

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
JACKSON DIVISION**

<p>_____ C.B. by and through his next friend, Charleston DePriest, et al.</p> <p style="text-align: center;">Plaintiffs,</p> <p style="text-align: center;">v.</p> <p>Walnut Grove Correctional Authority, et al.</p> <p style="text-align: center;">Defendants.</p> <p>_____</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>Civil Action No. 3:10cv663 <b>5<sup>th</sup> REPORT OF MONITORS</b> Pursuant to: <b>CLASS ACTION</b> <b>CONSENT DECREE</b></p> <p><b>October 22, 2014</b></p>
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**I. INTRODUCTION**

Pursuant to Section IV of the above-referenced *Consent Decree*, the Monitors are to submit reports to counsel every four months on the defendants’ compliance with provisions of the decree. This reporting requirement also includes the provisions of the *Memorandum of Agreement Mental Health-BYGCF*. This *5<sup>th</sup> Report* chronicles the Monitors’ activities since April 2014, and provides observations and findings on the specific provisions of the Substantive Remedial Measures of the *Consent Decree* and the *Memorandum of Agreement Mental Health-BYGCF*.

**II. METHODOLOGY**

During this reporting period, the Monitors received and reviewed a constant stream of information and data provided by the Mississippi Department of Corrections (MDOC) and

Walnut Grove Youth Correctional Facility (WGYCF) officials. Much of this material is provided through routine monthly reports such as incident reports, staffing reports/rosters, inmate disciplinary data, grievance data, and classification data. In addition to the materials routinely provided this reporting period, the Monitors also received the following reports and materials:

- Report of Plaintiffs' Psychiatric Consultant, Pablo Stewart, M.D., April 16, 2014;
- Response by Health Assurance LLC to Report by Pablo Stewart dated April 16, 2014;
- Supplemental Report, Pablo Stewart, M.D., August 8, 2014;
- Report of Plaintiffs' Consultant, Eldon Vail, August 4, 2014;
- Report of Investigation, Case No. 14-CIN-013, Corrections Investigation Division (CID), MDOC, August 8, 2014 (Re: "an attempt to introduce contraband, and a riot that erupted after, at the WGYCF on July 10, 2014");
- 16 CDs of videos of July 10, 2014 WGYCF disturbance;
- Bi-weekly reports on facility lockdown initiated on July 10, 2014; and
- Bi-weekly reports on transfer of Close Custody inmates from WGYCF (August-September 2014).

During this reporting period the Monitors also conducted the following site inspections and meetings:

- **May 19, 2014:** The Monitors, upon completion of two years of the five year term of the *Consent Decree*, initiated a meeting of all parties in Jackson to discuss and address the overall status of compliance with the remedial orders. Moreover, in the aftermath of the December 31, 2013 serious disturbance at WGYCF, existing remedial issues merited an open and transparent discussion with all parties. This meeting was attended by both Monitors, counsel for both plaintiffs and defendants, MDOC officials, WGYCF facility and corporate officials, Health Assurance LLC corporate officials (including their counsel), and Plaintiffs' Consultant, Eldon Vail;
- **August 6, 2014:** Site inspection at WGYCF conducted by both Monitors;
- **August 7, 2014:** Monitors met with the MDOC Commissioner, Deputy Commissioner, MDOC counsel, MDOC CID Director, MFC Officials (including their counsel);
- **August 7, 2014:** Monitors met with Court to provide a briefing on the July 10, 2014 disturbance, a number of monitoring issues such as retention of a psychiatric consultant, prospective remedial measures addressed by the parties during the aforementioned meetings, and permission for additional time to submit the 5<sup>th</sup> *Monitors' Report* (October rather than September); and
- **September 15-16, 2014:** Site Inspection at WGYCF conducted by Monitor Martin

and Amanda Ruiz, M.D. (Monitors' Psychiatric Consultant).

### III. SUMMARY

The 4<sup>th</sup> *Monitors' Report* detailed and addressed remedial issues related to a serious disturbance that occurred at WGYCF on December 31, 2013. We noted, among other things, that the inexperienced security staff was "seriously deficient and that set the stage for not only the outbreak of the disturbance, but the actual mismanagement of the event and its aftermath." On July 10, 2014, WGYCF experienced a second major disturbance on HU-3 that also included HU-4B. This disturbance resulted in serious injuries to no fewer than nine inmates (fractures, a collapsed lung, puncture wounds, and an eye injury requiring surgery). At or around the time of this disturbance, there were 25 vacant officer positions, which aggravated an overall inexperienced staffing complement. Moreover, the CID investigation of the disturbance found that no fewer than four officers (including a lieutenant) were involved in varying degrees with the introduction of contraband (knives, cell phones/chargers, tobacco, marijuana), which was directly related to the precipitating events culminating in the disturbance. A review of this disturbance by at least three separate groups (CID; the Plaintiffs' Consultant, Eldon Vail; and the Monitors) all identified glaring staffing deficiencies both immediately before and during the disturbance.

As a result of this disturbance, the facility was locked down in varying stages from July 10, 2014, thru September 10, 2014. In early August, MDOC began to transfer the WGYCF Close Custody population to other facilities within the MDOC. By the time of the site inspection on September 15, 2014, there were no Close Custody inmates housed at the facility. However, during the month of August, the number of use of force incidents skyrocketed from five in July to 23 in August. Seventeen of the 23 use of force incidents occurred on HU-3, which had

remained in total lockdown until all of the Close Custody inmates had been transferred to other MDCC facilities. During the reporting period, MDCC officials also transferred all long-term segregation inmates.

As of August 31, 2014, security staffing vacancies remained high and varying shifts were relying on overtime to fill essential positions. In April 2014, the facility warden resigned; that position remained vacant until August 2014.

The introduction of contraband continues to be a significant problem notwithstanding acquisition of upgraded security hardware and continuous random and targeted searches. While facility officials have a variety of programming plans being considered, the inmate population spends a significant portion of their waking hours with un-programmed/unstructured time in the dayrooms of the housing units.

#### **IV. OBSERVATIONS AND FINDINGS OF SUBSTANTIVE REMEDIAL MEASURES**

##### **A. Classification and Housing System**

###### **Recommended Compliance Finding: Compliance**

Observations: There have been several major developments since the last report was issued. First and foremost, the MDCC has been removing Close Custody inmates from the facility. As of August 15, 2014, there were 107 Close Custody inmates, 150 fewer inmates than the number in January 2014. One week later the Close Custody count was down to 81 inmates. By September 15, 2014, there were no Close Custody inmates assigned to the facility.

There is a concern that approximately 96 inmates at WCCF who were formerly classified as Close Custody have been re-classified as Medium Custody by using a discretionary over-ride. The reason used most often for such over-rides was that the inmates

were RVR free for a length of time or the inmates "do not deem the custody that they serve". These over-rides were made by the MDOC central classification unit and not the MTC. These inmates need to be monitored to ensure they are not proving to be problematic in terms of their conduct and that the inmate classification system with respect to over-rides has not been compromised.

The second development was the lowering of the inmate population which had also dropped from 1,261 in January 2014 to 788 by August 2014. It has since increased to 995 as of October 2, 2014, but is still well below the January 2014 peak population.

Finally, there was the prior observation that a needs assessment had not been completed on a significant number of inmates. This has been corrected as of August 13, 2014, although such assessments have not been entered into the MDOC Offendertrak system due to a data entry/accessibility issue. This accessibility issue has now been corrected and the needs assessment forms are being properly entered.

**Table 1. Inmate Custody Levels - July 2012 – August 2014**

Custody	Jul-12		Jan-14		Aug-14	
	Inmates	Percent	Inmates	Percent	Inmates	Percent
CLOSE	253	24.3	327	25.9	197	25.0
MEDIUM	591	56.7	737	58.4	470	59.6
MINIMUM-NON-COMM	190	18.2	178	15.6	66	8.4
MINIMUM-COMM	3	0.3	0	0	5	0.6
UNCLASSIFIED	6	0.6	0	0	50	6.3
Total	1,043	100	1,261	100	788	100.0

## **B. Protection From Harm**

### **(1) Reasonably Safe Living Conditions**

Recommended Compliance Finding: **Non-Compliance**

Observations: There are several measures that are employed to assess the level of safety within the WGYCF. On a macro-level, the MDCC records the number of assaults that are reported by each facility on a monthly basis. In previous reports we have noted that the WGYCF rate per 100 inmate population per month had declined and was comparable to the other MDCC major facilities.

This trend has continued in 2014 with the noted exception of the July disturbance (Table 2). It was of interest to the Monitors that the July number of assaults for WGYCF was only one assault report, which of course was impossible given the large number of inmates who were assaulted during that one disturbance. This discrepancy was brought to the attention of the MDCC. As of the writing of this report, there has been no correction by MDCC. It is important that this problem be corrected so that the data represent the number of inmates who have been assaulted and not the number of assault events, which appears to be the case here.

On the other hand, it is also noteworthy that 92 percent of the inmates at WGYCF in August 2014 have no DVRs for an assault and that the vast majority of inmates with an assault were classified as Close or Medium Custody. Further, of the 29 inmates who were randomly selected and interviewed during the August site inspection, only three indicated that they "feared for their safety" and three indicated they had been physically abused by other inmates or staff. Collectively, these data consistently show that the vast majority of the inmate population is not involved in assaultive or violent behavior. This is not to negate in any manner the other obvious issue that the facility has been unable to adequately manage a Close Custody population as evidenced by the two major

disturbances that have occurred in the Close Custody housing units. With the removal of the Close Custody inmates, rates of assault should decline.

**Table 2. Assaults by Facility January 2014 – August 2014**

Facility	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Annual Assault Rate Per 100 Prisoners
<b>State Facilities</b>									
MSP	23	7	9	22	10	19	12	14	6
CMCF	22	24	23	27	21	40	7	12	13
SMCI	13	14	11	17	25	13	10	25	6
<b>Private Facilities</b>									
East MS CCI	3	1	18	5	10	13	NR	NR	9
Marshall CCF	1	0	5	3	3	5	NR	NR	3
Walnut Grove CCI	6	11	7	5	9	8	1	4	7
Wilkinson CCI	17	11	5	7	23	7	6	9	20

The control of contraband continues to be a serious management issue. The July 10, 2014, disturbance was precipitated by an attempt to introduce contraband with the complicity of correctional officers. The July 10, 2014, disturbance could fairly be labeled a riot in which there was, for a time, a total loss of control of major housing units at the facility. [Note: the MDOC Monthly Report for WGCI listed the July disturbance as “minor,” a clearly erroneous designation.] During this loss of control, large numbers of inmates assaulted other inmates with impunity and without intervention by staff. No fewer than nine inmates required off-site medical attention for the following injuries:

- Inmate A: lacerations to hands, face, neck, back of head, ear, broken arm;
- Inmate B: lacerations to head, eyes, face, arms, back, surgery for eye;
- Inmate C: lacerations to forehead, arms;
- Inmate D: lacerations to head, nose, arms, puncture wound to back, collapsed lung;

- Inmate F: face, head, hand, arm injuries, neck laceration;
- Inmate F: injuries to hand, chest, abdomen, arm;
- Inmate G: cuts to arm and neck;
- Inmate H: laceration to right hand, possible rib fracture; and
- Inmate I: left knee contusion.

The July 10, 2014, disturbance, like the December 31, 2013, disturbance, exposed serious flaws in the ability of facility officials to properly and safely manage the Close Custody population assigned to WGYCF (see also, Report of Eldon Vail, plaintiffs' corrections expert, Document 105, Filed 08/08/14). To date, MTC has not provided a copy of an after-action review of the July disturbance. MDOC should require that MTC have an effective Emergency Response Plan in place, that officers have been trained to follow the plan and that performance is tested in real time drills. It is noted that two members of the WGYCF CERT attended and completed a Corrections Emergency Response Team instructor training course September 16-19, 2014, with further training sessions scheduled for October 27-31, 2014. As was noted in a well-known study on riots and disturbances in correctional institutions:

A correctional institution, like any other business, industry, or government agency, must have competent, professional management if it is to be operated successfully. True, many of the underlying causes of prison disturbances can ultimately be traced to circumstances beyond the control of correctional administrators. **But a significant number of conditions and practices that precipitate disturbances can be directly attributed to management practices at the institutional level [emphasis added]** (*Causes, Preventive Measures and Methods of Controlling Riots & Disturbances in Correctional Institutions*, American Correctional Association, 3<sup>rd</sup> Edition (1990)).

