

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

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

FACILITY NAME: <b>Men's Central Jail</b>		COUNTY: <b>Los Angeles</b>		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>441 Bauchet Street Los Angeles, CA 90012 (213) 473-6100</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>October 6-7<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>Raymond M. Serna, Sergeant (Logistics); (213) 974-4242, Email: <a href="mailto:rmserna@lasd.org">rmserna@lasd.org</a> Nicholas Martinez, B-1 Deputy (Logistics); (213) 974-4242, Email: <a href="mailto:ncmartin@lasd.org">ncmartin@lasd.org</a> Donald Washington, B-1 Deputy (Logistics); (213) 974-4242, Email: <a href="mailto:dmwashin@lasd.org">dmwashin@lasd.org</a> Victor M Soto, Assistant Manager (Food Services); (661) 295-7810, Email: <a href="mailto:vmsoto@lasd.org">vmsoto@lasd.org</a> Luis A. Reyes Ortiz, Chief Cook; (213) 974-0120, Email: <a href="mailto:lareyeso@lasd.org">lareyeso@lasd.org</a> David Bustillos, Deputy (Laundry) Email: <a href="mailto:dabustil@lasd.org">dabustil@lasd.org</a> Charlie Chavez, Deputy (Old IRC) Email: <a href="mailto:cjchavez@lasd.org">cjchavez@lasd.org</a> Pattra Limpanukorn, PM &amp; EM Nurse Manager: (213) 893-6718</b>				
NUTRITIONAL EVALUATION		DATE INSPECTED: <b>October 6-7<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> Kaori Rank, Dietetics Advisor, (213) 974-0120, Email: <a href="mailto:krank@lasd.org">krank@lasd.org</a> Luis A. Reyes Ortiz, Chief Cook; (213) 974-0120, Email: <a href="mailto:lareyeso@lasd.org">lareyeso@lasd.org</a> Paul Sabio, Head Cook; (213) 974-0120, Email: <a href="mailto:phsabio@lasd.org">phsabio@lasd.org</a> Nicolas Martinez, B-1 Deputy (Logistics); (213) 974-4242, Email: <a href="mailto:ncmartin@lasd.org">ncmartin@lasd.org</a> Ron Ghuman, Operations Sergeant- Admin, 213-974-4421, Email: <a href="mailto:rsghuman@lasd.org">rsghuman@lasd.org</a> Debra Gluseth, RN, CND II- Medical Diets; (213) 893-6716</b>				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: <b>September 3-4 and October 6-7, 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: Debra Gluseth, RN, CND II; (213) 893-6716; Pattra Limpanukorn, AM Nurse Manager: (213) 893-6718; Emily Thomas, Lead</b>				

**MD; Dema Sabha, Pharmacist: (213) 680-0502; Jay Gross, Ophthalmologist; Module HOPE, 5800-5900: Kwabena Adusei, Pill Call LVN;  
Bryan Luna, Pill Call Deputy; William Fong, DDS: (213) 893-6715; Marianimfa Torres, Jaime Alejo & Esther Madrigal, Dental Assistants; Son Pham, Noe Bogarin, Radiology Techs: (213) 680-6913; Guido Reyes, Rodrigo Molina-Chicas & Richele Becoy, Wound Care RNs; Sandra Yee & Gabriel Gapido, Narcotic Count RNs; Adrine Ghazaryan, Joanne Dickson & Mateen Hamdani, Phlebotomists**

