ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

5300

BSCC #: _____

FACILITY NAME: **Santa Cruz County Corrections Rountree Rehabilitation and Re-entry Facility**			COUNTY: **Santa Cruz**	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): **100 Rountree Lane** **Watsonville, CA. 95076** **(831) 454- 7873**				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II ☒	TYPE III ☐	TYPE IV ☐
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED: **May 7, 2024**	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): **Caren Dix RDN, Nutrition Inspector, Nutrition Consultant, (831) 295-2871**				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): **Kristen Mitchell, Santa Cruz Corrections Food Service Manager, (831) 454-7842** **Belen Mendoza, Aramark Food Service Director, (831) 454- 7878**				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

II. NUTRITIONAL HEALTH EVALUATION[1]
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1230 FOOD HANDLERS *(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)* The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of incarcerated food service workers prior to working in the facility kitchen. There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	Do not identify compliance with this regulation here. See comments.			*The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.*
ARTICLE 12. FOOD				
1240 FREQUENCY OF SERVING In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.	☒	☐	☐	
At least one of these meals shall include hot food.	☒	☐	☐	**Dinner is a hot meal**
Supplemental food must be served to incarcerated persons if more than 14 hours pass between evening and morning meals.	☒	☐	☐	
Supplemental food must be served to people on medical diets in less than the time period outlined above, if prescribed by the responsible physician.	☒	☐	☐	
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those on medical diets where the responsible physician has prescribed additional time.	☒	☐	☐	
Provisions shall be made for incarcerated persons who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and [persons] on medical diets shall be provided with their prescribed meal.	☒	☐	☐	

[1] This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1241 MINIMUM DIET The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2019 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, and the 2020-2025 Dietary Guidelines for Americans, which are hereby incorporated by reference. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	☒	☐	☐	
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	☒	☐	☐	
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating people, the requirement is four servings of milk or milk products.	☒	☐	☐	
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	☒	☐	☐	
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	☒	☐	☐	
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	☒	☐	☐	
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, com bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	☒	☐	☐	
Providing only the minimum servings outlined in this regulation is not sufficient to meet an incarcerated person's caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet daily caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2020-2025 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	☒	☐	☐	
1242 MENUS Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals.	☒	☐	☐	
Menus shall be approved by a registered dietitian before being used. The dietitian shall ensure that the meals meet the nutritional and hot food requirements set forth in Sections 1240 and 1241.	☒	☐	☐	
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet. Variations in the menu shall meet the caloric requirements set forth in Section 1241.	☒	☐	☐	
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	☒	☐	☐	
1243 FOOD SERVICE PLAN Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	☒	☐	☐	
(a) menu planning;	☒	☐	☐	
(b) purchasing;	☒	☐	☐	
(c) storage and inventory control;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) food preparation and handling, including provisions for food that is found to be contaminated, expired, showing obvious signs of spoilage, or otherwise not fit for human consumption;	☒	☐	☐	
(e) food serving;	☒	☐	☐	
(f) transporting food;	☒	☐	☐	
(g) orientation and ongoing training;	☒	☐	☐	
(h) personnel supervision;	☒	☐	☐	
(i) budgets and food cost accounting;	☒	☐	☐	
(j) documentation and record keeping;	☒	☐	☐	
(k) emergency feeding plan;	☒	☐	☐	
(l) waste management;	☒	☐	☐	
(m) maintenance and repair; and,	☒	☐	☐	
(n) three-day mainline sample tray.	☒	☐	☐	
1245 KITCHEN FACILITIES, SANITATION AND FOOD SERVICE (a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.	☒	☐	☐	
(b) In facilities where incarcerated people prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer: (1) H & S Sections 114130-114141;	☒	☐	☐	
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	☒	☐	☐	
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	☒	☐	☐	
(4) H & S Sections 114268-114269; and,	☒	☐	☐	
(5) H & S Sections 114279-114282.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1246 FOOD SERVING AND SUPERVISION Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	☒	☐	☐	
1248 MEDICAL DIETS The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	☒	☐	☐	
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	☒	☐	☐	
The facility manager shall comply with any medical diet prescribed for an incarcerated person.	☒	☐	☐	
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	☒	☐	☐	
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	☒	☐	☐	
Pregnant and lactating people shall be provided a balanced, nutritious diet approved by a doctor.	☒	☐	☐	**There are no females in this facility**