On August 7, 2014, the Monitors met with, among others, the MDOC Commissioner, who confirmed that Close Custody inmates would no longer be assigned



to WCYCF). Their removal was to be accomplished through a combination of transfers and reclassification (see above, Section IV A.).

With HU -3 vacant after the removal of the Close Custody population, MFC officials initiated a project to repair and upgrade the cell door locking mechanisms in those housing units. They also retained a security consultant to inspect the facility to determine measures to improve the security operation. During the reporting period, a body scanner and x-ray machine have been installed at the front entry post of the facility. In addition, a security netting system has been installed around the perimeter of the facility to deter and control the introduction of contraband onto facility grounds. Facility officials have also taken steps to secure materials and equipment in the housing areas (e.g., broom handles, milk crates, and microwaves) that were used as weapons in both the December 31, 2013, and July 10, 2014, disturbances. In a meeting during the September 15-16 site inspection, the new Warden stated that facility officials are developing plans to offer more programming/activities to reduce inmate idleness.

While it is premature to assess the impact of these measures on improving the safety of living conditions for the WCYCF inmate population, it is noted that since the July 10, 2014, disturbance there have been two inmate/inmate assaults necessitating off-site medical attention. Moreover, the numbers of unreported assaults (those assaults that occur outside the sight and sound of correctional personnel) have also decreased since the July disturbance.

**(2) Sufficient Numbers of Adequately Trained Staff**  
**Recommended Compliance Finding: Non-Compliance**

Observations: Ten days prior to the July 10, 2014, disturbance there were 25

vacant correctional officer positions, the highest number of vacancies since the monitoring term began in 2012. Approximately 75 percent of the staffing complement had less than six months of service on the job. On August 31, 2014, there were 21 vacancies, with 34 percent of the staffing complement having less than six months' service.

A review of the videos of the July disturbance reflected housing units with no visible officer coverage. Moreover, it was evident that officers were allowing inmates to freely enter the cells of other inmates (see also, Vail Report). The high vacancy rate, the inexperience of the staffing complement, and the complicity of four officers in the July disturbance strongly suggest that MEC management continues to struggle with maintaining sufficient numbers of adequately trained staff. It is essential that minimal staffing requirements provide for at least one security officer be assigned to each medium security housing unit on the first two shifts and the third shift when there is significant out-of-cell movement.

The current pre-service training class numbers approximately 47 candidates. While this class will certainly move WCYCF toward filling badly needed vacancies, the overall staffing complement will continue to lack experience, and thus, will require very active supervision by both mid-level and upper-level managers. To the extent that management can actually bring increased program activity for the inmate population online, is the extent to which the line staff's burdens relating to supervision will be tempered. It is noted that several Supervisory Development Programs (SDP) have taken place at WCYCF during the current reporting period. Twenty security and programs supervisors participated in Part One of this expanded training on July 21-24, 2014. Part

Two and Part Three are scheduled for November 2014.

**(3-12) Use of Force and Chemical Agents.**

**Recommended Compliance Finding: Non-Compliance**

Observations: During the month of August 2014 applications of force increased from five in July to 23 in August. The majority of these use of force incidents occurred on the locked down HU-3 and many of them involved the application of chemical agents (OC). It is likely that the prolonged lockdown of these inmates, at least in part, generated continued misbehaviors by these inmates as a form of protest to the lockdown conditions. Moreover, most of the incidents were planned uses of force and, therefore, required audio-visual recording (see IV.B.(5)). There was no video available for five of the planned use of force incidents. In seven of these planned incidents there were camera or operator malfunctions with the recording.

In reviewing the August planned use of force incidents in which chemical agents were deployed, the reports did not document whether officials had initiated contact with medical staff to determine whether there were medical contra-indications for use of chemical agents (see MDOC SOP 16-23-01, Use of Oleoresin Capsicum Spray or Chemical Agents). In one of these incidents it appeared that the application of OC may have been administered at an unsafe distance (see Incident Packet WGCF 14-413). In another incident, an inmate was subjected to a dangerous takedown (see Incident WGCF 14-590). Disturbingly, neither of these incidents reflected completion of the administrative review process. Moreover, in the August "Analysis of Use of Force" conducted by the Chief of Security and the Facility Investigator, none of these aforementioned issues were addressed.

**(13) Use of Prisoners to Enforce Rules or Impose Discipline**

**Recommended Compliance Finding: Compliance**

Observations: There were no documented instances of WCYCI staff utilizing, directing, or allowing prisoners to enforce rules or discipline on other prisoners.

**(14) Protection of Inmates from Abuse, Harassment, and Punishment on the Basis of their Actual or Perceived Sexual Orientation, Gender Identity, and Gender Non-Conformity**

**Recommended Compliance Finding: Compliance**

Observations: A review of the EORs for May 2014 thru August 2014 reflects no such incidents.

**(15) Prohibition of Forcing Inmates to Engage in Physical Exertion that Inflicts Pain or Discomfort**

**Recommended Compliance Finding: Compliance**

Observations: The ROS program does not include any such inappropriate exercises.

**C. Long-Term Confinement**

**Recommended Compliance Finding: Compliance**

Observations: MDOC had removed all inmates who have been assigned to long-term administrative segregation by July 30, 2014.

**D. Programming and Behavior Management**

**(1) Removal of the Paramilitary Elements of the Regiment's Inmate Discipline Program**

**Recommended Compliance Finding: Compliance (see 1<sup>st</sup> Report)**

**(2) MDOC Will Develop a Behavior Management Policy that incorporates Graduated Sanctions for Rule Violations and Positive Incentives for Good Behavior**

**Recommended Compliance Finding: Compliance (see Reports 1-4)**

**(3) Out-of-Cell Time and Outside Recreation**

**Recommended Compliance Finding: Partial Compliance**

Observation: Until the July disturbance, inmates were afforded ample out-of-cell time. As aforementioned, the facility was in varying states of lockdown from July 10 thru September 10. The inmates in HC-3 were in total lockdown for the two month period until their transfers from the facility.

**E. Disciplinary Due Process and Grievances**

**(1) Due Process for Imposition of Disciplinary Sanctions**

**Recommended Compliance Finding: Compliance**

Observation: The Hearing Officer continues to ensure that inmates with a LOC-C designation who appear before Hearing Officer are receiving the Mental Health Assessment (MHAs) required to be done prior to the hearing. While on-site Monitor Martin reviewed with the Hearing Officer the method to use to properly incorporate the MHA findings into the imposition of sanctions.

**(2) Adequate Grievance Procedures**

**Recommended Compliance Finding: Deferred**

Observation: A new Grievance Coordinator has recently been appointed. In meeting with her, it became evident that she is still acclimating to her job duties and is trying to eliminate a backlog in processing grievances. In an attempt to review the processing of select grievances from the APR Tracking log, she was unable to locate any of the select grievances. Monitor Martin reviewed with her the history of trying to establish adequate tracking of grievances so that both facility officials and the Monitors

could exercise the requisite level of oversight. Monitor Martin also requested of the new Warden that the Grievance Coordinator be provided with some clerical assistance to better enable her to manage her duties.

While the Monitors continue to believe that the grievance procedure is accessible to inmates, it has been difficult to properly monitor this issue. Ample time has been extended to facility officials to enable them to improve their tracking system and future compliance findings will not utilize the "Deferred" finding.

## **F. Suicide Prevention**

### **(1) Housing of Prisoners on Suicide Watch**

**Recommended Compliance Finding: Compliance**

Observations: At the request of the Monitors, Amanda Ruiz, M.D., a correctional mental health care consultant, conducted a site inspection on September 16-17, 2014, and assessed the suicide prevention program at the facility. Inmates placed on suicide watch are housed in one of four cells within the facility. These cells are suicide proof features and a duty station has been established with video monitors for each cell.

### **(2) Development of Suicide Prevention Policy**

**Recommended Compliance Finding: Partial Compliance**

Observations: Dr. Ruiz provided the following assessment of the suicide prevention program and practice:

The suicide prevention program policy and the suicide prevention program in current practice are discordant. In interviewing mental health staff, I was informed that the suicide staging system consisted of two levels. Inmates that express suicidal ideation or exhibit self-injurious behavior are evaluated by a mental health clinician and assigned to either, psychological observation or suicide precaution. The primary difference between the two levels of care is: in psychological observation, the patient has not performed an actual act of self-injury and is allowed to keep their clothes. In suicide

precaution, the patient has performed an act of self-injury and is typically placed in a suicide resistant gown. Either the psychiatrist or the psychologist discontinues psychological observation or suicide precaution after completing a face-to-face evaluation.

In contrast, the WCCF suicide prevention policy indicates that there are three different staging levels for inmates as opposed to the two levels I was informed are in practice. It notes that for inmates on 'alert,' a heightened level of observation includes constant one-on-one observation within five physical feet from the offender. This extra supervision may be necessary for patients at high risk. In addition, the WCCF policy definition of suicide risk assessment states it "involve(s) a standard protocol administered by a qualified mental health provider including a review of records, consultation with staff members, face-to-face interview with the offender, and administration of checklists and additional assessments as needed to determine risk for suicide or self injury." This definition comports with nationally accepted practices and principles.

In order to protect patients, clinicians, and the institution, I recommend documenting the content of the suicide risk assessment that was performed. The clinicians may include what was done to mitigate suicidal ideation, depression, or other factors that were identified that could exacerbate risk of self-harm. For example, if supportive therapy, medication, a change in level of care or a change in housing was accomplished to ameliorate or address identified stressors, this should be stated in the record. In addition, targeted or anticipated follow-up dates should be stated, as well as any offers of therapy or treatment that were provided or that the patient may have rejected (and the reasons he gave for doing so).

## **G. Medical Care**

### **(1) Provision of Adequate, Appropriate, and Timely Medical and Dental Care Recommended Compliance Finding: Deferred**

[Note: The Monitors have not conducted an independent compliance assessment of Medical and Dental Care. The plaintiffs have retained an expert to review the provision of medical care and her report was recently submitted to the parties.]

Observations: The most recent report from AdminPros is attached hereto for the parties' review. Also attached hereto is the Health Assurance Report of the Medical Audit/Comprehensive Quality Improvement Committee Meeting, 3rd Quarter, 2014

(April, May, June).

**(2) Prohibition of Housing Inmates with "Serious Mental Illness."**

**Recommended Compliance Findings: Deferred**

Observations: As aforementioned, Dr. Ranz conducted an assessment in September of the WGYCF mental health services program and provided a written report of her observations and findings to the Monitors. On May 1, 2014, the plaintiffs provided a report to the parties containing the observations and findings of their correctional mental health care consultant. These two reports could be used as resource material for the parties to seek to reach an agreement on measures that could be adopted and implemented to ensure that the current SMI population and other inmates requiring mental health services receive required services.

**II. Contract Monitoring**

**(1-2) Development and Implementation of Comprehensive Contract Monitoring Policies and Procedures**

**Recommended Compliance Finding: Non-Compliance**

Observations: While on-site, Monitor Martin met with MTC officials for a detailed briefing on the Consent Decree Monthly Audit Tracking System. A review of the system shows that it is structured in an attempt to audit all provisions of the *Consent Decree*. The audits are resulting in corrective follow-up measures in certain areas.

In reviewing the August audit provisions for Use of Force, the facility officials were found to be in compliance, notwithstanding the issues identified in Section B.(3-12), above. Moreover, the facility was found to be in compliance with the staffing provisions, notwithstanding Section B.(2), above.

