

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

BSCC #: \_\_\_\_\_

FACILITY NAME: <b>Inmate Reception Center</b>		COUNTY: <b>Los Angeles</b>		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>450 Bauchet Street Los Angeles, CA 90012 (213) 974-4911 (213) 893-5258- Operations main line</b>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: <b>X</b>	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: <b>September 8-9<sup>th</sup>, 2020</b>		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  <b>David Kornoff, REHS; (626) 430-5570, Email: <a href="mailto:dkornoff@ph.lacounty.gov">dkornoff@ph.lacounty.gov</a></b>				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  <b>Ralph Feroli, Sergeant (Operations); (213) 893-5275, Email: <a href="mailto:rrferoli@lasd.org">rrferoli@lasd.org</a> Adam Jolicoeur, Deputy (Logistics); (213) 893-5262, Email: <a href="mailto:apjolico@lasd.org">apjolico@lasd.org</a> J Venegas, Lead Floor Deputy- Module 231; Email: <a href="mailto:jvenega@lasd.org">jvenega@lasd.org</a> Sean Mcguire, Deputy (Logistics); (213) 893-5274, Email: <a href="mailto:skmcguir@lasd.org">skmcguir@lasd.org</a> Jose Vasquez, Custody Assistant (IRC Logistics); (213) 893-5274, Email: <a href="mailto:jvasque@lasd.org">jvasque@lasd.org</a> O Espinoza, Custody Assistant (IRC Logistics); (213) 893-5275, Email: <a href="mailto:oespino@lasd.org">oespino@lasd.org</a></b>				
NUTRITIONAL EVALUATION		DATE INSPECTED: <b>September 8-9<sup>th</sup>, 2020</b>		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  <b>David Kornoff, REHS; (626) 430-5570, Email: <a href="mailto:dkornoff@ph.lacounty.gov">dkornoff@ph.lacounty.gov</a></b>				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  <b>Victor M Soto, Assistant Manager (Food Services); (661) 295-7810, Email: <a href="mailto:vmsoto@lasd.org">vmsoto@lasd.org</a> Ralph Feroli, Sergeant (Operations); (213) 893-5275, Email: <a href="mailto:rrferoli@lasd.org">rrferoli@lasd.org</a> Adam Jolicoeur, Deputy (Logistics); (213) 893-5262, Email: <a href="mailto:apjolico@lasd.org">apjolico@lasd.org</a> Lilian Saldana, Dietetics Advisor, (323) 568-4574, Email: <a href="mailto:lsaldan@lasd.org">lsaldan@lasd.org</a> Jesus Guanzon, RN, Nurse Manager, (213) 473-2917 David Jung, RN II- Module 231, Email: <a href="mailto:dejung@lasd.org">dejung@lasd.org</a> J Venegas, Lead Floor Deputy- Module 231; Email: <a href="mailto:jvenega@lasd.org">jvenega@lasd.org</a></b>				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: <b>September 3-4 and 8-9, 2020</b>		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  <b>Tia Mao, RN, BSN, MSHCM, PHN; Medical/Mental Health Evaluator; (626) 430-5406, Email: <a href="mailto:tiamao@ph.lacounty.gov">tiamao@ph.lacounty.gov</a></b>				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE) <b>Facility:</b> <b>Amy Patterson, RN, Acting CND II, (213) 473-5592; Jesus Guanzon, RN, AM Nurse Manager, (213) 473-2919; Anna Sarmiento, RN, EM Nurse Manager, (213) 473-2916; Pearl Galvan, RN, PM Supervisor; Romeo Pintal, AM Narcotic RN; Desiree Sia, PM Narcotic RN; Susanette Moreno, Pill Call LVN; Jeffrey Campbell, Pill Call Deputy; Monika Villazou, Urgent Care NP, Marissa Negrete, Urgent Care NP, (213) 893-5542</b> <b>Administration:</b> <b>Glenn Johnson, Radiology Supervisor; Anton Mayr, Laboratory Supervisor, Julieta Robinson, Alicia Santos, Remedy Medina, CLS I; Arlene Martinez, CTC/CSU CND II, (213) 893-5677/5510; Bertrand Kengni, RN, CTC Nurse Manager; Alfredo Alonso,</b>				

**RN, CTC Nurse Manager; Sean Henderson, MD, Acting CMO, (213) 893-5304, [shenders@lasd.org](mailto:shenders@lasd.org); Rosario Shupe, Admin Services Manager, (213) 893-5368, [rgshupe@lasd.org](mailto:rgshupe@lasd.org); Patricia Avila, Clinic Services Operations CR Specialist, (213) 972-2213, [pavila@lasd.org](mailto:pavila@lasd.org); Karen Giles, Assistant Hospital Administrator III, (213) 893-5375; Patricia Godoy-Travieso, Quality + Patient Safety CND II; Lorraine Verlade, QMU Supervisor; Dawn Abarca, RAT SSN; Josephine Albania, RAT RN3; Jesus Garcia, Acting Chief Pharmacist, Ping Cheong, Duyen Nguyen, Pharmacy Supervisors; Juan Valencia, Pharm Tech; Tuanh Ma, JHIS Pharmacist; Anthony Trinh, Deputy, CDM Coordinator, (213) 893-5961**

