TO: Gloria Fisher, Warden

FROM: Blake Pollock, Office of Inspector General

DATE: March 25, 2022

SUBJECT: DJRC Compliance Audit Preliminary Report

Dates of Annual Audit: February 8 – 10, 2022
Audit Period: May 14, 2021 – February 7, 2022

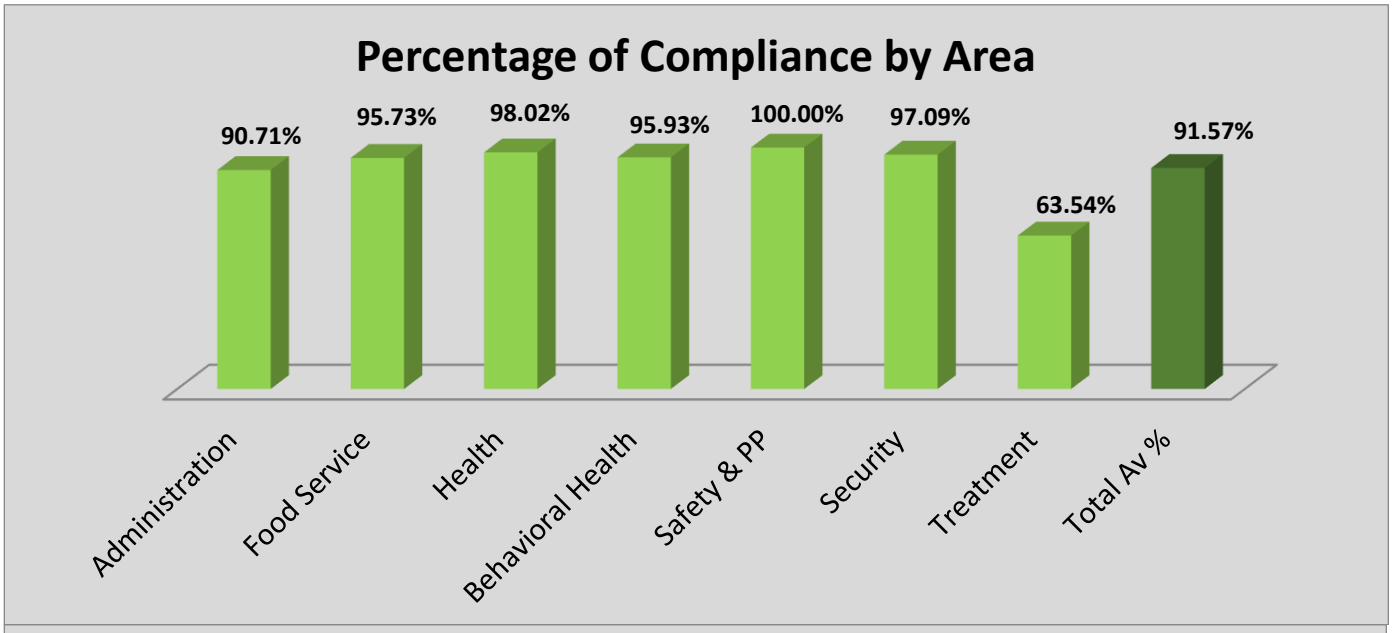
Scope:
The Office of the Inspector General has reviewed all instruments, policies, and policy exemptions that have been put into place. A continuous review of the policy is conducted to update and adjust any instrument needed for any changes. The exemptions granted due to COVID-19, as well as all policy updates, have been taken into consideration while conducting this audit.

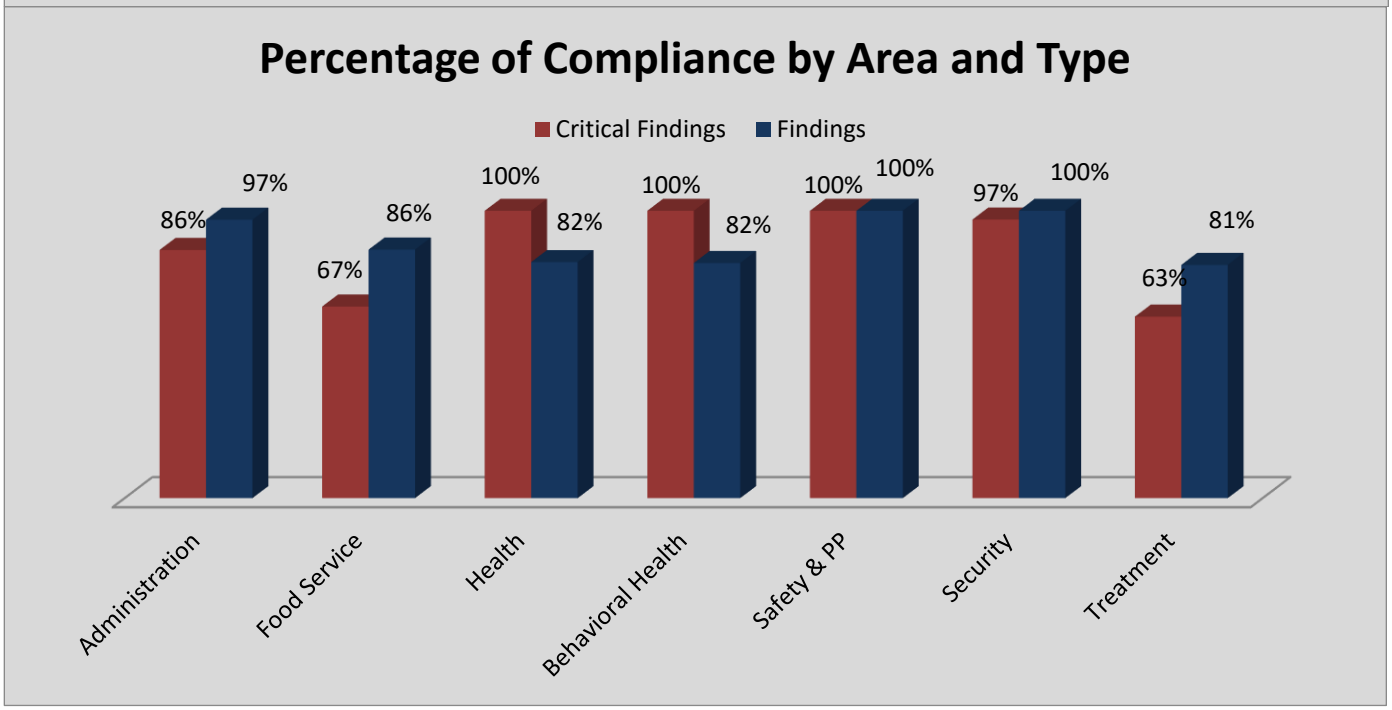
Team Members:

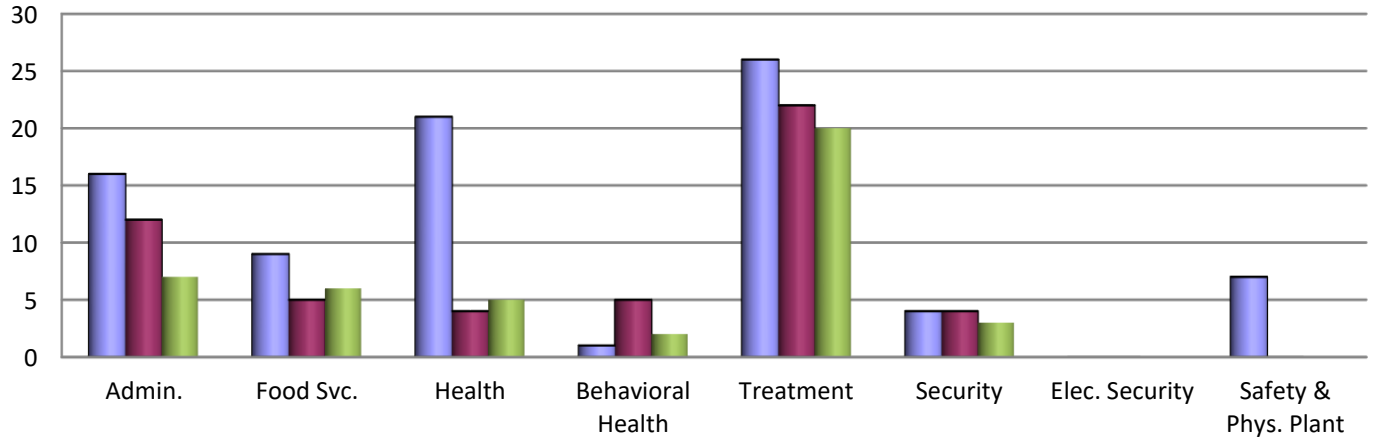
Admin I	Zac Pounds	OIG
Admin III	Blake Pollock	OIG
Admin IV	Debby Dolan, Sharon Lee	DCCO/TCA
	Danielle Taylor	DCCO
Admin V Training	Kenyonna Parker	TCA
Admin VI	Zac Pounds	OIG
Admin VII	Becky Phelps	OIG
Admin VIII Records	Momodu/Aletha Jefferson/Lori Priest	DCCO
Electronic Security	Kevin	RMSI
Food Service	Jane Amonett	OIG
Health Service	Michelle Rogers	OIG
Behavioral Health	LaRayne Evans	OIG
Fire Safety	Michael Miller	DCCO
Maintenance	Donnie Myatt	West Region
Sanitation	Michael Miller	DCCO
Security	Tommy Vance	DCCO
Security	Brad Poole	DCCO
Security	Steve Gatlin	DCCO
Security	Bianca Bowman	DSNF
Security	Reuben Garcia	NECX
Treatment	John Capps	OIG
Treatment	Brooke Burchfield	OIG
Treatment	Ashley Hollon	MCCX
Treatment	Sain Crouther	MLTC
TRICOR	Deb Krise	TRICOR

AUDIT SUMMARY

Reviewed	Compliant	Noncompliant	Not Evaluated, Did Not Occur, Not Applicable
680	573	43	64
Critical	Finding	Total Findings	Overall Compliance Percentage
14	29	43	**92.45%**







	Admin.	Food Svc.	Health	Behavioral Health	Treatment	Security	Elec. Security	Safety & Phys. Plant
FY 19/20	16	9	21	1	26	4	0	7
FY 20/21	12	5	4	5	22	4	0	0
FY 21/22	7	6	5	2	20	3	0	0

AUDIT FINDINGS

Administration-88.73%

Administration III - PREA
Item 3: Unannounced Rounds
Issue: Unannounced rounds were not conducted for five consecutive days in the program building.

Item 26: 30-day Rescreening
Issue: Six (6) of the 20 screenings reviewed were conducted after the 30-day timeframe allotted by policy. (626089,522194,540938,335812,574855,578157)

Administration IV – Human Resources
Item 15: Self-Declaration of Sexual Abuse/Sexual Harassment (CR-3819)
Issue: Six **(**6) of the 98 contract staff files reviewed were missing the Self-Declaration of Sexual Abuse/Sexual Harassment (CR-3819).

Administration V – Training
Item 9: CERT/FBTS Quarterly and Monthly Training
Issue: CERT team members did not attend the required quarterly training in September 2021 and December 2021. FTBS team members did not attend the required monthly training in May, July, September, October, December of 2021, and February 2022.

Item 13: In-Service Training
Issue: Employees did not receive EOP, Fire Safety, and The Usage of SCBAs, EEBAs, and Other Safety Equipment during in-service training.

Administration IX – Clinical Services
Item 14: CQI Meetings
Issue: CQI meetings were not held in December 2021 and January 2022.

Item 26: Refrigeration Logs on Stored Medications
Issue: The refrigerator temperature was not within the acceptable temperature range for 29 of the 246 days reviewed.

Food Service-74.23%

Item 8: Therapeutic and Religious Menus
Issue: Diet load sheets and meal pattern sheets are not completed prior to meal service.

Item 12: TB Screening for Staff and Inmate Workers
Issue: An Inmate/Employee Tuberculosis Screening Tool (CR-3628) could not be provided for Aramark staff members Daniel Powers and Erik Leto.

Item 16: Department of Health Annual/Semi-Annual Inspections
Issue: The kitchen on the main compound received an initial health inspection score of 94 on May 18, 2021.

Item 24: Sanitation – Refrigerators and Freezers
Issue: The freezer in the main compound kitchen is out of order. The freezer door in the annex kitchen will not seal, and there is ice build-up on the condensers.

Item 29: Sanitation – Pots, Pans, Utensils
Issue: Pans and baking sheet pans in the main compound kitchen and annex kitchen are not free of build-up.

Item 33: Segregation Meal Temperatures
Issue: During lunch service on 2/9/22 in segregation, food items were not served at the appropriate temperatures.

Health Services-94.32%

Health Services I
Item 4: Inmate Health Education
Issue: Inmate education was not provided in 6 of the 12 months reviewed.

Item 14: Emergency and Stock Medication Perpetual Inventory
Issue: The jump kit at the annex was not inventoried for 7 of the 12 months reviewed.

Item 26: Emergency equipment quarterly testing
Issue: Glucometers were not tested for multiple days during the audit period.

Item 32: Autoclaves
Issue: Spore testing was not conducted for ten (10) days in dental and six (6) days in medical.

Item 34: Cleanliness and Decontamination
Issue: Multiple days were missing in all areas on the Cleaning and Decontamination Schedule (CR-3505).

Behavioral Health Services-93.55%

Behavioral Health I
Item 3: TDOC Monitoring Report (CR-2004)
Issue: Of the 24 CR-2004s reviewed, ten (10) were not reviewed at the end of each workday. (442848, 630328, 555554, 412945, 591864, 627037, 599288, 634052, 418360, and 456220)

Item 8: Intake Evaluations
Issue: Of the 20 charts reviewed, five (5) intake psychological evaluations were not completed within 14 days. (454611, 434279, 222032, 564173 and 631895)

Safety and Physical Plant-100%

Electronic Security and Maintenance-100%

Security-97.03%

Security I

Item 12: Tier Management
Issue: Video was observed during the inspection period of Unit 1 west, Unit 2 south, and Unit 2 north. Tier management was not conducted on 1/4/22, 1/12/22, 1/28/22, and 1/31/22. **Repeat Finding FY20/21**

Security III
Item 2: Fence Checks and Avian Checks
Issue: Daily Inspection Reports (CR-2913) were reviewed for 12/1/21 through 12/16/21, and only three (3) fence checks were documented during the review period.

Security VI
Item 21: Staff Assignments
Issue: All critical posts were not filled on multiple days during the audit period.

Treatment-65.92%

Treatment I
Item 1: Classification – New Admissions
Issue: Seventeen (17) offenders (625073, 630079, 284825, 632858, 631995, 622385, 530532, 594051, 415693, 620963, 605934, 489393, 635353, 603114, 627603, 579047, & 572585) did not have a classification hearing held within fourteen (14) working days upon diagnostic intake.

Fifteen (15) offenders (625073, 630079, 284825, 631995, 594051, 415693, 620963, 605934, 585617, 367497, 489393, 603114, 627603, 579047, & 572585) did not have an RNA completed within the required time frame.

Seven (7) offenders (630079, 284825, 631995, 530532, 367497, 489393, & 572585) had missing RNA contact notes in OMS, or the note had been modified with no explanation for the modification.

Two (2) offenders (632858 & 572585) were not provided a 48hr notice of classification hearing.

Two (2) offenders (605934 & 579047) institutional (green) files were not provided for review**.**
Repeat Finding FY20/21

Item 2: Diagnostics/Classification
Issue: Twelve (12) offenders (625073, 284825, 622385, 530532, 620963, 585617, 367497, 489393, 635353, 627603, 631995, & 629568) did not have the diagnostic LCLE, LCLP, and LCLA OMS screens completed within the required time frame.