Finally, as aforementioned (see above, Section B.(1)), the July number of



assaults for WGYCF was only one assault report, which of course was impossible given the large number of inmates who were assaulted during that one disturbance." The audit administrators may wish to more closely review the Monitors' reports to identify more substantive audit measures given the stark inconsistencies between the WGYCF audit findings and the Monitors' findings in such key areas as Protection From Harm, Staffing, and Use of Force.

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Correctional Facility**  
**Medical Services Review and Monitoring Tool**

**CONFIDENTIAL REPORT**

FACILITY: Walnut Grove Correctional Facility DATE OF SITE VISIT(S): 5/20/14

REPORT COMPLETED BY: Dan Stock and Dan Dec. AdminPros, LLC

The purpose of this evaluation is to provide objective feedback based on a review of current Policies, ACH Health Care Standards and practice protocols.

**Health Authority** (MDOC Policy 25-03-A; ACA Standards 4-4380)

- |   |   |   |
|---|---|---|
| 1 | The facility employs a Registered Nurse (RN) as the on-site Health Services Coordinator.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2 | The facility contracts with a physician for on-site services.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3 | The Health Services Administrator attends weekly Facility Department Head Meetings with the Facility Administrator. Date of Last Meeting Attended: <u>5-15-14</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4 | The Health Services Administrator completes the Monthly Statistical Reports timely.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 5 | The Health Services Administrator meets with nursing staff at least monthly; agenda maintained.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 6 | The Health Services Administrator reviews the Health Care Policies and Local Procedures annually.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**COMMENTS**

- |    |   |  |
|----|---|--|
| 3. | There has been turnover in the Ward or physical cot weekly department head meetings still occur.                                      |  |
| 4. | HSA has monthly meetings with nursing staff and meetings have been changed to occur on every shift so all nursing staff are involved. |  |
| 6. | HSA reviewed Health Care Policies in January 2014.  |  |

**Personnel Qualifications** (MDOC Policy 25-03-C; ACA Standards 4-4332, 4-4384; Consent: Consent: Consent II, A.7, e.4 G)

- |    |   |   |
|----|---|---|
| 1. | The Health Services Administrator annually reviews all professionals' licenses to ensure they are current and completes documentation.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. | The Health Services Administrator maintains a listing of common specialty physicians.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. | The Health Services vendor maintains a copy of the current physicians' contracts.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4. | Mental Health staff are trained upon hire on MDOC policies related to mental health assessments, referrals, disciplinary procedures and their role in use of force for inmates with mental illness.             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 5. | Mental Health staff have an annual refresher training on MDOC policies related to mental health assessments, referrals, disciplinary procedures and their role in use of force for inmates with mental illness. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 6. | Health care staff receive sexual abuse training that includes assessment, prescribing evidence, treatment and reporting.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**COMMENTS**

- 5. EMCF is planning to do a OSMA training for all mental health at all four of Health Assurance facilities. The training will include mental health assessments, referrals and disciplinary procedures.
- 6. Health Assurance is planning sexual abuse refresher training with NCASA.

The staffing pattern is consistent with the inmate population and health care needs. The agreement between MDOC and the health care vendor specifies the expected staffing pattern. The Staffing plan is reviewed annually by the health care vendor to determine the number and type of staff needed to provide adequate medical services provision for the identified need and mission. The attached Medical Staffing Audit form reflects the staffing pattern agreed upon in the health vendor's contract with MDOC.

**Medical Facilities, Equipment, and Environment (MDOC Policy 25-17-D; ACA Standards 4-4.06, 4-4.26, 4-4.27; Consent Decree # B.I. a. iv. B.3d)**

- 1. The Health Services Administrator maintains a medical equipment inventory list Yes  No
- 2. Equipment is maintained in good working order Yes  No
- 3. The facility provides adequate space for the Medical Department's needs. Yes  No   
 Space, including exam table, to allow for private examination of inmates
- 4. Substantiated secure storage space is available for medical supplies and pharmaceuticals. Only health care professionals have keys to pharmaceutical storage areas. Yes  No
- 5. Access to Medical Department keys are restricted to appropriate personnel. Yes  No
- 6. Clinic areas are neat and clean Yes  No
- 7. Laboratory areas are safe and are equipped with appropriate staff protection items Yes  No
- 8. Medical instruments are routinely counted and inventoried. Inventory logs are maintained to verify count. Yes  No

**COMMENTS**

- 1. Medical Equipment inventory logs maintained by the NSA and updated quarterly
- 2. There is a satellite exam area in a housing unit it will be visited during the next on-site review

**Health Screening, Appraisal, and Examination (MDOC Policy 25-02-E; ACA Standards 4-4.33; Consent Decree # B.I. b. 3.3a)**

- 1. Inmates are screened, including use of prescribed medical care by a Nurse upon admission to the facility. Yes  No
- 2. The Admission log is completed and available for review at the nursing station. Yes  No
- 3. Annual physical exams are completed on each inmate, if indicated Yes  No
- 4. Health screenings include a mental health and suicide screen as required by MDOC Policy # 11-30 Yes  No
- 5. Within 48 hours of admission inmates with serious medical or mental health needs shall be examined by a physician Yes  No

6. Inmates in Sheltered Housing shall have an opportunity for out of cell time, if clinically appropriate. Yes X No   
 The Sheltered Housing Log shall be reviewed the staff and inmates will be interviewed to assess compliance.

**COMMENTS**

1. A lock-up stock of medications has been developed so upon intake many medications are available.  
 3. There is a well documented process to ensure inmates receive an annual physical exam if indicated.

**Access to On-Site Health Care** (MDOC Policy 25-07-A; ACA Standards 4-4344, 4-4345; Consent Decree W.A.3 at 3.2a)

1. Accessing health care is explained to inmates upon arrival to the facility. Yes X No   
 2. Non-emergent sick call referrals are triaged within 24 hours. Yes X No   
 3. Sick call referrals are evaluated by a physician or mid-level practitioner within 7 days of complaint. Yes X No   
 4. Victims of alleged sexual abuse in the facility shall be offered a forensic medical examination performed by a medical professional. Yes X No   
 5. Sick Call Request forms are available to inmates. Yes X No

**COMMENTS**

1. Upon arrival at MDOC medical staff explain how to access health care and have the inmate sign a form acknowledging they spoke  
 4. No sexual abuse allegations were indicated for 2014 so far.

**Inpatient and Outpatient Hospital Services and Specialty Consultants** (MDOC Policy 25-21-B; ACA Standards 4-4343)

1. A "Letter of Hospital Agreement" is available for review. List below. Yes  No   
 The hospitals listed below are utilized as needed for inpatient services:  
 -Regional Hospital Leske  
 -Central NS Medical Center  
 -University of NS Medical Center  
 2. When health care is required beyond the resources available in the facility, as determined by a physician, the inmate is transported timely to a medical facility where such care is provided. Yes X No   
 3. Facility staff provide supervision and security when inmates are admitted to a hospital or while receiving outpatient services. Yes X No

**COMMENTS**

2. The hospital indicated in May 2014 there was no inpatient admission on 5/1/14 and 2 inmates that received services in ER but were not admitted.

**Dental Screening and Examination** (MDOC Policy 25-06-E, 25-20-G; ACA Standards 4-4360, 4-4427)

1. The facility contracts with a Dentist for on-site services. Yes X No

- 2. Dental exam is completed every two years. Yes  No
- 3. Inmate who are referred to Dental Health Care are seen timely. Yes  No
- 4. Dental instruments are routinely counted and inventoried. Inventory logs are maintained to verify count. Yes  No
- 5. Dental X-ray equipment is licensed by the Mississippi Department of Radiological Safety. Yes  No

**COMMENTS**

- 4. There is a daily check of dental instruments to make the seal is not broken. Dental instruments are actually counted on days when dentist is on site. Last count was on 5/14/14.
- 5. Dental X-ray equipment license is kept in the dental office and was reviewed.

**Administration of Treatment (MDOC Policy 25-02-B; ACA Standards 4-4303 4-4382)**

- 1. Standing Orders are maintained and updated annually. Date of last update: \_\_\_\_ Jan 2014 Yes  No
- 2. Standing Orders are not filled according to the prescribed treatment signed off by the Physician. Yes  No
- 3. Medication Formulary is maintained and available to nursing and physician. Yes  No  N/A

**COMMENTS**

- 1. Dr. Wells have signed off for the standing orders.

**Pharmaceutical & Medical Supplies (MDOC Policy 25-03-0 through 25-08-0; ACA 4-4-96, 4-4378, 4-4379, 4-4421; Consent Decree 13-B-3.a-f, g)**

- 1. Pharmaceuticals are prepared by the contracted pharmacy. Yes  No
- 2. Pharmacy Policy Manuals are current and up-to-date. Yes  No
- 3. Medications are only administered by Qualified Medical Professionals or Qualified Nursing Staff. Yes  No
- 4. Medication Administration Records (MARs) are utilized for documentation. Yes  No
- 5. Medications are administered timely and in accordance with the physician order and MDOC Policy. Yes  No
- 6. Medications are properly maintained in a clean and neat order. Medication and storage areas are locked when not in use. Yes  No
- 7. Continuous inventory control is maintained on all prescription and over-the-counter medications. Count is correct. Yes  No
- 8. Emergency medications are inventoried by Health Assistance staff monthly. Yes  No
- 9. Sharps inventory is completed on each shift; log records are maintained for count verification. Yes  No
- 10. Pharmaceutical disposal records are maintained. Yes  No
- 11. All Pharmacy licenses are current and posted. Yes  No

12. If an inmate refuses to take their psychotropic medication for more than 24 hours then the treating mental health professional and psychiatrist must be notified and the inmate seen within 74 hours of notice. Yes  No

#### COMMENTS

8. Emergency medication inventory was last done on 5/5/14. The last time an emergency medication was used was on 5/14/14.  
 10. Pharmacy disposition log was current.  
 6. The Controlled Substance Pharmacy license expires 12/14

\*The pillerl practice has been changed as a result of an assault on a nurse. Pill call is no done in a separate room near the Captain's station so the inmate has to come off the unit. It is noted that there appear to be a significant number of pharmacy no shows inmates are not showing for their medication call. The HSA attributes this to ongoing security issues and being unable to devote security staff time to transport inmates to the health unit or the room near the Captain's station.

#### First Aid and Emergency Care (MDOC Policy 25-16-A, 25-03-E; ACA Standards 4-4361, 4-4391); Consent Decree III A 2 a ii)

1. Emergency Medical Services are locally available for transporting inmate. Yes  No   
 2. First Aid Kits and AED are inspected regularly. Yes  No   
 3. All staff who regularly interact with prisoners are trained in First Aid and CPR. Yes  No

#### COMMENTS

2. The facility fire and Safety Officer (not HALLIC) checks first aid kits outside of the health unit every month. HALLIC inspects and replenishes the first aid kits within the health unit every month.

#### Specialized Health Programs & Education (MDOC Policy 25-01-F; ACA Standard 4-4331)

1. Health education is provided by nursing staff. Yes  No   
 2. Special Diets are available when written by the physician. Yes  No

#### COMMENTS

2. Special Diet instructions were reviewed during this visit. The Special Diet orders are signed by the physician, sent to dietary with a copy kept in the nurse's station.

