.

The Penitentiary maintains a garden that is a point of pride for the offenders that work it and staff. The 2016 harvest produced a savings of \$277,577. The 2017 harvest produced a savings of \$175,937. In addition to supplementing the facility's meals, WSP has also been able to donate thousands of pounds of produce to charities and non-profit organizations.



This full size wooden motorcycle was made by offenders in the Sustainable Practices Lab. It will be donated to charity auction as part of WSP's ongoing commitment to supporting the 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)

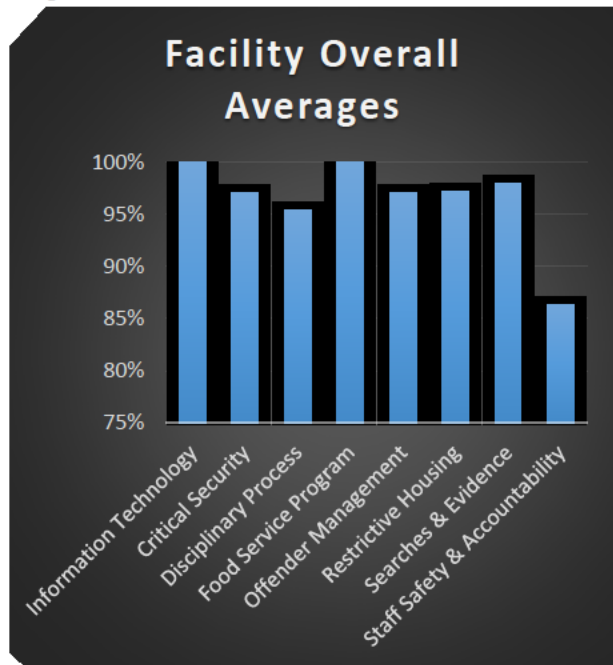
Corrective Action Items (CAPs) from previous years that are considered not corrected by the close of the current review result in a five percent deduction from that part's score.

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

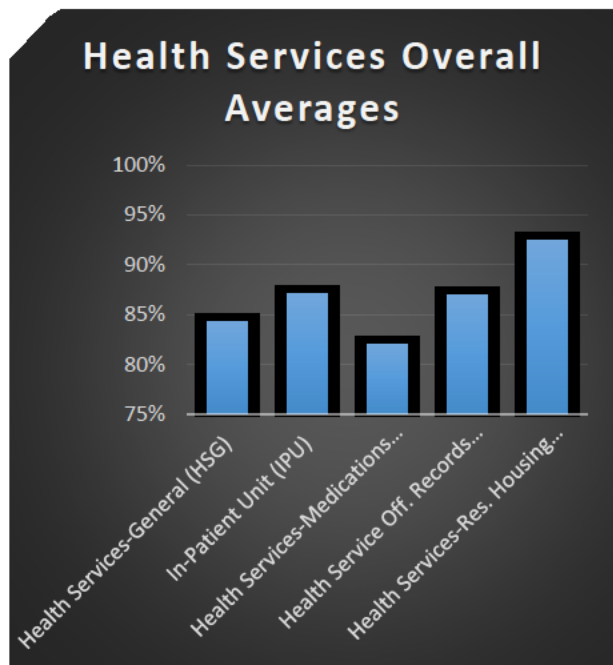
A score of 97% Compliance allows for one or two CAP items in a checklist.

Scores at a Glance

Operations:



Health Services:



Operations Review Sections

Information Technology

The Information Technology (IT) team at the Washington State Penitentiary (WSP) is extremely knowledgeable and demonstrates a solid security mindset.

The IT computer equipment rooms are clean, everything is well labeled and extremely organized. As a result, it is easy to identify which type of systems are located in the room.

Every IT equipment room has a sign in/out sheet, which makes it easy to quickly identify who has accessed the room. Additionally, there are security alarms located on the outside of the IT equipment rooms.

