

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates.	X			Correctional Health Services (CHS) Manual Last reviewed and approved: 6/2022 Custody Division Manual (CDM) Manual Latest online version:2021.7.22.1 *Above manuals will be referenced accordingly throughout the checklist. CHS: 27.00, 53.01, 53.02, 53.03, 58.01, 62.02, 68.01, 68.02, 200.01 Emergency care is provided by LAC+USC Medical Center (LCMC). Urgent Care Clinic located in Towers may also be used to provide urgent medical care.
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively.	X			CHS: 68.01, 200.01
Security regulations applicable to facility personnel also apply to health personnel.	X			CHS21.00, CDM3-01/030.10, CDM3-01/090.00, CDM3-01/020.80
Each facility shall have at least one physician available to treat physical disorders.	X			CHS68.01
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.			X	
In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.			X	
1202 Health Service Audits The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			Reviewed CHS Continuous Quality Improvement (CQI) and Pharmaceutical and Therapeutic (P&T) Committees' meeting agendas and minutes. Confirmed QI indicator report studies, corrective action plans (CAP), death reports, and medical peer review studies.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	X			Practice was confirmed via review of CQI meeting agenda and minutes.
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	X			CQI Committee and P&T meetings are scheduled monthly to review and address CQI performance indicators.
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	X			CHS13.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	X			Nursing licenses and CPR/AED certifications are available on site. Medical/Mental Health Provider licenses and CPR/AED certifications are available at Men's Central Jail, suite 1017. A copy of all Pharmacist and Pharmacy Tech licenses are posted on the wall in its respective Pharmacy. All licenses and certifications were reviewed and confirmed to be updated.
1204 Health Care Procedures Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	X			CHS: 62.02, 62.03, 68.03
1205 Health Care Records (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:	X			CHS: 52.01, 56.10
(1) Receiving screening form/history	X			Medical/Mental (M/M) Health Screenings were reviewed.
(2) Health evaluation reports;	X			M/M Health Screening and "Behavioral Observation and Mental Health Referral Report (BOMHR)" are utilized for medical/mental health evaluations. Specialty consultation evaluations are exercised accordingly.
(3) Complaints of illness or injury;	X			CHS52.01
(4) Names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			CHS56.10 All names of staff involved with the care of the patient are captured in the electronic medical record aka PowerChart. Practice was confirmed.
(5) Location where treated; and,	X			All inmate encounters are captured in the PowerChart.
(6) Medication records in conformance with Title 15 §1216.	X			Medical record review (MRR) was performed. Practice was confirmed in PowerChart.
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	X			CHS: 51.01, 51.04, 56.10, CDM4-12/000.00 PowerChart is password protected on an individual basis. Health Information Management (HIM) manages and maintains all hard copy medical records. All paper documents are scanned by HIM into each respective inmate's PowerChart accordingly.
The health authority shall ensure the confidentiality of each inmate's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records.	X			CDM4-12/000.00
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			CHS: 51.01, 51.04
(c) Written authorization by the inmate is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	X			CHS: 51.01, 51.04
(d) Inmates shall not be used for health care recordkeeping.	X			CHS51.15