#### Contagious and Infectious Diseases: Management of (MDOC Policies 25-01-E through 25-03-E, 25-1E-B, 25-09-B; ACA Standards 4-4384, 4-4329, 4-4374, 4-4355, 4-4356, 4-4357)

1. HIV testing of intake is completed after a doctor order has been written. Yes  No   
 2. Inmate pre-counseling is required prior to HIV testing as evidenced by chart documentation. Yes  No   
 3. Inmate post-counseling is held when HIV results are received as evidenced by chart documentation. Yes  No   
 4. Inmate receive PPD Skin testing annually. Yes  No  N/A   
 5. Staff yearly PPD Skin Testing is completed. Yes  No  N/A   
 6. The facility has a quarterly infection control meeting during which WDH results are available. Yes  No

**COMMENTS**

1. Two HIV positive inmates are identified and enrolled in a chronic care clinic  
 4/5. All inmates had PPD testing in one day in January. Security and other staff had PPD testing done on different shifts and days in January and all are completed

**Exposure Control (MOC Policy 25-05-B; ACA Standards 4-435B)**

1. Management of Biohazardous Waste is maintained Yes  No

**COMMENTS**

1. Outside contractor is used to collect and dispose of used sharps

**Health Records and Confidentiality (MOC Policy 25-02-H, 25-03-R, 25-04-I, 25-07-E, 25-08-H, 25-09-H; ACA Standards 4-436A, 4-436E, 4-441C)**

1. Medical records are maintained confidentially in the Medical Department and separate from the commitment records. Yes  No
2. Medical Records are kept electronically and accessible only by health care professionals Yes  No
3. Medical Records are maintained in a neat and orderly manner. Yes  No

**COMMENTS**

2 and 3. Medical records now all in EHR. Interviews with two staff indicate they are familiar with EHR and use it daily.

**Mental Health Services (MOC Policy 06-30; Consent Decree III, CJ 6-I and IV, PLC 2-E, 4-C, 4-G)**

1. Each inmate on mental health caseload will have an initial treatment plan at time of evaluation. Yes  No
2. Each inmate on mental health caseload will have a treatment plan within 10 days of evaluation. Yes  No
3. Each inmate on mental health caseload shall have an interdisciplinary team that includes mental health staff, psychiatrist, nurse and custody staff. Yes  No
4. Mental Health Treatment Plans will be developed by the interdisciplinary team. Yes  No

- 5. The interdisciplinary team shall meet every 30 days during the initial three months of care then every 30 days thereafter to review the treatment plan. Yes  No
- 6. Each inmate on the mental health caseload will be classified based on the level of mental health care required. Levels shall be outpatient, residential, crisis, and inpatient. Yes  No
- 7. Inmates discharged from one level of mental health care to another level will have follow-up services commensurate with the new level of care. Yes  No
- 8. Each inmate on the mental health caseload that is housed in long term isolation/segregation will be classified at the residential level of care. Yes  No
- 9. Nursing staff will conduct daily rounds of inmates in isolation/segregation to inquire about their mental health status. Yes  No
- 10. Mental health staff will conduct daily rounds of inmates in administrative/disciplinary segregation to determine mental health status and refer for services if necessary. Yes  No
- 11. Crisis and acute care mental health services are available, including access to beds in a health care setting. Yes  No
- 12. Head psychiatrist shall have medically appropriate autonomy for clinical decisions, access to the Warden and oversee the treatment team. Yes  No
- 13. Mental health staff assess inmates face-to-face before being placed in administrative segregation if they are on mental health caseload. Yes  No
- 14. All LCC-U inmates are receiving appropriate mental health care as evidenced by reviewing a sample of their medical records to ensure they have seen a mental health provider within the last 90 days. Yes  No
- 15. A random sample of LCC-U inmates' incident reports during the previous three months will be reviewed to ensure these inmates receive appropriate mental health services after an unusual incident, if warranted. Yes  No

**COMMENTS**

- 5. The mental health interdisciplinary team is meeting monthly. The last meeting was on 4/26/14
- 6. There are no Level of Care inmates currently at WCCF, except for a few in a special nine month program for first time offenders with non-violent offenses who are released if they successfully complete the nine month program
- 7. There are 40 inmates on the mental health caseload
- 13. A face-to-face assessment is done every time before an inmate is placed in administrative segregation. Usually done by mental health staff but if they are not in facility then a trained nurse will do it.

**Health Department Inspections and/or Visits from other out-side Local and/or State Agencies:**

Date	Agency	Comments
		Note



**Medical Services Review, Monitoring, and Reporting** (ACA Standards 4-4382; Consent Decree III.B.2.I.(i)(2))

The following monitoring tools and reports are complete and/or reviewed timely by the Health Services Administrator(s) as required by NJCC Policies and Standard Operating Procedures:

At least annually, the following form is completed:

- Health Care Personnel Licensure Verification Form Yes  No
- Medical Equipment Inventory Yes  No

At least annually, the following form is reviewed:

- Medical Services Review and Monitoring Tool Yes  No

At least bi-annually the following reports are completed:

- Mental Health Treatment and Counseling Report for OJD Yes  No
- Health Care Discharge/Transfer Planning Report for OJD Yes  No

At least quarterly the following report is completed:

- Health Care Performance Measures Report Yes  No

At least monthly the following forms and logs are completed and/or reviewed:

- Laboratory Logs reviewed and monitored for compliance of returned/with results Yes  No
- Health Care Services Statistical Data Report Yes  No
- Medication Administration Review Form Yes  No
- Autoclave Log Yes  No
- AEO Unit Inspection Form Yes  No
- Medical Instrument/Sharps Inventory Daily Count Form Yes  No
- Dental Instrument/Sharps Inventory Count Form Yes  No
- Medical Instrument Supply List Form Yes  No
- Sick Call Log Yes  No
- JH Site Specialty Care Referral Log Yes  No
- Hospital Admission Log Yes  No
- Emergency Room Log Yes  No
- Non-Prescription Pharmaceutical Control Form Yes  No
- Emergency Medication and Controlled Substance Daily Count Sheet Yes  No

Position	Jan-March Required Hours	Jan-March Actual Hours	Compliant
Health Service Administrator	436	453	yes
LPN	5064	3309	no
Medical Officer/Nurse Asst	2238	2340	yes
RN	1984	2348	yes
Mental Health	426	711	yes
EMT	496	484	
<b>TOTAL HOURS</b>	<b>11,774</b>	<b>10,787</b>	<b>yes</b>

Health assurance provided 13 hours of staffing beyond their contract requirements for this quarter. Health Assurance had lower LPN hours than the contract requires but exceeded the number of required hours for Medical Officer/Nurse Assistant, RN and mental health staff. There are also five other positions that do not have a specific number of hours identified in the contract but have requirements for being on site or on call a certain number of days per week. These positions are Dentist, Dental Assistant, Optometrist, On-Call Physician and Psychiatrist. The staff schedules indicated they were on site as required.

#### Compliance Summary

Page #	Section (Health Services)	Total # of Indicators	Compliant	Non-Compliant	Non-Applicable
1	Health Authority	6	6	0	0
1	Personnel Qualifications	6	6	0	0
2	Medical Facilities & Equipment	6	4	0	2
2	Health Screening, Appraisal and Examination	6	6	0	0
3	Access to In-site Health Care	5	5	0	0
3	In/out Patient Hospital Services and Specialty Consults	3	3	0	0
3	Mental Screening and Examination	5	5	0	0
4	Administration of Treatment	3	3	0	0
4	Pharmaceutical & Medical Supplies	12	12	0	0
5	First Aid and Emergency Care	3	3	0	0
5	Controlled Health Programs & Application	2	2	0	0
5	Contagious and Infectious Disease Management	6	6	0	0
6	Excused Care	1	1	0	0
6	Health Records and Confidentiality	3	3	0	0
6	Mental Health Services	15	15	0	0
6	Medical Services Review, Monitoring and Reporting	20	20	0	0

Total Indicators	194
Compliant	174
Non-Compliant	0
Not Applicable	0

**Health Vendor Comments**

Effective Date: 1/01/2012  
Revised 5/4/2013



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**IN THE UNITED STATES DISTRICT COURT FOR THE  
SOUTHERN DISTRICT OF MISSISSIPPI  
JACKSON DIVISION**

C.B. by and through his next friend,  
Charleston DePriest, et. al  
  
  Plaintiffs  
  
  V.  
  
Walnut Grove Correctional  
Authority, et al.  
  
  Defendants

Health Assurance LLC, Response  
to  
Civil Action No. 3:10cv663

**CLASS ACTION  
CONSENT DECREE**

October 14, 2014

I, Carl M. Reddix, MD, MPH, am the managing partner of Health Assurance, LLC – the company contracted to provide comprehensive medical services for the Mississippi Department of Corrections (MDOC) at Walnut Grove Correctional Facility. Being a licensed board certified primary care provider, with a Master's Degree in Public Health, practicing more than 25 years in my home state of Mississippi; I have firsthand knowledge of the high morbidity of the population that we serve at this prison facility. Additionally, I am more personally connected to each stakeholder for whom high quality, medically necessary, and constitutionally appropriate correctional health services are accountable. Health Assurance, LLC was created to help address racial disparities in health outcomes in this well-defined, racially concentrated, high morbidity, and complicated population – the inmates of the MDOC.

My academic pedigree: Tougaloo College, BS in Chemistry (1980); Tufts University, School of Medicine (1985); Harvard University, School of Public Health (1985), The Johns Hopkins University – Residency in Obstetrics and Gynecology (1989). My professional reputation has been sufficient enough to be appointed by Governor Haley Barbour to a seat on the Mississippi Board of Health.

Health Assurance, LLC prides itself on being a respected member of the medical community. Therefore, we strive to assure the provision of national standards of practice for each person entrusted to our care. Medical care is never provided in a vacuum. The clinical management of diseases will become transparent when expected outcomes are consistently NOT met. The health outcomes at Walnut Grove Correctional Facility highlight better than expected outcomes. These outcome measures (as supported by the medical record, treatment logs, and compliance audits) demonstrate a system of care being provided to these inmates which surpasses constitutional minimums. Our system of care has proven itself effective in 1) suicide prevention - with a marked decrease in the number of inmates placed on suicide watch, as well as amount of time an inmate

spends on suicidal observation, 2) medication compliance – these inmates have a documented medication compliance rate greater than 95% (in a representative sampling: 40,667 pills dispensed a month with only 1757 meds not documented to be given – 4.3%), 3) a very low rate of off-site referrals for chronic disease and very rare hospitalizations for chronic diseases, 4) an effective infectious disease control program – resulting in rare skin infections including methicillin-resistant staph aureus (MRSA); near zero cases of “flu” infections, 5) an active mental health assessment and treatment program, 6) much fewer than expected from national data in the number of inmate grievances for medical, dental or mental health services.

The medications in which our physicians and especially, our psychiatrists utilize is quite extensive. The psychiatrist is the only medical team member who prescribes from the

psychotropic formulary. The psychiatrist does NOT have restrictions or exclusions of old or new anti-psychotic, anti anxiety and anti-depression medication. The entire medication administration of prescription drugs at the facility is continually monitored by on site audits by members of the Mississippi Board of Pharmacy; and these pharmacy audits have never revealed any quality of care issues.

Caseloads for serious mental illness (SMI) at this facility have ranged from 150 to the current 44 over the previous 7 years. Health Assurance, LLC tracks the inmates who have a change in their "Level of Care" mental health status. These mental health levels range from "A" to "E", (normal to total decompensated 'CRISIS'). These levels of care determinations can only be assigned by doctorate level mental health professionals. The system for evaluating/assigning/referral of inmates at this prison is well functioning. Since August of 2012, HA, LLC has engaged this system in over 300 cases. Each patient was evaluated by the Walnut Grove Correctional Facility Professional, level of care determination assigned, and thereafter referred to MDOC for re-classification confirmation. Another mental health professional then evaluates and assigns the inmate to the appropriate treatment protocols at another facility. However, if/when our facility mental health professionals deem a patient's decompensation requires immediate in-patient hospitalization; the patient is transported directly to the hospital. Health Assurance, LLC has not had any such referrals since April, 2013. There were 4 of these hospital referrals January – April, 2013 as the attached report demonstrates.

Health Assurance, LLC has an active suicide prevention program. All facility staff (security and medical) are continuously engaged in the program. The attached report demonstrates the associated number by month of patients on suicide watch. While anyone (security or non-mental health staff) can have an inmate placed on suicide watch, a doctorate level mental health professional must evaluate the patient for removal of watch. The report reflects an active system with a decreasing utilization rate (a sign of improved clinic responsiveness).