Two (2) offenders (605934 & 579047) offenders institutional (green) files were not provided for review.
Repeat Finding FY20/21

Item 4: Parole Violators
Issue: Two (2) offenders (448982 & 544449) classification hearings were not held within 30 days of admission.

Item 5: Orientation
Issue: Ten (10) offenders (536042, 626089, 59318, 428521, 540938, 586794, 335812, 574855, 390188, & 629711) did not have CR-2110s in their institutional (green) files.

Eleven (11) offenders (536042, 626089, 593118, 428521, 522194, 540938, 586794, 335812, 574855, 390188, & 556882) had missing or enter late ORCC codes in OMS.

Eight (8) offenders (525538, 633341, 545534, 522194, 549612, 612701, 625827, & 578157) institutional (green) files were not provided for review.
Repeat Finding FY20/21

Item 6: Treatment Pathway OCPR
Issue: Seventeen (17) offenders (536042, 525538, 626089, 593118, 428521, 545534, 522194, 540938, 586794, 335812, 574855, 549612, 603431, 390188, 578157, 556882, &629711) had missing, modified OCPR contact notes, or the note did not contain the required information.

Two (2) offenders (428521 & 540938) were missing case plans in their files.

Eight (8) offenders (525538, 633341, 545534, 522194, 549612, 612701, 625827, & 578157) institutional (green) files not provided.
Repeat Finding FY19/20

Item8: Institutional Rulebook
Issue: Unable to provide documentation to verify it was reviewed and submitted by February 1st.

Item 10: Reclassification
Issue: Ten (10) offenders (591387, 546507, 490585, 496603, 313725, 606839, 424520, 565741, 518279, & 570201) did not have an annual classification completed.

Fifteen (15) offenders (496603, 313725, 606839, 562742, 570728, 490340, 554087, 565741, 490886, 518279, 552912, 611307, 574111, 570201, & 599241) could not verified as having a 48hr notice prior to classification hearing; with some offenders missing classifications and notices from their green (institutional) files.

Eleven (11) offenders (490585, 496603, 313725, 490340, 424520, 490886, 518279, 552912, 611307, 570201, & 599241) were missing case plans or CR-4169 from their green (institutional) files.

Three (3) offenders (490585, 496603, & 552912) did not have a correct CAF score.

Nineteen (19) offenders (591387, 546507, 490585, 496603, 313725, 606839, 562742, 570728, 490340, 554087, 424520, 565741, 490886, 518279, 552912, 611307, 574111, 570201, & 599241) were missing an OCPR contact note in OMS, or the note did not have the required information.

Four (4) offenders (243923, 591387, 546507, & 490585) institutional (green) files were not provided. **Repeat Finding FY20/21**

Item 11: Tickler File
Issue: Unable to provide an accurate tickler for all assigned offenders at the facility.

Item13: Overrides
Issue: Three (3) offenders (394710, 512762, & 484312) were missing an LCLF override entry on OMS.

Item 14: Risk Needs Assessment – Need Report
Issue: Six (6) offenders (496603, 424520, 313725, 518279, 611307, & 599241) were missing a needs report from their institutional (green) files.

Three (3) offenders (570201, 490585, & 298397) did not have an annual RNA completed.

One (1) offender (490340) did not have a CR-4169 in their institutional (green) file.

Three (3) offenders (591387, 243923, & 546507) files were not provided.
Repeat Finding FY20/21

Item 15: Risk Needs Assessment – IRAC, and IRAR
Issue: Ten (10) offenders (554087, 496603, 570728, 313725, 565741, 518279, 611307, 574111, 570201, & 490585) were missing RNA contact notes in OMS or was missing the required information, the note was left blank, or was posted late. **Repeat Finding FY20/21**

Item16: Risk Needs Assessment – IRAV
Issue: Seventeen (17) offenders (597344, 486636, 455330, 368521, 606839, 511041, 548414, 570602, 592861, 503889, 623503, 455330, 538993, 464812, 590496, 552785 & 569731) did not have an IRAV contact note entered in OMS prior to meeting parole board. **Repeat Finding FY20/21**

Item17: Transition Center Orientation
Issue: Nine (9) offenders (630144, 551577, 569272, 627368, 612000, 544842, 558055, 610085, & 590437) did not have a CR-2110 in their institutional (green) file.

Item19: Transition Center Individual Service Plan/ Phase Assessments
Issue: Four (4) offenders (388706, 569731, 511990, & 520935) did not have a CR-4076 completed every 90 days. **Repeat Finding FY20/21**

Item 22: Reentry
Issue: Fifteen (15) offenders (391218, 410016, 454579, 456881, 459404, 491871, 508092, 524829, 576064, 581683, 587836, 594455, 596308, 603843, & 604799) did not have a reentry plan completed or the plan was completed after they were released from custody.

Three (3) offenders (459404, 524829, & 581683) had REPL contact notes modified in OMS with no explanation for the modification.

Three (3) offenders (584491, 596308, & 604799) could not be verified attending the Pre-release Orientation Program prior to their release.
Repeat Finding FY20/21

Item 23: Reentry Plans
Issue: Five (6) offenders (516425, 578063, 576064, 426447, 226806, & 498250) did not have the appropriate milestone completed by the required time frame. **Repeat Finding FY20/21**

Treatment II
Item 27: Rule of Employment MOU, monitoring, unannounced visits
Issue: Eight (8) offenders (277223, 298264, 612736, 249459, 412335, 606343, 434186, & 436191) did not have an ONCC code entered in OMS.

Six (6) offenders (562642, 580769, 525538, 581136, 599510, & 609466) did not a FEIN or CEIC code entered in OMS.

Treatment III
Item 4: Weekly Administrative Segregation Reviews
Issue: Four (4) offenders (590043, 528319, 267307, & 471930) were missing 7-day reviews in OMS.
Repeat Finding FY20/21

Item 16: Intake TBI SOR registration
Issue: Two (2) offenders (506984 and 552159) were not registered upon arrival at the facility.

One (1) offender (635023) was not updated (current address) within 48 hours of arrival at the institution.
Repeat Finding FY19/20

Item 24: Inmate Council
Issue: No documentation could be provided to verify inmate council meetings were held for September & October of 2021. Also, none of the council meeting reports were signed by the warden.

PLAN OF CORRECTIVE ACTION PROCEDURE

A Plan of Corrective Action (POCA) addressing findings shall be filed with the Office of Inspector General (OIG) within 30 calendar days (4-25-2022). The plan of corrective action shall specify what steps will be taken to correct the deficiency. Utilizing the report itself to enter these responses under each section is advised. Copies of this report are distributed as noted.

KG: BP

Pc: Lisa Helton
Lee Dotson
Debbie Inglis
Bo Irvin
Bobby Straughter
Rachel Riley-Coe
Kenneth Williams
Kelly Young
Kim Gulden
Kristy Carroll-Grimes
John Capps
Jim Casey
Christy Trussell
Michelle Rogers
Mike Miller
Chris Haley
Lolie Jones
Brad Poole
Kevin Myers
Shaundra Davis
Anthony Roark

TO: James Holloway, Warden

FROM: Zac Pounds, Senior Auditor-Institutions

DATE: February 9, 2022

SUBJECT: DSNF Compliance Audit Preliminary Report

Dates of Annual Audit: November 16-18, 2021
Audit Period: November 19, 2020-November 16, 2021

