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**Mercedes Maharis
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Fax

To: HON. HARDESTY	From: MERCEDES MAHARIS MA MS MA
Fax: 775 684 6761	Pages: 32 (Incl. cover page)
Phone: 775 684 6830	Date: 20-Oct-08
Re: NRS 209.382	CC:

Follow up to 22 Sep 08 Fax

Urgent For Review Please Comment Please Reply Please Recycle

ATT: Andrea Clark: for NCJIS meeting 20 Oct 2008... and for the record.

RE: Nevada Department of Corrections (NDOC) and the NV State Health Officer

NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

The 10 +/- hours of health inspection per year, only about 5 hours at two facilities per year are not enough. Inspection does not include examining prisoner records.

The declining number of health inspections since the 1990's indicates that:

- 1) there are fewer records of health care in NV prisons;
- 2) that there is declining NV prison health care supervision and
- 3) that there is subsequent declining NV prison health care regulation.

Since the State Health Officer has no authority over NDOC personnel to force NDOC personnel to comply with health care for prisoners, will you please recommend that the prison commissioners request yearly examinations and reports by both the State Health Officer and American Correctional Association (ACA) staff? Access to these records can reveal what is actually going on:

Advisory Commission on Admin. of Justice
Exhibit N pg 1 of 32 Date: 10-20-08
Submitted by: M. MAHARIS

October 20, 2008

- 1) all NV prison and camp infirmary records;
- 2) all infirmary staff member records and
- 3) all prisoner requests for health care for the past two years.

Here are a few prisoner statements about NV prison health care:

Prisoner No. 1 reported that he blacked out frequently. Instead of treating him, officials transferred him.

Prisoner No. 2 reported kidney stones. He was afraid to ask for treatment when he needed treatment. Someone shot out his cell window after he asked for an inspection of his problems. He feared for his life.

Prisoner No. 3 stated that he had to wait for treatment and a doctor for four days after officers used excessive force on him. Staff placed him in the infirmary on the day of his beating, but he got no treatment or doctor check that day. He refused to go back to the infirmary because he could not afford the charges. Charges exceeded \$100.00 per day.

Prisoner No. 4 wrote that an officer broke his jaw, now deformed.

Prisoner No. 5 wrote about his dental problem. Staff told him that he could not have his tooth repaired, but could have a "dental extraction only".

Prisoner No. 6 wrote that he was disabled and had a bleeding colon, the result of being stabbed in the back. A special diet to halt bleeding was denied. He wrote that staff sanctioned him 90 days ad seg (solitary confinement) for filing a "frivolous medical grievance".

Prisoner No. 7 reported that a dentist extracted the wrong teeth and staff denied him a partial dental appliance. But the staff charged him for it anyway.

Prisoner No. 8 wrote about inadequate mental health care. He was indigent. He could not afford the medications, nor could he afford to get himself weighed (severe weight loss).

Prisoner No. 9 wrote that he had blocked heart veins, or a heart valve problem according to different doctors with differing opinions. A nurse, he wrote, took his nitro medicine for his heart. A new doctor cut his blood pressure medicine in half. That doctor was not a heart doctor.

Prisoner No. 10 wrote of being in solitary confinement for five years. For fear of being fired, he reported that nurses cover up beating injuries.

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Prisoner No. 11 wrote of vomiting every day, without proper diagnosis or treatment and no relief.

Prisoner No. 12 reported that medical staff violated his confidentiality and that nurses passed themselves off as psychologists.

Prisoner No. 13 wrote about needing help for an undiagnosed skin rash with no relief for two hernias, one, the size of an orange.

Prisoner No. 14 wrote of not having wrist surgery 11 months after it was scheduled, that an officer clamped down so hard on his left wrist that the cuff injured his tendon. He died.

Prisoner No. 15 reported that the medical department denied blood tests for HIV, hepatitis and other diseases.