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206 Health Care Procedures Manual The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:	X			CHS23.00 Policy and Procedure annual review and approval signature cover page
(a) Summoning and application of proper medical aid;	X			CHS: 53.01, 53.02, 53.03, 58.01, 62.02, 66.04
(b) Contact and consultation with other treating health care professionals;	X			
(c) Emergency and non-emergency medical and dental services, including transportation;	X			CHS: 43.01, 53.02, 53.03, 58.01, 62.02, 66.02, 66.04, 200.01, CDM5-03/110.00, 5-03/060.00
(d) Provision for medically required dental and medical prostheses and eyeglasses;	X			CHS: 61.06, 61.13, 61.14, 200.01, 202.01
(e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			CHS18.00, CDM5-03/140.00, 5-14/000.00
(f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;			X	CHS: 57.01, 57.02, 57.03, 57.04, 57.05, CDM7-02/010.00 Females are not screened at this facility.
(g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			CHS: 52.01, 52.02, 56.01
(h) Implementation of special medical programs;	X			CHS55.01
(i) Management of inmates suspected of or confirmed to have communicable diseases;	X			CHS: 54.17, 3000.04, 300.07, 300.08, 300.09, 300.10
(j) The procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;	X			CHS: 56.06, 55.01, 56.09, 62.03, 51.15, 350.01, 350.02, 350.03
(k) Use of non-physician personnel in providing medical care;	X			CHS: 651.00, 62.02, 62.03, 68.03
(l) Provision of medical diets;	X			CHS: 651.00, 652.00
(m) Patient confidentiality and its exceptions;	X			CHS: 51.01, 51.04, 51.15
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each inmate is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease.	X			CHS: 66.01, 67.01, 67.02, CDM4-12/000.00
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	X			CDM4-12/000.00 This process is coordinated through the Comprehensive Care Team (CCT).
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	X			CHS: 61.01, 67.01, 67.02

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Necessary inmate medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport;	X			CHS: 67.01, 67.02
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates;	X			CHS: 61.07, 61.08
(p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407;	X			CHS61.20
(q) Other services mandated by statute; and,	X			
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services, and no-cost access to contraception and STD treatment, for inmates who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.		X		CHS: 52.01, 52.02, 52.03, 61.08, 68.01, 68.03 See summary for details.
1206.5 Management of Communicable Diseases				CHS300.04
(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	X			
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	X			CHS: 52.01, 56.05, 300.03, 300.05, 300.06, 300.08, 300.09, 300.10, 300.11, 300.12, 300.13
The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.	X			
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	X			
(1) The types of communicable diseases to be reported;	X			CHS: 300.04, 300.07, 300.08, 300.09, 300.10, 401.02, 451.00
(2) The persons who shall receive the medical reports;	X			Public Health Nurse and licensed personnel involved in the care of those inmates.
(3) Sharing of medical information with inmates and custody staff;	X			CHS: 51.04, 52.01, CDM4-12/000.00 IRC housing and mobility form allows medical personnel to share healthcare instructions for each specific inmate.
(4) Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			CHS: 300.09,401.02
(5) Medical confidentiality requirements;	X			CHS51.04, CDM4-12/000.00
(6) Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			CHS54.17