Summary of nutritional evaluation:

The Santa Cruz County Rehabilitation and Re-entry Facility is a minimum-security unit within the Santa Cruz County Corrections Rountree Facility. The R and R unit does not have a refrigerator, or a separate food service preparation area. All meals and food service occur within the Rountree facility main kitchen, which provides meals to the Rehabilitation and Re-entry unit at the facility. Incarcerated persons from the R and R unit can work in the main kitchen and receive food service training as part of that work. All Title 15 regulations are met and menu meet Dietary guidelines for Americans.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

BSCC #: _____

FACILITY NAME: Rehabilitation and Reentry Facility			COUNTY: Santa Cruz	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 100 Roundtree Lane Santa Cruz, CA95060				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I ☐	TYPE II x☐	TYPE III ☐	TYPE IV ☐
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 5/17/2024	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Dr. Chia-Chen Lee, DNP, MSN, FNP-C, CCHP 408-790-7366 ChiaFNP@gmail.com				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lieutenant Christopher Shearer 831-454-7898 Chris.Shearer@santacruzcountyca.gov Linda Corfman, HSA, Wellpath Linda.corfman@wellpath.us 760-455-2142 Sarah Hewett RN, Wellpath 831-454-7894 Sarah.Hewett@santacruzcountyca.gov Lisa Hernandez MD, Health Officer Lisa.Hernandez@santacruzcountyca.gov Emellie Feena, Assistant Director of Nursing, Public Health Department Brenda Campbell, BH program manager				

This checklist is to be completed pursuant to the attached instructions.

III. MEDICAL/MENTAL HEALTH EVALUATION[1]
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 11. MEDICAL/MENTAL HEALTH SERVICES				
1200 RESPONSIBILITY FOR HEALTH CARE SERVICES (a) 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 incarcerated persons.	☒	☐	☐	Wellpath is a contracted agency providing medical and mental health services to all inmates until June 29, 2024. The Naph Care is a new contracted agency, with a starting date of Juen 30, 2024.
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible qualified health care professionals, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.	☒	☐	☐	Medical Director, Salvatore Fratianni, DDS Choi, and the psychiatrist make final clinical decisions.
Each facility shall have at least one physician available.	☒	☐	☐	MD Fratianni is on site every Wednesday for both Roundtree, and the Rehabilitation and Reentry (R & R) facilities
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.	☐	☐	☒	Type II Facility
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.	☒	☐	☐	2023 Annual report reviewed. The average population was 333 (all four facilities) with approximately 58 to 74% of the population was on psychotropic medications.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	☒	☐	☐	QI committee meets quarterly to share care issues and develop interventions. However, interview reveals that no QI data was shared during the QI meetings (see summary).
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	☒	☐	☐	
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.	☒	☐	☐	

[1] This document is intended for use as a tool during the inspection process; this worksheet may not contain each Title 15 regulation that is required. Additionally, many regulations on this worksheet are SUMMARIES of the regulation; the text on this worksheet may not contain the entire text of the actual regulation. Please refer to the complete California Code of Regulations, Title 15, Minimum Standards for Local Facilities, Division 1, Chapter 1, Subchapter 4 for the complete list and text of regulations.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	☒	☐	☐	All health care providers and nurses' licenses are closely monitored by designated administrators from Wellpath HR. All officers are CPR certified every two years and meeting Standards and Training for Corrections (STC) requirements.
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.	☒	☐	☐	
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.	☒	☐	☐	The medical director is on-site one day per week on Wednesdays. RNs are trained in standardized procedures with annual review online courses.
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: (1) receiving screening form/history;	☒	☐	☐	EMR, the COR system has been in place since 2017. Receiving screening is done at the main jail prior to transferring to the R & R Facility.
(2) health evaluation reports;	☒	☐	☐	
(3) complaints of illness or injury;	☒	☐	☐	
(4) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	☒	☐	☐	
(5) location where treated; and,	☒	☐	☐	
(6) medication records in conformance with section 1216.	☒	☐	☐	
(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.	☒	☐	☐	Health records are separated from custody records.
The health authority shall ensure the confidentiality of each incarcerated person's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the person's other jail records.	☒	☐	☐	The COR system is fully controlled and managed by Wellpath, separated from the Sheriff's Jail Management System (JMS).
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 incarcerated person or others, management of the jail, or maintenance of jail security and order.	☒	☐	☐	
(c) Written authorization by the incarcerated person is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	☒	☐	☐	
(d) Incarcerated persons shall not be used for health care recordkeeping.	☒	☐	☐	Inmates are not used for health care.