The mental health program provided at the Walnut Grove Correctional Facility is patient-centered. Our mental health patients have filed 1 grievance in 2013 and 1 grievance in 2014 complaining about the quality of their mental health services. The MDOC has never received a call/letter of concern from an inmate's family or friend regarding issues of access, quality, or provision of health care at this facility.

Additionally the monthly required documentation for the "Consent Decree Documentation Explanation" report which also tracks contract compliance, has never identified any area of non-compliance

The prevention of an individual's mental health deterioration is Health Assurance LLC's major focus. Patients with serious mental illness are a public health challenge in the best of circumstances. It is exponentially more difficult in the correctional setting. The medical program at Walnut Grove Correctional Facility has done an excellent job of limiting the deleterious effects of confinement. The medical record; treatment logs; staff matrix; multiple site audits by PEER committee, Board of Pharmacy, ACA accreditation members, MDCC staff and Admin Pros show a system replete with factual data of compliance to constitutional standards. These objective reviews provide a much more honest/accurate/non-biased assessment of "access to" and quality performance of Walnut Grove Correctional Facility medical and mental health services.

Court monitors Steve Martin and Jim Austin mandated an independent review of the mental health program at this facility. Amanda Ruiz, MD, a board certified psychiatrist from California toured the facility in September, 2014 to add clarity for court monitors of the provision of mental health services. Her report supports Health Assurance LLC's contention that our system of care for mental health complies to national standards of care and constitutional minimums. She offered, during her visit, suggestions for subtle improvements to our mental health system of care. Our staff eagerly incorporated her perspective, and continue to work toward refinement of correctional health services for these citizens of Mississippi, whom we proudly serve.

The Walnut Grove Correctional Facility has undergone multiple compliance audits. Regrettably, only plaintiff expert opinions find that "These prisoners are being subjected to needless pain and suffering from delay in necessary care, and are being put at significant risk of worse outcome because of inadequate treatment." Every other subject matter expert (none of whom being paid by Health Assurance, LLC) find that as their assessment of the same facts "demonstrate that although minor opportunities for improvement remain, adequate care is being provided to the inmates of Walnut Grove Correctional Facility". Each "independent" expert has been complimentary of the quality of the program and of the medical staff providing these services. The Medical Audit Committee reports demonstrate an active quality improvement effort to document deficiencies and the hard work toward error-free medical practices.

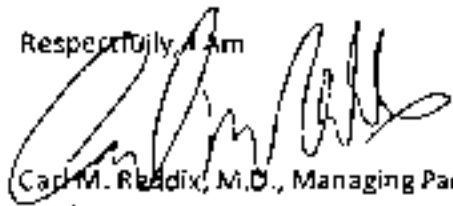
The systems of care utilized by Health Assurance, LLC have been documented effective in:

- 1) Suicide Prevention
- 2) Medication Compliance
- 3) Rare Need for In-Patient Health Services

- 4) On-Going Evaluation for Changes in Mental Health "Level of Care"
- 5) Chronic Disease Management
- 6) Inmate Confidence in Medical Staff
- 7) Quality of Service which exceeds Constitutional Minimums
- 8) Unimpeded/easy access to Comprehensive Medical Services
- 9) Health Services which far exceed the levels of care previously provided to these inmates before their incarceration in every disease category.
- 10) Independent audits of health services from MDOC, Admin Pros, PEERE Committee, Mississippi Boards of Nursing, Medical Licensure, Pharmacy and Health – none of who agreed with findings of the biased plaintiff experts.

This report and corresponding attachments document through unimpeachable factual data that the care provided to our patients at Walnut Grove Correctional Facility is consistent with national standards of care. In addition, these inmates are receiving a volume of high quality comprehensive health services which far exceeds the level of care utilized by them inside the Mississippi communities in which they will one day return.

Respectfully, I Am



Carl M. Readix, M.D., Managing Partner  
Health Assurance LLC





**MEDICAL AUDIT/COMPREHENSIVE QUALITY IMPROVEMENT  
COMMITTEE MEETING**

**2nd Quarter 2014  
(April, May, June)**

**Monday, J2014  
5:00 p.m.**

**for  
Walnut Grove Correctional Facility**

ON-SITE CLINICAL SERVICES

MEDICAL HOUSING

FACILITY NAME

2014	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Inmates Admitted to Medical Housing Unit (Sheltered Housing)	2	4	5	12	10	9	8	37				37				37
Medical Housing Unit Days	32	8	7	47	66	41	4	195				195				195
Average Medical Length of Stay	10.7	2.0	1.4	3.9	6.6	4.1	3.0	5.3				5.3				5.3
2014	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Inmates Admitted to Mental Health Unit	0	0	0	0	0	0	0	0				0				0
Mental Health Days	0	0	0	0	0	0	0	0				0				0
Average LOS Mental Health	0	0	0	0	0	0	0	0				0				0

**OFF-SITE UTILIZATION**

**HOSPITAL SERVICES**

**FACILITY NAME**

2014	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Hospital Admissions	0	1	1	2	2	3	1	8				6				6
Hospital Days	0	3	3	6	4	5	2	17				17				17
Average Hospital Length of Stay	0	3	3	3	2	2	2	2				2.125				2.125
General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**HOSPITAL SERVICES**

2014	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Emergency Room Visits	1	6	10	27	11	16	7	60				60				60
Ambulance Transports	0	0	0	0	3	2	0	5				5				5
Deaths During the Month	0	0	0	0	0	0	0	0				0				0

**SPECIAL NEEDS SERVICES**

**CHRONIC CARE SERVICES**

2014	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Asst ta	19	70	39	208	54	57	50	313				372				373
Comveta Therapy	0	0	0	0	0	0	0	0				0				0
Diabetes	22	12	10	44	9	19	14	82				92				92
Epilepsy	24	17	22	63	19	21	19	122				122				122
Fu Vaccination	0	0	0	0	0	0	0	0				0				0
G-S(GRD)	29	27	32	88	31	27	24	173				173				173
Hepatitis A & C1	0	1	3	4	7	8	9	28				28				28
HIV	2	1		4	1	1	0	6				6				6
Hyperbaric	158	150	159	467	128	126	135	654				654				654
Mental Health	43	33	43	124	43	42	43	259				259				259
Suicide Watch	2	1	5	8	2	4	3	17				17				17
Total Number of Suicide Watch Days	7	3	10	25	5	7	4	42				42				42
Wound Care	15	14	14	43	47	24	22	136				136				136
X-ray Clinic	15	10	12	38	6	12	19	75				75				75
Total # Geer in CO for the Month	303	274	311	908	253	255	259	1801	0	0	0	1801	0	0	0	1801

**INFECTION CONTROL**  
**INFECTIOUS DISEASE REPORT**

2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
1b-Treatment Count	0	0	0	0	0	0	0	0	0	0	0	0	0
TB Sc - Test Positive Results	8	0	0	8	0	0	0	8		8			8
Isolates (A, B, C)	0	1	3	4	7	8	9	28		29			78
Genetics	0	0	1	0	0	0	0	0		0			0
Egyptis	0	0	0	0	0	0	0	0		0			0
Colonyes	0	0	0	0	0	0	0	0		0			0
Hepes	0	0	0	0	0	0	0	0		0			0
Subes	0	0	0	0	0	0	0	0		0			0
Radicals	0	0	0	0	0	0	0	0		0			0
MRSA	1	2	1	4	1	1	2	8		8			9
STAPH	0	1	1	2	1	0	4			4			4
Round Cultures	3	4	5	11	8	5	4	28		28			29

## CONTINUOUS QUALITY IMPROVEMENT PROGRAM (CQI)

ASPECTS OF	NCCHS STANDARD THRESHOLD PERCENT	MONTH-END OF REVIEW	PERCENT OF COMPLIANCE	AREA OF NON-COMPLIANCE	PLAN OF ACTION
Custodial Inventory of Shaves	100%	April-June 2014	175/182 96%	Missing signatures	All covered staff training
Dental infection Control	80%	April-June 2014	10/10 100%	Compliant	None needed at this time
Health Assessments Within 14 Days	100%	April-June 2014	62/62 100%	Compliant	None needed at this time
Inmate Health Care in Segregation	100%	April-June 2014	170/170 100%	Compliant	None needed at this time
Logs	90%	April-June 2014	1826/1832 99%	Missing 64 drawings Missing 60 initials on EOI's	Withdraw staff training
Medication Administration Record	100%	April-June 2014	221/221 100%	Compliant	None needed at this time
Emergency Response	100%	April-June 2014	34/120 28%	Missing 86 responses	In-Depth Study
Endoscopy Reviews	Compliant/Complied within 2 working days	April-June 2014	173/173 99%	1 case not completed within 2 working days and 107 missing	None needed at this time
Specialty Consults	80%	April-June 2014	147/150 98%	Minor paperwork not submitted	Staffed/Staffing per requirements of the contract
Telephone Orders		April-June 2014	23/23 100%	Compliant	None needed at this time
Transcription of Orders	90%	April-June 2014	5/5/5 100%	Compliant	None needed at this time
Shower Housing	80%	April-June 2014	77/94 82%	Missing 17 signatures on forms and 1	In-Depth Study
NR Testing (Latent TB)	100%	April-June 2014	0	N/A	N/A
Suicide Watch	100%	April-June 2014	73/76 94%	Missing 3 inmate signatures	Working with the staff training
Suicide Watch	100%	April-June 2014	67 71%	Missing 10 inmate signatures	Working with the staff training

**INMATE GRIEVANCES**

GRIEVANCE CATEGORY	APRIL 2014	MAY 2014	JUNE 2014	QUARTER TOTALS	YTD	RESOLUTION CATEGORY
Disrupted with Quality of Medical Care	1 - F			1	7	3
Disrupted with Quality of Dental Care					2	0
Disrupted with Quality of Mental Health Care					1	0
Conduct of Healthcare Staff					1	0
Delay - Health Care Provided					1	0
Problems with Med. Orders					1	0
Request to Be Searched					2	
Request for Off-Site Specialty Care					1	3
Other					6	0
<b>Total</b>				<b>1</b>	<b>21</b>	

RESOLUTION CATEGORIES
A. Explanation
B. Compromise Accepted
C. Communication
D. Unresolved
F. Inmate-Dropped Grievance
G. Grievance Resolved

TYPE OF GRIEVANCE
F - Informal Grievance
F - Formal Grievance



**MEDICAL AUDIT/COMPREHENSIVE QUALITY IMPROVEMENT  
COMMITTEE MEETING**

**4th Quarter 2013  
(October, November, December)**

**Wednesday, February 12, 2014  
5:00 PM**

**FOR  
WALNUT GROVE CORRECTIONAL FACILITY**



ON-SITE CLINICAL SERVICES

MEDICAL HOUSING

WALNUT GROVE YOUTH CORRECTIONAL FACILITY

2013	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Inmates Admitted to Medical Housing Unit (Shelton Housing)	13	8	12	33	9	4	4	50	2	10	5	68	12	7	9	96
Medical Housing Unit Days	37	51	68	156	13	4	42	215	34	31	9	299	42	11	30	376
Average Medical Length of Stay	2.8	5.4	5.7	4.7	1.4	1.0	10.5	4.3	11.3	5.1	1.8	4.3	3.5	1.5	4.0	3.9
Inmates Admitted to Mental Health Unit	1	2	0	3	1	2	0	3	0	0	0	4	0	0	0	4
Mental Health Days	1	7	0	8	3	0	0	11	0	0	0	11	0	0	0	11
Average LOS-Mental (Days)		3.5	0	2.7	3	0	0	2.8	0	0	0	2.8	0	0	0	2.8
Annual Physicals	23	41	4	68	11	35	14	156	25	27	26	245	67	19	3	325
Dental visits	83	85	95	263	37	89	63	335	327	195	136	244	155	122	136	1556