**Administration:**

**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, 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		
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> MSB Policy #210.01 dated 9/16/09 CDM Policy 5-11/040.00 Inmate food service workers are medically screened at the Clinic prior to assignment to the kitchen and regularly thereafter.
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			Inmate Food workers receive Kitchen Trustee Orientation Training from Kitchen staff which is documented on a paper Training Video Roster log
<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.</i> <i>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> CSD Food Service Unit (FSU) Unit Order 5-03/030 Safety, Housekeeping and maintenance of Equipment, revised 9/7/06 Mechanical dishwasher- water temperature at 172°F during rinse cycle. Manual dishwashing- Quaternary Ammonium sanitizer.  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			CDM Policy 2-01/120.00 dated 12.10.01 Inmate workers serve food under the supervision of a deputy. CDM Policy 7-070/05 Inmate Food Handlers- Hand washing requirements.
<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			MCJ Unit Order: 5-16/010 Clothing and bedding exchange, revised 7/23/20 CDM Policy 5-11/060.00 dated 8/24/16
(a) Clean socks and footwear;	X			Socks issued twice a week
(b) Clean outer garments; and,	X			
(c) Clean undergarments, including:				Shorts and t-shirts issued twice a week
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			
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			MCJ Unit Order: 5-16/020 Clothing Exchange Procedures for Inmate workers, dated 4/21/16 CDM Policy 5-11/060.00 Bedding, Linen and Clothing exchange. <u>Covid-19 additional clothing supplies:</u> Cloth mask face covering given to all inmate upon entering the facility and required to be worn whenever an inmate is outside his housing unit.
<b>1262 Clothing Exchange</b> There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.	X			MCJ Unit Order: 5-16/010 Clothing and bedding exchange, revised 7/23/20 CDM Policy 5-11/060.00 Bedding, Linen and Clothing exchange.
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			Jail uniform exchanged once a week. Inmate workers may receive green clothing uniform exchanged more frequently.
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			MCJ Unit Order: 5-16/010 Clothing and bedding exchange, revised 7/23/20
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.	X			Unit Order 5-08-061 dated 1/12/16
<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			CDM Policy 5-11/030.00- Control of Vermin dated 12/14/15
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 5-08-061 dated 1/12/16 Biohazard or infested clothes are double bagged in biohazard bags and taken to the main Laundry.
<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			MCJ Unit Order 5-21-001 dated 8/8/17 CDM Policy 5-13/090.00
Each female inmate shall be issued sanitary napkins and/or tampons as needed.			X	Only male inmates are housed at this 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			MCJ Unit Order 5-21-001 dated 8/8/17 CDM Policy 5-13/090.00
(a) Toothbrush,	X			
(b) Dentifrice;	X			
(c) Soap;	X			
(d) Comb; and,	X			
(e) Shaving implements.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			CDM Policy 5-13/040.00 dated 6/13/17
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			Showers available at all housing floors at least every other day.
<b>1267 Hair Care Services</b> (a) Hair care services shall be available.	X			Unit Order 3-05-081 dated 5/24/17 CDM Policy 5-13/050.00 dated 12/10/01 Service provided at the "Barber Shop" or by designated Barber Trustee who brings clipper supplies out to the Floors.
(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	CDM Policy 5-13/050.00 "Barbicide and Clippercide" disinfectants are available for the sanitization/disinfection of the hair care equipment.  See summary of environmental eval for details.
<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			MCJ Unit Order: 5-16/010 Clothing and bedding exchange, revised 7/23/20 CDM Policy 5-11/060.00 dated 8/24/16 CDM Policy 5-13/070.00 CDM Policy 5-13/060.00
(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			
<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			MCJ Unit Order: 5-16/010 Clothing and bedding exchange, revised 7/23/20 CDM Policy 5-13/070.00 CDM Policy 5-11/060.00 Bedding and linen are laundered at the Pitchess Detention Center (PDC) Wayside Laundry.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Washable items such as sheets, mattress covers, and towels shall be exchanged for clean replacement at least once each week.	X			MCJ Unit Order: 5-16/010, dated 7/23/20 CDM Policy 5-13/070.00 Sheets and towels exchanged once a week.
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			CDM Policy 5-13/070.00 Blankets exchanged once a month
<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			
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			MCJ Unit Order 5-07/011 dated 6/22/17 MCJ Unit Order 3-07/060 dated 1/11/16 MCJ Unit Order 3-07/011 Module & Dormitory Cleaning and Sanitation, dated 2-03/20 MCJ Unit Order 4-02/020 Facility Maintenance Request Procedures, revised 4/30/19  CDM Policy 5-11/020.00 CDM Policy 4-07/020.00
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		MCJ Unit Order 3-07/011 Module & Dormitory Cleaning and Sanitation, dated 2-03/20 MCJ Unit Order 5-08/064 Chain Sanitation, revised 6/30/20 CDM Policy 7-03/010.00 CDM Policy 5-05/120.00 "Turbo Kill" and "Citra-Cide" disinfectants are available for the sanitization/disinfection throughout the Facility. "Oasis 146" MultiQuat ammonia disinfectant is used for general disinfection at the Housing floors.  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:  
**Men's Central Jail- 2020**