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: (a) summoning and application of proper medical aid;	☒	☐	☐	Policies and procedures are reviewed annually.
(b) contact and consultation with other treating health care professionals;	☒	☐	☐	
(c) emergency and non-emergency medical and dental services, including transportation;	☒	☐	☐	Emergency services are available via Watsonville Community Hospital.
(d) provision for medically required dental and medical prostheses and eyeglasses;	☒	☐	☐	DDS Choi, who is on site at the main jail twice per week. Inmates who need dental care are transferred to the main jail on Thursdays.
(e) notification of next of kin or legal guardian in case of serious illness which may result in death;	☒	☐	☐	
(f) provision for screening and care of pregnant and lactating people, 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;	☐	☐	☒	Male only facility.
(g) screening, referral, and care of incarcerated persons who may be in behavioral crisis or have developmental disabilities;	☒	☐	☐	Inmates in need of crisis intervention will be transferred back to the main jail or the nearby Emergency Room.
(h) implementation of special medical programs;	☒	☐	☐	
(i) management of incarcerated persons suspected of or confirmed to have communicable diseases;	☒	☐	☐	
(j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to incarcerated persons, and disposal of pharmaceuticals;	☒	☐	☐	Dimond Pharmacy provides overnight delivery of pharmaceuticals. A local CVS pharmacy is contracted for urgent medication needs.
(k) use of non-physician personnel in providing medical care;	☒	☐	☐	
(l) provision of medical diets;	☒	☐	☐	On the day of inspection, the most common diets were diabetic, Halal, gluten free, lactose free, low sodium, vegetarian, and vegan.
(m) patient confidentiality and its exceptions;	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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 incarcerated person is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for incarcerated persons with known or suspected active tuberculosis disease.	☒	☐	☐	
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	☒	☐	☐	
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.	☒	☐	☐	
Necessary medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and incarcerated passengers from disease transmission during transport;	☒	☐	☐	
(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 incarcerated people;	☒	☐	☐	Health staff do not collect any evidence.
(p) provisions for application and removal of restraints on pregnant people consistent with Penal Code Section 3407;	☐	☐	☒	Male only facility.
(q) other Services mandated by statute; and,	☒	☐	☐	
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services within seven days of request, and no-cost access to contraception and STD treatment, for incarcerated persons who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	☒	☐	☐	Interviews and chart reviews confirmed sick call requests received a response within seven days.
1206.5 MANAGEMENT OF COMMUNICABLE DISEASES (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.	☒	☐	☐	Receiving screening is done in the main jail prior to transfer to the R& R Facility.
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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The plan shall reflect the current local incidence of communicable diseases which threaten the health of incarcerated people and staff.	☒	☐	☐	
(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:	☒	☐	☐	
(1) the types of communicable diseases to be reported;	☒	☐	☐	
(2) the persons who shall receive the medical reports;	☒	☐	☐	The Confidential Morbidity Report (CMR) form is completed and sent to the Public Health Department as required.
(3) sharing of medical information with incarcerated persons and custody staff;	☒	☐	☐	
(4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	☒	☐	☐	
(5) medical confidentiality requirements;	☒	☐	☐	
(6) housing considerations based upon behavior, medical needs, and safety of the affected incarcerated persons;	☒	☐	☐	
(7) provision for consent by an incarcerated person that address the limits of confidentiality; and,	☒	☐	☐	
(8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	☒	☐	☐	
1207 MEDICAL RECEIVING SCREENING A screening shall be completed on all incarcerated persons at the time of intake	☐	☐	☒	Receiving screening is done at the main jail. Inmates are screened again before transferring to the R & R Facility.
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, and communicable diseases.	☐	☐	☒	
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. The training depends on the role staff are expected to play in the receiving screening process.	☐	☐	☒	
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by incarcerated persons).	☐	☐	☒	
There shall be a written plan to provide care for any incarcerated person who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	☐	☐	☒	
1207.5 SPECIAL BEHAVIORAL HEALTH ASSESSMENT An additional mental health screening will be performed, according to written procedures, on incarcerated persons 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.	☒	☐	☐	Policy in place, interview confirmed the practice. Inmates with serious mental disorders will be housed in the main jail. Male only facility.