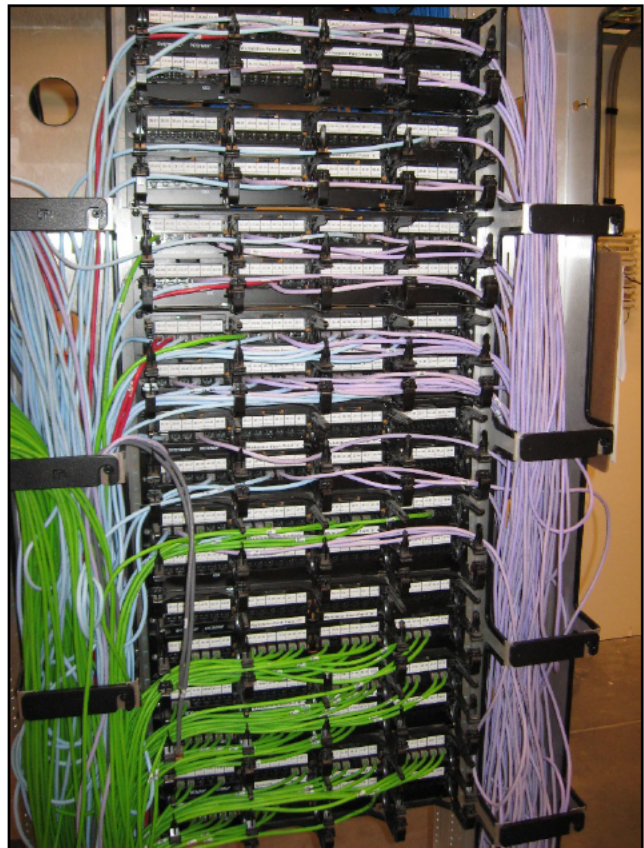
Most of the computers accessed by offenders are on the Offender Services Network (OSN). These computers are secured with hardened images, locked USB ports and disabled CD Rom drives. Zip ties are used to prevent the computers from being opened and tampered with. Standalone computers accessed by offenders reviewed were found to have hardened images specific to the specific job.

IT security practices have improved since the last operational review and as a result, the previous two (2) CAP items have been successfully closed out.

Rating: Compliance
Score: 100%

Corrective Action Item(s):

No corrective action items for this section.



Photograph of one of the well maintained and organized IT Computer Equipment Rooms.

Critical Security

There are currently 148 post manuals and post orders at WSP. Post manuals are efficient, straight-forward and contain the information need for officers to complete their duties.

The staff at WSP take their work seriously and it shows when they efforts to get the job done. Throughout the review staff consistently demonstrated their ability to multi-task in a demanding high-paced environment all while maintaining positive attitudes.

The line staff encountered during the Operational Review are passionate about the work they do. They were conversational, pleasant, and extremely knowledgeable about their specific roles, duties, and expectations.

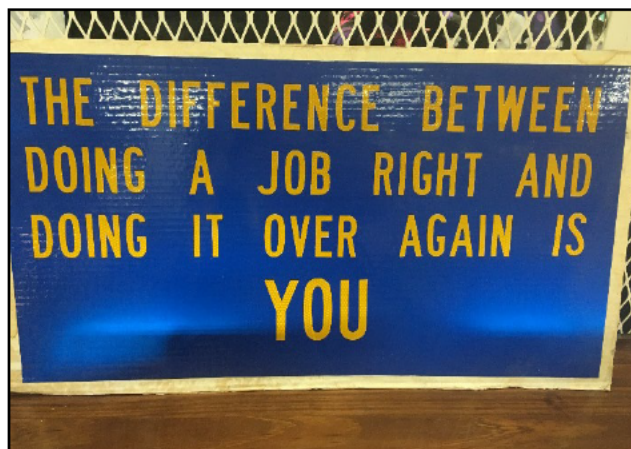
The Symmetry System is a beneficial accountability tool as it accounts for who is inside the secure perimeter of the facility at any given time. In comparison to other accountability systems throughout the state, it's by far a best practice and an incredible resource/safeguard.

Radio communications have improved greatly since the last operational review and as a result, the previous two (2) CAP items have been successfully closed out.