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

**I. ENVIRONMENTAL HEALTH EVALUATION  
Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		X		
1. Food is prepared at another city or county detention facility.	X			Hot dinner and hot snack (burrito) meals are prepared at Twin Tower (I) Correction Facility. Cold meals (breakfast & lunch) are prepared at Men's Central Jail.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of Cal Code.		X		
<b>1230 Food Handlers</b> The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen.	X			<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</i>
There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	X			Policy/Unit Order 02-09/July 23, 2002.
<b>1243 Food Service Plan</b> Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan.  The plan shall include, but not limited to, the following policies and procedures:  (a) menu planning; (b) purchasing; (c) storage and inventory control; (d) food preparation; (e) food serving; (f) transporting food; (g) orientation and ongoing training; (h) personnel supervision; (i) budgets and food cost accounting; (j) documentation and record keeping; (k) emergency feeding plan; (l) waste management; (m) maintenance and repair; and (n) three-day mainline sample tray.				<i>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>  <i>Do not identify compliance with this section here. See comments.</i>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1245 Kitchen Facilities, Sanitation and Food Service</b> (a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.		X		<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</i> Food is not prepared at this facility. Potentially hazardous food is stored in the upright refrigerators located at areas throughout the facility.  See summary of environmental eval for details.
(b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:			X	
1) HSC §114130-114141.			X	
2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;			X	
3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
4) HSC § 114268-114269; and,			X	
5) HSC § 114279-114282			X	
<b>1246 Food Serving and Supervision</b> Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made, and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.	X			IRC Unit Order: 5-16/001.00 Inmate Meals, revised 8/12/20.  Inmate feeding to be conducted and supervised by assigned Custody Personnel with assistance from inmate workers.
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<b>1260 Standard Institutional Clothing Issue</b> The standard issue of climatically suitable clothing to inmates held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to:	X			Unit Order: 5-27/001.05 Inmate Clothing/Bedding Issuance and Exchange, revised 8/12/20  Standard issue for all non-suicidal inmates include:
(a) Clean socks and footwear;	X			One pair of each are issued
(b) Clean outer garments; and,	X			One shirt, one pants
(c) Clean undergarments, including:				One briefs/shorts and one undershirt
1) shorts and undershirt for males;	X			
2) bra and two pairs of panties for females.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The inmates' personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.	X			Shortly after booking, inmate personal clothing is exchanged for issued clothing. Inmate personal clothes are bagged and sent for property.
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
<b>1261 Special Clothing</b> Provision shall be made to issue suitable additional clothing, essential for inmates to perform such special work assignments as food service, medical, farm, sanitation, mechanical, and other specified work.	X			Unit Order: 5-27/001.05 Suicide/Safety gowns available and given on an as-needed basis  <u>COVID-19 additional clothing supplies:</u> Cloth mask face coverings given to all inmate upon entering the facility and required to be worn whenever an inmate is not housed inside an isolated cell.
<b>1262 Clothing Exchange</b> There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.	X			Unit Order: 5-27/001.05 revised 8/12/20
Unless work, climatic conditions, illness, or California Retail Food Code necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.	X			Unit Order: 5-27/001.05 revised 8/12/20 One for one exchange of clothing items for inmates housed inside Module 231 after 48 hours.
Undergarments and socks shall be exchanged twice each week.	X			
<b>1263 Clothing Supply</b> There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the inmate population.	X			Unit Order: 5-27/001.05 revised 8/12/20
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.	X			Unit Order: 5-21/008.00 Soiled Inmate Clothing and Linen, revised 8/12/20 Contaminated Linen items are double bagged and clearly identified as a biohazard separate from the regular laundry. Sent out to Wayside Laundry for proper sanitization or disposal.
<b>1264 Control of Vermin in Inmates Personal Clothing</b> There shall be written policies and procedures developed by the facility administrator to control the contamination and/or spread of vermin in all inmates' personal clothing.	X			Unit order: 5-11/018.00 revised 8/12/20
Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			Unit order: 5-11/018.00 Unit order: 5-21/008.00 Infested clothes are bagged and taken to the Pitchess Detention Center (PDC) – South for disposal
<b>1265 Issue of Personal Care Items</b> There shall be written policies and procedures developed by the facility administrator for the issue of personal hygiene items.	X			Unit Order: 5-27/000.00- Inmate Personal Care Items and Hygiene, revised 8/12/20
Each female inmate shall be issued sanitary napkins and/or tampons as needed.			X	Male only facility.
Each inmate to be held over 24 hours who is unable to supply himself/herself with the following personal care items, because of either indigency or the absence of an inmate canteen, shall be issued:	X			Unit Order: 5-27/000.00- Inmate Personal Care Items and Hygiene All admissions receive a personal hygiene kit after they are classed and assigned housing.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) Toothbrush,	X			
(b) Dentifrice;	X			
(c) Soap;	X			
(d) Comb; and,	X			
(e) Shaving implements.	X			Razors are not given to inmates until after they have been evaluated for a medical/mental health clearance.
Inmates shall not be required to share any personal care items listed in items "a" through "d."	X			
Inmates will not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates, must be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Division 9, Title 16, California Code of Regulations.	X			
<b>1266 Showering</b> There shall be written policies and procedures developed by the facility administrator for inmate showering/bathing.	X			Unit Order: 5-27/000.00 Inmate Personal Care Items and Hygiene, revised 8/12/20 Each inmate is given the opportunity to shower after processing.
Inmates shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.	X			
<b>1267 Hair Care Services</b> (a) Hair care services shall be available.			X	No inmate workers are housed in the facility. Arrestees do not stay long enough at the facility to require hair care service.
(b) Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave daily and receive hair care services at least once a month. The facility administrator may suspend this requirement in relation to inmates who are considered to be a danger to themselves or others.	X			
(c) Equipment shall be disinfected, after each use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, Sections 979 and 980, California Code of Regulations.			X	
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b> The standard issue of clean suitable bedding and linens, for each inmate entering a living area who is expected to remain overnight, shall include, but not be limited to:	X			Unit Order: 5-27/001.05- Inmate Clothing/Bedding Issuance and Exchange, revised 8/12/20  Bedding provided only for inmates assigned to Temporary Medical Housing Module 231.
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	X			
(b) one mattress cover or one sheet;	X			
(c) one towel; and,	X			
(d) one blanket or more depending upon climatic conditions. Two blankets or sleep bag may be issued in place of one mattress cover or one sheet.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1271 Bedding and Linen Exchange</b> There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			Unit Order: 5-27/001.05 (exchange of bedding and linen done on a one-for-one basis for inmates at Module 231 who's stay may extend beyond 48 hours)  Bedding and linen are laundered at the Pitchess Detention Center- South.
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	X			
If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.	X			
<b>1272 Mattresses</b> Any mattress issued to an inmate in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds.	X			Unit Order: 5-27/001.05 revised 8/12/20 Custody Division Manual(CDM) 5-11/060.00 One mattress issued standard
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and the Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	X			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b> The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			Unit order: 8-42/000.00 revised 8/12/20 Facility Maintenance Procedures  Unit order: 8-21/007.00 dated 2.21.17
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.			X	Unit order: 8-42/001.00 revised 8/12/20 Cleaning and Facility Sanitation  "Turbokill" disinfectant is being used for the cleaning/disinfecting chains/handcuff. "Lemon Quat" ammonia disinfectant available in 50 gallon drums for disinfection of the floors and showers using "Kaivac Cleaning System" vacuum mop machines.  See summary of environmental eval for details.
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	X			