Prisoner No. 16 wrote that he still had shotgun pellets in his head and neck. That his head and neck hurt every day with headaches so bad that he wanted to die.

Prisoner No. 17 wrote that medical refused to test him or give him medication for the pain in his hand. Medical staff thought the problem was a tumor in his wrist. They refused to give him medical leave from his job in the culinary.

Prisoner No. 18 wrote that he had had no physical exam for 38 months. He had repeated difficulty getting medical to dispense nail clippers to him.

These few reports were from one White Pine County court case for Ely.

Without more in depth data, how can we know the true extent of NV prison health care needs? We cannot. How is it possible to design a realistic, responsible budget for NV prison health care? It is not.

The two 2008 State Health Officer Inspection reports reveal such basic healthcare deficiencies as no staff training about how to sterilize dental instruments, required by law to stop the spread of infections. (See HDSP and SDCC reports enclosed.)

We implore you to also read the health inspection reports from 1995 to the present. These few reports by the State Health Officer reveal a paper trail of irresponsible, unconscionable health conditions inside the NDOC, but, they are, the only the tip of the iceberg in NV prison health care neglect, in my opinion.

In our research, we know of no evidence that withholding proper medical care from prisoners improves security or enhances public safety. The opposite is true. Many untreated prisoners go back into society carrying conditions and diseases which NDOC should have treated and directly impact on society.

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One example, the denial of dental care, can lead to other physical ailments, such as heart disease and stroke.

How many millions does NV Medicaid spend on former prisoners whom NDOC did not treat? Let's find out.

Plus, who will hire individuals with rotting or missing teeth? Nobody.

What we do NOT know about the true state of health care because NDOC remains closed to outside examination, supervision, regulation, and standards may well condemn us for generations.

What we do NOT know because NDOC remains closed to outside examination, supervision, regulation and standards is robbing us of the contributions to society that prisoners, if given the education, skills, training and health care they need, can give, and want to give.

In closing, please take positive action to stop the needless suffering that is inside NV prisons.

With 80% +- of the NV prison population directly resulting from drug addiction issues, prevention is in order. These are medical issues.

Please provide drug prevention medical programs to prevent prison sentences.

Please develop real prison health care for drug addiction.

Yours truly,



Mercedes Maharis MA MS MA

P.S. I have not yet received a reply to my previous question at the August meeting regarding how many health violations that the prison commissioners have ordered to be corrected in the past.

ENCL: (Two) NV 2008 State Health Officer Inspection Reports:

High Desert, Southern Desert

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S 000	Initial Comments This Statement of Deficiencies was generated as a result of a survey and a complaint investigation conducted at your facility on 8/7/08 and completed on 8/12/08 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. Complaint #NV00017609 was substantiated. See Tag S175.	S 000		
S 088	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical	S 088		

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TITLE

(X5) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured. This Regulation is not met as evidenced by: Based on observation on 8/7/08, the correctional center's kitchen area was not maintained in a safe manner. Findings include: During a tour of the kitchen at 9:00 AM, a large hole in the ceiling (4ft. x 3ft.) was observed in front of the correctional officer's office. The hole exposed the air conditioner condensation line. Water dripped continuously from the line into a bucket on the floor, making the area wet and hazardous.	S 088		
S 115	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation and interview on 8/7/08, the facility did not ensure the dining room and kitchen equipment were maintained in a sanitary manner. Findings include: An inspection of the kitchen and dining areas at 9:30 AM revealed the following: 1. In dining area #2 there were large cracks on the floor, walls, tables and chairs, making it impossible to sanitize the dining environment	S 115		