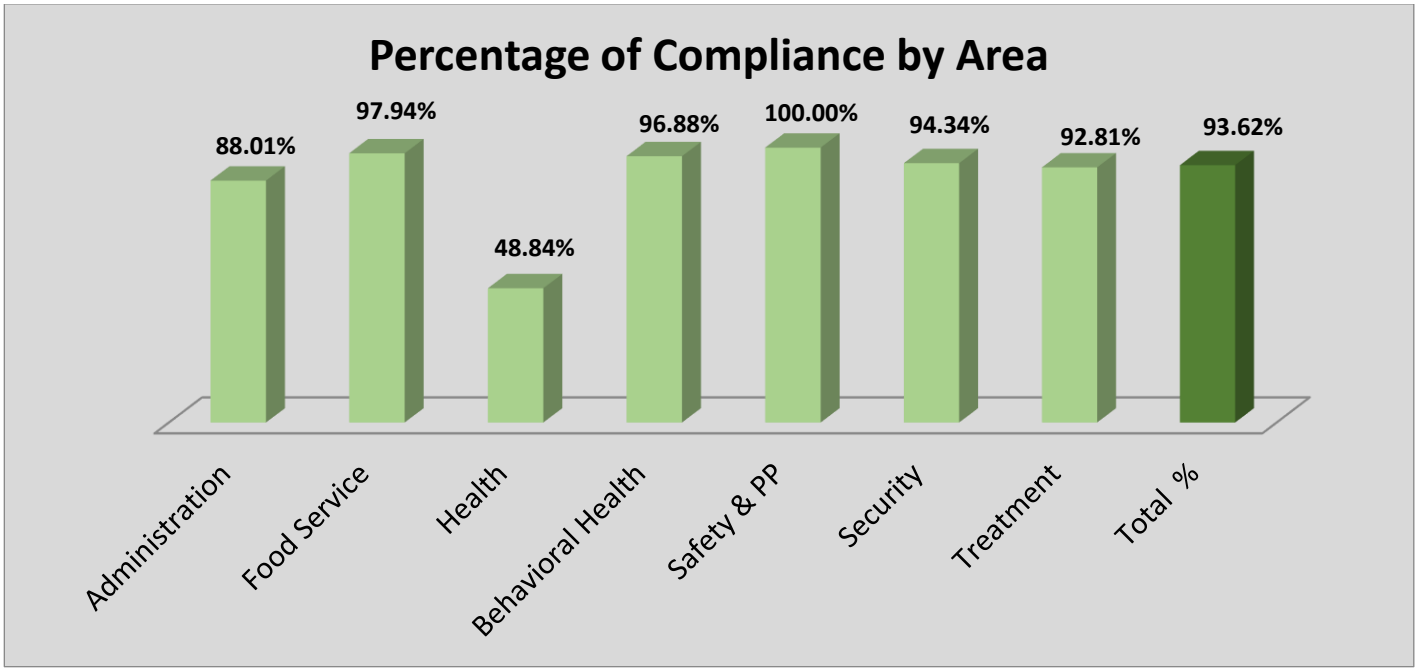
Scope:
The Office of the Inspector General has reviewed all instruments, policies, and policy exemptions that have been put into place. A continuous review of policy is conducted to update and adjust any instrument needed for any changes. The exemptions granted due to COVID-19, as well as all policy updates, have been taken into consideration while conducting this audit.

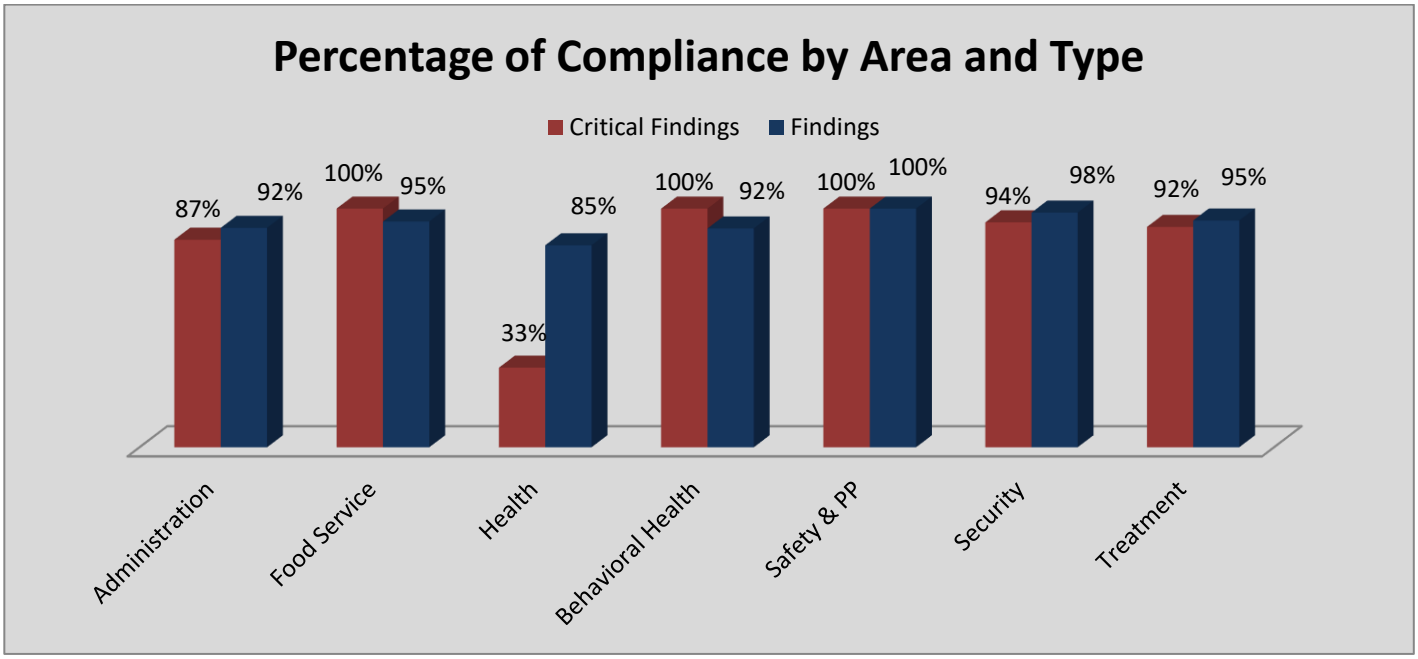
Team Members:

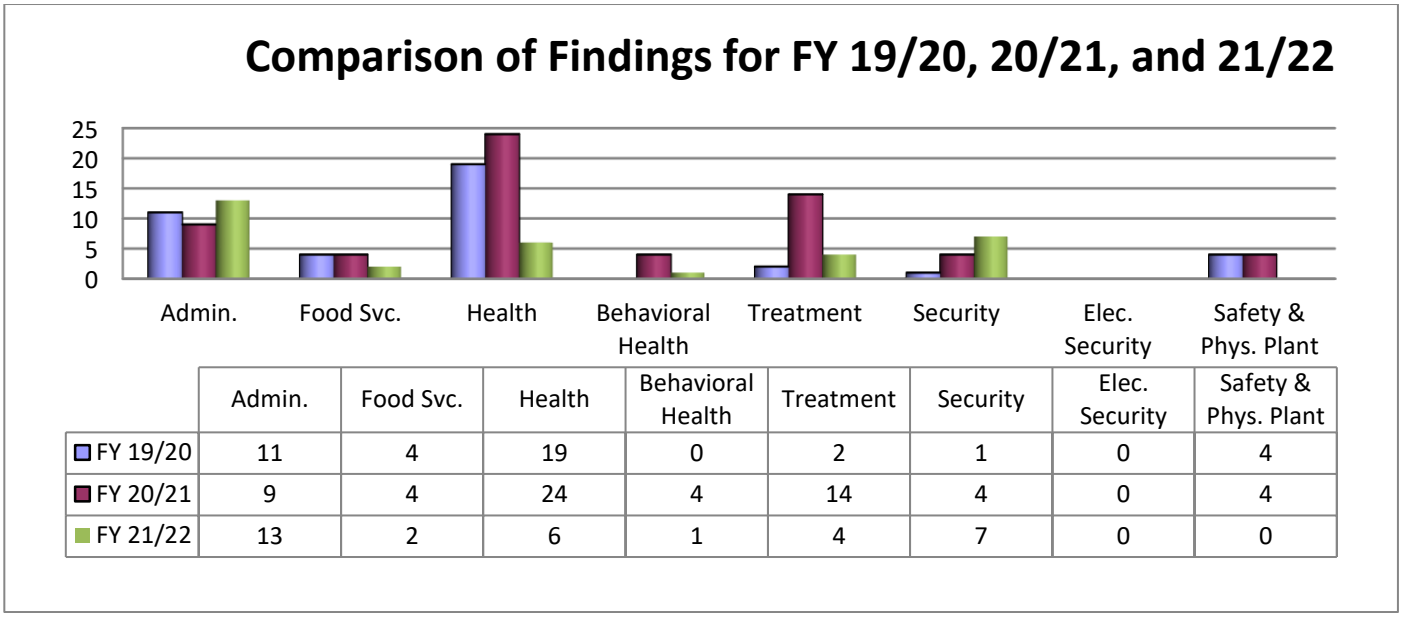
Admin I	Valerie Burgess	OIG
Admin III	Danielle Copeland	BCCX
Admin IV	Mandy Brurggeman, Lynna Bedsole	TCIX/BCCX
Admin V Training	Tom Rice	TCA
Admin VI	Valerie Burgess	OIG
Admin VII	Zac Pounds	OIG
Admin VIII Records	Mary Randle/Norma Johnson	DCCO
Admin IX	Valerie Burgess	OIG
Electronic Security	Amanda Petty	DCCO
Food Service	Jane Amonett	OIG
Health Service	Michelle Rogers/Micki Pollard	OIG
Behavioral Health	LaRayne Evans	OIG
Fire Safety	Michael Miller	DCCO
Maintenance	Donnie Myatt	West Region
Sanitation	Michael Miller	DCCO
Security	Daniel Henry	BCCX
Security	Bryan Butler	TCIX
Security	Brad Poole	DCCO
Treatment	John Capps	OIG
Treatment	Brooke Burchfield	OIG
Treatment	Mandy Jacobs	DCCO
Treatment	Bernita Daniel-Boles	DJRC

AUDIT SUMMARY

Reviewed	Compliant	Noncompliant	Not Evaluated, Did Not Occur, Not Applicable
680	565	33	82
Critical	Finding	Total Findings	Overall Compliance Percentage
12	21	33	**93.62%**







	Admin.	Food Svc.	Health	Behavioral Health	Treatment	Security	Elec. Security	Safety & Phys. Plant
FY 19/20	11	4	19	0	2	1	0	4
FY 20/21	9	4	24	4	14	4	0	4
FY 21/22	13	2	6	1	4	7	0	0

AUDIT FINDINGS

Administration-88.10%

Administration IV- Human Resources
Item 2: Leave and Attendance **Repeat Finding FY20/21**
Issue: No leave requests were attached to timesheets for the 20 files reviewed.

Item 14: Performance Evaluations
Issue: Of the 20 evaluations reviewed, six (6) were not completed on time (Henderson, Estevez, Briggs, Sadik, Keoneth, Romero).

Administration V- Training
Item 19: Contract Staff Training
Issue: Contract staff did not receive 20 hours of annual training.

Administration VIII – Records
Item 5: Out To Court Flags
Issue: No emails to SIS warranting an OTC flag removal were filed. Of the 20 files reviewed, ten (10) had findings. Of the ten (10), six (6) still had OTC flags. Of the six (6), one (1) had an email to SIS.

Item 6: Expiration of Sentences - Discharges
Issue: Seven months of MBC and MDE reports were missing. There was no proof of calculations for credit reconciliation. Emails to SIS requesting early credits were only provided for August to November 2021.

Item 9: Sex Offender Registry **Repeat Finding FY20/21**
Issue: Offenders received at DSNF were not updated within 48 hours on the Sex Offender Register.

Item 11: Billing for Health and Institutional Records
Issue: Of the seven files reviewed, seven were either not billed, customer can't see the bill, or wrong amount was billed.

Item 13: GovQA Record Requests
Issue: Of the nine (9) institutional record requests reviewed, zero (0) were processed within seven (7) business days. Of the 33 health record requests reviewed, 19 were processed within seven (7) business days. There was no proof of payments.

Item 14: Inquiries for Disability Information
Issue: There were no disability requests on GovQA. Two (2) hard copy requests were provided. One (1) request was processed more than a month after receipt.

Administration IX – Health and Behavioral Health Administration
Item 4: HSA Annual Policy Review
Issue: No review for the current audit period with a signature sheet was provided.

Item 7: Clinical Protocols
Issue: There were no current signatures for the audit period.

Item 11: Procedures for Administration, Distribution and Control of Medications
Issue: There were no current signatures for the audit period.

Item 18: TB Educational and Training Program for Institutional Staff
Issue: There was no documentation for the current year.

Food Service-97.94%

Food Services
Item 8: Therapeutic and Religious Menus
Issue: On November 17, 2021, two margarines were served instead of one, and a half cup of carrots was served instead of one cup.

Item 16: Health Inspection Scores **Repeat Finding FY20/21**
Issue: The health inspection score for October 27, 2021 was 90.

Health Services-48.84%

Health Services
Item 10: Monthly Medication Check
Issue: Skill I, II, III, and Transit had open vials of insulin without an open date and/or expiration date. Expired medications were found in refrigerators and cabinets.

Item 14: Emergency and Stock Medication Inventory
Issue: Crash cart and jump bags were not inventoried bi-monthly.

Item 15: Pharmacy Medication Book (Narcotic)
Issue: Pages were missing prescription numbers and transfer dates.

Item 17: Drug Formulary
Issue: The current drug formulary was not being used. On November 15, 2021, the June 2020 and February 2020 drug formulary were still being used.

Item 18: Sharps Inventory
Issue: Six needles were found in the Skill II refrigerator and were not on the count. Needles are not signed out at the time of use.

Item 26: Emergency Equipment Testing
Issue: Glucometer checks were not performed on multiple days throughout the audit period.

Behavioral Health Services-96.88%

Behavioral Health Services
Item 14: Section 10 health record in chronological order
Issue: Of the ten (10) files reviewed, seven (7) were not in chronological order (382872, 491328, 496591, 219268, 311957, 589497, and 311959).

Safety and Physical Plant-100%

Security-94.34%

Security I
Item 12: Tier Management
Issue: Tier management was not being followed on October 18, 21, and 26, 2021.

Security II
Item 1: Armory Control
Issue: Daily issued equipment is not being signed in/out in Unit 7C, Unit 7F, and Operations.

Security III
Item 26: Vacant Cell Searches
Issue: Of the 27 reviewed, three (3) were not entered.

Security IV
Item 15: Narcotic Medication Storage
Issue: Medication carts with narcotics on Skill I, II, III, and Unit 15B do not have padlocks. Cart locks can be opened by one nurse with one keyring. Narcotic cabinet and refrigerated narcotics in the medication room can be accessed by one keyring.

Item 22: Twice Daily Checks
Issue: No CR3551 forms for cleaning tools were provided for housing units.

Security VI
Item 21: Staff Assignments
Issue: All critical posts were not filled on multiple days.

Item 23: Drug Testing **Repeat Finding FY20/21**
Issue: Results for the March 2021 and July 2021 random lists were not entered into TOMIS. Of the offenders reviewed, follow-up testing for 3 consecutive months for positive tests was not completed. (362932, 157714, 269316, 556173)

Treatment-92.81%

Treatment I
Item 14: RNA – Needs Report
Issue: Of the offenders reviewed, three (3) were missing the required documentation in their files (348222, 582777, 144685).

Item 22: Reentry - Releases **Repeat Finding FY20/21**
Issue: Of the offenders reviewed, five (5) did not complete the Pre-release Orientation Program (250708, 584813, 489900, 324996, 305963).

