PREVIOUS INSPECTION_____Location_____

Sybil Brand Commission for Institutional Inspections

Courts_____ Jails_x_ Sheriff Stations_____

COMMISSIONER(S): Sherman, Frutos TIME__8am-10am DATE_8/22/2022

FACILITY NAME:	MCJ
ADDRESS:	441 Bauchet St **/ LASD SUPERVISOR CONTACTED:**
Census:	**(Capacity:_____) (Current Census: (_____)**
Location(s) Inspected:	5800, 6000
Issues Reported to:	☐ BOS ☐ Officer in Charge ☐ LASD ☐ ISD ☐ OIG ☐ COC

RATING: S = Satisfactory U = Unsatisfactory CA = Corrective Action Needed N/A = Not Applicable

ITEMS	RATING	COMMENTS
1.Conditions of Confinement		
Cells/Toilets/Sinks		
Showers (water temperature, rust, mold etc.)		
Crowding		
Cleanliness/Grafitti		Litter including rubber gloves are all over escalators creating a safety risk
Safety, Conflict, Tension		Discourtesy directed to commissioners from staff members
Common Areas		
Air Quality/Temperature		5800 lacks air circulation
Deputy/Detainee Relations (incl. specific incidents or allegations of misconduct		
Strip Search Issues		
Access (Drinking Water)		5800 lacks warm water for cooking soups or eating and inmates are using shower water to prepare soups.
Access (Mail/Reading Materials/Law Library)		
Access (Toilets (for common room)		
Access (Toiletries, Appropriate Combs/Brushes)		
Access (Exercise, Religious Practice)		
Access (Legal Counsel)		
Access (Visitation, correspondence)		
Solitary Confinement		
Privacy/Dignity (showers, bathrooms)		
Special needs populations (pregnant, non-ambulatory, hearing impaired, mentally ill, medical conditions, developmental disability)		
Module Information Postings (re: time calculations, complaint procedures, messages to SBC		
Complaint Procedures (e.g., Deputy, medical complaints – confidential procedures to SBC, OIG, COC)		complaint forms are not available to inmates without asking
Fees Assessed/Money on Books		
Other: _____		Narcan unavailable in modules, contrary to past LASD policy
2. Nutrition Quality/concerns		inmates complain meal counts are frequently less than
Access to special diets		number of inmates in module

3. Trustees		
Quarters		
Training & Selection		
Workload and Hours		
Calculation/Time Served		
4. Medical Services (Access, wait times, responsiveness, TB and other medical screening, dental, vision; infectious disease protocol)		
5. Mental Health Services (Access, wait Times, treatment options, assessment procedures)		
6. Telephones Access/Functionality		
7. EBI Services Availability/Type/Access **Volunteer Services** (Type, Access, Concerns)		
8. Clean Clothing and Bedding (Including laundry practices)		
9. Facilities/Maintenance		
Back Log Unfilled Order(s)		
Kitchen/ Laundry		
Chemical exposure (kitchen, laundry, trustee duties)		
10. Deputy Staffing		
Quality of Interactions w/Detainees		
Use of Force (Last 30 days)		
Assault on Staff (Last 30 days)		
Staff Training (MH, trauma informed etc.)		
11. Detainee Complaints/Concerns		
12. Deputy Complaints/Concerns		
13. Prior Corrective Action Resolution		drinking water fountains were repaired
14. Detainee Documentation (e.g., intake/ release, procedures: classification, logs, detainee management files, Exit interview – policies/procedure grievances. generated funds, classifications)		
15. Discipline Proceedings		
16. Emergency Preparedness/Systems (e.g., fire extinguishers, airpack tags, emergency evacuation routes, control centers, emergency lighting fixtures, safety drills, First Aid and Suicide kits)		
17. Grounds (conditions, unlawful postings on exterior grounds (e.g., if ever been convicted cannot visit a detainee, etc.)		
18. Inspection: Special Focus **OIG:_____** **COC:_____** **Community:_____**		
19. COVID-19: _COC Request_____		
20. PREA Issues:_____		
21. Other: _____		

Follow-Up Inspection of 5800, August 22, 2022

I, Alex Sherman, conducted a follow up inspection of 5800 with Commissioner Bob Frutos.

Drinking water repairs made
My intent was to follow up on a work order that had been placed to repair the drinking water in the module. On my earlier inspection, there was no sanitary drinking water in 5800 and inmates were drinking from a plastic straw that had been fixed to the spout. On this visit, all of the drinking spouts appeared to be functioning properly.

Complaint forms
5800 continues to lack direct access to complaint forms without asking a deputy.

No air circulation in 5800
On a previous inspection, I observed air circulation not working. Air circulation continues to be an issue. Temperatures are uncomfortably warm in 5800. In-module thermometer indicates temperatures between 75-80 fahrenheit early in the day at 9:00 AM. The adjacent module has no air circulation but on a previous visit they had a large fan placed in the module. A request was made to the watch commander to address the air circulation issue. Watch commander stated that during hot months the entire facility gets warm.