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S 115	Continued From page 2 properly. 2. In the kitchen, there was no kit for measuring the concentration of the sanitizing solution used at the three-compartment sink and dishwashing machine. Employee #11 stated that he did not test or log the sanitizing solution regularly. 3. The temperature indicator on the dishwashing machine revealed an error during the final rinse of the dishwashing cycle, but no one had addressed the problem.	S 115		
S 126	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Based on record review, observations and interviews on 8/7/08, the correctional center did not ensure that staff followed policy regarding the sterilization of instruments. Findings include: The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that the sterilization procedure for all autoclaves, medical and dental, was found in Medical Directive #426. Medical Directive #426 was reviewed. The policy indicated the following: - Biological testing will be done at a minimum	S 126		

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S 126	<p>Continued From page 3</p> <p>of once a week.</p> <ul style="list-style-type: none"> - The numerical batch control system will be started at the same time that bacterial testing is started. All autoclave batches will be numbered and logged in a ledger and that number will also be placed on the individual instrument packages. - Instrument packets will be marked with the load control number prior to placing into the autoclave. An expiration date may also be included on the packets. The load control number will consist of a six-digit number. - Biological testing is the introduction of a live bacterial spore, in a contained medium, within the autoclave. For a positive test result, immediately retest, and recall all instruments if the retest is positive. Recalled instruments will not be used and will be re-sterilized once a negative growth culture has been obtained. - A log ledger will be maintained showing the load control number, expiration date, initials of the operator, dates of testing, results of tests, and load control number of the tested batch. <p>The medical unit was observed. Medical staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426.</p> <p>The dental unit was observed. Dental staff reported they did have a copy of Medical Directive #426 and did not know to keep a log on the instruments that were sterilized in the autoclave per the directive. Staff stated they only kept a log of the biological test results and only tested the autoclave monthly; not weekly per policy and the manufacturer's guidelines.</p>	S 126		

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S 126	Continued From page 4 Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426. In addition, instrument packages that had been sterilized earlier that morning were observed laying on top of the autoclave. Four of twenty packages had evidence of condensation inside the packages and the paper backing was wet. The dental technician reported she did not know that condensation inside the packages and wet paper backings compromised the sterility of the instruments and did not know to re-sterilize the instruments if this occurred.	S 126		
S 129	NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on record review, observation and interview on 8/7/08, the correctional center did not ensure the individuals responsible for sterilizing instruments (medical and dental) received training on the use of the instrument autoclaves. Findings include: Employee #7 - This employee was identified as a registered nurse and the individual responsible for sterilizing instruments for the medical unit. His employee file did not contain evidence he had been trained to use the instrument autoclave.	S 129		

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S 129	Continued From page 5 Employee #14 - This employee was identified as the individual responsible for sterilizing instruments for the dental unit. Her employee file did not contain evidence she had been trained to use the instrument autoclave. The employee reported during an interview that she had not received any training on the use of the autoclave, except for which buttons to push. In addition, instrument packages that had been sterilized earlier that morning were observed laying on top of the autoclave. Four of twenty packages had evidence of condensation inside the packages and the paper backing was wet. The dental technician reported she did not know that condensation inside the packages and wet paper backings compromised the sterility of the instruments and did not know to re-sterilize the instruments if this occurred. The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that nursing staff must be trained on the use of the autoclave and receive an annual review on the use of the autoclave.	S 129		
S 175	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observations, interviews and record review on 8/7/08, the facility did not ensure that the storage, preparation, and serving of food complied with the standards prescribed in chapter 446 of NRS. Findings include:	S 175		

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S 175	<p>Continued From page 6</p> <p>During an inspection of the facility's kitchen at 9:00 AM, the following observations were made:</p> <ol style="list-style-type: none"> Four cases of refrigerated pint-sized milk had expired on 8/3/08. Employee #13 stated that she kept expired milk in the refrigerator until she informed Employee #12 of her intent to discard the milk. A mop bucket and sanitizer bottle were observed in the food storage area next to the bananas. The ice scoop was observed on a counter above the ice machine. There was no container to hold the scoop. In a letter written by a complainant, the complainant reported that when his meals arrived in the lock down area, they were cold. <p>According to Employee #11, food temperatures were not taken after meals had been transported to the lock down area (Unit 8) nor were they taken when the meals were distributed to the individual cell units. The employee stated it took at least five minutes for the meal trays to be delivered from the main kitchen to Unit 8, but he did not know if the food was still hot when it was delivered to inmates.</p> <ol style="list-style-type: none"> In a letter written by a complainant, the complainant reported inmates were served tortilla chips and bread after crows were allowed to open the packages that had been left out in the open. <p>The area outside the kitchen at the food delivery area was observed. There were many crows. Employee #11 stated that whenever the delivery</p>	S 175		