Item 23: Reentry - Milestones **Repeat Finding FY20/21**
Issue: Of the offenders reviewed, 15 offenders had milestones that were not completed on time (516736, 287485, 585400, 564874, 584813, 281497, 231268, 499098, 433685, 612272, 234832, 469423, 539522, 514278, 224110).

Treatment I
Item 40: Volunteers – Files **Repeat Finding FY20/21**
Issue: From the files reviewed, six (6) NCIC checks were not conducted (out of date). Five (5) annual evaluations were not completed. Two (2) recertifications were not completed. Two (2) did not have an evaluation.

PLAN OF CORRECTIVE ACTION PROCEDURE

A Plan of Corrective Action (POCA) addressing findings shall be filed with Office of Inspector General (OIG) within 30 calendar days (3-11-2022). The plan of corrective action shall specify what steps will be taken to correct the deficiency. Utilizing the report itself to enter these responses under each section is advised. Copies of this report are distributed as noted.

KG:ZP

Pc: Lisa Helton
Lee Dotson
Debbie Inglis
Bo Irvin
Bobby Straughter
Rachel Riley-Coe
Kelly Young
Kenneth Williams
Jim Casey
Christy Trussell
Brian Hughes
Michelle Rogers
Mike Miller
Chris Haley
John Capps
Lolie Jones
Brad Poole
Kevin Meyers
Shaundra Davis
Gary Hatfield

TO: Mike Parris, Warden

FROM: John Capps, Director of Institutional Compliance

DATE: November 4, 2022

SUBJECT: MCCX Compliance Audit Preliminary Report 22-23

Dates of Annual Audit: October 11-13, 2022
Audit Period: January 21, 2022 – October 11, 2022

Scope:
The Office of the Inspector General has reviewed all instruments, policies, and policy exemptions that have been put into place. A continuous review of policy and procedures is conducted to update and adjust any instrument needed for any changes.

Team Members:

Admin I	John Capps	OIG
Admin II	Kerrica Perry	DCCO
Admin III	Blake Pollock	OIG
Admin IV	Lori Miller / Wendy Davis / Shalonda Bonds	BCCX / CS / RMSI
Admin V	Christy Whittlesey	TCA
Admin VI	John Capps	OIG
Admin VII	Becky Phelps / Patty Lovitt	OIG
Admin VIII	Camille Turner	DCCO
Admin IX	Becky Phelps / John Capps	OIG
Electronic Security	Lee Gillihan	WTSP
Food Service	Deborah Barron	OIG
Health Service	Maria Schuh	OIG
Behavioral Health	Sheila Hubbard	OIG
Fire Safety	Michael Miller	DCCO
Maintenance	Greg Nichols	DCCO
Sanitation	Rusty Moore	DCCO
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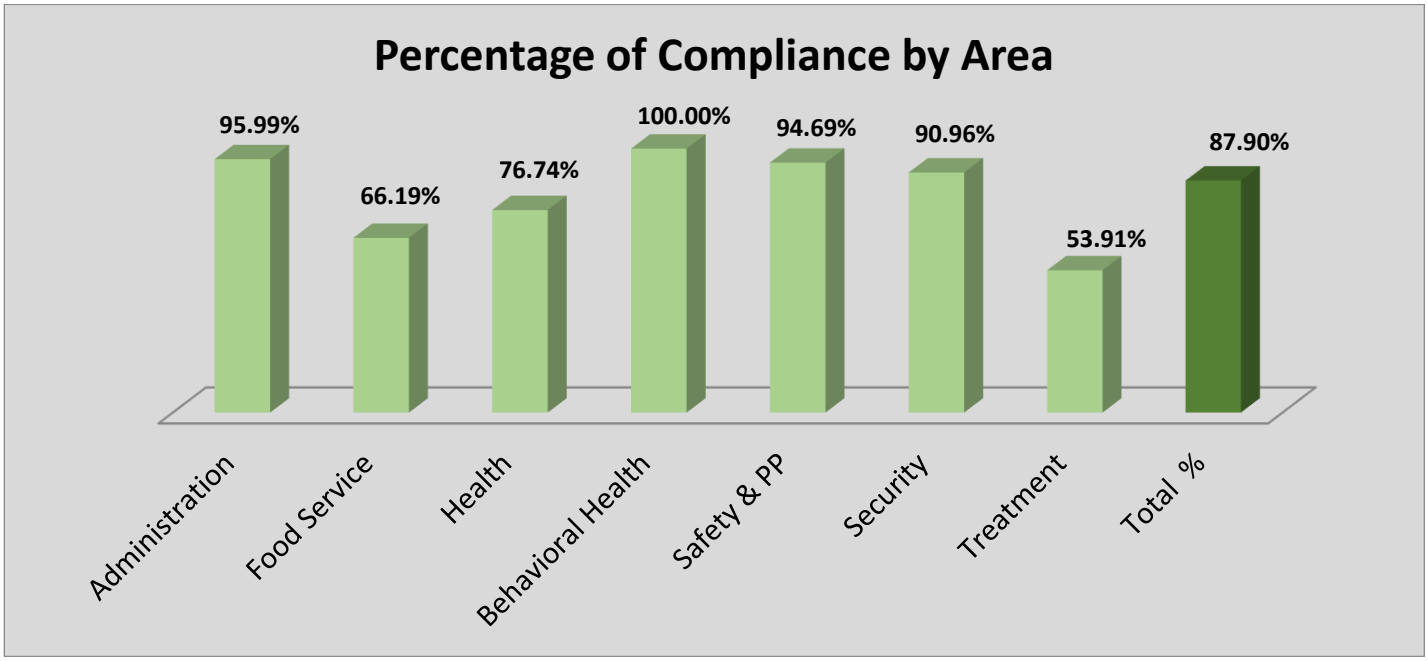
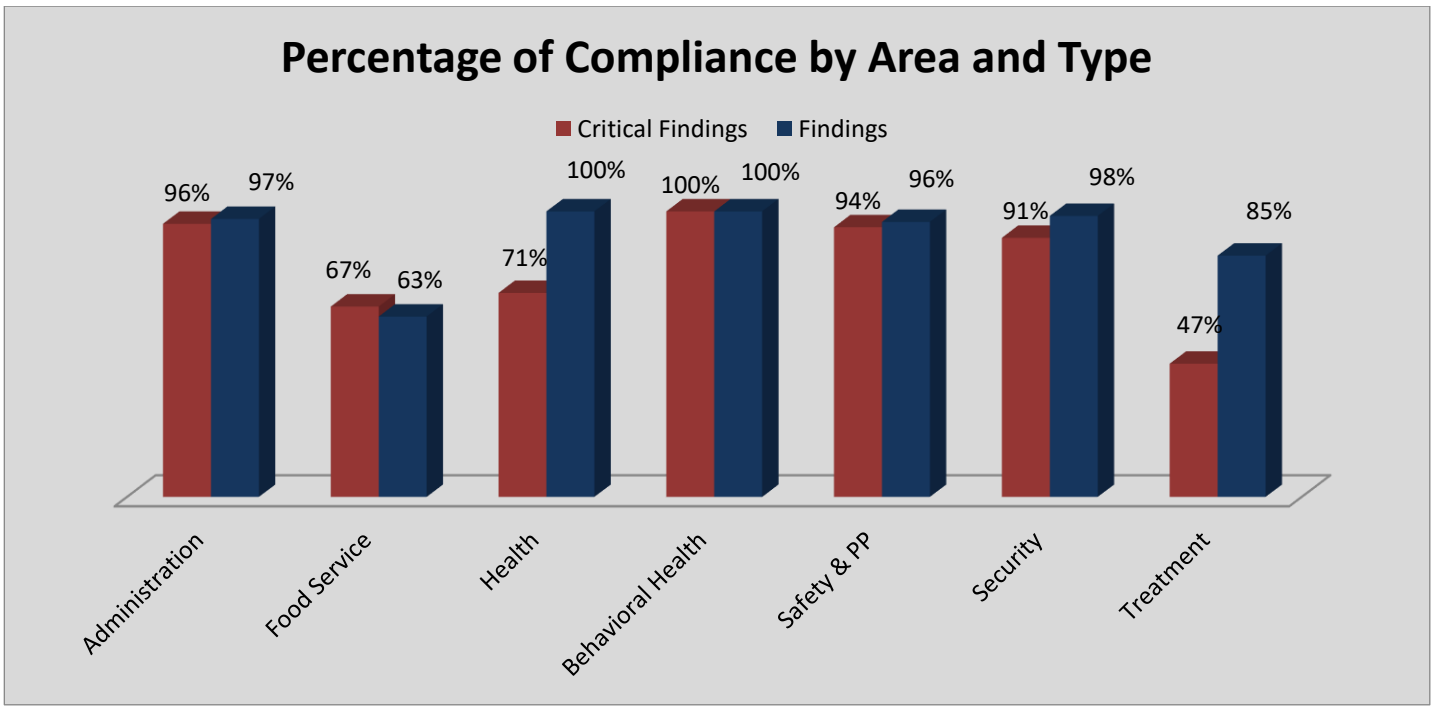
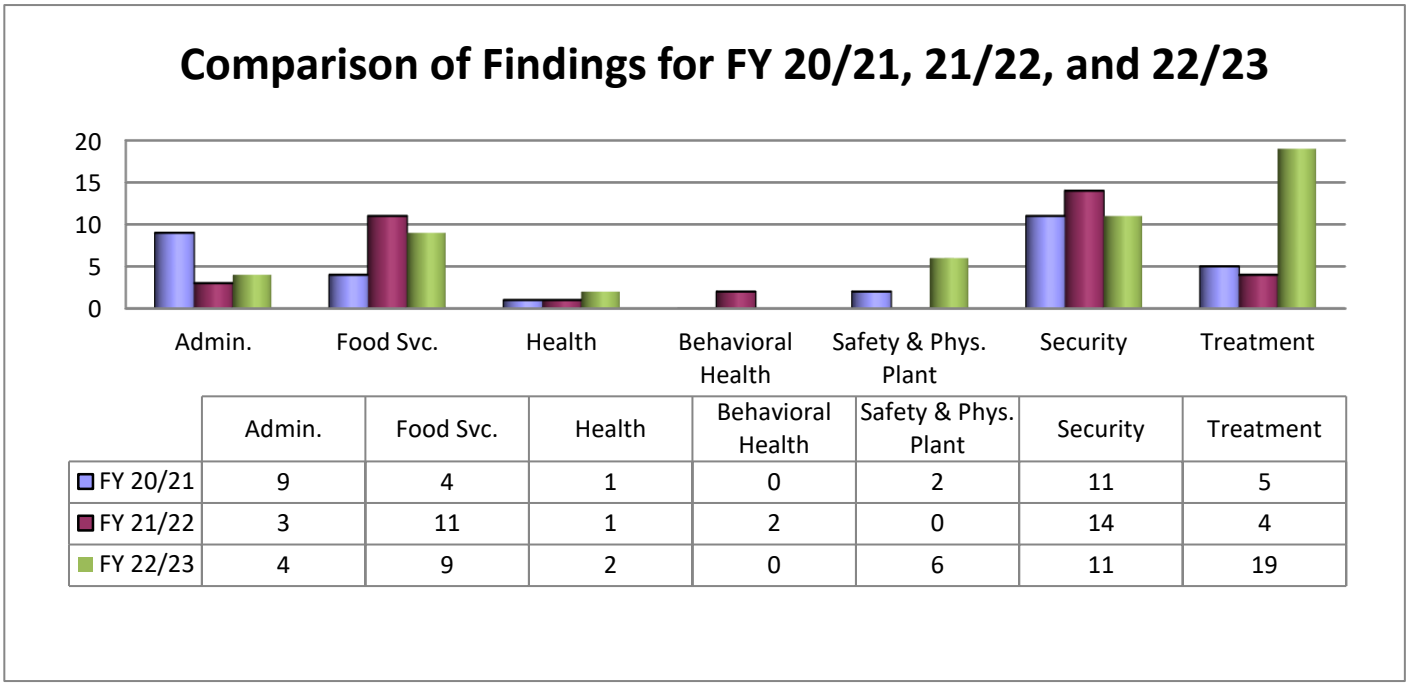
Treatment	Brooke Burchfield	OIG
Treatment	Jennifer Voelz	TCIX