1208 ACCESS TO TREATMENT The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and referring any incarcerated person who appears to be in need of medical, mental health, dental, or developmental disability treatment at any time during their incarceration subsequent to the receiving screening.	☒	☐	☐	Blue slip (sick call) request forms are in all housing areas in addition to tablet sick call submissions. Sick calls are triaged by RNs daily.
The written plan shall also include the assessment and treatment of such persons as described in Section 1207, Medical Receiving Screening.	☒	☐	☐	
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and direction of licensed health personnel.	☒	☐	☐	Interviews confirmed that some inmates submitted their blue slips to officers or left by the door unsupervised. Officers would then "glance" the request and deliver it to the medical. The administrator was notified, and corrective action taken.
1208.5 HEALTH CARE MAINTENANCE For people undergoing prolonged incarceration, an age appropriate and risk factor-based health maintenance visit shall take place within the person's second year of incarceration.	☒	☐	☐	Health appraisals are scheduled for inmates who stay more than a year, including physical and dental appraisals.
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health.	☒	☐	☐	
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals, but not to exceed one year, as determined by the responsible physician.	☒	☐	☐	
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:	☒	☐	☐	Mental health services are provided by Wellpath. The psychiatrist enters all psychotropic medication orders in COR EMR.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1. Identification and referral of incarcerated persons with mental health needs;	☒	☐	☐	
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	☒	☐	☐	Tele-psychiatry 1-2 days per week, with a psychiatric nurse practitioner on call after-hours.
3. Crisis intervention services;	☒	☐	☐	Inmates with urgent mental health needs will be transferred back to the main jail.
4. Basic mental health services provided to incarcerated persons as clinically indicated;	☒	☐	☐	Mental health clinicians see inmates based on a referral system.
5. Medication support services;	☒	☐	☐	
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.	☒	☐	☐	
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themself 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 Health Care Services 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 person 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 person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	☒	☐	☐	No LPS unit in this facility.
(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:	☐	☐	☒	No involuntary administration of medication in this facility.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	☐	☐	☒	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	☐	☐	☒	
3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff;	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	☐	☐	☒	
5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person 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	☐	☐	☒	
6. Documentation of the administration of involuntary medication in the incarcerated person's medical record.	☐	☐	☒	
1210 INDIVIDUALIZED TREATMENT PLANS (a) For each person treated by a mental health service in a jail, the responsible mental health care provider shall develop a written treatment plan.	☒	☐	☐	Staff documentation using SOAP format.
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	
(b) For each person treated for health conditions for which additional treatment, special accommodations or a schedule of follow-up care is 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 incarcerated person. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	☒	☐	☐	Discharge planning for inmates who take psychotropic medication is prearranged by a designated discharge coordinator. Two weeks' worth of psychotropic medication is prescribed in advance through the local pharmacy chosen by the inmate. Inmates are responsible to pick-up the psychotropic medication after their release.
1211 SICK CALL The facility administrator, in cooperation with the health authority, shall develop written policies and procedures, which provide daily sick call for all incarcerated persons or provision made that any incarcerated person requesting medical/mental health attention be given such attention.	☒	☐	☐	"Access to Treatment" sick call process via tablets is available. Inmates can check the status of their sick call via tablets. Paper sick call request forms are available if inmates choose not to use the tablet system. Sick call boxes are missing in some of the units. Per interviews, inmates sometimes submit sick call requests to the officers. Administrators informed the sick call boxes are required in all housing units.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1212 VERMIN CONTROL The responsible physician shall develop a written plan for the control and treatment of incarcerated persons who are found to be vermin-infested. 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 incarcerated person.	☒	☐	☐	
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.	☒	☐	☐	CIWA and COWS protocols are in place. Mild and moderate withdrawal symptoms are managed on site. Inmates with severe withdrawal symptoms are sent to the ED. The MAT program is available in this facility. On the day of the inspection, fifteen inmates were on MAT program between the Roundtree and the Rehabilitation and Reentry Facilities.
Facilities without medically licensed personnel in attendance shall not retain incarcerated people 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.	☒	☐	☐	Medical staff are on site with providers on-call 24/7.