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S 175	Continued From page 7 crew had to wait to enter the kitchen for even a few minutes, crows pounced on food items and opened products which were wrapped in plastic. He further stated they did not discard the food items and because of droppings left by the crows, staff had to hose down and clean the area daily.	S 175		
S 181	NAC 449.3385 Dietary Personnel 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, the correctional facility did not ensure the culinary department was under the direction of a registered dietician. Findings include: During a tour of the culinary department, the administrative services officer provided documentation that menus had been reviewed by a dietitian on 6/12/08. There was no documentation that in-service training for food service personnel had been provided by the	S 181		

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S 181	Continued From page 8 dietitian consultant. The officer stated that the dietitian did not conduct in-service training for culinary staff because she had never been to the correctional center.	S 181		
S 219	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 8/7/08, the correctional center did not ensure drugs and biologicals were controlled and distributed in a manner consistent with applicable state and federal laws. Findings include: On 08/07/08 at 10:00 AM, during a tour of the facility, expired medications and medical supplies were observed in the pharmacy, treatment room and trauma treatment room. The following expired medication and medical supplies were found in the pharmacy: - One 50 cc vial of Lopamidol injection - expired 06/2008. - Six Phenergan 25mg/cc vials - expired 07/2008. - One Toradol 30mg/cc vial - expired 08/01/2008. The following expired medications and medical supplies were found in the treatment room: - Two Duoderm Hydroactive Gel Tubes - expired 2006. The following expired medical supplies were located in the trauma treatment room:	S 219		

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S 219	Continued From page 9 - One 1000 cc intravenous bag of Lactated Ringers - expired 07/2008. The correctional center's policy titled, Returning Medication to Pharmacy indicated "on a bi-monthly, or as needed basis, expired medication will be removed from institutional medication room shelves by the DONS [Director of Nursing] or designee."	S 219		
S 255	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation on 8/7/08, the correctional center did not ensure emergency supplies were discarded after their expiration dates. Findings include: The medical unit was inspected. One box of Hewlett Packard external defibrillation pads had an expiration date of 4/2004. Two boxes of Accucheck Strips had expiration dates of 10/31/04.	S 255		
S 340	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: NAC 441A.370 Correctional facilities: Testing and surveillance of employees and inmates; investigation for contacts; course of preventive	S 340		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 340	<p>Continued From page 10</p> <p>treatment for person with tuberculosis infection; documentation.</p> <ol style="list-style-type: none"> 1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility. 2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility. 3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually. 4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis. <p>Based on record review from 8/7/08 to 8/12/08, the correctional center did not ensure that 4 of 10 medical staff were in compliance with NAC 441A regarding tuberculosis (TB).</p> <p>Findings include:</p> <p>Employee #1 - Hire date 12/24/01. The employee's file contained annual TB signs and symptoms forms for 2003, 2004, 2005, and 2006. The file did not contain annual TB signs and symptoms forms for 2001, 2002, 2007 and 2008. The file did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. The file also</p>	S 340		