This report reflects the findings of 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 the local detention facilities.

Men's Central Jail is an Adult Type II facility, holding male inmates only. This facility consists of the "old side" Housing blocks 1700, 2000 and 3000, and "new side" housing blocks 4000, 5000, and 9000 as well as the medical housing unit blocks 6000, 7000 and 8000). The average daily population is currently about 4,200 inmates. Hot food (dinner) for the inmates is provided by Twin Towers Correctional Facility I and the cold bag meals are assembled at the facility in the basement kitchen. Hazardous waste disposal is handled once a week by Stericycle Inc. and laundry: clothing, bedding and linen for the inmates is laundered and delivered by Pitchess Detention Center (South) Laundry on a weekly basis. In response to the ongoing Covid-19 Pandemic, Covid cleaning crews of designated trustees wipe down high-touch, high-frequency areas continuously throughout the Floors during their shift. Extra disinfecting fogger machines have been purchased and used by assigned custody staff to disinfect high-touch, high-frequency common areas throughout the facility as well. Additionally, Deep cleaning disinfection service is provided by "Superior Scientific" once a week at all areas inside the Clinic.

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, Facility 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 Storage:**

Maintain kitchen equipment clean, fully operative, and in good repair (HSC 114175). Observed the following:

- Peeling/blistered paint at walls inside walk-in refrigerator #43.
- Broken light cover at ceiling inside Walk-in freezer #47.
- Water dripping from ceiling inside walk-in refrigerator "Box 53" No food items stored inside at time of inspection.
- Left side toilet/sink combo not working inside kitchen Inmate restroom.

*Note: Walk-in coolers located at hallway to Housing Floors and Walk-in freezer #48 were inoperable and not in use at time of inspection. Officers Dining Room (ODR) was also closed for Staff dining due to ongoing Covid-19 Pandemic.*

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

Maintain the facility and plumbing equipment clean, safe and in good repair. Observed cleaning, sanitation and maintenance deficiencies at the following areas:

##### Floor 4000-

- Inadequate water pressure at showers of 4300- D row.
- Large wall tiles broken at shower of 4300- A row.
- Leaking/accumulated water on the floor by toilet in dayroom of 4400- A row.
- Dust build-up on air vent inside shower of 4600- B row.
- Burned out light inside mop closet of Module 4700.

##### Floor 5000-

- Chipped and broken floor tiles in shower of Dorm 5550
- Rust stains at ceiling, upper wall and light fixture inside Dorm 5550.
- Damaged, missing chunk of cement half-wall inside Mess Hall for Floor 5000.
- Broken floor tiles and low water pressure at center faucet inside shower of Dorm 5100.
- Constant running water at sink/toilet combo inside bathroom of Dorm 5200.
- Non-working faucets at far back and center showers inside Dorm 5900.
- Non-working urinal inside bathroom of Dorm 5900.
- Accumulated mildew/residue at ceiling and exterior of air ducts inside shower of Dorm 5500.
- Broken tiles at floor and base of wall inside shower of Dorm 5700.
- Shower faucet not turning off and blocked floor drain inside shower of Dorm 5700.

#### Floor 9000-

- Broken tiles at upper wall of shower inside Dorm 9300.
- Burned out lights inside bathroom of Dorm 9300.
- Several showerheads with weak pressure and leaking from base, at center section of showers inside Dorm 9500.