1214 INFORMED CONSENT The health authority shall set forth in writing a plan for informed consent of incarcerated persons in a language understood by the incarcerated person.	☒	☐	☐	
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 care of incarcerated people.	☐	☒	☐	Psychotropic medication consents ordered by Tele-psychiatry have no medication dosages (see summary).
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any incarcerated person who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	☐	☐	☒	No minors are in this facility.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person.	☒	☐	☐	
1215 DENTAL CARE The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each incarcerated person, upon request, under the direction and supervision of a dentist licensed in the state.	☒	☐	☐	The dental clinic is available at the main jail on Thursdays.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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:	☒	☐	☐	Dimond Pharmacy provides overnight delivery of pharmaceuticals. In average, the shipping of medication arrives within 72 hours after orders placed.
(1) securely lockable cabinets, closets and refrigeration units:	☒	☐	☐	Medication room inspected.
(2) a means for the positive identification of the recipient of the prescribed medication;	☒	☐	☐	
(3) procedures for administration/delivery of medicines to incarcerated persons as prescribed;	☒	☐	☐	
(4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);	☒	☐	☐	In addition to providing security, officers accompanying nurses during pill call ensures inmate ingest their medication. No self-administration of medication in this jail.
(5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;	☒	☐	☐	
(6) prohibiting the delivery of drugs by incarcerated people;	☒	☐	☐	No medication is delivered by inmates.
(7) limitation to the length of time medication may be administered without further medical evaluation; and,	☒	☐	☐	
(8) limitation to the length of time required for a physician's signature on verbal orders.	☒	☐	☐	90 days is maximum order.
(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.	☒	☐	☐	
(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: (1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	MAT program is available in this jail with no capacity limitation.
(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.	☒	☐		
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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 incarcerated person. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	☒	☐	☐	
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	☒	☐	☐	
(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.	☒	☐	☐	Only licensed nursing staff administer medications.
(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.	☒	☐	☐	All medications are administered by licensed staff.
(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.	☒	☐	☐	
(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.	☒	☐	☐	Inmates can purchase Tylenol, five two-pill packs from commissary. No Motrin is available from commissary.
(d) Policy and procedures may allow self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:	☐	☐	☒	The R & R Facility does not allow self-administration of medication.
(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.	☐	☐	☒	
(2) Incarcerated persons 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.	☐	☐	☒	
(3) Prescribing health care staff document that each incarcerated person participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the incarcerated person.	☐	☐	☒	
(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 incarcerated person is in violation of rules regarding self-administration.	☐	☐	☒	
(6) Provisions are made for health care staff to perform documented assessments of an incarcerated person's compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the person's health.	☐	☐	☒	
1217 PSYCHOTROPIC MEDICATIONS The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	☒	☐	☐	Approximately 58-74% of inmates are on some type of psychotropic medication in this facility.
An incarcerated person found by a physician to be a danger to themself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	☐	☐	☒	No involuntary psychotropic medication in this facility.
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	☒	☐	☐	
An emergency is a situation in which action to impose treatment over the incarcerated person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the incarcerated person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	☐	☐	☒	No involuntary psychotropic medication in this facility.
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 incarcerated persons involuntarily receiving psychotropic medication.	☐	☐	☒	
Psychotropic medication shall not be administered to an incarcerated person absent an emergency unless the person has given 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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 incarcerated people receiving psychotropic medications, including a review of all emergency situations.	☒	☐	☐	
The administration of psychotropic medication is not allowed for disciplinary reasons.	☒	☐	☐	Psychotropic medication is never administered for disciplinary reasons.
1220 FIRST AID KITS First aid kit(s) shall be available in all facilities.	☒	☐	☐	First Aid kits and AEDs are inspected regularly. The AED pad expires July 17, 2025.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	☒	☐	☐	