Rating:	Compliance
Score:	97%

Corrective Action Item(s):

- Staff and visitors are not consistently being logged into the unit/area. The log books do not reflect weekly visits to each area by the Associate Superintendents, Captains/Senior Security Managers, Correctional Program Managers, or other designated Department heads and managers. Walk about reports do show that rounds are being conducted. **DOC Policy 400.200**
- Personnel were not consistently required to log wireless portable (cellular phones) technology at the external facility checkpoint as required. **DOC Policy 400.030; Security Guidelines for Wireless Portable Technology in Facilities**
- Per **DOC Policy 400.025; Identification Cards**, Level III, IV and V facilities will be equipped with an electronic ID magnifier at the main entry point. An electronic magnifier was not present.



Photograph of an inspirational sign located in the Sustainable Practices Lab (SPL).

Disciplinary Process

WSP has an impressive and organized Hearings Department. The staff are knowledgeable and the high levels of consistency found in the case files reviewed, demonstrates that they take pride in their work.

Appeal responses are handled in a swift and timely manner. The policy requirement is 10 days but a review of case files shows that appeals are being completed in a much shorter timeframe.

It is evident that information sharing is a goal of the disciplinary team. Information is made available to staff on the facility's shared drives. This information includes the daily docket and hearing decisions.

The Hearings Department puts out a newsletter called "Myth Busters II" that provides staff with updated hearings and disciplinary process information in an informal manner. This assists the facility in addressing systemic issues and strengthens staff knowledge.

Rating: Partial Compliance
Score: 95%

Corrective Action Item(s):

- The Minutes & Findings sheet is not being used for Category D hearings as required. **DOC Policy 460.000; Disciplinary Process for Prisons**
- Hearing Officers and/or their designees are not consistently recording evidence and video review summaries in the **DOC 21-312, Minutes and Findings**, form as required. **DOC Hearing Officers Training, WAC 137-28-300**

Items of Note:

- On a number of forms being used, including **DOC 17-069, DOC 05-093** and **DOC 21-312**, the practice at the facility is to write "*offender refused*" or "*offender unable to sign*" in place of the Offender's or Employee Witness' signature. Policy requires a signature by the witness if the offender is unable or has refused to sign. **Policy 460.000**

Food Services Program

The Penitentiary's kitchen staffs' skills, abilities and willingness to get the job done is impressive, and it shows in the kitchen's daily operations. Staff easily articulate processes and expectations for food preparation and kitchen sanitation.

The kitchen staff are quick to document information from the temperatures of freezers and the dishwashers, to making notations on the meals served.

Several great practices were observed during the review:

- In addition to the meal scanning system, the East Complex utilizes a document to identify offenders currently assigned a special diet. If an offender takes a mainline meal instead of the assigned special diet meal that offender is infraacted and held accountable for their behavior.
- Both the West Complex Kitchen and the East Complex Kitchen place large locks on the industrial sized can openers so that they are secured when in use and cannot be removed and used as a weapon.
- Every offender worker receives a Job Training Analysis, which provides training and overviews associated with a number of important topics such as: knives, proper lifting techniques and housekeeping. This is in addition to the required Hazard Analysis Critical Control Point (HACCP) training.

WSP has an impressive and systematic food service program. Kitchen staff clearly understand their mission and are glad to contribute to the betterment of the facility. In addition, there is positive collaboration between custody staff and food service employees.

Rating: Compliance
Score: 100%

Corrective Action Item(s):

No corrective Action items for this section.



A padlock is used to secure this institutional can opener to the table. This is a novel approach to preventing an offender from using the device as a bludgeon.



HACCP Informational Diagram

Offender Management

The facility's offender orientation covers all the policy mandated topics. Because the process is well organized it ensures that offenders arriving at WSP are able to attend a facility orientation within required timeframes.

The facility has also established a process for providing orientation to non-English speaking offenders that makes use of the Language Line, a call-in translation service. The offender population is kept up to date on DOC processes and rule changes through the use of bulletins posted in the living units and via the offender kiosk messaging system.