#### Clinic Housing/ Floor 6000-

- Damaged/peeled-up floor tiles at back hallway near Medical Housing Unit 6050.
- Water dripping from ceiling and stained, deteriorated material/water damage at walls and ceiling of hallway near Medical Housing Unit 6050.

#### Floor 2000-

- Accumulated dust on air vent and non-working toilet inside cell 14 of 2500- A row.
- Weak water pressure at shower faucets of upstairs showers of Housing block 2700
- Accumulated dust on air vent at upper wall of back catwalk for Cell blocks 2100-2300 and 2600-2800.
- Water leaking from base of toilet inside 2801 dayroom.
- Non-working faucet of upstairs mop sink for Cell blocks 2600-2800.
- Missing floor drain cover and leaky water supply pipes for shower faucets at community “high-end” showers by Cell block 2600.
- Accumulated dust build-up on large vent screen at wall inside 2201A dayroom.
- Missing floor drain cover and outlet plate cover at wall inside 2301 dayroom.
- Non-working sink and water dripping from ceiling onto the floor inside 2301 dayroom.

#### Floor 3000-

- Stopped up drain to mop sinks at Cell Blocks 3700 and 3100.
- Non-working mop sink faucet at Cell block 3800.
- Water leaking from base of sink onto the floor at 3500- B row.
- Water leaking from base of toilet inside cell 10 of 3400- A row.
- Water leaking from base of toilet inside upstairs Dayroom 3601.
- Cracked sink and non-working toilet at cell inside 3800- C row.
- Light out inside shower of 3800- C row.
- Ceiling lights out at front of cell row 3800-A, catwalk between 3200-3400, and toward 3200 showers.
- Non-flushing urinals inside Dayrooms 3101 and 3401.
- Peeling paint by wall near sink inside Dayroom 3401.

#### Floor 7000-

- Water dripping from ceiling onto the floor just inside doorway of 7214 dayroom.

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. See summary for details.
<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 Public Health Nurses (PHN) are housed in the Infection Control Unit located on the 2 <sup>nd</sup> floor of this facility and coordinates inmates with communicable diseases.
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
(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
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			M200.01, M200.04, M200.05, CDM4-12/000.00

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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
<p><b>1210 Individualized Treatment Plans</b></p> <p>(a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.</p>	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.
<p>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.</p>	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.
<p>(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.</p>	X			M203.03, M380.01
<p><b>1211 Sick Call</b></p> <p>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.</p>	X			M200.02, M209.02
<p><b>1212 Vermin Control</b></p> <p>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.</p>	X			M815.03, M815.04
<p><b>1213 Detoxification Treatment</b></p> <p>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.</p>	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.
<p>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.</p>			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
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 inconsistent during Pill Call observation. See summary for details.
(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 to be inconsistent via MRR. See summary for details.
<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	
<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.			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	
<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.	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.
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.			X	
In no case shall restraints be used for punishment or as a substitute for treatment.			X	
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.			X	
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.			X	
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.			X	
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.			X	
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.			X	
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.			X	

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:**

Men's Central Jail (MCJ) is the oldest facility in the Sheriff's Jail System located in downtown Los Angeles bordering Chinatown and across the street from Twin Towers Correctional Facility (TTCF). There is a Central Jail Outpatient Clinic that provides services to over 400 patients a day. Nursing staff is available 24 hours daily, seven days a week. Inmates who require urgent care are transported directly to Urgent Care located in TTCF for evaluation and treatment. If the inmate presents an emergency medical problem, the inmate would be transported directly to a community Emergency Hospital or LAC+USC Medical Center (LCMC). Access to Care Lieutenant and Access to Care Sergeant serves as the main liaison that streamlines the flow of inmates receiving their medical/mental health care needs are met in a timely manner.