Summary of environmental health evaluation:  
**Inmate Reception Center- 2020**

This report reflects the findings of the Los Angeles County Department of Public Health regarding the environmental requirements of the California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 4, Articles 12 – 15 and other applicable codes which define the minimum environmental health standards for local detention facilities.

For Sheriff judicial system, Inmate Reception Center (IRC) is the portal of entry and exit for male inmates. IRC's primary responsibility is to screen and assess the inmate's medical/mental health condition and recommend appropriate housing to the proper Custody Facility. On average, 150-200 inmates are processed through the facility each day. Typically, arrestees are held for an average of 8-12 hours. This facility will hold inmates only for a maximum of 16 hours since no bedding is assigned at the general Custody line cells. However, if any inmate is determined to require additional medical screening, he can be assigned housing at the Temporary Medical Housing Module 231 up to a maximum of 48 hours. In module 231, inmates are assigned temporary housing cells with sleeping and food services during the medical screening process while awaiting permanent housing or treatment at Urgent Care. The movement of inmates through IRC is timed to ensure that no inmates are held in IRC over 96 hours. Cold bagged breakfast and lunches as well as hot burrito (dinner) meals for the inmates are prepared at Twin Towers (I) Correctional Facility and Men's Central Jail, and laundry service (clothing and bedding) is provided by Pitchess Detention Center (Wayside) Laundry. Observed designated "Covid Cleaning Crew" of trustees wiping down high-touch, high-frequency areas continuously during the inspection.

Based on staff responses to questions in the Title 15 Check List (Adult Types Environment I, II, III and IV Facilities), review of Custody Services Division Manual and IRC Unit Orders, Medical Services Bureau Policies and Procedures, and direct observations during a walkthrough of the Facility, the following Environmental Health deficiencies were identified at the time of inspection:

#### **1245 Kitchen Facilities, Sanitation and Food Service**

Food equipment and utensils shall be maintained clean, fully operative and in good repair (HSC 114175). Maintain refrigerators capable of cooling Potentially hazardous food (PHF) at 41°F or below. Observed ambient temperature of 2-door upright refrigerators at 54°F (Class Rear) and 59°F (Custody Line). Potentially hazardous food (PHF) bologna sandwiches were stored inside the Class Rear unit, instructed Staff to have food items removed during the inspection. Custody Line refrigerator was holding non-PHF peanut butter sandwiches and orange juice, but refrigerator should still be able to adjust down to 41°F or below.

#### **1280 Facility Sanitation, Safety and Maintenance**

Maintain the facility and equipment clean and in good repair. Observed the following:

- Broken and empty soap dispensers at "Shower A."
- Broken soap dispenser at Booking Front- Cell B.
- No water at the hand wash sink/drinking fountain located in Booking Front- Cell C.
- Low water pressure at sinks inside Custody Line Cell 215 and Release Line Cell 232.
- Accumulated dirt/food residue at corners of floor and base of walls inside Custody Line Cells 213, 215, and 226
- Dirty toilet with accumulated scum/residue inside at Custody Line Cell 226.
- Steady leaking showerhead and accumulated mold/slimey residue at the walls of upstairs shower in Module 231 Pod B.
- Small flies/gnats at upstairs showers of Pods inside Module 231 (throughout).
- Downstairs dayroom toilet not flushing completely inside Module 231 Pod D.
- Cracked glass at front of upstairs Cell 11 inside Pod B.

#### **COVID-19 Additional Measures for infection control**

At the time of inspection, the following additional measures were observed instituted at the facility to minimize the spread of Covid-19:

Observed designated "Covid Cleaning Crew" of trustees wiping down high-touch, high-frequency areas continuously throughout the facility.

Observed Cloth face masks given to all inmates upon entering the facility and required to be worn whenever an inmate is not housed separately within an isolated cell.

Observed Covid-19 separate livescan and screening of suspected "Persons Under Investigation" (PUI) inmates performed by nurses outside at canopies set up in the parking area before having to enter inside the facility.

In order to minimize the spread of COVID-19 at the facility, the following protocol is hereby insisted for the duration the current Health Officer Order is in place:

- a. Discontinue offering self-service paper cups and water jug dispenser for the inmates to handle at the IRC Clinic waiting area. Any items offered to inmates should be dispensed or handed out individually by the Staff and not self-serve accessible by inmates for the duration of the Covid-19 Pandemic.

If you have any questions, please contact David Kornoff at (626) 430-5570 or email at: [dkornoff@ph.lacounty.gov](mailto:dkornoff@ph.lacounty.gov)

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility for Health Care Services</b> In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates.	X			Correctional Health Services (CHS) Manual Last reviewed and approved: 12/9/2019 Custody Division Manual (CDM) Manual Last reviewed and approved: 9/30/2020 M202.03, M202.04, M202.05, M202.06, M203.06, M206.51, M220.02, M220.03 Emergency care is provided by LAC+USC Medical Center. Urgent Care Clinic located in Towers may also be used to provide urgent medical care.
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively.	X			M230.01
Security regulations applicable to facility personnel also apply to health personnel.	X			M60.02, CDM3-01/015.00
Each facility shall have at least one physician available to treat physical disorders.	X			
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.			X	
In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.			X	
<b>1202 Health Service Audits</b> The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			Reviewed CHS Continuous Quality Improvement (CQI) and Pharmaceutical and Therapeutic (P&T) Committees' meeting agendas and minutes. Confirmed QI indicator report studies, corrective action plans (CAP), death reports, and medical peer review studies.
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	X			Practice was confirmed via review of CQI meeting agenda and minutes.
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	X			M165.01, CTC 1-3 CQI Committee and P&T meetings are scheduled monthly to review and address CQI performance indicators. Due to COVID, meetings have taken a temporary halt.
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	X			M50.01, M900.01