AUDIT SUMMARY

Reviewed	Compliant	Noncompliant	Not Evaluated, Did Not Occur, Not Applicable
674	572	51	51
Critical	Finding	Total Findings	Overall Compliance Percentage
25	26	51	**87.90%**







	Admin.	Food Svc.	Health	Behavioral Health	Safety & Phys. Plant	Security	Treatment
FY 20/21	9	4	1	0	2	11	5
FY 21/22	3	11	1	2	0	14	4
FY 22/23	4	9	2	0	6	11	19

AUDIT FINDINGS

Administration-95.99%

Administration III – PREA
Item 3: Unannounced Rounds
Issue: Unannounced Rounds are not being conducted at all in the Education Building.
REPEAT FINDING FY21-22 & FY20-21

Item 6: Opposite Gender Announcement
Issue: The opposite gender was not announced by facility staff in units 9 &16.

Administration IV – Human Resources
Item 1: Referred Lists
Issue: Three (3) of the four (4) referred lists had interview invitations missing the required NSQ information. There were two referred lists that applicants were not given five (5) days to reply.

Administration VI – Title VI
Item 5: Title VI Grievance Review - Site
Issue: Three responses were not entered in OMS once received from the Site Coordinator.

Food Service-66.19%

Food Services
Item 3: Therapeutic Diet - File System
Issue: Four (4) of the 20 days reviewed showed that nine (9) refused meals were not properly recorded on the CR1798. Also, nine (9) of the expired Therapeutic Diet Requests on file were not forwarded to Health Services. REPEAT FINDING FY21-22

Item 6: Dishwasher Temps
Issue: In HSA, there were eight (8) days in April 2022 where the final rinse temp did not reach 180 degrees, and in September 2022, no days were documented reaching the required temp. Also, no documentation of sanitizer used if proper temps were not met.
REPEAT FINDING FY21-22 & FY20-21

Item 7: Food Temps
Issue: Lunch was observed and checked on 10/12/2022 in the Main Kitchen. Serving Line #1 turkey salad was 63 degrees and vegetables 128 degrees. Serving line #3, the turkey salad was 51 degrees, and the vegetables were 132 degrees.

Item 12: Sanitation – Food Warmers and Holding Equipment
Issue: The reach-in-cooler in HSA had old food build-up and debris inside. The sheet pans and transport carts had food build-up and debris as well as food debris all throughout the Main Kitchen.
REPEAT FINDING FY21-22

Item 13: Sanitation – Refrigerators and Freezers
Issue: The Main Kitchen freezer(s) had ice buildup on the condenser unit, floor, and air curtains. The heater strip for the door does not work. There was also leftover food from the previous day that was not labeled (6 pans of sloppy joe, 2 pans of vegetables, and 2 pans of potatoes).

Item 16: Sanitation - Pots, Pans, Utensils
Issue: At the Annex, there were no sanitizer logs (CR4191) for the Three Compartment Sink for April through September 2022. At the "O" building, the Three Compartment Sink had no entries for October 6-12, 2022. No Test Strips were available to verify sanitizer strength. Lastly, the tray drying racks at the Main and "O" building was covered in food debris. REPEAT FINDING FY21-22 & FY20-21

Item 20: Refrigerators/Cooler Temps
Issue: The Annex prep cooler exceeded a temp of 41 degrees (or lower) for January 21-31, 2022, and April through September 2022. REPEAT FINDING FY21-22

Item 23: Designated Meal Areas
Issue: Several inmates were observed on 10/11 and 10/12, 2022 eating food while preparing diet trays at the Main and "O" building kitchen.