MCJ also provides services needed to meet basic routine and episodic health care needs. Such services include but are not limited to:

1. Main clinic is available 24/7.
2. Positive Care Teams (4 teams) located on designated floors to provide care to inmates are available Monday to Friday from 0600 to 1400 hours.
3. Nurse's clinic is open and available Monday to Friday from 0630 to 2230 hours and is located on the first floor across from the medical administrative offices. There are multiple mini clinics located throughout MCJ for pill call preparations, pre-court medications, etc. Besides these mini clinics, there is also a diabetic clinic that is located on the second floor that monitors and treats diabetic inmates. It is also during this time where the inmates may request for a diabetic snack if their blood sugar level warrants such intervention.
4. Eye clinic provides services, staffed with an Ophthalmologist and a Registered Nurse (RN), daily from 0600 to 1400 hours. Eye clinic schedules their own appointments that's located in TTCF. Eye conditions are treated and refractions (along with dilation as needed) are performed.
5. Dental clinic provides routine annual dental care, non-urgent dental procedures, and emergency extractions. However, inmates with more extensive dental procedures would be referred to LCMC for

further treatment and follow-through. Their hours of operation are Monday to Friday from 0600 to 1400 hours and is located on the side of the main clinic.

6. Wound Care clinic is run by RNs and are open every day from 1330 to 2130 hours. Essential floor stock of wound care medications and medical supplies are in the wound care clinic that is easily accessible to the RNs that work that clinic. The supplies are also very organized for any rotating new RNs that may be assigned to the clinic for the first time to pick up with no problem.
7. Radiology is available Monday to Friday from 0600 to 2200 hours for basic routine x-ray procedures. Any procedures that are more complicated would typically be transported to TTCF's main radiology clinic.
8. Laboratory is available Monday to Friday, 0600 to 1800 hours. Weekend orders are completed at the main laboratory located in TTCF.
9. The pharmacy department functions as the main satellite pharmacy for this facility and primarily operates 24/7; however, during short staffing circumstances, it operates daily from 0600 to 2200 hours. It receives its medications directly from the main central pharmacy located at the Towers. There are two ways for inmates to receive their medications. The first is the traditional pill call where the RN administers the medication directly to the inmates at their housing units. The second is the self-medication program (aka as self-meds) where pharmacy dispenses X number of days' worth of medications directly to the inmates with precise daily dosage instructions and individually packaged.

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

#### PHARMACY:

1. "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." It was noted that 12 pharmacy personnel licenses were expired. It was brought up to the pharmacist in charge's attention; however, the pharmacist was not cooperative and unwilling to correct the finding. It is highly recommended to provide retraining of basic professional conduct to the pharmacist in charge and secure all licensing is updated in a timely fashion. Corrective action plan will be reviewed during the next inspection cycle. **(T-15-1203)**

#### NURSING AND CUSTODY:

2. "Confirming that the recipient has ingested the medication [...]." Confirmation of ingestion was inconsistently performed by both Nursing and Custody. In consistent practice continued despite informing both staff of the expectation by the inspector. Nursing staff didn't consistently ask to observe the patient's mouth to ensure ingestion and the Pill Call Deputy had too many other duties outside of pill call. It is expected that the Pill Call Deputy provide undivided attention to the Pill Call assignment and assist the Nursing staff to confirm ingestion when the Nursing is unable to do so. Review of the pill call video is highly recommended. Corrective action plan will be reviewed during the next inspection cycle. **(T-15-1216)**

#### NURSING AND PHARMACY:

3. "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." Medical record reviews showed a lack of self-medication compliance assessment on self-med orders. Training and retraining on the policy and procedure of self-medication compliance assessment is highly recommended. Corrective action plan will be reviewed during the next inspection cycle. **(T-15-1216)**