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	X			Verified all licenses and CPR/AED certifications. Nursing licenses and CPR/AED certifications are available on site. MDs, PAs, and RNPs licenses and CPR/AED certifications are available in the Professional Staff Association (PSA) office in Towers' administrative building on the 8 <sup>th</sup> floor. A copy of all Pharmacist and Pharmacy Tech licenses are posted on the wall in its respective Pharmacy.
<b>1204 Health Care Procedures</b> Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	X			M4.01, M203.02, M203.04, M203.08, M203.09, M205.09, M205.12, M206.01, M206.03, M206.08, M206.09, M206.13, M209.04, M230.05, M230.08, M650.01, M653.01
<b>1205 Health Care Records</b> (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:	X			M101.01, M102.01, M103.01, M104.01, M104.02, M211.01, CDM4-12/000.00, 4-13/000.00
(1) Receiving screening form/history	X			M/M Health Screenings were reviewed.
(2) Health evaluation reports;	X			M/M Health Screening and "Behavioral Observation and Mental Health Referral Report (BOMHR)" are utilized for medical/mental health evaluations. Specialty consultation evaluations are exercised accordingly.
(3) Complaints of illness or injury;	X			M12.02, CDM5-12/000.00 Inmates Complaints
(4) Names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			M205.01, M211.01 All names of staff involved with the care of the patient are captured in the electronic medical record aka PowerChart. Practice was confirmed.
(5) Location where treated; and,	X			M211.02 All inmate encounters are captured in the PowerChart.
(6) Medication records in conformance with Title 15 §1216.	X			M211.01 Medical record review (MRR) was performed. Practice was confirmed in PowerChart.
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	X			PowerChart is password protected on an individual basis. Health Information Management (HIM) manages and maintains all hard copy medical records. All paper documents are scanned by HIM into each respective inmate's PowerChart accordingly.
The health authority shall ensure the confidentiality of each inmate's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records.	X			M200.04, CDM 4-12/000.00
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			M102.01, M206.14
(c) Written authorization by the inmate is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	X			M101.01, M103.01
(d) Inmates shall not be used for health care recordkeeping.	X			M240.01, M701.01

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206 Health Care Procedures Manual</b> The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:	X			M3.01, Policy and Procedure annual review and approval signature cover page
(a) Summoning and application of proper medical aid;	X			M202.06, M202.07, M230.02
(b) Contact and consultation with other treating health care professionals;	X			M203.02, M211.02
(c) Emergency and non-emergency medical and dental services, including transportation;	X			M202.05, M202.06, M202.07, M203.06, M220.02, M220.04, M450.01, M451.01, CDM5-03/110.00, 5-03/060.00
(d) Provision for medically required dental and medical prostheses and eyeglasses;	X			M206.04, M206.11, M206.12, M206.13
(e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			M20.02, CDM5-03/140.00, 5-14/000.00
(f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care;			X	M203.03, M203.08, M203.09, M203.10, M209.05 CDM7-02/010.00 Females are not screened at this facility.
(g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			M213.01, M353.01
(h) Implementation of special medical programs;	X			M203.00, M203.01
(i) Management of inmates suspected of or confirmed to have communicable diseases;	X			M250.01
(j) The procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;	X			M205.01, M205.02, M 205.05, M209.04, M240.01, M401.01, M401.02, M401.03
(k) Use of non-physician personnel in providing medical care;	X			M201.08, M209.02, M209.04
(l) Provision of medical diets;	X			M201.08, M950.01, SO7
(m) Patient confidentiality and its exceptions;	X			M102.01, M200.01, M200.04
(n) the transfer of pertinent individualized health care information, or individual documentation that no health care information is available, to the health authority of another correctional system, medical facility, or mental health facility at the time each inmate is transferred and prior notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease.	X			M221.01, M221.02, M651.01, CDM4-12/000.00
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	X			CDM4-12/000.00 This process is coordinated through the Comprehensive Care Team (CCT).
The summary information shall identify the sending facility and be in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems, and other information that is necessary to provide for continuity of health care.	X			M221.01, M221.02

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Necessary inmate medication and health care information shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport;	X			M102.01, M221.01, M221.02
(o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates;	X			M206.05, M600.03
(p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407;	X			M208.01
(q) Other services mandated by statute; and,	X			M206.06 – PREA
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services, and no-cost access to contraception and STD treatment, for inmates who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	X			M206.06 – PREA
<b>1206.5 Management of Communicable Diseases</b>				M201.01, M250.01, M811.01, M812.01, M813.01, M813.02, M815.01, M815.02, M815.03, M815.04, M815.05, M820.01, M820.02, SO5, SO6, SO9
(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	X			
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	X			M230.03
The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.	X			
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	X			
(1) The types of communicable diseases to be reported;	X			M600.01, M812.01, M813.01, M814.01, M814.02, M815.01
(2) The persons who shall receive the medical reports;	X			PHN and licensed personnel involved in the care of those inmates.
(3) Sharing of medical information with inmates and custody staff;	X			M102.01, M200.04, M204.02, CDM4-12/000.00 IRC housing and mobility form allows medical personnel to share healthcare instructions for each specific inmate.
(4) Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			M600.01, M812.01
(5) Medical confidentiality requirements;	X			M200.04, CDM4-12/000.00
(6) Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			M355.01, M356.01, M812.01, M814.02