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			CHS: 51.01, 51.04, 51.05, 65.01, 500.02, CDM4-12/000.00
(8) Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			CHS06.00, CDM4-08/000.00
1207 Medical Receiving Screening With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake	X			CHS52.01, CDM6-03/030.00
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			CHS52.01 Medical receiving screening forms are completed by deputies/officers/jailers prior to IRC. Any affirmative answers found on the medical receiving screening forms are further evaluated with the "M/M Health Screening" by licensed personnel at IRC located in TTCF. A "health level" acuity is assigned based on the M/M health screening findings and treated accordingly thereafter. Currently due to COVID, IRC established a staging area for COVID screening on all inmates prior to housing, etc. Inmates are treated on a case-by-case basis.
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening.	X			CHS52.01 Mini chest x-ray screens for active TB.
The training depends on the role staff are expected to play in the receiving screening process.	X			
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			CHS61.06
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			CHS: 52.01, 56.01
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1207.5 Special Mental Disorder Assessment An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.			X	CHS: 57.01, 57.02, 57.03, 57.04, 57.05, 180.01, CDM 5-04/010.00 Females with this condition are screened by CRDF IRC and housed accordingly.
1208 Access to Treatment The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.	X			CHS: 52.01, 52.10, 53.03, 56.01, 58.01, 62.02, 66.03, 68.01
The written plan shall also include the assessment and treatment of such inmates as described in Title 15, Section 1207, Medical Receiving Screening.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.	X			
1208.5. Health Care Maintenance For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place within the inmate's second anniversary of incarceration.	X			PowerChart has a two-year reminder alert that triggers a health care maintenance appointment.
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate.	X			
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.	X			
1209 Mental Health Services and Transfer to a Treatment Facility (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			CHS: 52.01, 67.01
1. Identification and referral of inmates with mental health needs;	X			CHS52.02
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			
3. Crisis intervention services;	X			CHS177.01
4. Basic mental health services provided, as clinically indicated;	X			CHS175.01
5. Medication support services; and,	X			CHS: 56.06, 56.08, 56.11, 176.01
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			CHS: 67.01, 181.26 Inmates are transferred to Correctional Treatment Center (CTC) for onsite treatment. This facility does not provide this type of service to inmates. Located in Tower 2 and licensed by the State of CA – DPH, SFU South Regional Office, the CTC is the designated facility that provides 24/7 nursing observations and medical/mental health care to extremely sick inmates that are too sick to be housed in the regular housing units and not sick enough to transfer to an acute hospital. Extreme mentally disordered inmates are housed in the Mental Health Unit (MHU).
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	X			CHS: 176.02, 181.24 MHU is responsible for administrating and monitoring involuntary psychotropic medications. MHU is not under the jurisdiction of Title 15. MHU is under Title 22.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	X			
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	X			
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;	X			
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	X			
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	X			
6. Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans (a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.	X			CHS56.10 Subjective, Objective, Assessment, Plan (SOAP) documentation format used. All documentations are performed in PowerChart.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			CHS61.10, CDM4-12/000.00 Quality Management Unit (QMU) CCT coordinates follow-up treatments post release for those inmates that either have been receiving treatments that have not been completed or abnormal results that arrive after the inmate was released. CCT may receive these as referrals from any discipline throughout LASD.
(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			CHS: 59.01, 66.01
1211 Sick Call There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.	X			CHS62.02
1212 Vermin Control The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			CHS: 300.11, 300.12
1213 Detoxification Treatment The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			CHS: 54.02, 61.02 Physician Care Set in PowerChart is ordered by MD. It is dependent upon individual assessment by the provider. For the extreme cases, inmates are either sent to CTC or LCMC for 24/7 monitoring and treatment.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	Medical personnel are assigned 24/7 at this facility. Inmate awaiting housing assignment that develops withdrawal symptoms would be transported to an appropriate hospital. Once the inmate is treated and can be safely managed in a custody environment, he would be medically evaluated and transported back to custody for housing.
1214 Informed Consent The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate.	X			CHS51.12

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			CHS: 51.01, 51.02, 51.05, 65.01
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	X			Juveniles are not housed at this facility. Conservatees may be housed at this facility. Informed consent must be signed by the conservator or by court order prior to any medical/mental health involuntary treatments.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.	X			CHS: 51.01, 51.03
1215 Dental Care The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.	X			CHS: 200.01, 201.01 Routine Dental Services are available for inmates housed at this facility.
1216 Pharmaceutical Management (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	X			CHS: 231.00-231.33, 350.00-352.01
(1) Securely lockable cabinets, closets and refrigeration units;	X			CHS: 350.01, 350.02
(2) A means for the positive identification of the recipient of the prescribed medication;	X			Practice confirmed during pill call observation.
(3) Procedures for administration/delivery of medicines to inmates as prescribed;	X			
(4) Confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, Section 1216(d);	X			CHS: 51.06, 56.06, CDM5-03/050.00 Practice confirmed to be consistent during Pill Call observation.
(5) That prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			CHS56.06 Practice confirmed via MRR.
(6) Prohibiting the delivery of drugs by inmates;	X			CHS51.15
(7) Limitation to the length of time medication may be administered without further medical evaluation; and,	X			CHS56.06
(8) Limitation to the length of time required for a physician's signature on verbal orders.	X			Verbal order is only exercised under extreme circumstances where death will result from the lack of immediate medical intervention.
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	X			Performed by the Chief Pharmacist who is in the TTCF's main pharmacy. Reviewed the P&T Committee's agendas and minutes that included reports and discussions on medication cost, management of returned medication and controlled drugs, etc.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			CHS350.00
(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			CHS: 350.01, 350.02 Practice confirmed.
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	X			CHS: 350.01, 350.02 Practice confirmed.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			CHS51.06 Practice confirmed.
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	X			Practice confirmed.
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	X			CHS: 51.06, 56.06 Practice confirmed.
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	X			CHS56.06 Practice confirmed.
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	X			CHS56.06 Practice confirmed.
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	X			CHS350.02 Practice was consistent with pharmacy procedures. All unused and expired medications are returned to Pharmacy for proper disposal.
(c) Policy and procedures on “over-the-counter” medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			CHS: 51.06, 62.02, 62.03
(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:	X			CHS51.06