**OFF-SITE UTILIZATION**

**HOSPITAL SERVICES**

**WALNUT GROVE YOUTH CORRECTIONAL FACILITY**

2013	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Hospital Admissions	0	2	2	4	2	2	1	3	1	0	1	1	0	1	5	17
Hospital Days	0	2	2	4	2	2	3	11	1	0	2	14	0	3	5	22
Average Hospital Length of Stay	0	1	1	1	1	1	3	1.2	1	0	2	1.3	0	3	1	5.3
General Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**HOSPITAL SERVICES**

Emergency Room Visits	12	11	13	35	8	3	6	53	3	4	4	64	9	6	16	55
Ambulance Transports	3	1	4	8	1	1	0	10	0	0	1	11	0	3	7	23
Deaths During the Month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## OFF-SITE SPECIALIST VISITS

2013	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Diagnosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FMT	0	2	3	5	3	3	0	11	2	0	3	16	2	3	2	23
Gastroenterology	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
OB-GYN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Off-Site X Ray	3	0	0	3	1	7	0	11	1	3	2	17	4	5	3	29
Ophthalmology	4	4	6	14	6	3	1	24	4	7	3	38	1	0	3	42
Oral Surgery	0	0	1	1	0	0	2	3	1	3	2	9	2	1	1	13
Othopedics	5	2	7	18	5	7	0	33	5	7	7	47	4	4	4	59
Surgery	1	0	2	3	0	2	1	6	3	2	1	12	2	4	5	24
Podiatry	3	5	4	9	4	1	23	37	23	11	17	35	20	19	12	137
Psychiatry	2	0	1	3	0	0	0	3	0	0	0	3	0	0	0	3
Podiat	0	1	4	5	3	1	7	9	1	0	2	11	0	2	1	23

**SPECIAL NEEDS SERVICES**

**CHRONIC CARE SERVICES**

ICD-9	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
Diabetes	5	6	8	22	6	8	5	4	9	11	10	71	11	14	11	107
Epilepsy	6	11	12	31	14	14	12	71	13	14	10	100	10	13	13	144
Tuberculosis	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	39
OT	0	3	2	2	2	2	3	9	2	5	14	31	18	21	20	50
Depression (A, B, C)	0	0	0	0	2	0	0	2	0	0	0	2	0	0	0	2
NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypertension	59	70	72	201	75	57	52	425	79	82	89	562	108	85	109	674
Mental Health	150	109	114	403	124	139	79	705	67	31	28	822	37	44	50	953
Asthma	47	54	40	147	58	45	40	291	44	54	49	438	51	50	52	591
Stroke/Alzheim	30	23	15	72	8	12	11	103	13	12	7	135	0	14	6	150
Total Number of Sick Days	151	221	83	279	211	177	421	2361	737	55	19	534	314	69	52	625
Neuro Care	33	22	43	55	37	28	35	195	56	43	62	320	24	27	24	405
NA Clinic	82	58	80	224	79	38	44	434	58	64	75	630	24	33	37	717
Total Cost in Q3 for Sick Days	612	445	476	1475	425	389	324	2614	368	497	353	3733	314	353	365	4801

**INFECTION CONTROL**  
**INFECTIOUS DISEASE REPORT**

2013	JAN	FEB	MAR	YTD	APR	MAY	JUN	YTD	JUL	AUG	SEP	YTD	OCT	NOV	DEC	YTD
B-Treatment Labs	3	3	1	7	1	7	1	10	1	1	0	12	0	0	0	12
TB Sx's Test Positive Results	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	7
Hepatitis (A, B, C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	0	1	1	0	0	0	1	0	0	0	1	0	0	0	1
Chlamydia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Herpes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Scabies	0	0	2	2	1	1	0	10	1	1	0	12	0	0	0	12
Pedicularis	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1
MRSA	2	2	7	11	2	4	3	20	9	2	5	36	2	2	0	40
STAP	5	2	0	7	3	1	2	13	5	4	4	26	3	3	3	35
Wound Cultures	2	5	7	20	6	6	3	35	15	13	13	75	9	6	4	94

## CONTINUOUS QUALITY IMPROVEMENT PROGRAM (CQI)

ASPECTS OF	NCCHQ STANDARD THRESHOLD PERCENT	MONTH/YEAR OF REVIEW	PERCENT OF COMPLIANCE	AREA OF NON-COMPLIANCE	PLAN OF ACTION
Content and Availability of Reports	100%	October-December 2013	173/194 89%	Missing Signatures	All issues explained
Disease Infection Control	90%	October-December 2013	17/12 100%	Complete	None needed at this time
Health Assessment Within 14 Days	100%	October-December 2013	99/12 100%	Complete	None needed at this time
Inmate Health Care - Secondary	100%	October-December 2013	100/120 100%	Complete	None needed at this time
Logs	90%	October-December 2013	7,346/8,141 90%	Missing signature missing	All issues explained
Medication Administration Record	100%	October-December 2013	237/238 99%	Missing initials documentation back	100% working
Emergency Response	100%	October-December 2013	100/120 83%	Missing items at site MCU appropriate response	In Service
Radiology Services	On-line/Completed within 2 working days	October-December 2013	179/180 99%	1 missing report with 2 working days	None needed at this time
Secondary Consult	90%	October-December 2013	150/160 100%	Complete	None needed at this time
Telephone Orders		October-December 2013	100%	N/A	N/A
Transcription of Orders	90%	October-December 2013	217/217 100%	Complete	None needed at this time
Primary Care (Sistered Housing)	80%	October-December 2013	53%	Not done on sign-in in Sistered Hqs	Monitoring
PH Director (Latent TB)	100%	October-December 2013	None at this time	N/A	N/A
Surveillance	100%	October-December 2013	46/55 84%	Missing within 15 hours of admission	Monitoring and internal audit

## INMATE GRIEVANCES

GRIEVANCE CATEGORY	OCTOBER 2013	NOVEMBER 2013	DECEMBER 2013	QUARTER TOTALS	YTD	RESOLUTION CATEGORY
Disatisfied with Quality of Medical Care	-	1	2	3	3	FQ
Disatisfied with Quality of Dental Care					1	-
Disatisfied with Quality of Mental Health Care					1	F
Conduct of Healthcare Staff					1	
Delay in Health Care Provided			1	1	4	F
Problems with Medication		1		1	11	F
Request to Be Seen						
Request for Off Site Specialty Care					1	C
Other	1	1		2	7	=
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>41</b>	

\* Overlapped

RESOLUTION CATEGORIES
A. Explanation
B. Corrective Action
C. Communication
D. Unresolved
E. Inmate Dropped Grievance
G. Grievance Resolved





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		3/3/2013	Change of LOC from A to C
		8/3/2013	Change of LOC from C to A
		9/3/2013	Change of LOC from A to C
		9/3/2013	Change of LOC from A to C
		9/3/2013	Change of LOC from A to C
		9/3/2013	Change of LOC from A to C
		9/3/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from C to A
		5/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from C to A
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		6/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from A to C
		6/25/2013	Change of LOC from C to A
		6/7/2013	Hepatitis
		8/7/2013	Change of LOC from C to A
		6/11/2013	Change of LOC from C to E
		6/10/2013	Change of LOC from A to E
		6/11/2013	Change of LOC from C to A
		6/11/2013	Change of LOC from C to A
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		6/11/2013	Change of LOC from A to C
		6/11/2013	Change of LOC from A to C
		5/29/2013	Change of LOC from C to A
		5/30/2013	Change of LOC from A to C
		5/30/2013	Change of LOC from A to C
		5/30/2013	Change of LOC from C to A
		5/30/2013	Change of LOC from C to A
		5/30/2013	Change of LOC from A to C
		5/30/2013	Change of LOC from A to C
		5/7/2013	Change of LOC from C to E
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6/2014	██████████	84.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	24.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	54.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	63.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	10.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	56.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	28.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	55.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	58.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	180.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	54.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	48.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	81.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	174.00	WALNUT GROVE YOUTH COR FAC
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6/2014	██████████	34.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	58.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	10.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	10.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	56.00	WALNUT GROVE YOUTH COR FAC
6/2014	██████████	280.00	WALNUT GROVE YOUTH COR FAC

Total Pills Dispensed 40687

Number of Psych Meds not given 233  
% of Psych medications not given 0.5%

Number of Other Meds not given 1524  
% of Other Meds not given 3.7%

Total Number of Meds not given 1757  
Total % of Meds not given 4.3%





54.00 WALNUT GROVE YOUTH COR FAC  
 62.00 WALNUT GROVE YOUTH COR FAC  
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[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	108.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	162.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	114.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	38.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	82.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	35.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	20.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	40.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	112.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	74.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	84.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	48.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	72.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	198.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	94.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	54.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	45.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	26.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	84.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	224.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	154.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	6.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	84.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	52.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	68.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	44.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	82.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	94.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	4.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	62.00	WALNUT GROVE YOUTH COR FAC



[REDACTED]	6/20/14	84.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	23.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	277.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	62.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	121.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	490.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	20.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	22.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	289.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	118.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	30.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	99.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	94.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	26.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	88.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	20.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	70.00	WALNUT GROVE YOUTH COR FAC
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[REDACTED]	6/20/14	64.00	WALNUT GROVE YOUTH COR FAC
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[REDACTED]	6/20/14	241.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	44.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	44.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	18.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
[REDACTED]	6/20/14	56.00	WALNUT GROVE YOUTH COR FAC



6/20/14	76.00	WALNUT GROVE YOUTH COR FAC
6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
6/20/14	15.00	WALNUT GROVE YOUTH COR FAC
6/20/14	140.00	WALNUT GROVE YOUTH COR FAC
6/20/14	33.00	WALNUT GROVE YOUTH COR FAC
6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
6/20/14	134.00	WALNUT GROVE YOUTH COR FAC
6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	46.00	WALNUT GROVE YOUTH COR FAC
6/20/14	10.00	WALNUT GROVE YOUTH COR FAC
6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
6/20/14	48.00	WALNUT GROVE YOUTH COR FAC
6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
6/20/14	37.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	14.00	WALNUT GROVE YOUTH COR FAC
6/20/14	33.00	WALNUT GROVE YOUTH COR FAC
6/20/14	84.00	WALNUT GROVE YOUTH COR FAC
6/20/14	42.00	WALNUT GROVE YOUTH COR FAC
6/20/14	91.00	WALNUT GROVE YOUTH COR FAC
6/20/14	56.00	WALNUT GROVE YOUTH COR FAC
6/20/14	24.00	WALNUT GROVE YOUTH COR FAC
6/20/14	3.00	WALNUT GROVE YOUTH COR FAC
6/20/14	36.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	54.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	66.00	WALNUT GROVE YOUTH COR FAC
6/20/14	112.00	WALNUT GROVE YOUTH COR FAC
6/20/14	41.00	WALNUT GROVE YOUTH COR FAC
6/20/14	37.00	WALNUT GROVE YOUTH COR FAC
6/20/14	136.00	WALNUT GROVE YOUTH COR FAC
6/20/14	220.00	WALNUT GROVE YOUTH COR FAC
6/20/14	66.00	WALNUT GROVE YOUTH COR FAC
6/20/14	26.00	WALNUT GROVE YOUTH COR FAC
6/20/14	19.00	WALNUT GROVE YOUTH COR FAC
6/20/14	28.00	WALNUT GROVE YOUTH COR FAC
6/20/14	111.00	WALNUT GROVE YOUTH COR FAC
6/20/14	84.00	WALNUT GROVE YOUTH COR FAC