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			M200.01, M200.04, M200.05, CDM4-12/000.00
(8) Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			M54.02, CDM4-08/000.00
<b>1207 Medical Receiving Screening</b> With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake	X			M201.01, CDM6-03/030.00
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			Medical receiving screening forms are completed by deputies/officers/jailers prior to IRC. Any affirmative answers found on the medical receiving screening forms are further evaluated with the "M/M Health Screening" by licensed personnel at IRC located in TTCF. A "health level" acuity is assigned based on the M/M health screening findings and treated accordingly thereafter. Currently due to COVID, IRC established a staging area for COVID screening on all inmates prior to housing, etc. Inmates are treated on a case by case basis.
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening.	X			M201.01, M201.02, M201.03, M201.04 Mini chest x-ray screens for active TB.
The training depends on the role staff are expected to play in the receiving screening process.	X			
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			M206.04, M206.11, M206.12, M206.13
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			M201.02, M201.03, M353.01
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
<b>1207.5 Special Mental Disorder Assessment</b> An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.			X	M203.03, M352.01, CDM 5-04/010.00 Females with this condition are screened by CRDF IRC and housed accordingly.
<b>1208 Access to Treatment</b> The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.	X			M200.01, M200.07, M200.09, M201.04, M201.10, M203.06, M203.08, M205.09, M205.12, M206.51, M207.01, M209.04, M220.02, M230.03, M230.03, M230.09, M600.02, PDC02, PDC08, PDC09, CDM2-01/060.10, CDM5-01/005.00
The written plan shall also include the assessment and treatment of such inmates as described in Title 15, Section 1207, Medical Receiving Screening.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.	X			
<b>1208.5. Health Care Maintenance</b> For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place within the inmate's second anniversary of incarceration.	X			M203.07, M810.01
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate.	X			
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.	X			
<b>1209 Mental Health Services and Transfer to a Treatment Facility</b> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			M380.01, CTC 2 – 1.1, CTC 2 – 1a
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			
3. Crisis intervention services;	X			
4. Basic mental health services provided, as clinically indicated;	X			
5. Medication support services; and,	X			
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			CTC 2 – 1.1, CTC 2 – 1a, CTC 2 – 1b, CTC 2 – 1c, CTC 2 – 1e Inmates are transferred to CTC or FIP for onsite treatment. This facility does not provide this type of service to inmates. Located in Tower 2 and licensed by the State of CA – DPH, SFU South Regional Office, the Correctional Treatment Center (aka CTC) is the designated facility that provides 24/7 nursing observations and medical/mental health care to extremely sick inmates that are too sick to be housed in the regular housing units and not sick enough to transfer to an acute hospital. Extreme mentally disordered inmates are housed in the Mental Health Unit (aka FIP).
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	X			MHU is responsible for administrating and monitoring involuntary psychotropic medications. MHU is not under the jurisdiction of Title 15. MHU is under Title 22.
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	X			
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	X			
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;	X			CTC 2 – 1f
4. Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist;	X			CTC 2 – 1.2
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	X			
6. Documentation of the administration of involuntary medication in the inmate's medical record.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1210 Individualized Treatment Plans</b> (a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.	X			M205.09, M205.12, M206.16, M250.02, M354.01, M813.01, M813.02, M815.01, M815.02, M815.03, M815.04, M815.05 SOAP documentation format used. All documentations are performed in PowerChart.
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			Quality Management Unit (QMU) CCT coordinates follow-up treatments post release for those inmates that either have been receiving treatments that have not been completed or abnormal results that arrive after the inmate was released. CCT may receive these as referrals from any discipline throughout LASD.
(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			M203.03, M380.01
<b>1211 Sick Call</b> There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.	X			M200.02, M209.02
<b>1212 Vermin Control</b> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			M815.03, M815.04
<b>1213 Detoxification Treatment</b> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			M201.06, M205.13 Physician Care Set in PowerChart is ordered by MD. It is dependent upon individual assessment by the provider. For the extreme cases, inmates are either sent to CTC or LCMC for 24/7 monitoring and treatment.
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	Medical personnel are assigned 24/7 at this facility. Inmate awaiting housing assignment that develops withdrawal symptoms would be transported to an appropriate hospital. Once the inmate is treated and can be safely managed in a custody environment, he would be medically evaluated and transported back to custody for housing.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1214 Informed Consent</b> The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate.	X			M200.05
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.		X		M235.01, M451.01 See summary for details.
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	X			M200.01, M200.03, M654.02 Juvenile are not housed at this facility. Conservatees may be housed at this facility. Informed consent must be signed by the conservator or by court order prior to any medical/mental health involuntary treatments.
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.	X			
<b>1215 Dental Care</b> The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.	X			M450.01, M450.02, M451.01, SP-Dental Problems Routine Dental Services are available for inmates housed at this facility.
<b>1216 Pharmaceutical Management</b> (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, procedures, space and accessories shall include, but not be limited to, the following:	X			M205.01, M205.03, M205.05, M205.06, M205.08, M404.01
(1) Securely lockable cabinets, closets and refrigeration units;	X			M401.01, M401.02
(2) A means for the positive identification of the recipient of the prescribed medication;	X			Practice confirmed during pill call observation.
(3) Procedures for administration/delivery of medicines to inmates as prescribed;	X			
(4) Confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, Section 1216(d);	X			M205.01, M205.02, Custody Informational Bulletin #2013-10 "Pill Call Procedures" Practice confirmed to be consistent during Pill Call observation.
(5) That prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			Practice confirmed via MRR.
(6) Prohibiting the delivery of drugs by inmates;	X			M240.01
(7) Limitation to the length of time medication may be administered without further medical evaluation; and,	X			M205.01, M209.04, M230.05, M401.02
(8) Limitation to the length of time required for a physician's signature on verbal orders.	X			M230.05 Verbal order is only exercised under extreme circumstances where death will result from the lack of immediate medical intervention.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(9) A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	X			Performed by the Chief Pharmacist who is in the Towers' main pharmacy. Reviewed the P&T Committee's agendas and minutes that included reports and discussions on medication cost, management of returned medication and controlled drugs, etc.
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			M205.05, M401.03, M402.01, M404.01
(1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			Practice confirmed.
(2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or non-licensed personnel.	X			M401.01, M401.02 Practice confirmed.