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.	X			Practice was confirmed via medical records review (MRR) and pill call observation.
(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.	X			Practice was confirmed via MRR.
(3) Prescribing health care staff document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			Practice was confirmed via MRR.
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding self-administration.	X			
(6) Provisions are made for health care staff to perform documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			Practice was confirmed via MRR.
1217 Psychotropic Medications The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	X			CHS: 51.08, 56.11, 176.01, 231.00 Involuntary medications are not administered in this facility. Inmates are transferred to CTC. In the event an inmate is deemed incompetent and requires a conservator, the conservator must sign the informed consent, or a court order must be in place prior to the inmate receiving any medical/mental health care services.
An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.			X	CHS231.00 Involuntary medications are not administered at this facility. Inmates are transferred to CTC.
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	X			
An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.	X			CHS176.02 Involuntary medications are not administered at this facility. Inmates are transferred to CTC.
Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.			X	CHS: 176.03, 181.18, 181.24, 181.26 Involuntary medications are not administered at this facility. Inmates are transferred to CTC. *See summary for details.
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			CHS: 56.11, 56.06, 176.01, 176.02, DMH103.01 Inmates receiving psychotropic medication are seen periodically by the psychiatrist to determine improvement, whether side effects are present and the effectiveness of the medication.
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			CHS: 07.00, 53.04, 53.05, CDM3-14/090.00 First aid kit is available at each housing unit located at the Jailer's desk.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	X			Additional supplies are available in case of emergencies.
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			CHS: 26.00, 227.19, CDM4-10/050.00 All in-custody deaths and Sheriff Station Jail deaths are reviewed by the Quality Management Unit, Risk Assessment Team (aka RAT). Practice was confirmed via review of death reports.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			Practice reviewed and confirmed.
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:			X	Minors are not housed in this facility.
(1) the administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.			X	
ARTICLE 3, TRAINING, PERSONNEL AND MANAGEMENT				
1030. Suicide Prevention Program. The facility shall have a comprehensive written suicide prevention program developed by the facility administrator, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those inmates who present a suicide risk.	X			CHS: 181.03, 181.28, 227.01
(a) Suicide prevention training for all staff that have direct contact with inmates.	X			
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	X			
(c) Provisions facilitating communication among arresting/transporting officers, facility staff, medical and mental health personnel in relation to suicide risk.	X			
(d) Housing recommendations for inmates at risk of suicide.	X			
(e) Supervision depending on level of suicide risk.	X			
(f) Suicide attempt and suicide intervention policies and procedures.	X			
(g) Provisions for reporting suicides and suicide attempts.	X			
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.	X			
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			CHS: 300.03-300.13, CDM5-11/070.00 Medical personnel assigned 24/7 at this facility. Practice was confirmed. Inmates with symptoms and/or confirmed MRSA lesions are segregated.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			CHS: 52.01, 181.06 Prior to admission from IRC, all inmates brought to IRC for admission have been screened by the arresting officer at a LASD, LAPD or Incorporated City Station Jail. If medical evaluation is warranted, the inmate is transferred to an appropriate medical facility for an "approval to book" in a detention facility. The "approval to book" paperwork accompanies the inmate to IRC where further medical screening is performed by licensed health care staff.
The response shall be noted on the booking form and/or screening device.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.</p>	X			CHS: 52.01, 52.02, 181.06
<p>An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.</p>	X			Evaluation is completed by Mental Health personnel.
<p>1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others</p>			X	There are no safety cells at this facility. Safety cells are in CTC. Single person cells may be used pending housing assignment or transfer to CTC.
<p>The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.</p>			X	CHS225.40, CDM8-40/000.00
<p>In no case shall the safety cell be used for punishment or as a substitute for treatment.</p>			X	
<p>An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.</p>			X	
<p>A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.</p>			X	
<p>The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.</p>			X	
<p>Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.</p>			X	
<p>Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.</p>			X	No sobering cell available at this facility.
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
<p>1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.</p>	X			CHS: 52.01, 56.01
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			CHS52.01
<p>1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.</p>			X	CHS: 228.00 (4-18, 4-19), 61.20, CDM7-03/000.00, CDM7-03/000.05, CDM7-03/000.10, CDM7-03/000.15, CDM7-03/010.00, CDM7-03/020.00, CDM7-03/030.00, CDM7-03/040.00 Medical restraints are only used in CTC and MHU.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.			X	
In no case shall restraints be used for punishment or as a substitute for treatment.			X	
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.			X	
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.			X	
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.			X	
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.			X	
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.			X	
1058.5 Restraints and Pregnant Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			CHS: 228.00 (4-18, 4-19), 61.20, CDM 5-01/045.00, CDM 7-02/010.00 Medical restraints are only used in CTC and MHU.
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