**II. NUTRITIONAL HEALTH EVALUATION**  
**Adult Type I, II, III and IV Facilities**  
**Men's Central Jail**

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>				<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>Do not identify compliance with this regulation here. See comments.</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>Custody Division Manual 5-06-000 Inmate Meals. Custody Service Division Food Service Unit (FSU) Unit Order 5-07/020 Serving times &amp; Distribution of Meals, dated 4/30/07</p> <p>MCJ Food Service Plan (FSP), dated January 2020 Meal Service Times Breakfast for court line is served between 4:00–5:00 AM, mainline breakfast is served around 6:30 AM, lunch around 10:30-11:00AM and dinner from 4:00-5:00 PM.</p> <p>MCJ Meal service times at housing Modules to be recorded into eUDAL by Custody staff 3 times daily.</p> <p>See summary of nutritional evaluation for details.</p>
At least one of these meals shall include hot food.	X			One hot dinner meal served daily. The hot meal is provided by Twin Towers Correctional Facility (TTCF) main kitchen.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			2020 MCJ Unit Order: 5-06-000 And 2020 FSP- sandwich/burrito and beverage provided.
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			MCJ Food Service Plan 2020- Meal Service Times Inmates on certain Medical Diets (Diabetic, Renal) are served their breakfast meal early, around 3:30AM.
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			Custody Division Manual, FSU Unit Order 5-13/010.00- Inmate Meals & 2020 Food Service Plan (FSP). Observed meals distributed for meal period at least 15-40 minutes uninterrupted. Verified practice during lunchtime feeding at floor 7000.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>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.</p>	X			<p>MCJ Unit Order: 5-06-000 &amp; 2020 FSP- Inmates attending court receive a bag meal consisting of peanut butter sandwich and beverage. Upon arrival back to the Inmate Processing area, inmates receive a cold sack meal or a hot burrito meal and beverage. Inmates who miss a meal due to an attorney or infirmary visit also receive a sack lunch or hot burrito meal and beverage.</p> <p>LASD Food Services Medical Diet Manual (Medical Diet Manual) &amp; Medical Services Bureau (MSB) Policy # M201.08; Bag Meal provided consistent with the inmates Diet Order.</p>
<p><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.</p>	X			<p>Menus observed at the time of inspection: Cycle Week 3- LASD Mainline menu, dated December 2019</p> <p>Cycle Week 3 Days 17-18 LASD Medical/Religious Diet Menu, revised 2/11/2020</p> <p>Medical Diets provided include: Dialysis/Renal diet IDDM Diabetic diet High Calorie/High Protein 2 gm Na (low sodium) Mechanical Soft diet Reduced Lactose diet Gluten-Free Diet No Dairy products No Peanut butter</p> <p>Religious diets, Vegetarian Diet, Vegan diet, Kosher diet</p>
<p>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.</p> <p>(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.</p>	X			<p>2020 LASD Diet Nutrient chart: 90-95 grams per day daily average provided.</p> <p>Legume items served at least 3-4 times per week with the hot dinner meal.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>(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.</p>	X			<p>Hollandia Dairy 1% Low Fat milk 8oz &amp; 1% Low Fat chocolate milk (8oz) is served with the breakfast and dinner meals.</p> <p>Hollandia Dairy 100% fortified Orange Juice- 6 oz served with the lunch meal.</p>
<p>(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:</p>	X			
<p>(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.</p>	X			Fresh banana, cabbage and raw baby carrots.
<p>(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.</p>	X			140 mg per day, daily average provided
<p>(3) One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week</p>	X			3020 micrograms REs per day, daily average provided.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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			Nutribron, 100% whole wheat bread, rice crisp, toasted O's, Corn Flakes Cereal.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	X			Custody Services Division- Food Services Unit Order 5-07-000: All inmates provided a diet which meets or exceeds Title 15 requirements and Dietary Guidelines for Americans 2015-2020.