NAME	MONTH	QUANTITY	FACILITY	TOTAL WASTE
[REDACTED]	6/2014	111.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	8.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	57.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	40.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	56.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	14.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	42.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	42.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	31.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	63.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	26.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	54.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	105.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	29.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	78.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	59.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	28.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	42.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	112.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	26.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	224.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	56.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	8.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	52.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	56.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	34.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	172.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	49.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	60.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	56.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	38.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	28.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	40.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	177.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	20.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	28.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	26.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	20.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	30.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	84.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	42.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	80.00	WALNUT GROVE YOUTH COR FAC	
[REDACTED]	6/2014	56.00	WALNUT GROVE YOUTH COR FAC	

WALNUT GROVE CORRECTIONAL FACILITY/HEALTH ASSURANCE, LLC  
HOSPITAL ADMISSION LOG 2013 / 2014

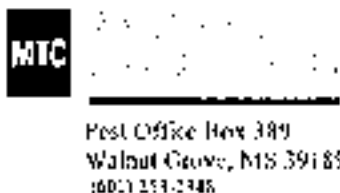
INMATE NAME	DATE SENT	DATE ADMITTED	DATE DISCHARGED	REASON FOR ADMISSION
	7/6/2013	ER Visit Only-BMC Leave	7/6/2013	Scalp Laceration
	7/19/2013	CMMC	7/20/2013	Abcess
	7/25/2013	ER Visit Only-BMC Leave	7/25/2013	Scalp Laceration
	8/26/2013	ER Visit Only-BMC Leave	8/26/2013	Eyebrow Laceration
	8/26/2014	ER Visit Only-BMC Leave	8/26/2013	Multiple stab wounds
	8/27/2013	ER Visit Only-BMC Leave	8/27/2013	Possible Dislocated Shoulder
	8/27/2013	ER Visit Only-BMC Leave	8/27/2013	Possible Nasal Fracture
	9/7/2013	ER Visit Leave-Admit CMMC	9/10/2013	Suicide Attempt transfer to MDOC
	9/16/2013	ER Visit Only-BMC Leave	9/16/2013	Laceration to left eye
	9/23/2013	ER Visit Only-BMC Leave	9/23/2013	Right Shoulder Injury
	9/27/2013	ER Visit Only-BMC Leave	9/27/2013	Laceration to Lip
	10/3/2013	ER Visit Only-BMC Leave	10/3/2013	Laceration to Rt Eyebrow
	10/4/2013	ER Visit Only-CMMC	10/4/2013	Possible Sickle Cell Crisis
	10/5/2013	ER Visit Only-BMC Leave	10/5/2013	Dislocated Shoulder
	10/10/2013	ER Visit Only-BMC Leave	10/10/2013	Laceration to Left Eye
	10/11/2013	ER Visit Only-BMC Leave	10/11/2013	Laceration to Right Leg
	10/12/2013	ER Visit Only-BMC Leave	10/12/2013	Dislocated Finger
	10/20/2013	ER Visit Only-BMC Leave	10/20/2013	Confusion
	10/23/2013	CMMC	10/23/2013	Laceration Right 2nd & 3rd fingers
	10/26/2013	ER Visit Only-BMC Leave	10/26/2013	Cyst under arm.
	10/26/2013	ER Visit Only-BMC Leave	10/26/2013	Beaten up Head and Chest
	11/6/2013	ER Visit Only-BMC Leave	11/6/2013	Seizure X 2
	11/6/2013	ER Visit Only-BMC Leave	11/6/2013	Seizure
	11/13/2013	ER Visit Only-BMC Leave	11/13/2013	Asthma low O2 Sat
	11/15/2013	ER Visit Only-BMC Leave	11/15/2013	Possible Fractured Nose
	11/21/2013	ER Visit Leave-Admit CMMC	11/21/2013	Possible Ulcerosis
	11/27/2013	ER Visit Only-BMC Leave	11/27/2013	Possible Corneal Abrasion
	12/4/2013	ER Visit Only-BMC Leave	12/4/2013	Laceration
	12/6/2013	ER Visit Only-BMC Leave	12/6/2013	Sutures
	12/11/2013	ER Visit Only-BMC Leave	12/11/2013	Neuro deficit
	12/17/2013	ER Visit Only-BMC Leave	12/22/2013	Torsion



[REDACTED]	12/14/2013	ER Visit Only - BMC Leake	12/14/2013	Laceration
[REDACTED]	12/16/2013	ER Visit Only - BMC Leake	12/16/2013	Laceration
[REDACTED]	12/17/2013	ER Visit Only - BMC Leake	12/17/2013	Laceration
[REDACTED]	12/17/2013	ER Visit Only - BMC Leake	12/17/2013	Laceration Lip
[REDACTED]	12/17/2013	ER Visit Only - BMC Leake	12/17/2013	Chest Pain
[REDACTED]	12/18/2013	Admit BMC Leake	12/18/2013	Chest Pain R/13 MI
[REDACTED]	12/19/2013	ER Visit Leake-Admit CMMC	12/19/2013	Head Injury
[REDACTED]	12/31/2013	Admit UMC	12/31/2013	Sucking Chest Wounds
[REDACTED]	12/31/2013	Admit UMC	12/31/2013	Multiple Lacerations
[REDACTED]	12/31/2013	Admit UMC	12/31/2013	Multiple Lacerations
[REDACTED]	12/31/2013	ER Visit Only UMC	12/31/2013	Possible Rib Fracture
[REDACTED]	12/31/2013	Admitted UMC	12/31/2013	Multiple Punctures
[REDACTED]	12/31/2013	ER Visit Only UMC	12/31/2013	Chest Puncture Wound
[REDACTED]	12/31/2013	ER Visit Only UMC	12/31/2013	Abdominal Wounds
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	LEG and Arm Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Head Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Serial Lacerations to Right Finger
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Lip Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Left Hand Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Head Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	bruised Left Leg
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Head Laceration
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Laceration Right Eye
[REDACTED]	1/1/2014	ER Visit Only BMC Leake	1/1/2014	Laceration on Right Index Finger
[REDACTED]	1/7/2014	ER Visit Only BMC Leake	1/7/2014	Laceration Left Index Finger
[REDACTED]	2/9/2014	ER Visit Only BMC Leake	2/9/2014	Laceration on to Left Eye
[REDACTED]	2/18/2014	Admit CMMC	2/18/2014	Head Injury Trauma
[REDACTED]	2/18/2014	ER Visit Only BMC Leake	2/18/2014	Laceration Right Eye
[REDACTED]	2/23/2014	ER Visit Only BMC Leake	2/23/2014	Fever/R Side Abdominal Tenderness
[REDACTED]	2/27/2014	ER Visit Only BMC Leake	2/27/2014	Laceration Left Middle Finger
[REDACTED]	2/27/2014	ER Visit Only BMC Leake	2/27/2014	Lacerations Multiple
[REDACTED]	3/7/2014	Admit CMMC	3/7/2014	Blood Sugar High (New Onset)
[REDACTED]	3/18/2014	ER Visit Only BMC Leake	3/18/2014	B/S Reading
[REDACTED]	3/20/2014	ER Visit Only BMC Leake	3/20/2014	Laceration to Forehead
[REDACTED]	3/27/2014	ER Visit Only BMC Leake	3/27/2014	Lacerations to Left Leg

	3/22/2014	ER Visit Only BMC Leak	3/22/2014	Puncture Wounds
	3/23/2014	ER Visit Only-BMC Leak	3/23/2014	Two Lacerations to Right Elbow
	3/23/2014	ER Visit Only BMC Leak	3/23/2014	Possible Corneal Abrasion
	3/23/2014	ER Visit Only BMC Leak	3/23/2014	Laceration to Left Eyelid
	3/29/2014	ER Visit Only-BMC Leak	3/29/2014	Abnormal Heart Rhythm
	4/1/2014	ER Visit Only-BMC Leak	4/1/2014	Dislocated Right Shoulder
	4/2/2014	ER Visit Only-BMC Leak	4/2/2014	Dislocated Right Ankle
	4/3/2014	Admit to CMHC	4/3/2014	Dehydration, FTT, MD order
	4/4/2014	ER Visit Only-BMC Leak	4/4/2014	Possible Right Shoulder Dislocation
	4/5/2014	ER Visit Only-BMC Leak	4/5/2014	Laceration Above Right Eye
	4/10/2014	ER Visit Only-BMC Leak	4/10/2014	Respiratory Distress
	4/11/2014	ER Visit Only-BMC Leak	4/11/2014	Cut Upper Lip
	4/17/2014	ER Visit Only-BMC Leak	4/17/2014	Cut Right Finger
	4/18/2014	ER Visit Only-BMC Leak	4/18/2014	Debrided Laceration Lip
	4/19/2014	ER Visit Only-BMC Leak	4/19/2014	Unstable Vitals
	4/23/2014	ER Visit Only-BMC Leak	4/23/2014	Neuro def, Head Injury, Drugs
	4/11/2014	ER Visit Only-BMC Leak	4/11/2014	Cut Upper Lip
	4/29/2014	ER Visit Only-BMC Leak	4/29/2014	Cellulitis
	4/29/2014	Admit to CMHC	4/29/2014	Cellulitis
	5/2/2014	ER Visit Only-BMC Leak	5/2/2014	Laceration to Head
	5/6/2014	ER Visit Only-BMC Leak	5/6/2014	Severe Cellulitis RLE
	5/6/2014	ER Visit Only-BMC Leak	5/6/2014	Chest Pain
	5/6/2014	ER Visit BMC Leak/Admit CMHC	5/6/2014	Smashed tip of finger off
	5/10/2014	ER Visit Only-BMC Leak	5/10/2014	C Head
	5/17/2014	ER Visit Only-BMC Leak	5/17/2014	Left Shoulder Dislocation
	5/13/2014	ER Visit Only-BMC Leak	5/13/2014	Multiple Stab Wounds
	5/16/2014	ER Visit Only-BMC Leak	5/16/2014	Laceration to Head
	5/16/2014	ER Visit Only-BMC Leak	5/16/2014	Laceration to Head
	5/18/2014	ER Visit Only-BMC Leak	5/18/2014	Unstable Vital Signs
	5/25/2014	ER Visit Only BMC Leak	5/25/2014	Jaw Dislocation
	5/26/2014	Admit UMC	5/26/2014	Jaw Dislocation
	5/28/2014	ER Visit Only BMC Leak	5/28/2014	Shortness of Breath
	6/2/2014	ER Visit Only-BMC Leak	6/2/2014	Sickle Cell
	6/12/2014	ER Visit BMC Leak/Admit UMC	6/12/2014	Possible Dislocation Anse
	6/17/2014	ER Visit Only-BMC Leak	6/17/2014	Possible PRA

	6/8/2014	ER Visit Only-BMC Leave	6/18/2014	Abdominal Pain Evaluation
	6/27/2014	ER Visit BMC Leave/Admit CMV	6/27/2014	Stab to Lower Back, Broken Wrist
	6/30/2014	ER Visit Only-BMC Leave	6/30/2014	Stitches Return to Zone
	6/30/2014	ER Visit Only-BMC Leave	6/30/2014	Stitches Return to Zone
	7/9/2014	ER Visit Only-BMC Leave	7/9/2014	Laceration Right Middle Finger
	7/10/2014	Admit UMC	7/13/14 to MDCC	Multiple Lacerations
	7/10/2014	Admit UMC	7/13/14 to MDCC	Multiple Lacerations
	7/10/2014	Admit UMC	7/13/24 to MDCC	Multiple Lacerations
	7/10/2014	Admit UMC	7/13/14 to MDCC	Multiple Lacerations
	7/10/2014	Admit UMC	7/13/14 to MDCC	Multiple Lacerations
	7/11/2014	Admit UMC	7/13/14 to MDCC	Multiple Lacerations
	7/10/2014	ER Visit Only-BMC Leave	7/11/2014	Multiple Lacerations
	7/11/2014	ER Visit Only-BMC Leave	7/11/2014	Hand Laceration, Bruised Lip
	7/11/2014	ER Visit Only-BMC Leave	7/11/2014	Left Knee Contusion
	7/16/2014	ER Visit Only-BMC Leave	7/16/2014	Facial Hurt Back
	7/19/2014	ER Visit Only-BMC Leave	7/19/2014	Laceration
	7/31/2014	ER Visit Only-BMC Leave	7/31/2014	Jaw Pain ? Dislocation



October 16, 2014

The 5th Monitor's Report details the Monitors' activities since April 2014 and provides observations and findings on the specific provisions of the Substantive Remedial Measures of the Consent Decree at the Walnut Grove Correctional Facility. This response will address items listed as "partial compliance" and "non-compliance."