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 at a minimum shall include the facility administrator or designee, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	☒	☐	☐	No deaths reported in either facility during this inspection year.
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.	☒	☐	☐	
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding 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.	☐	☐	☒	No minors are housed in this facility.
(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.	☐	☐	☒	
ARTICLE 3. TRAINING, PERSONNEL AND MANAGEMENT				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1030 SUICIDE PREVENTION PROGRAM The facility shall have a comprehensive written suicide prevention program developed by the facility administrator or designee, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those incarcerated persons who present a suicide risk. The program shall consider national best practices and include the following:	☒	☐	☐	Suicide prevention is covered in policies and procedures. Annual training is provided to all staff.
(a) Annual suicide prevention training for all custodial personnel.	☒	☐	☐	
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	☒	☐	☐	
(c) Screening during special situations, including placement in restrictive housing, following a hearing, and after a transfer or change in classification.	☒	☐	☐	
(d) Provisions facilitating communication among arresting/transporting officers, facility staff, court staff, medical and mental health personnel in relation to suicide risk.	☒	☐	☐	Mental Health provides input to custody staff on housing assignments for inmates at risk.
(e) Housing recommendations for people at risk of suicide that balance safety and environment. The least restrictive environment should be considered.	☒	☐	☐	
(f) Supervision depending on level of suicide risk.	☒	☐	☐	
(g) Suicide attempt and suicide intervention policies and procedures.	☒	☐	☐	
(h) Provisions for reporting suicides and suicides attempts.	☒	☐	☐	
(i) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator, including the development of a corrective action plan to address deficiencies identified in the administrative review.	☒	☐	☐	
(j) Provisions for follow up care as needed.	☒	☐	☐	
(k) Plan for mental health consultation following return from court as needed.	☒	☐	☐	
ARTICLE 5. CLASSIFICATION AND SEPARATION				
1051 COMMUNICABLE DISEASES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require medical isolation of an incarcerated person until a medical evaluation is completed.	☒	☐	☐	Inmates with possible communicable disease will be transferred back to the main jail.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether the person 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.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The response shall be noted on the medical screening form.	☒	☐	☐	
1052 BEHAVIORAL CRISIS IDENTIFICATION The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all incarcerated people who may be in behavioral crisis. Evaluation of behavioral crisis may include telehealth. If an evaluation from medical or mental health staff is not readily available, an incarcerated person shall be considered in behavioral crisis for the purpose of this section if they appear to be a danger to themselves or others or appear gravely disabled.	☒	☐	☐	Inmates who appear to be a danger to self or others will be transferred for further evaluation and treatment.
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. Separation may be used if necessary, to protect the safety of the person in crisis or others.	☒	☐	☐	
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 people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others	☒	☐	☐	The facility has one safety cell in the administrative area but is never used.
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 incarcerated person in a safety cell to a physician.	☒	☐	☐	
Policies and procedures shall include, but not be limited to: (a) In no case shall the safety cell be used for punishment or as a substitute for treatment.	☒	☐	☐	
(b) A person 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.	☒	☐	☐	
(c) A medical assessment shall be completed as soon as possible, but not more than 12 hours from the time of placement in the safety cell. The person shall be medically cleared for continued retention, referral to advanced treatment, or removal from the safety cell a minimum of every 24 hours thereafter.	☒	☐	☐	
(d) 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 as soon as possible, but not more than 12 hours from placement.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) Direct visual observation shall be conducted at least twice every 30 minutes, with no more than a 15-minute lapse between safety checks. Such observation shall be documented.	☒	☐	☐	
(f) Procedures shall be established to assure administration of necessary nutrition and fluids.	☒	☐	☐	
(g) People placed in the safety cell 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 person's safety or to the security of the facility are documented.	☒	☐	☐	
1056 USE OF SOBERING CELL The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for temporary holding of incarcerated people who are a threat to their own safety or the safety of others due to their state of intoxication. A person shall be removed from the sobering cell as soon as they are able to continue the admission process or are no longer a risk to themselves or others. In no case shall a person remain in a sobering cell over six hours without an evaluation by medical or custody staff to determine whether the person has an urgent medical problem, pursuant section 1213 of these regulations.	☐	☐	☒	No sobering cell in the R & R Facility.