The West Complex Units have a very efficient way of conducting cell moves. The offender submits a cell move form and the unit Sergeant enters the data into a spreadsheet. The requested cell move is then reviewed by both Sergeants (current unit & the proposed receiving unit) as well as by classification staff. The result is that a cross disciplinary group staff have all had an opportunity to provide input before a decision is made.

Rating:	Compliance
Score:	97%

Corrective Action Item(s):

- Movement schedules are not posted in any locations other than some of the control booths. Policy states that movement schedule is to be posted in the living units as well. **DOC 420.155**
- Custody staff are not following up on offenders that fail to arrive for scheduled call outs as mandated in policy. It is being left up to the instructors and/or work supervisors to initiate the contact and attempt to locate the offender. This is the practice in both the Main and the Camp. **WSP 420.155**
- The offender goals and incentive section is not always being updated as required. **DOC 300.380, DOC 300.000**

Item of Note:

- Over 50 individual offender files were reviewed. Most were in-line with specific policy requirements. There were several minor exceptions, which included the ITJS not being signed off by the Captain/Correctional Program Manager

Secured Housing

The Penitentiary has two restricted housing units: The Intensive Management Unit/Segregation Unit (IMU/Seg), and the Close Observation Area (COA), which is located in the Infirmary.

IMU staff work in coordinated effort to accomplish the tasks of their workday. They are very familiar with their required duties, and work within the parameters of the policies to meet expectations.

The unit's classification and administrative hearings are extremely well organized. Spreadsheets are used to catalog each offenders' days in the unit, custody level, and documentation due dates. This ensures policy timeframes are adhered to.

The Classification Counselors effectively keep offenders apprised of pertinent information and manage their caseloads well, keeping them up to date.

The unit has excellent safety practices and there is great coordination between custody staff, the classification team and unit management. Several great practices were identified during the review:

- "Battle Buddies" – officers in the IMU try to have a co-worker with them as much as possible. The unit is inherently dangerous and the practice of two staff working side-by-side is a great security and safety practice.
- Hinged Cuffs – Using hinge cuffs is a phenomenal safety practice. These cuffs have a hinge between the two bracelets instead short length of chain. Because the hinge eliminates the slack between the bracelets the offender's ability to move within the cuffs and assault staff is reduced without impacting the offender's wellbeing during a transport.

In a living area that typically fields negativity, staff were friendly and approachable. It is obvious staff care about their unit and are committed to making it a safe, responsive and great place to work.

Rating: Compliance
Score: 97%

Corrective Action Item(s):

- A significant number of post log entries do not capture all the components mandated by policy such as Conditions of Confinement and the current count. **DOC Policy 400.200**
- Some of the policy specific information on the **DOC 05-091** form is not consistently being documented. Information missing included the unit walkthroughs and daily cell checks. **DOC 320.260, DOC 320.255**



The use of Restraint Chairs in the IMU allows high risk and high security offenders to participate in group classes. Offenders in the IMU are able to program without compromising security practices.



This set of 3 way transition restraints, allows staff to maintain positive control of the offender at all times.

Searches & Evidence

WSP staff are very aware of the importance of searches and inspections and understand that contraband management is a continuous process. Staff were observed to be professional in their interactions with the offenders during pat searches. This was verified through offender interviews. All offenders interviewed reported that staff are professional during their searches.

Unit officers were observed to be firm, fair and consistent when interacting with and directing offenders. Unit sergeants and unit managers demonstrated good security awareness and mindsets whether in the unit or out around the facility. They are fully aware of the compliance standards associated with cell searches and with security inspections and strive to meet the requirements.

An observed great practice in the BAR (Baker, Adams, and Rainier) units is the use of a binder that tracks cell searches, tier checks, daily inspections, and unit inspections. The binder quickly provides all search and inspection information in one place.

The Intelligence & Investigation Unit's (IIU) evidence room is very organized and clean. The evidence held in lockers and the associated documentation is complete and meets policy standards.