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			Practice confirmed.
(4) Preparation of labels can only be done by a physician, dentist, pharmacist or other persons, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	X			Practice confirmed.
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	X			Practice confirmed.
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	X			Practice confirmed.
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	X			Practice confirmed.
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with the Drug Enforcement Administration disposal procedures.	X			Practice was consistent with pharmacy procedures. All unused and expired medications are returned to Pharmacy for proper disposal.
(c) Policy and procedures on "over-the-counter" medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:	X			M205.02
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.	X			Practice was confirmed via medical records review (MRR) and pill call observation.
(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.	X			Practice was confirmed via MRR.
(3) Prescribing health care staff document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			Practice was confirmed via MRR.
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
(5) Provisions are made for the consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding self-administration.	X			
(6) Provisions are made for health care staff to perform documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			Practice was confirmed via MRR.
<b>1217 Psychotropic Medications</b> The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	X			M205.07, M205.11, M354.01, CTC Volume 2 Involuntary medications are not administered in this facility. Inmates are transferred to CTC or FIP. In the event an inmate is deemed incompetent and requires a conservator, the conservator must sign the informed consent, or a court order must be in place prior to the inmate receiving any medical/mental health care services.
An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.			X	M200.08, CTC Volume 2 Involuntary medications are not administered at this facility. Inmates are transferred to CTC or FIP.
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	X			
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.	X			CTC section 2-1 "Forensic Inpatient Program" Involuntary medications are not administered at this facility. Inmates are transferred to CTC or FIP.
Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	X			M200.08 CTC section 2-1 "Forensic Inpatient Program" Involuntary medications are not administered at this facility. Inmates are transferred to CTC or FIP.
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			M205.07, M205.11, M354.01 Inmates receiving psychotropic medication are seen periodically by the psychiatrist to determine improvement, whether side effects are present and the effectiveness of the medication.
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1220 First Aid Kits</b> First aid kit(s) shall be available in all facilities.	X			CDM3-14/090.00 First aid kit is available at each housing unit located at the Jailer's desk.
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	X			M10.01 Additional supplies are available in case of emergencies.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>				M40.01, CDM4-10/050.00
(a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			All in-custody deaths and Sheriff Station Jail deaths are reviewed by the Quality Management Unit, Risk Assessment Team (aka RAT). Practice was confirmed via review of death reports.
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			M202.08 Practice reviewed and confirmed.
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:				Minors are not housed in this facility.
(1) the administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.			X	
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.			X	
<b>ARTICLE 3, TRAINING, PERSONNEL AND MANAGEMENT</b>				
<b>1030. Suicide Prevention Program.</b> The facility shall have a comprehensive written suicide prevention program developed by the facility administrator, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those inmates who present a suicide risk.	X			M356.01
(a) Suicide prevention training for all staff that have direct contact with inmates.	X			
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	X			
(c) Provisions facilitating communication among arresting/transporting officers, facility staff, medical and mental health personnel in relation to suicide risk.	X			
(d) Housing recommendations for inmates at risk of suicide.	X			
(e) Supervision depending on level of suicide risk.	X			
(f) Suicide attempt and suicide intervention policies and procedures.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) Provisions for reporting suicides and suicides attempts.	X			
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.	X			
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b> The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			M250.01, M811.01, M812.01, M813.01, M813.02, M815.01, M815.02, M815.03, M815.04, M815.05, M820.01, M820.02, CDM5-11/070.00 Medical personnel assigned 24/7 at this facility. Practice was confirmed. Inmates with symptoms and/or confirmed MRSA lesions are segregated.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			Prior to admission from IRC, all inmates brought to IRC for admission have been screened by the arresting officer at a Sheriff, LAPD or Incorporated City Station Jail. If medical evaluation is warranted, the inmate is transferred to an appropriate medical facility for an "approval to book" in a detention facility. The "approval to book" paperwork accompanies the inmate to IRC where further medical screening is performed by licensed health care staff.
The response shall be noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b> The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			M352.01, M353.01, M355.01, M356.01
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.	X			Evaluation is completed by Mental Health personnel.
<b>1055 Use of Safety Cell</b> The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others			X	There are no safety cells at this facility. Safety cells are in CTC. Single person cells may be used pending housing assignment or transfer to CTC/FIP.
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.			X	CTC/MHU section 2-1a, CDM8-40/000.00
In no case shall the safety cell be used for punishment or as a substitute for treatment.			X	
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.			X	
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.			X	
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.			X	
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.			X	
<p><b>1056 Use of Sobering Cell</b>  The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.</p>			X	No sobering cell available at this facility.
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.			X	
Such observation shall be documented.			X	
<p><b>1057 Developmentally Disabled Inmates</b>  The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.</p>	X			M213.01
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1058 Use of Restraint Devices</b>  The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.</p>			X	M208.01, CDM7-03/000.00, CDM7-03/000.05, CDM7-03/000.10, CDM7-03/000.15, CDM7-03/010.00, CDM7-03/020.00, CDM7-03/030.00, CDM7-03/040.00 CTC section 4-19 "Restraints" CTC/MHU section 2-1a Medical restraints are only used in CTC and MHU.
<p>In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.</p>			X	
<p>In no case shall restraints be used for punishment or as a substitute for treatment.</p>			X	
<p>Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.</p>			X	
<p>Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.</p>			X	
<p>Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.</p>			X	
<p>A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.</p>			X	
<p>If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.</p>			X	
<p>Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.</p>			X	
<p>While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.</p>			X	
<p>The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058.5 Restraints and Pregnant Inmates</b> The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			M208.01, CDM 5-01/045.00, CDM 7-02/010.00 CTC section 4-19 "Restraints" CTC/MHU section 2-1a Medical restraints are only used in CTC and MHU.
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