<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			Men's Central Jail is an adult Type II facility.  Planned and approved in December 2019 for use during Calendar Year 2020 by Lillian Saldana, MPA, RDN
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			Observed menu substitutions in recent weeks documented in the EM/AM production (red book) journals.
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			Custody Services Division CDM- FSU Unit Order 5-07-000: Provision of a Nutritionally Adequate Diet. Menus reviewed annually by Lillian Saldana, MPA, RDN
<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 approximately 4,200 inmates per day.  Men's Central Jail Facility- Food Service Plan (FSP), April 2020
(a) menu planning;	X			Custody Services Division, MCJ Food Service Plan (FSP), revised January 2020
(b) purchasing;	X			MCJ 2020 FSP.
(c) storage and inventory control;	X			MCJ 2020 FSP.
(d) food preparation;	X			MCJ 2020 FSP.
(e) food serving;	X			MCJ Unit Order: 5-06-000 and 2020 FSP Food served by inmate workers under direct supervision of Custody staff. Verified in practice at time of inspection at floors 4000, 5000 and 7000.
(f) transporting food;	X			MCJ 2020 FSP.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) orientation and ongoing training;	X			Food Service staff attend 5-year Certified Food Safety Managers training class  Inmate Food workers receive Kitchen Trustee Orientation Training from Kitchen staff which is documented on a paper Training Video Roster log.
(h) personnel supervision;	X			MCJ 2020 FSP.
(i) budgets and food cost accounting;	X			MCJ 2020 FSP.
(j) documentation and record keeping;	X			MCJ 2020 FSP.
(k) emergency feeding plan;	X			Food Services Unit (FSU) Unit Orders 5-08/000 & 5-08/020, Disaster Plan- Feeding Inmates and Staff, revised 3/6/2018. MCJ 2020 Food Service Plan- Emergency Feeding Emergency food and water supplies are stored in the kitchen warehouse. 2020 Covid-19 Emergency Production Plan- New Production Schedule for MCJ Meal Line for limited or no inmate food workers scenarios & 2020 No Cambro- One Week Emergency Menu.
(l) waste management;	X			MCJ 2020 FSP.
(m) maintenance and repair; and,	X			MCJ 2020 FSP.
(n) three-day mainline sample tray.	X			MCJ 2020 FSP- Staging and Transport of Food. Sample trays to be prepared and stored for 72 hours as a record of food items served. Observed sample trays prepared and kept for three days in walk-in freezer for mainline menu as well as select medical diets. Record of sample trays prepared and discarded documented on daily logs.
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>				<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>
a) Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where 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:			Do not identify compliance with this regulation here. See comments.	
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(3) H & S Sections 114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
<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.		Do not identify compliance with this regulation here. See comments.		<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>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<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>			X	<p>Disciplinary Separation Diets or active Diet Orders were not observed in affect at the facility during inspection. Disciplinary diets no longer provided at facility indefinitely per change in Custody Service Policy effective 3/1/2017.</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 Diets Menu, approved by Dr. Sean Henderson, MD on 8/3/2020.
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 & NCCF Unit Order: 07-070/00 Inmate Meals & 2020 Food Service Plan (FSP). Medical diet meals packaged at kitchen medical diet prep area consistent with menu items and serving sizes listed in the medical diet manual under the appropriate medical diet. Meals distributed to inmates at Dorms and Housing rows by name of inmate on the label of the packaged diet meal correlated to the medical diet list.  See summary of nutritional evaluation for details
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			LASD Medical Diet Manual dated August 2020. Available for reference in the main clinic and at the kitchen office/ medical diet prep room.
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 adult Male inmates are housed at the Facility.