Rating: Compliance
Score: 98%

Corrective Action Item(s):

- Policy requires that all searches be documented in the unit/area log. There are units and areas throughout the facility that are utilizing other methods to track and record the completion of searches, but they are not also documenting searches took place in the unit/area logbook. **DOC 420.320**



Correctional Officers observing offender movement and conducting pat down searches.



An offender displaying sacred items as part of a routine search.

Staff Safety & Accountability

Staff on all three shifts are consistent in their knowledge of their areas of responsibility and how to respond to emergency situations. Officers were responsive, and reported as directed, to several duress alarm tests.

At the beginning of each shift the Shift Commander conducts a staff accountability check to ensure that staff who should be off work have left the facility at the end of their shift. A "Muster Report" is pulled from the Symmetry System. This system tracks all staff who have entered or left the secure perimeter through the use of a scan card and turnstiles.

Staff working in the public access area utilize filing cabinets and slotted boards to store and issue volunteer and contract Identification (ID) cards. The system is compact, efficient and very versatile.

It is clear there is a concerted effort by facility staff to strive for compliance with department policies and the local Operational Memorandum. Two repeat CAP lowered the score for this section from 96%, Partial Compliance, to 86%.

Rating: Not in Compliance
Score: 86%

Corrective Action Item(s):

- Policy requires that a picture count be completed quarterly and that a staff accountability take place whenever a picture card count occurs. Meeting this standard was a previous CAP item and remains out of compliance as picture counts are not consistently being performed, and an accounting of staff is not occurring each time a picture card occurs. **DOC 420.150, DOC 420.160**

This is a repeat CAP item.

- Per **DOC Policy 420.010 (III)**, attendance at Place Safety Musters and a summary of the topics/items discussed will be documented on a roster and submitted to the facility Security Specialist. This was a previous CAP item and continues to be out of compliance. Musters are not being conducted regularly by all required locations.

This is a repeat CAP item.



Photograph of a restraint shadow board in one of the units.

Health Services - General

Medical services at the Penitentiary is provided through three clinics. The Out Patient Clinic (OPC) is the main clinic of the facility and is located in the West Complex inside the Health Services Building (HSB). This building also includes a dental clinic, an in-patient unit and health services administration. There are also satellite clinics located in the South Complex and the East Complex. Both are for outpatient services only.

WSP's Health Services program is a very complex machine that provides medical services to a population of approximately 2,400 offenders that span all custody levels.

The three clinics were inspected and found to be clean, organized and free of clutter. Patient education posters are located in various areas for patients to see and patient education is provided through printed material when necessary.

The red emergency response bags in all locations were found to be 100% compliant with policy expectations. Each red bag contains a log of the expiration dates of the medications in the bag. This enables staff to easily identify which medications need replacement before the medications expire. This is a statewide best practice and worth emulating at other facilities.

The maintenance of medical equipment is handled at the Out Patient Clinic and the South Complex Clinic. The East Complex Clinic keeps their medical equipment maintenance documentation at the OPC.

Autoclaving medical instruments and is done at the South Complex Clinic and the OPC. In the South Complex Clinic, there is an autoclave that is used for both medical and dental instruments.

Limited tool cleaning is done at the East Complex Clinic. They use hot water, soap and chemical sanitizer and this is consistent with accepted sanitation practices. Anything that requires autoclaving is processed at the Out Patient Clinic, where there are multiple autoclaves to use.

Rating: Not in Compliance
Score: 84%

Corrective Action Item(s):