**Summary of medical/mental health evaluation:**

Inmate Reception Center (IRC) is the main portal into the Sheriff's judicial system for male inmates. IRC respectively screens/assesses/releases on an average of 400 to 600 inmates daily. However due to COVID, the average inmates have dropped by half. IRC is a 24/7 operation that provides medical/mental health services. Any inmate determined to have an emergent medical and/or mental health diagnoses would not be held in the jail system until cleared by a hospital for an "okay to book." Los Angeles County Medical Center (LCCMC) is the main facility used for emergency care and specialty outpatient services. All inmates being booked at IRC are tested for COVID prior to further screening and housing.

There are basic health care services provided while in IRC. The main IRC clinic (IRCC) provides medical assessments to inmates with affirmative answers to the medical screening receiving form that are used by law enforcement officers. M/M health screening by a medical professional is performed and assigned a health level acuity score. The "H" health level acuity score is a new triage system (effective 2/17/2020) that targets expediting the sicker inmates through the system at a faster rate and minimizing bottleneck at the IRCC. Other basic health care services include but are not limited to mental health, radiology, pharmacy, Urgent Care, Nurse's clinic, point of care testing (POCT), and laboratory. Deputies utilize inmate/patient's medical assessments and recommendations as indicated on the housing and mobility form to make safe housing assignments. Medical/mental health professionals determine how continuity of care will be managed thereafter.

Based on the staff interviews, policies and protocols review, facility observations and walk through, pill call observation, and random medical records review, the following finding was identified:

1. (Repeat findings since 2019) Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care. Per medical records review, the general consent forms were inconsistently obtained. Retraining of proper general consent

documentation is highly recommended to all staff. Corrective actions will be reviewed and validated during the next inspection cycle. **(T-15 1214)**

**II. NUTRITIONAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**  
**Inmate Reception Center**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<p><b>1230 Food Handlers</b></p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen.</p> <p>There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.</p>	Do not identify compliance with this regulation here. See comments.			<p><i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i></p>
<p><b>1240 Frequency of Serving</b></p> <p>In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.</p>	X			<p>IRC Unit Order 5-16/001.00 Inmate Meals</p> <p>IRC Specific Food Services Plan (FSP), revised 4/16/19</p> <p>Breakfast and lunch meals are offered continuously throughout the day at designated feeding stations: Booking Front, Clinic, Custody Line, and Release Area. Hot burrito meals are offered from 4:00pm-8:00pm. In Module 231, breakfast is served at 4:00 AM, lunch at 10:00 AM and dinner between 4:00-5:00 PM</p>
<p>At least one of these meals shall include hot food.</p>	X			<p>IRC Unit Order: 5-16/001.00 Inmate Meals-Revised 8/12/2020</p> <p>The facility serves a cold sack meal for breakfast and lunch and one hot dinner meal (two hot burritos and a beverage) each day. Inmates returning from court and new prisoners arriving to the facility after 4:00pm also receive a hot meal and beverage.</p> <p>Cold sack meals prepared and delivered from Men's Central Jail main kitchen.</p> <p>The hot meal is provided by Twin Towers Correctional Facility (TTCF) main kitchen.</p>
<p>Supplemental food must be served to inmates if more than 14 hours pass between meals.</p>	X			
<p>Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.</p>	X			<p>IRC FSP 2019 &amp; IRC Unit Order: 5-16/001.00 Inmate Meals.</p> <p>LASD Medical Diet Manuel, June 2020-<u>Snacks/nutritional Supplements</u>: Snacks and oral nutritional supplements may be prescribed for inmates who are at a higher nutritional risk. Provided to inmates in addition to the 3 daily meals when deemed medically necessary.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			IRC FSP 2019- Inmate Reception Center Meals.  20-60 minutes given
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Medical Services Bureau (MSB) Policy # M201.08; IRC Unit Order: 5-16/001.00 Inmate Meals- Food is prepared by Men's Central Jail. Inmates assigned to IRC Medical Overflow Module 231 receive meals (mainline menu) from Twin Towers Correctional Facility (TTCF) Main Kitchen; LASD Medical Diet Manuel, June 2020- <u>Feeding Procedures</u> - Bag Meals: IRC Medical Overflow Module 231 also serve medical diet meals to select inmates. Each medical diet meal is labeled with the inmate's name, booking number, medical diet, and housing location for distribution. Individually prepared diet meals are delivered to inmate if transferred out to Court or Urgent Care. IRC FSP 2019.
<b>1241 Minimum Diet</b> The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies, the 2008 California Food Guide, and the 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.	X			The sack breakfast and lunch meals are assembled at the MCJ kitchen. TTCF kitchen assembles the diabetic sack meals and reheats the hot burritos for the dinner meal.  Observed the facility follows the following menus:  IRC Booking Menu dated April 2019;  LASD mainline menu, dated April, 2019 available for IRC module 231 & 241.
The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served. (a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			IRC Booking Menu dated April 2019, and TTCF mainline menu, dated December, 2019 available for IRC module 231 & 241.
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X			Hollandia Dairy 1% Low Fat milk 8oz is served with the diabetic meals.  Hollandia Dairy calcium fortified Orange Juice 8oz is served with the breakfast and lunch meals.  Only adult male inmates are processed and temporarily housed at IRC.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:	X			
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			Raw baby carrots.
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.	X			
(3) One serving of a Vitamin A source containing 200 micrograms Retinol Equivalent (RE) or more per day, or seven servings per week	X			
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			Nutribon 100% whole wheat bread.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1242 Menus</b> Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.	X			BSCC has identified IRC as a Type II facility.  Lillian Saldana, MPA, RD.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			No substitutions observed in menu at time of inspection. Meals prepared and packaged by MCJ and TTCF main kitchens
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			
<b>1243 Food Service Plan</b> Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:	X			<i>The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.</i>  The average population at this facility is about 150-200 inmates per day.  IRC Unit Order 5-16/001.00 Inmate Meals & IRC Specific Food Services Plan (FSP), revised 4/16/19
(a) menu planning;	X			
(b) purchasing;	X			
(c) storage and inventory control;	X			
(d) food preparation;	X			
(e) food serving;	X			IRC Unit Order: 5-16/001.00 Inmate Meals & IRC FSP 2019
(f) transporting food;	X			
(g) orientation and ongoing training;	X			
(h) personnel supervision;	X			IRC Unit Order: 5-16/001.00 Inmate Meals & IRC FSP 2019
(i) budgets and food cost accounting;	X			
(j) documentation and record keeping;	X			
(k) emergency feeding plan;	X			Custody Services Division, Specialized Programs Food Services Unit, Emergency & Preplanned Food Events, dated January 2016
(l) waste management;	X			
(m) maintenance and repair; and,	X			
(n) three-day mainline sample tray.	X			
<b>1245 Kitchen Facilities, Sanitation and Food Service</b> a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.			Do not identify compliance with this regulation here. See comments.	<i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:</p> <p>(1) H &amp; S Sections 114130-114141;</p> <p>(2) H &amp; S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;</p> <p>(3) H &amp; S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;</p> <p>(4) H &amp; S Sections 114268-114269; and,</p> <p>(5) H &amp; S Sections 114279-114282.</p>				
<p><b>1246 Food Serving and Supervision</b> Policies and procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.</p>			<p>Do not identify compliance with this regulation here. See comments.</p>	<p><i>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</i></p>
<p><b>1247 Disciplinary Separation Diet</b></p> <p>(a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician.</p> <p>Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply.</p> <p>The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.</p>			<p>X</p>	<p>Disciplinary Separation Diets are not served at Inmate Reception Center.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) The disciplinary diet loaf shall consist of the following: 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder			X	
<b>1248 Medical Diets</b> The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.	X			LASD Medical Diet Menu, approved by Dr. Sean Henderson, MD on 8/3/2020 Diet Policy and Criteria for Ordering: Physicians, Physician Assistants, Psychiatrists and/or Registered Nurse Practitioner's Practitioner have the sole responsibility of ordering medical diets.
The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.	X			Lillian Saldana, MPA, RDN.
The facility manager shall comply with any medical diet prescribed for an inmate.	X			MSB Policy # M201.08. Prescribed Medical Diets served only inside Temporary Medical Housing-Module 231 by Nursing staff.
The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			MSB Policy # M201.08. The medical diet manual is available at the TTCF kitchen office or the Correctional Treatment Center (CTC) kitchen.
A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.	X			Diet Manual reviewed annually, last approved August 3 <sup>rd</sup> , 2020 by Lillian Saldana, MPA/RDN and Dr. Sean Henderson, MD
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.			X	Only Male inmates are housed at IRC