Summary of nutritional evaluation:

### Men's Central Jail Facility (2020)

Men's Central Jail (MCJ) follows a 7-day, six-week menu cycle which serves two cold meals (breakfast and lunch) and one hot dinner meal daily. All food intended for inmate consumption is assembled and/or prepared in the basement kitchen with the assistance of inmate workers and direct supervision by food service staff. The facility serves a variety of meals including mainline, medical/therapeutic, preference (vegetarian/vegan) and religious (kosher/halal) meals. The Division is moving towards using alternate means of gaining inmate compliance, therefore the issuing of disciplinary separation diets to inmates has been discontinued. No

disciplinary diets were observed being stored or prepared at time of inspection. To ensure on-going training in food safety, the kitchen staff have taken the 8-hour LASD Food Safety Manager's Class. Inmate food workers are medically screened at the Clinic prior to assignment at kitchen areas and also receive ongoing food safety training.

MCJ is responsible for assembling the mainline sack breakfast and lunch meals for the inmates housed at MCJ and in Twin Towers Correctional Facility (TTCF) which is done one day ahead of service. The mainline hot dinner meal, on the other hand, is cooked at the TTCF kitchen and transported in bulk to MJC basement kitchen in insulated Cambro containers each afternoon for same day service. MCJ food service staff then assembles and serves the hot dinner meals in trays at each Floor's Mess Hall. Furthermore, MCJ kitchen food staff cooks and pre-ports all medical diet meals in the main basement kitchen prior to mess hall distribution. MCJ also prepares the sack lunch meals (peanut butter sandwich and beverage) for all of the inmates attending court the next day throughout the County.

Inmate Feeding. Because the overall feeding procedure at this facility is decentralized, the breakfast and lunch meals are staged in the basement kitchen and transported to each Floor/ cell block by kitchen inmate workers. Once the general mainline and medical diet meals have been sorted and organized according to Dorms/Cell Blocks, the Floor Deputy (aka: prowler), along with the respective housing inmate workers will distribute the packaged meals to each inmate housed in the dorms or cells. Inmates assigned to a medical diet line up at the front of the dorms to receive their specific packaged meal first.

For the Hot dinner meal, a tray method is used to serve the mainline meal to inmates, which enables inmate workers at each floor's dining area (aka: mess hall 5000, 6000) to portion out the dinner menu in fair and uniform servings from bulk containers onto compartments of the multi-use trays and serve promptly. The Prowler will supervise the feeding line in each dorm to ensure every inmate receives his general mainline or medical diet meal. The Supervising Line Deputies (Building Seniors) are responsible for the overall inmate feeding operation within their building until feeding is completed.

Currently, due to the Covid-19 Pandemic, the floor deputies package the hot dinner meal on disposable paper trays and distribute to the inmates directly in their cells. The food service kitchen staff also directly deliver and distribute all medical diet meals to inmates housed in outpatient clinic module(s) 7000-8000. MCJ currently houses inmate workers assigned to TTCF (Module 2600), IRC (Module 2800), MCJ Kitchen and Officer's Dining Room (ODR) and Modules 3600 & 3400, 3200 & 3800.

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 2020 Food Service Plan and Custody Services Division Manual, December 2019 LASD Mainline menu and 2020 Medical Diet Manual, Medical Services Bureau Policies and Procedures, staff interviews, documentation logs and direct observations, the following Nutritional Health deficiencies were identified at the time of inspection:

#### **1248 Frequency of Service- Documentation of Meals:**

- Custody staff. Ensure meal service times are documented into the eUDAL computer log at every floor/module to ensure compliance and verification that food is indeed served to inmates three times in a 24-hour period. Observed Custody staff failing to consistently document entries of mealtimes into eUDAL at Floor/Modules 2100, 2600, 3100, 4300, 5100, 5500, 9200 and 9500, upon review of 9/13/20-9/19/20 weekly MCJ eUDAL activity records. Only 33% or less of daily meals served to inmates were recorded for that week. Additionally, Jail staff for all shifts who input eUDAL entries should know how to document mealtimes into the appropriate Inmate Activity field to ensure meals are consistently recorded and show up in the appropriate Pod/Module Activity box.

## 1248 Medical Diets

➤ Kitchen/Medical Diet staff. Ensure inmates prescribed a medical diet receive in their packaged diet meals only those food items specified by each diet type on the Medical Diet Menu. Observed packaged/bagged medical diet meals for lunch and dinner with the following packaging errors:

1. Gluten-free diet lunch meal for 10/6/20 packaged with vegan cheese and garbanzo beans instead of the sandwich meat.
2. 2 Cold portion bags for medical diet dinner meals on 10/7/20 labeled “No Dairy Products” but packaged with chocolate milk like the general mainline menu.  
(Mispackaged meal bags were promptly returned to the kitchen diet prep area to be repackaged with the correct medical diet menu items).

Ensure any inmate workers assisting with the preparation of medical diet meals are trained and familiar with the various types of medical diets and well supervised to minimize packaging mistakes. Assigned kitchen staff should verify completed packaged diet meals prior to storage or transport.

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)