- In both the Main Dental Clinic and the South Dental Clinic, doors were open to the dirty utility rooms and clean rooms. These rooms house sharps and hazardous instruments on the counter or in unlocked drawers. **DOC 650.055 Needles, Syringes, and Hazardous Medical and Dental instruments, Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**
- Additions and disbursements in the Main and South Dental Clinic are not routinely recorded in the hazardous dental instrument logbook. An incorrect calculation was identified in the needle log due to a disbursement that was not noted. **DOC 650.055 Needles, Syringes, and Hazardous Medical and Dental instruments, Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**
- Needles and Hazardous instruments logs were reviewed in all clinics. The South Complex Clinic was compliant, however the Main and East clinics had several instances of missed counts and other documentation errors. These documentation errors included things such as not noting times and omitting required dual signatures. At the East Complex Clinic there were multiple days where no count at all had been logged. The inventory contained errors that had been carried forward for multiple days. One of the errors was due to a transposition of numbers, another was caused by a bundle of 10 items that contained 2 extra items being counted as only 10. An additional instrument miscount occurred because two different items were being called by the same name. **DOC 650.055 Needles, Syringes, and Hazardous Medical and Dental instruments, Nursing/Dental Procedure ND-504 Clinic Inventories for Needles and Hazardous Instruments**

This is a repeat CAP item.

Health Services – IPU (Infirmary)

WSP has the largest infirmary in the state. Infirmary staff do an excellent job managing a high volume patient load of very sick offenders and maintain a high level of professionalism. During the inspection process, the staff were very engaged and helpful while still managing to their work.

Although still some health services documentation concerns, the Infirmary documentation showed marked improvement over the previous inspection. The nursing assessments, care plans, and use of the infirmary face sheets were all 100% compliant.

The Registered Nurse 3 who is in charge of the infirmary prioritizes a focus on patient education. She audits charts monthly for documentation of patient education and she includes these results as an element of monthly supervisory conferences.

Rating: Not in Compliance
Score: 87%

Corrective Action Item(s):

- Seven of 14 records reviewed documented the admission on the incorrect form. **DOC 13-468 Infirmary/Extended Observation Unit Admission Orders** is required for every infirmary admission. **DOC 610.600 Infirmary/Special Needs Unit Care**
- Nurses are not consistently documenting daily wellness checks as required. This is important for appropriate continuity of care. **DOC 610.600 Infirmary/Special Needs Unit Care.**
- Practitioner rounds for skilled level patients were not consistently documented every business day as required. **DOC 610.600 Infirmary/Special Needs Unit Care**
This is a repeat CAP item.
- Patient Instructions and a Discharge Summary were not done in 2 of seven records reviewed. **DOC 610.600**

Health Services - Medications

Narcotics management security practices are good. The medications are always transported in locked boxes which are easily identifiable by unit. The practice of centralized deployment of medications from the infirmary in the morning and centralized return and count in the medication management room at night is a great idea which solved some previous CAP concerns.

In the infirmary, notification to prescribers of offender refused medications, and notes concerning variable doses of medications given are very clearly noted on the back of the Medication Administration Record (MAR). This is a statewide best practice.

Rating: Not in Compliance
Score: 82%

Corrective Action Item(s):

- Multiple documentation errors were found in the Medication Administration Records reviewed including leaving blank spaces and not initialing no shows and refusals. **DOC 650.020 Pharmaceutical Management, Nursing Procedure N-306 Medication Administration and Documentation Procedure**
- Practitioner notification after a patient no shows or refuses for two consecutive days is not routinely documented. **DOC 650.020 Pharmaceutical Management, Nursing Procedure N-306 Medication Administration and Documentation Procedure**

This is a repeat CAP item.

- Several narcotics logs reviewed had missed entries and/or math errors identified. A discrepancy between narcotics checked on the narcotics log compared to the patient MAR was identified. **DOC 650.020 Pharmaceutical Management**

Health Services - Health Records

It is clear that WSP has put considerable effort into the quality of their health records. Records were reviewed in the Main Clinic and at the South Clinic. East Clinic records are managed at the main clinic and were included in that part of the audit.

Documentation is legible, stamped and/or signed when required, and orders were in the chart. Documentation clearly show that nursing consistently is noting orders and obtained vital signs during medical visits. Problem lists reviewed were current and complete.

All dental treatment plans and documentation were found.

Mental health documentation shows improvement over the last review. All psychiatric intakes and follow-up's were properly noted in the chart. Approved consults were almost all scheduled or a refusal was signed. Mental Health Assessments/Mental Health Updates (MHA/MHU) in the Residential Treatment Unit were 100% consistent with policy requirements.