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S 340	Continued From page 11 did not contain a copy of a negative chest x-ray report. Employee #5 - Hire date 8/18/03. The employee's file contained an annual TB signs and symptoms form for 2004. The file also contained two one-step TB skin tests dated 1/28/06 and 1/19/08. The file did not contain any information regarding TB tests conducted in 2004, 2005 and 2007. To comply with NAC 441A, the employee needs to complete an additional one-step TB skin test. The additional skin test would be combined with the 1/19/08 skin test and qualify as a two-step TB skin test. Employee #6 - Hire date 1/3/05. The employee's file contained a negative chest x-ray report dated 3/20/07 and annual TB signs and symptoms forms for 2006 and 2007. The file did not contain a TB signs and symptoms form for 2005 or 2008. The file also did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. Employee #7 - Hire date 10/22/01. The employee's file contained annual TB signs and symptoms forms for 2002, 2005, 2006 and 2008. The file did not contain annual TB signs and symptoms forms for 2003, 2004 and 2007. The file did not contain a positive TB skin test or a statement from a physician indicating the employee had a positive TB history. The file also did not contain a copy of a negative chest x-ray report.	S 340		
S 590	NAC 449.391 Dental Services 1. If a hospital provides dental services, the services must be well-organized and provided in accordance with nationally recognized standards	S 590		

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S 590	Continued From page 12 of practice. This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, it was determined the facility did not ensure that 1 of 10 inmates received dental care. Findings include: Record review revealed that Inmate #5 was incarcerated on 10/15/06. Review of the inmate's medical file revealed the following: - Diagnosed on 10/23/06 with advanced periodontal disease. - Dental exam on 1/10/07 indicated that tooth #8 was missing. - Kite request on 2/11/08 indicated the inmate desperately needed to see the dentist. The response was "What do you need done?" - Kite request on 2/17/08 indicated the inmate needed to be fitted with for new teeth. The response was "you are scheduled and will receive an appointment slip." - No show in the dental clinic on 3/6/08 and 3/18/08. - Kite request on 3/11/08 indicated the inmate had a horrible tooth ache - very painful. The response was inmate was given pain medication. - Dental exam on 3/20/08 indicated the inmate reported pain in tooth #10 with a necrosed root tip and swelling. Tooth #10 extracted. Inmate approved for a partial plate and placed on list. Needs extraction for tooth #21 or #28. - Kite request on 3/22/08 indicated the inmate wanted to be scheduled for an appointment to have three upper teeth fitted for a partial. The inmate also requested a lower partial. The response was "you were just put on our list . . . there are a lot of people ahead of you on the list." - Kite request on 7/7/08 indicated the inmate inquired as to why there were so many inmates	S 590		

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S 590	Continued From page 13 that have been placed before him for a partial fitting. The response was that his name was on the list and when they get to his name, he would receive an appointment slip. "There are a lot of people ahead of you on our list who have been waiting longer with less teeth. You will be seen when we get to your name." - Kite request on 7/25/08 indicated the inmate had waited two years to be fitted for partials and so many other inmates have been place before him - would like a timeline. There was no response to the kite. During an interview with dental staff, they reported the dental clinic was staffed with one dentist. The staff stated the dentist was responsible for treating approximately 2400 inmates; 2155 correctional center inmates, 187 conservation camp inmates and 65 boot camp inmates. Dental staff reported the dental clinic needed another dental chair and another dentist to properly treat all the inmates seen in the clinic in a timely manner.	S 590		

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S 000	Initial Comments This Statement of Deficiencies was generated as a result of survey conducted at your facility on 8/6/08 and completed on 8/12/08 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	S 000		
S 088	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.	S 088		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 This Regulation is not met as evidenced by: Based on observations on 8/6/08, the correctional center did not ensure that 9 of 20 inpatient medical rooms were safe for inmates. The facility did not ensure that the insulation covering the hot water pipes in the kitchen was maintained in a safe manner. Findings include: The inpatient medical rooms were observed. Rooms M4, M5, M6, M9, M15, M16, M17 and M20 were missing cable outlet covers. The cable outlet cover located in Room M2 had been twisted and was bent in half. The dishwashing area in the kitchen was observed. The insulation covering all of the hot water pipes had become detached from the metal surface of the pipes.	S 088		
S 115	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation and interview on 8/6/08, the correctional center did not provide a sanitary environment. Findings Include:	S 115		