It is important to note that the December 2013 and the July 10 incident at Walnut Grove have both been analyzed, evaluated, reviewed and debriefed with staff. Best practice in any correctional facility is to conduct an "after action" review and use those findings to improve operations. The facility will continue to review and track progress through normal auditing processes, ACA, PRFA, Consent Decree, and internal audits.

#### IV. OBSERVATIONS AND FINDINGS ON SUBSTANTIVE REMEDIAL MEASURES

##### B. Protection From Harm

###### (1) Reasonably Safe Living Conditions

Recommended Compliance Finding: Non-Compliance

*Summary of Monitors' Findings:* The Monitors noted that with the exception of the July 10, 2014 incident, there was a continued decline in the number of assaults at WGCF. There is an issue noting the July 10, 2014 disturbance as one incident/assaultive episode rather than listing it as multiple assaults. Additionally, the monitor's report notes that the control of contraband continues to be a management issue and in fact precipitated the July 10, 2014 incident.

**WGCF Response:** We do not concur with the Monitor's finding of non-compliance. As the monitor report notes, "92 percent of the inmates at WGCF in August 2014 have no RVRs for an assault and "collectively, these data consistently show that the vast majority of the inmate population is not involved in assaultive or violent behavior." Random interviews conducted during the site visit by the Monitors and their representatives also confirmed the above data. WGCF/MTC has endeavored to improve operational practices since the first day of operations at the facility. We work with MDOC to seek and implement "Best Practices" long before an incident occurs. It is acknowledged that the 12-31-13 and the 7-10-14 incidents occurred. They occurred in the Close Custody/Restrictive Housing Units. There were inmates in both situations that acted inappropriately. There were also correctional staff in

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both incidents that were found to have responded inappropriately. All have been addressed through the appropriate processes. We know as correctional professionals incidents will occur in correctional environments, it is our responsibility to mitigate the elements in the environment to prevent repeat behaviors.

It should be noted that WGCJ successfully passed the Prison Rape Elimination Act (PREA) Audit on August 5-6 with 100% compliance. Also, in an effort to sustain an effective emergency response team, two members of WGCJ CERT attended and completed a Corrections Emergency Response Team (CERT) Instructor training course September 16-19, 2014. In addition, CERT Training for new members is scheduled October 27 – 31, 2014.

**WGCJ Major Contraband Finds  
 July 2012 – September 2014**

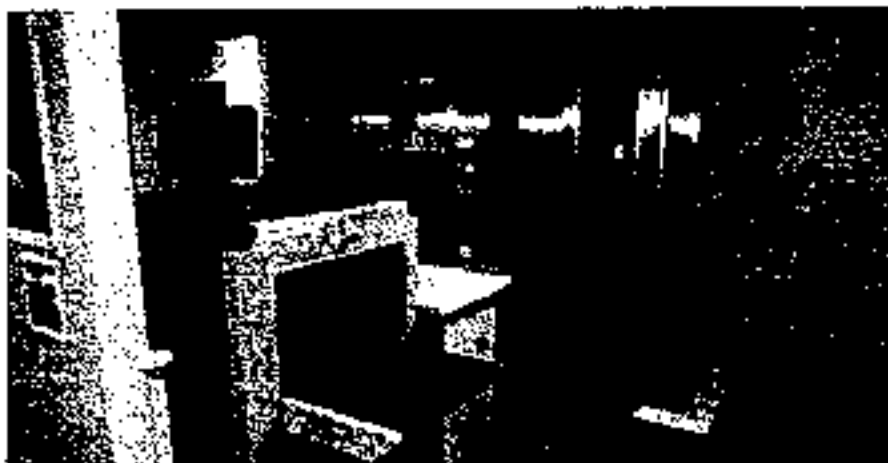
	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	
IS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
W	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
OT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

IS - Inmate Substance  
 W - Weapons  
 OT - Others

WGCJ vigilantly addresses Contraband management to ensure reduction of drug and contraband intrusions. We identify and terminate employees that have become compromised and recommend prosecution to the States Attorney's Office. The facility performs a minimum of 144 cell searches and 24 common areas searches daily as well as targeted cell inspections to assist in the contraband reduction program. The MTC Region K-9 Unit visits the facility at least monthly and searches inmates, staff and entry areas. They were last at the facility on September 15, 2014.

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- A body scanner and x-ray machine have been installed at the front entry



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- The netting project has assisted in deterring citizens from attempting to throw contraband into the facility



As the Monitor's Report notes, the interception and preventing of contraband entering the facility on July 10, 2014 played a role in the incident on that date. Staff intervention prevented the contraband from entering the facility. In fact, as recent as October 15, 2014, attempts were made to introduce contraband into the facility by throwing footballs over the fence and netting. (photos below of items) As a result of the diligent work by staff, 30 cell phones, 539 grams of tobacco, 177 grams

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of spile and 29 chargers did not enter the compound. These items were all inside the pictured footballs.



The netting, the installation of the body scanner and the package x-ray machine are proving integral in detecting and reducing contraband introduction.

**(2) Sufficient Numbers of Adequately Trained Staff**

**Recommended Compliance Finding: Non-Compliance**

*Summary of Monitor's Findings: The report notes 25 vacant correctional officer positions 10 days prior to the July 10, 2014 incident, indicating this was the highest CO vacancy rate since 2012. The Monitor continued, "The high vacancy rate, the inexperience of the staffing complement, and the complicity of four officers in the July disturbance strongly suggest that MFC management continues to struggle with maintaining sufficient numbers of adequately trained staff."*

**WISCF Response:** We do not concur with the Monitor's finding of non-compliance. MFC/Walnut Grove continues to be aggressive in hiring, training, and supervising correctional officers and first line supervisors. An emphasis is placed on proper "shift relief" protocol and remaining on assigned posts. A statement has been added to each post order reminding staff of the relief protocol.

There were several pre-service classes preceding the July 10, 2014 incident. We have continuous trainings scheduled to keep the correctional officer compliment at the appropriate staffing levels.



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As previously noted, in accordance with MDOC policy, correctional officers complete 170 hours of correctional training along with an additional 40 hours of on-the-job training (OJT) prior to being assigned to a shift. We are working closely with MIC corporate training and the human resource department to bring staff surveys, additional training, workshops, etc. to the region in an effort to effect staff performance and confidence. Several Supervisory Development Programs (SDP) classes have taken place at WGCF with very favorable results. Twenty security and programs supervisor participated in part one of this expanded training July 21-24; Part Two and Part Three are scheduled for November.

### (3-12) Use of Force and Chemical Agents

Recommended Compliance Finding: **Non-Compliance**

*Summary of Monitors' Findings:* Monitor noted "During the month of August 2014 applications of force increased from five in July to twenty-three in August." Additionally, no video was available for five planned uses of force and seven other incidents had camera or camera operator error. Further the planned uses of force failed to document contact with medical to note any medical contra indications for the chemical use of force. Finally there were two specific incidents of concern: 1) it appeared OC may have been administered at an unsafe distance, 2) an inmate was subjected to a dangerous takedown. Disturbingly, neither of these two incidents reflected completion of the administrative review process.

WGCF Response: We do not concur with the Monitor's finding of non-compliance. While there were additional uses of force, 11 involved forcibly closing close custody cell door cuff ports. Having the ports closed during times other than while passing meals is an operational practice to prevent harm to both staff and inmates moving past a given cell with an open port. See chart below for breakdown of UOF incidents:

**Table 1. WGCF Use of Force Incidents August 2014**

Reason for UOF	HU3	HU 4	HU 5-8
Refusal to Relinquish Food Portal	10	1	0
Refusal to Exit Shower or Return to Cell	4	1	0
Possession of Contraband	0	0	3
Assaultive/Combative Behavior	2	1	0
Setting Fires	1	0	0
<i>Total</i>	17	3	3

Additionally, five of the incidents were a result of close custody offenders refusing to return to their cells from the shower. Three more uses of force resulted from close custody offenders refusing to be shaken down or surrender contraband. Of the remaining incidents, one involved an offender setting a fire, one attempting to

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assault staff, one offender was combative with staff and the remaining incident involved aggressive offender behavior.

The monitor's two specific incidents of concern where force was used outside of the scope of policy/ practice were administratively addressed per MTC/MDOC disciplinary procedures.

Finally, relative to difficulties with the cameras, we are in process of replacing several of the cameras and will subsequently train staff on the use of the new equipment.

### **(3) Out-of-Cell Time and Outside Recreation**

**Recommended Compliance Finding: Partial Compliance**

*Summary of Monitors' Findings: Until the July disturbance inmates were afforded ample out of cell time. HU-3 was on lockdown for two months pending transfer from the facility.*

**WGCF Response:** We do not concur with the monitor's Partial Compliance finding. The July 10<sup>th</sup> incident was the result of substantial STG tension between two rival factions. Even during the lockdown, WGCF and MDOC intelligence suggested STG tensions in HU-3 remained high at the facility after the incident. Based on this information, out of cell time was limited for offenders in HU-3, which consisted of less than 20% of the facility offender population. To ensure the safety of all inmates, the unit was placed on limited movement and kept on this status until the administration could be sure the STG conflict was resolved.

Programs at work at WGCF that ensure out-of-cell time for the population.



Moral Reconciliation Therapy Group

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ABE  
Class



Barber Program



Alcohol & Drug Class

**2) Adequate Grievance Procedures**

Recommended Compliance Finding: **Deferred**

*Summary of Monitors' Findings: The new grievance coordinator is working to eliminate backlog.*

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**WGCF Response:** We concur with the monitor's deferred finding. The new grievance coordinator fell behind filing during her transition to the new position. She was unable to retrieve specific cases as requested from the Monitor. She has been provided clerical help to eliminate the backlog and is now current. In addition, she is utilizing the tracking forms created for the process and can retrieve cases upon request. We would like thank the Monitor for his patience during this transition.

#### H. Contract Monitoring

##### **(12) Development and Implementation of Comprehensive Contract Monitoring Policies and Procedures**

**Recommended Compliance Finding: Partial Compliance**

*Summary of Monitors' Findings: WGCF Audit administrators may wish to more closely review the Monitors' reports to identify more substantive audit measures given the stark inconsistencies between the WGCF audit findings and the Monitors' findings in such key areas as Protection from Harm, Staffing, and Use of Force.*

**WGCF Response:** We do not concur with the Monitor's Findings. Although we appreciate the Monitor's feedback of the audit tracking tool, it was designed to monitor, track, audit and train on compliance of the Consent Decree. The tool measures ongoing compliance of our operation with the substantive provisions of the consent decree. Each substantive provision is followed by action items, very similar to the measures used by the Monitors. As discussed with the Mr. Martin, our tool tracks compliance at a 30 day period and does not focus on a single incident. Our tool is flexible enough that other measures can be added as the need arises. On at least one occasion after reviewing the finding of the monitors' report, an additional measure and action item were added to the design of the tool to measure and ensure substantial compliance occurred in all provisions.

In summary, WGCF remains diligent in efforts to increase compliance with every provision of the consent decree.

**CERTIFICATE OF SERVICE**

I, Harold E. Pizzetta, III, Assistant Attorney General, hereby certify that on this date, I electronically filed the forgoing 5<sup>th</sup> Report of Monitors with the Clerk of Court using the ECF system which sent notification of such filing to all counsel of record.

SO CERTIFIED, this the 22<sup>nd</sup> day of October, 2014.

/s/ Harold E. Pizzetta, III  
Harold E. Pizzetta, III, MSB #99867