At 12 hours from the time of placement, all persons must receive an evaluation by responsible health care staff. Intermittent direct visual observation of people held in the sobering cell shall be conducted no less than every half hour.	☐	☐	☒	
Such observation shall be documented.	☐	☐	☒	
1057 DEVELOPMENTAL DISABILITIES 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 incarcerated persons with developmental disabilities.	☒	☐	☐	Inmates with developmental disabilities are assessed during intake at the main jail.
The health authority or designee shall contact the regional center for any incarcerated person suspected or confirmed to have a developmental disability for the purposes of diagnosis or treatment within 24 hours of such determination, excluding holidays and weekends.	☒	☐	☐	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1058 USE OF RESTRAINT DEVICES The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of restraint devices. Restraint devices include any devices which immobilize extremities or prevent the incarcerated person from being ambulatory. The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain incarcerated people for security reasons. The facility manager may delegate authority to place an incarcerated person in restraints to a responsible health care staff.	☐	☐	☒	No restraint devices are used in this facility. Inmates who require restraints will be transferred back to the main jail. Oleoresin Capsicum (O.C.) spray, chemical restraint is available but never used. No WRAP nor restraint chair is available in this facility.
(a) The policy shall address the following areas: (1) acceptable restraint devices;	☐	☐	☒	
(2) signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment;	☐	☐	☒	
(3) protective housing of restrained persons;	☐	☐	☒	
(4) provision for hydration and sanitation needs; and,	☐	☐	☒	
(5) exercising of extremities.	☐	☐	☒	
(b) Policy shall also include, but not be limited to, the following requirements: (1) In no case shall restraints be used for punishment or as a substitute for treatment.	☐	☐	☒	
(2) Restraint devices shall only be used on incarcerated people who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others.	☐	☐	☒	
(3) Restraint devices should be used only when less restrictive alternatives, including verbal de-escalation techniques, have been attempted and are deemed ineffective.	☐	☐	☒	
(4) An incarcerated person shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or responsible health care staff; continued retention shall be reviewed a minimum of every hour.	☐	☐	☒	
(5) Continuous direct visual observation shall be maintained until a medical opinion can be obtained.	☐	☐	☒	
(6) A medical opinion on placement and retention shall be secured within one hour from the time of placement.	☐	☐	☒	
(7) A medical assessment shall be completed within four hours of placement.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(8) Continuous direct visual observation shall be conducted at least twice every 30 minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the incarcerated person. Such observation shall be documented. While in restraint devices all incarcerated persons shall be housed alone or in a specified housing area which makes provisions to protect the person from abuse.	☐	☐	☒	
(9) If the facility manager, or designee, in consultation with responsible health care staff determines that an incarcerated person cannot be safely removed from restraints after eight hours, the person shall be taken to a medical facility for further evaluation.	☐	☐	☒	
(10) Where applicable, the facility manager shall use the restraint device manufacturer's recommended maximum time limits for placement.	☐	☐	☒	
(11) All events and information related to the placement in restraints shall be documented and shall be video recorded unless exigent circumstances prevent staff from doing so. The documentation shall include: the reason for placement; person authorizing placement; names of staff involved in the placement; injuries sustained; and the duration of placement.	☐	☐	☒	
1058.5 RESTRAINTS AND PREGNANT PERSONS The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant people. In accordance with Penal Code Section 3407, the policy shall include reference to the following:	☐	☐	☒	Male only facility.
(1) An incarcerated person known to be pregnant or in recovery after delivery or termination of the pregnancy shall not be restrained by the use of leg or waist restraints, or handcuffs behind the body.	☐	☐	☒	
(2) An incarcerated pregnant person in labor, during delivery, or in recovery after delivery or termination of the pregnancy, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the incarcerated person, the staff, or the public.	☐	☐	☒	
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of an incarcerated pregnant person during a medical emergency, labor, delivery, or recovery after delivery or termination of the pregnancy determines that the removal of restraints is medically necessary.	☐	☐	☒	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(4) Upon confirmation of an incarcerated person's pregnancy, they shall be advised, orally or in writing, of the standards and policies governing incarcerated pregnant people.	☐	☐	☒	