All outpatient psychiatric documentation reviewed was 100% compliant with psychiatric assessment, documented visits every 90 days, diagnoses consistent with MHA/MHU and found legible.

Rating: Not in Compliance
Score: 87%

Corrective Action Item(s):

- A majority of the 42 records reviewed did not meet the quality expectations of the Mental Health Golden Thread Procedure.
- Five out of 28 of the general population records reviewed were missing the required **DOC 13-421 Intersystem Transfer/Release Form. DOC 650.035 Medications for Transfer and Release**
- Out of 28 of the general population outpatient records reviewed, two were missing the required mental health consent form. One of the 14 RTU records reviewed was also missing this form. **DOC 610.010 Offender Consent for Health Care**
- Two of 14 records reviewed in the Residential Treatment Unit (RTU) and eight of 28 outpatient records reviewed did not have a current Mental Health Treatment Plan as required. **DOC 630.500 Mental Health Services**
This is a repeat CAP item.
- One of 14 of the RTU records reviewed did not have a completed **DOC 13-380 Transfer/Release Form** as required. **DOC 610.040 Health Screenings and Assessments**
This is a repeat CAP item.
- One of 14 RTU charts reviewed was missing a psychiatric assessment and 2 of 14 reviewed were missing the every 90 days psychiatric follow-up appointment.

Health Services - Restricted Housing

WSP has two restricted housing units: Segregation/Intensive Management Units and their Close Observation Area (COA).

In the COA, the mental health Conditions of Confinement (COC) are a great example of following the requirements of the COA policy 320.265. Restrictions to personal property are limited to only what is necessary to prevent self-injury. Nursing documentation reflected that all patients are being seen daily, vitals are consistently being done at the time of COA admission, and daily wellness checks are occurring. For the most part, face to face nursing assessments, daily medical checks, and documented admission into COA by mental health provider are consistent with policy expectations.

The COA uses a variety of signs that are used to clearly communicate the needs of each patient and to ensure safety. These signs are magnetic and applied to the outside of an offender's cell door. Because of these signs clearly convey safety related information, this is a best practice in the state.

In IMU/SEG most of the nursing assessments at admission are complete with vitals. All 5-91's were current and indicated daily wellness checks are taking place.

In both units, custody staff, nursing staff, administrative staff, and mental health staff, are all knowledgeable about how patients can access mental health care. All staff are aware of confidentiality requirements when talking to patients in the secured unit when managing non-emergent and emergent issues.

Rating: Partial Compliance
Score: 93%

Corrective Action Item(s):

- Three out of 14 records reviewed did not have a documented initial nursing assessment. **DOC 610.040 Health Screenings and Assessments**
- Out of 14 records reviewed, 4 did not have a documented initial face to face mental health evaluation completed within one business day of admission as required. **DOC 630.500 Mental Health Services**
- Three out of 5 COA records reviewed did not have the required form, **DOC 13-393 Conditions of Confinement (COCs)**, updated within required timeframes and those same three charts had unsigned weekend COCs, which does not meet policy expectations. **DOC 3209.265 Close Observation Areas**
- Two out of 5 COA records reviewed were missing the required DOC 13-371 Suicide Intervention Inventory. **DOC 3209.265 Close Observation Areas**

Outstanding Corrective Action Items:

Post Operations:

- During the span of months reviewed many posts' **DOC 02-333 Post Orders/Operations Manual Sign-Off Sheet** were found to be missing signatures from a significant amount of staff. This includes staff who regularly work these posts. Policy **DOC 400.200 Post Orders/Operations Manuals and Post Logs** requires that staff review the manual and sign the Post Order Sign-Off sheet during the first shift they were assigned to a post, monthly if they are assigned to that post or if it has been more than 30 days since they last worked the post. *This is a continuing CAP item from FY 2014, FY 2015, and FY 2016.*
 - It was also noted some areas do not consistently turn in their post order sign off sheets which is detrimental to local tracking processes and achieving policy compliance.

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>