Summary of medical/mental health evaluation:
Twin Towers Correctional Facility I and II (2022)

Twin Towers Correctional Facility (TTCF) is the central hub located in the out skirt of Chinatown. It is also the administrative headquarter for the Correctional Health Services (CHS). TTCF provides majority of CHS's medical/mental health care delivery services. The medical/mental health care services and projects include but not limited to the following:

1. Urgent Care – CHS provides urgent care services to in-house inmates. Those services include but not limited to abscess drainage, electrocardiography, minor surgeries, non-emergent level care, CT scan, etc.
2. Specialty Clinics and services:
 - a. The Correctional Treatment Center (CTC) – Licensed by the State of California Title 22 to provide 24 hours medical/mental health care for acute medical/mental care that cannot be managed on the regular housing unit.
 - i. Currently the holding area for positive COVID and high-risk persons under investigation (PUI) inmates.
 - b. Mental Health Unit (MHU; aka FIP) – One of the largest correctional mental health facility in the west coast. MHU is licensed under Title 22 as a step-down psychiatric hospital and is staffed 24 hours with qualified psychiatric health workers who provide treatment and prescriptions for voluntary and involuntary psychotropic medications.
 - c. Higher Observation Housing (HOH) program focuses on non-compliant inmates on psychotropic treatment regimen:
 - i. The team includes: Department of Mental Health physician, Clinical Nursing Director, Nurse Manager, Commander, Captain, and Sergeant.
 - ii. Out of Cell Compliance Interdisciplinary Treatment Team focuses on returning inmates back to their maximum normalcy.
 - d. Medical Observation Housing (MOH).
 - e. Supplemental Assessment Team (SAT) provided by Mental Health staff.
3. Medical Provider Clinics:
 - a. Doctor clinic is regularly available Monday to Friday from 0600 to 1400 hours. However, it may be available at off hours and weekends depending on provider availability.
 - i. Physical therapy, ambulation equipment and other rehab services are provided.
 - b. Dental clinic is available Monday to Friday from 0600 to 1400 hours.
 - c. Optometry operates Wednesday, Thursday and Friday from 0600 to 1400 hours.
 - d. Diabetes clinic hours of operation is Tower I – Wednesday; Tower II – Monday, Tuesday, Thursday from 0600 to 1400 hours.
 - e. Coumadin clinic is Monday to Thursday from 0600 to 1400 hours.
 - f. Podiatry clinic is Wednesday and Tuesday from 1700 to 2200 hours.
 - g. Physical therapy clinic is on Tuesday from 0600 to 1400 hours.
4. Ancillary services:
 - a. Central pharmacy service that includes procurement, repackaging, labeling and delivery of pharmaceuticals to other Sheriff Jails, the management of the self-medication program, staffing of licensed pharmacists and pharmacy services 24 hours a day seven day a week.
 - b. Radiology provides 24 hours service.
 - c. Laboratory is available 7 days from 0600 to 2200 hours.
 - d. Infectious Control Unit operated by PHN provides medical assessments, treatment, referral, consultation on housing for patients with a communicable disease, staff education on communicable disease prevention and liaison activity with the Public Health Department for the identification and control of communicable disease.
5. Administrative responsibilities:
 - a. Jail Health Information System (JHIS) manages the electronic medical records system aka PowerChart.
 - b. Quality Management Unit:

- i. Risk Assessment Team (RAT) handles all lawsuits, review charts for all death in custody, etc.
- ii. Court Orders Unit (COU) handles all court orders.
- iii. Comprehensive Care Team (CCT) handles the chart audits, follow-up with released inmates on continuing their treatment regimen, etc.
- iv. Continuous Quality Improvement (CQI) performs peer reviews, review quarterly system processes for quality improvement purposes, etc.
- c. Staff development provides all the trainings necessary for all medical and non-medical staff to function at the highest level of competence of the department and Title 15.
- d. Clinical Scheduling Unit (CSU) schedules all medical/dental/mental health appointments for the department.
6. Quality improvement projects include but not limited to:
 - a. Food Assessment and Surveillance Tactic (FAST)
 - b. Gassing Awareness and Prevention Program (GAPP)
 - c. Flattening the Curve (COVID19 Project)
 - d. Tower I Provider Line Productivity Project
 - e. Provision 65 Project – Pill Call compliance project
 - f. “Safety Huddles” meets every Tuesday and Thursday at 0700 hours – Safe, Timely, Efficient, Plan of Care, Upgrade, Progress

Based on the staff interviews, policies and protocols review, credentialing review, facility observations and walk through, pill call observation, and random medical records review performed on May 25-26 and July 5 and July 28, 2022, the following findings were identified:

LASD CUSTODY AND CHS (systemic issue):

“Provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services [...]” Based on scheduling data, there is a steady number of “no shows” with varying reasons. These “no shows” affects the care being delivered to patients in a timely manner. It was noted from interviews with providers/medical staff that when a “no show” occurs, a replacement patient does not get bumped forward to get seen despite the ability to do so. A new process should be explored to allow for a replacement patient to be assigned that appointment slot when a “no show” occurs to increase efficiency and productivity. This new process will directly lower the number of appointment backlogs. The development of this process should include Custody. Custody cooperation is essential for a successful execution of the new process. CHS personnel were informed of findings and recommendation. Pending corrective action plans. Will review and confirm practice during next inspection cycle. **(T-15-1206(r))**

*MENTAL HEALTH (systemic issue):

(Finding since 2021) Based on current state regulations, Governor Gavin Newsom issued Executive Order N-55-20 (2019 CA EO 55-20), in response to the COVID-19 pandemic, had suspended certain provisions related to the operation of treatment and rehabilitation facilities that could restrict staffing flexibility. Therefore, the psychotropic informed consent finding will be marked as NA (Not Applicable) in reference to Executive Order N-55-20 (2019 CA EO 55-20) #11: “California Code of Regulations, Title 9, section 852 is suspended to the extent it prevents a patient from receiving psychiatric medication without the patient’s physical signature.” This Executive Order remains in place during this inspection cycle. This section will resume enforcement when the stated Executive Order be removed, replaced, or superseded hereafter. Meanwhile, verbal consents are still expected to be documented and uploaded into PowerChart consent folder. Verbal consents are also expected to be documented in the MARS so that the nurses will know the psychotropic medications are consented. Based on medical records review, verbal consents are not being consistently obtained. This had been brought up to LA County Counsel and CHS upper management’s attention. Corrective action plans were requested. This will continue to be reviewed during each inspection cycle. **(T-15-1217)**