Summary of medical/mental health evaluation:

This Rehabilitation and Reentry Facility is for minimum security inmates and is in an unincorporated area of Southern Santa Cruz County with capacity of sixty-four. On the day of the inspection, May 17, 2024, the Rehabilitation and Reentry Facility census was thirty-seven. Multiple programs are available on site: agriculture, anger management, landscape, construction, hospitality, computer literacy, meditation, positive discipline, woodshop, parenting, substance abuse, yoga, and tutoring.

The medical clinic provides 24/7 nursing coverage for both facilities, an RN 0700-1900 and a LVN 1900-0700. MD Fratianni is on site one to two days per week and is on call 24/7. Dental care is provided by the Main Jail's dental clinic. A mental health clinician is on site as needed. Tele-psychiatry is available 1-2 days per week. EKG is available on site. LabCorp is contracted for lab services and Cal Mobile provides X ray and ultrasound services.

It is commendable that the facility was able to secure sufficient electronic tables during this inspection year. Currently, every inmate in the facility has his own tablet.

Deficiency:

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. 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.*

Upon chart review, the psychotropic medication prescribed during tele-psychiatry has consents, but no dosage indicated. Psychotropic medication consent should include the exact dosage or the range of dosages in conformance with Welfare and Institutions Code sections 369.5, 739.5, 5325, 5326.2, 5326.3, 5326.5, 5327, 5332, California Code of Regulations Title 9, Sections 850-857 2001; and California Rules of Court 1432.5. The prescriber should explain the proposed treatment in terms that are understandable and adequate for the inmate so that they are able to make an informed choice about whether to consent to medication. This includes information about the anticipated benefits of the medication, possible risks and side effects, *the range of doses*, initial effects to anticipate, and what would constitute a reasonable trial. Forms of shared decision-making, such as informed and consent, could be an opportunity to promote collaboration and offer the patient greater involvement in medication decisions. A clear dosage range is one of the essential elements during the inform and consent process. The facility is encouraged to conduct a training to all prescribers and a follow-up audit to ensure all psychotropic medication:

1. Psychotropic medications prescribed have consents with both prescriber and the inmates' signatures.
2. Consent has the name of medication and an indication of dosage or dosage range.

Evidence-based practice recommendations:

1. **Vaccine for Adults (VFA)**

From the first day of incarceration, inmates are exposed to and expose other inmates to various communicable diseases, many of which are vaccine preventable. The risk of acquiring these diseases during incarceration exceeds that of the general population. Jail is, for many inmates, an opportunity to access health care, and is therefore an ideal opportunity to update adult vaccination schedules (https://doi.org/10.1080/21645515.2015.1051269).

On the day of the survey, the medication room refrigerator contained only medications requiring refrigeration. No preventative vaccines were stored in the medication room. Many jails in California are enrolled in the Vaccines for Adults (VFA) program. Vaccines are purchased with limited federal funds under Section 317. Funds are referred to as 317-funded VFA vaccines.

Most jails follow the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices (ACIP) guidelines. The Santa Cruz County jail system is highly encouraged to apply for the VFA program and administer vaccines per ACIP standards.

The San Cruz County Rehabilitation and Reentry Facility meets all applicable Title 15 Standards for Medical/Mental Health, except:

1214 Informed Consent

Dr. Chia-Chen Lee, DNP, MSN, FNP-C, RN, PHN, CCHP
5/17/2024