Item 25: Segregation Meal Temps
Issue: The lunch meal checked on 10/12/2022 in HSA did not meet the required temps. Potatoes were 112.3 degrees, vegetables were 110.6 degrees, and turkey salad was 43.2 degrees.

Health Services-76.74%

Health Services
Item 39: Doubled Locked Med Carts/Cabinets
Issue: The Charge Nurse has both keys to the padlocks on the refrigerator where the Ativan is being stored.

Item 40: Segregation Screening CR-4270
Issue: Medical staff is not completing the CR-4270 on any inmates being placed in segregation.

Behavioral Health Services-100%

Safety and Physical Plant-94.69%

Safety and Physical Plant I
Item 4: Exit Drills - Performance
Issue: In two (2) of the Four (4) drills conducted, the emergency keys did not arrive within the Two-minute time frame.

Item 24: Emergency Keys (2 sets)
Issue: Several emergency keys used during the fire drills did not work.

Item 30: Perpetual Inventories of Hazardous Materials
Issue: Bin Cards were not available in the kitchen. Culinary Arts has not completed an inventory on the Bin Cards in over a year. Warehouse Bin Cards were not completed correctly.

Safety and Physical Plant II
Item 30: Toilets, Showers, Water Lines, and Faucets
Issue: Several units do not have working showers (missing showerheads, knobs, curtains, etc.)

Safety and Physical Plant II
Item 18: Indoor and Outdoor Containers
Issue: Trash cans around the facility are missing lids.

Item 21: Non-Hazardous Housekeeping Supply Control
Issue: There is no accountability for chemicals being issued or returned in buildings 10-16. Several cleaning kits had the incorrect number of items. Also, medical is using an outdated (2020) housekeeping plan.

Security-90.96%

Security I
Item 2: Cover Counts
Issue: Reviewed 10:30 am count on 10/10/2022 (video) in the Kitchen, and inmates were not counted. Yard (workers), on 10/11/2022 at 10:30 am, were not counted as inmates were spread out all over the yard and compound. REPEAT FINDING FY21-22

Item 19: Maximum Custody Restraint Procedures
Issue: Reviewed four (4) dates in Unit 24, and on 9/12/2022 at 6:09 am, an officer was observed giving leg restraints (under the cell door) to a maximum custody inmate, who then applied the leg irons.

Security II
Item 2: Armory Monthly Inventory
Issue: Reconciliation of armory inventory found 350 more rounds of 40 cal. ammunition than recorded. There were ten (10) recorded Distraction Devices (SIMS), but 15 were in the armory.

Security III
Item 17: Tool Inventory Logbook Documentation
Issue: There were no documented itemized inventories of tools, toolboxes, or related equipment that were processed through checkpoint.

Item 26: Vacant Cell Searches
Issue: Of the 49 cell search results checked, 36 were not entered in OMS.
REPEAT FINDING FY21-22 & FY20-21

Security IV
Item 17: Tool Identification
Issue: The Maintenance Tool Room had an incorrect number of tools/items than what was listed on the inventory. The tools/items included security bits, metal saw blades, and 6" cutoff wheels.
REPEAT FINDING FY21-22

Item 29: Reserve Tool Monthly Inventory
Issue: There are more reserved tools than what is listed on the inventory. One (1) extra 12" cutoff, 100 extra Torx (security) Bits, and 114 extra Scroll Saw Blades.

Security VI
Item 14: Segregation Security Checks
Issue: Security checks in segregation logbooks were not irregular times.
REPEAT FINDING FY21-22 & FY20-21

Item 16: Segregation Unit Record Sheets (CR2857)
Issue: CR2857s were not filled out correctly (missing names, dates, etc.)

Item 23: Critical Posts & Daily Shift Rosters
Issue: Critical posts are not being filled. REPEAT FINDING FY21-22

Item 32: Mental Health Monitoring (CR2004)
Issue: CR2004s did not have irregular times (checks) documented.
REPEAT FINDING FY21-22 & FY20-21

Treatment-53.91%

Treatment I
Item 9: Quarterly monitoring & PREA screening
Issue: Six (6) of 20 offenders reviewed did not have a PREA screening completed with their annual reclassification.

Item 10: Reclassification
Issue: Of the 20 offenders reviewed, seven (7) offenders were missing a Needs Report and/or Case Plan from their file, four (4) offenders were missing OCPR contact notes in OMS, and one (1) offender did not have an annual reclassification completed. REPEAT FINDING FY21-22

Item 13: Overrides
Issue: Seventeen (17) of 20 overrides reviewed were not approved by the Warden.

Item 14: Risk Needs Assessments
Issue: Eight (8) of the 20 offenders reviewed did not have an annual RNA completed.

Item 15: IRAC
Issue: Six (6) of 20 offenders reviewed were either missing contact notes in OMS or were entered late.
REPEAT FINDING FY21-22

Item 22: Reentry – Releases
Issue: REPL contact notes were not entered when the appropriate milestone was completed. Also, inmates could not be verified completing the Pre-Release Orientation Class.

Item 23: Reentry – Completed Phases
Issue: Reentry Plans are being completed by CC4 David Hall, who has been on leave, and the facility is using his OMS login and ID to make entries.

Treatment II
Item 18: Offender Legal Aid Approvals
Issue: The memo provided does not reflect the current approved legal helpers by the warden.

Item 27: Rule of Employment MOU, Monitoring, and Unannounced Visits
Issue: The facility is using an incorrect/altered MOU for offenders. There are missing ONCC, FEIN, and IJOB contact notes in OMS.

Item 30: Grievance Committee and Election
Issue: The last election was in February 2021, and Board members have not been updated in OMS.

Item 31: Grievance - Supervisor Responses
Issue: Two responses to grievances were not completed within five (5) days.

Item 33: Unimpeded Access and Grievance Procedure Handbook Access
Issue: Offenders do not have unimpeded access to grievance forms in general population units on the main compound, SMU, and Unit 23.

Item 35: Annual Evaluation of Grievance Procedures
Issue: The facility could not provide documentation of an annual evaluation.

Treatment III
Item 1: Segregation Without End Dates
Issue: There were 129 offenders listed on the BI01MGM report that were not actually housed in segregation.

Item 2: Administrative Segregation Placement
Issue: Eight (8) of 20 offenders reviewed, there were Administrative Segregation Placement forms missing an inmate signature or staff if the inmate refused to sign.

Item 3: Segregation Orientation within 24 hours
Issue: Two (2) of the 20 segregation files reviewed did not have a CR-2110.
REPEAT FINDING FY21-22

Item 5: Segregation 30-day reviews (post 60 days)
Issue: Two (2) of the 20 offenders reviewed that were placed in segregation were missing monthly review entries in LCLF.

Item 8: PC 30-day reviews (post 60 days)
Issue: Two (2) of the 20 files reviewed were missing CR3239s in the offender's file.

Item 24: Inmate Council members and meeting minutes
Issue: The facility could not provide documentation to verify an election was held for inmate council members for 2022

PLAN OF CORRECTIVE ACTION PROCEDURE

A Plan of Corrective Action (POCA) addressing findings shall be filed with the Office of Inspector General (OIG) within 30 calendar days (12-6-2022). The plan of corrective action shall specify what steps will be taken to correct the deficiency. Utilizing the report itself to enter these responses under each section is advised. Copies of this report are distributed as noted.

JC

Pc: Lisa Helton
Richard Muckle
Lee Dotson
Debbie Inglis
Bo Irvin
Bobby Straughter
Rachel Riley-Coe
Kenneth Williams
Kelly Young
Kim Gulden
Darren Settles
Kevin Genovese
Kristy Carroll-Grimes
Jim Casey
Anna Stewart
Christy Trussell
Mike Miller
Chris Haley
Blake Pollock
Steve Gatlin
Brad Poole
Youstina Ramzy
Sara Hodges
MeRita Vest
Sonya Newport