Summary of nutritional evaluation:

### **Inmate Reception Center (2020)**

Inmate Reception Center (IRC) is the central control for the processing of male prisoners into the Los Angeles County Jail system. Once received, processed and categorized, Inmates are either released or transferred out to assigned housing at a separate County Jail facility, usually within 24 hours. IRC feeds inmates at 3 areas of the facility- "Class Rear"/Clinic, "Custody Line" and "Release" areas. Sack meals are prepared ahead of time to send out with inmates when attending court, transferring to another facility and when temporarily housed in the Medical Housing module 231, IRC Clinic, or Medical/Mental Health module 241/overflow.

IRC follows three menus to ensure the meal service is provided for all inmates at various stages of the intake, transfer and/or release process. During the initial booking/arrest, classification and medical assessment process, inmates are fed according to the general Booking Menu. The Booking Menu consists of two non-perishable sack

meals for breakfast and lunch and a hot burrito dinner meal available only from 4:00pm-8:00pm. Inmates attending court are fed according to the Court Day menu which goes out on the court busses each day. In addition, a supply of Diabetic sack meals including diet jelly and milk instead of orange juice is supplied to the nursing staff at the IRC screening clinic from TTCF kitchen each day and stored/served directly by the medical staff.

Inmates requiring additional medical and mental health screening/treatment are temporarily housed in module 231. These inmates are fed according to the LASD mainline menu served out of Twin Towers Correctional Facility (TTCF) main kitchen. Generally, medical diets are not served at IRC module 231. However, inmates waiting to be admitted into the Correctional Treatment Center (CTC) or identified as a diabetic or dialysis patient and remain at Module 231 past a few meal periods, may be served a medical diet meal from the CTC kitchen by the nursing staff. IRC medical personnel will request the meal through the department's CTC and store the meal in their medical refrigerator before serving to designated inmates.

All general booking and court line sack meals (breakfast and lunch) served at IRC are assembled and packaged at Men's Central Jail (MCJ), while the dinner meal, court returnees and diabetic sack meals are prepared and picked up from TTCF kitchen on a daily basis. Inmate workers assigned to food handling duties at IRC are housed at MCJ. With direct supervision by a Deputy or Custody Assistant, food service inmate workers assist with the food delivery, storage, rotation and feeding service. To ensure on-going training in food safety, the inmate workers view a Food Safety and Hygiene video on a monthly basis at their assigned Jail facility.

This report reflects the findings of the nutritional health evaluation performed at the time of inspection by the Los Angeles County Department of Public Health, Division of Environmental Health, based on the California Code of Regulations and Title 15, Article 12. Food, §1240-1243 and §1245-1248 which define the minimum nutritional standards for local detention facilities. Based on the review of the current Food Service Plan and Custody Services Division Manual, 2019-20 LASD Booking and Court Line Menus, Medical Services Bureau Policies and Procedures, staff interviews and direct observations, no significant Nutritional Health deficiencies were identified at the time of inspection. However, the following recommendation is suggested based on observations during the inspection:

**Recommendation:**

It is recommended that a list of inmates who are served a medical diet by nursing staff in Module 231 be prepared and sent daily from the Supervising Nurse to the Lead Deputy at the Module to ensure Deputies do not serve an additional mainline meal to those inmates. Custody Staff should be aware of which inmates are to only receive medical meals by the nurses to ensure that they aren't given an additional Mainline meal as well.

If you have any questions, please contact David Kornoff at (626) 430-5570 or email at:

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