Narcan policy / Narcan shortage
Normally, narcan is available in the modules for inmates to use as needed on demand. But in 5800, there was no available narcan in the module -- the “dispenser” (an 8.5x11” poster with narcan nasal spray devices fixed to it) was empty. A discussion about this matter with a deputy in the tower stated that narcan was in their emergency kit and was available upon request. This appears to be a change in policy and has the potential to increase the risk of overdose death in the jails, particularly if inmates are reluctant to seek medical attention for overdose due to exposure to incurring criminal charges.

Hot water
Inmates in 5800 complained they have no access to sanitary hot water for drinking/eating with commissary purchases and are using shower water to do things like make ramen soups. Inmates said they have not had hot water for drinking/eating all year. I asked the watch sergeant whether this was policy or customary. They said it was not and that inmates should be given a hot water thermos-like device for dispensing potable hot water.

Complaints about slow medical response times
Inmates stated their belief that deputies in the observation deck are slow to respond to medical emergencies. They said an inmate with medical issues was "man down" recently and it took a great deal of effort to get the deck’s attention. Efforts should be undertaken to determine emergency response times, such as by use of CCTV, and what implications it might have on in-custody deaths with the apparent change to the Narcan distribution policy.

Meal shortage
Inmates in 5800 complained to me that an inadequate number of meals were distributed to their module. Inmates described a process where meals are brought to the module and the inmates distribute the meals among themselves. Inmates state that they count the number of meals prior to distribution among themselves and frequently find substantial undercounts of up to 20 missing meals and so they ration meals among themselves to make sure everybody has food. When I raised this issue with the watch command, the response was immediately skeptical.

OTHER MATTERS

Monkeypox
On August 18, the Department of Public Health announced a confirmed positive case for monkeypox at the jails. At CJ, I asked the watch command staff about the case. They declined to provide me with information about the case, basic information like which jail facility the case was found. The watch command staff stated that they did not know where the case was identified due to HIPAA. They offered to help me find out this information by reaching out to medical professionals. Eventually they were able to provide me with this information, but I was honestly struck by the fact that they knew how many cases and suspect cases there were, but they did not know whether the case was identified in their facility. Furthermore, I am skeptical that HIPAA protects this information. There is a carve-out in HIPAA for correctional facilities and it seems very risky for the high ranking facility administrator of the facility to believe HIPAA prohibits their knowledge of the presence of a serious infectious disease in their facility.

In search of additional information about monkeypox, Commissioner Frutos and I proceeded a few steps down the hall to the medical clinic. On our walk, we noticed an empty attorney phone room (a bank of phones and some stools) that was being used to isolate an inmate, who was handcuffed and lying on the floor face down and motionless. Fixed to the door was a printed identification paper with a handwritten note “MONKEYPOX.” We sought out a doctor to ask about this and found the clinic office. We announced our presence to the medical staff and told them the information we were seeking. We saw two doctors confer with each other and then walk out the back door of the office and then we saw them walk away towards the bridge to TT. Then a nurse walked us over to the nurse director who, along with the nurse manager, provided us with information about the monkeypox case. [The clinical nurse director (Godoy-Travieso) and a nurse manager (Thymes)].

According to the nurse director and manager, there was at that time one positive monkeypox case and 4 suspected cases at CJ. The narrative we were told by nursing staff is that the positive case had been recently arrested and placed in 2800 at CJ (nurse confirmed this was not K6G housing). Prior to his arrest, the person had been swabbed for monkeypox at a hospital in Long Beach but did not obtain results before his arrest. When test results came back positive, there was notification to the facility. Person had been in a 4 person cell at the time, and his cell mates have been isolated due to the close contact but they are not reporting any symptoms as of this morning. They are all being isolated in the 6000 wing (medical clinic). Obviously this is a concerning situation. If the narrative from nursing is true, it raises questions about the monkey

pox screening at IRC, close contacts at IRC< and whether they are asking people if they had been swabbed and were pending results. If this person had been housed in a larger dorm, it would have caused a much more significant disruption.

I also asked nursing staff if there were efforts by DPH to provide monkey pox vaccines to the incarcerated population. They stated that this effort began but they were provided with a number of dosages in the low hundreds. [An 8/23 email with DPH Chief Strategist John Connolly states that "The jail has distributed 367 doses of monkeypox vaccine. Of those who have received vaccines, 328 individuals have received a first dose and 39 have received a first and second dose… We have continuously made available the number of doses necessary to provide first and second doses to people who are incarcerated in the jail and are eligible for the vaccine according to our current criteria."]

Clinic Murals

CJ contains many murals, including the clinic. There is a mural inside the medical office that portrays a sheriff's badge that appears to predate the realignment of CHS to DHS and therefore it makes it appear as though medical staff is formally a part of the Sheriff's Department. This creates some confusion in me as to the chain of command when it comes to the deployment and delivery of medical treatment in the jails.

Adherence to mask policy

The watch commander did not wear a mask for 95% of the time we spoke with him in an office with other personnel. He put on a mask at the very last moment of our conversation. We did not ask him to wear a mask throughout our conversation.