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S 115	Continued From page 2 The trauma/treatment room was inspected. A drawer was observed storing several sterile intravenous (IV) start kits and nebulizer kits. A staff person reported the nebulizer kits were used and belonged to inmates receiving frequent nebulizer treatments. The staff person removed the sterile IV start kits from the drawer storing the used nebulizer kits and located them to another area in the trauma/treatment room.	S 115		
S 126	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Based on record review, observations and interviews on 8/6/08, the correctional center did not ensure that staff followed policy regarding the sterilization of instruments. Findings include: The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that the sterilization procedure for all autoclaves, medical and dental, was found in Medical Directive #426. Medical Directive #426 was reviewed. The policy indicated the following: - Biological testing will be done at a minimum of once a week. - The numerical batch control system will be started at the same time that bacterial testing is	S 126		

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S 126	<p>Continued From page 3</p> <p>started. All autoclave batches will be numbered and logged in a ledger and that number will also be placed on the individual instrument packages.</p> <ul style="list-style-type: none"> - Instrument packets will be marked with the load control number prior to placing into the autoclave. An expiration date may also be included on the packets. The load control number will consist of a six-digit number. - Biological testing is the introduction of a live bacterial spore, in a contained medium, within the autoclave. For a positive test result, immediately retest, and recall all instruments if the retest is positive. Recalled instruments will not be used and will be resterilized once a negative growth culture has been obtained. - A log ledger will be maintained showing the load control number, expiration date, initials of the operator, dates of testing, results of tests, and load control number of the tested batch. <p>The medical unit was observed. Medical staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426.</p> <p>The dental unit was observed. Dental staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426. Staff reported they test the dental autoclave weekly and had experienced only two positive biological tests in the past five years. When</p>	S 126		

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S 126	Continued From page 4 asked if the dental instruments were held until the results of the biological test came back, staff stated the instruments were put into use without waiting for the test results. Staff stated that if the test results came back positive, they would not be able to track the instruments that were run with the positive biological test and those instruments would have been used on other inmates. Staff reported they did not have enough instruments to wait until the test results came back.	S 126		
S 128	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional center did not ensure staff were following the manufacturer's guidelines for the instrument autoclave. Findings include: During an interview with a staff person, she reported that Employee #13 sterilized the instruments for the medical unit. The staff person further reported that Employee #13 ran a biological spore monthly. The manufacturer's guidelines belonging to the autoclave were reviewed. The guidelines indicated that a biological spore should be run weekly or every day if the autoclave was used daily.	S 128		

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S 128	Continued From page 5 A policy and procedure manual was reviewed. The manual indicated that staff were to follow the Sterilization of Dental Instruments policy for the sterilization of any instruments. This policy was reviewed. This policy indicated that biological testing should be done at a minimum of once a week.	S 128		
S 129	NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional center did not ensure the individuals responsible for sterilizing instruments (medical and dental) received training on the use of the instrument autoclaves. Findings include: Employee #13 - This employee was identified as a registered nurse and the individual responsible for sterilizing instruments for the medical unit. His employee file did not contain evidence he had been trained to use the instrument autoclave. The director of nursing confirmed during an interview that Employee #13 had never been formally trained on how to use the instrument autoclave. Employee #14 - This employee was identified as the individual responsible for sterilizing	S 129		

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S 129	Continued From page 6 instruments for the dental unit. Her employee file did not contain evidence she had been trained to use the instrument autoclave. The employee reported during an interview that the only training she had received on the use of the instrument autoclave was from previous employers. The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that nursing staff must be trained on the use of the autoclave and receive an annual review on the use of the autoclave.	S 129		
S 175	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observation, interviews, and record review on 8/6/08, the correctional center did not ensure that food was stored, prepared, distributed, and served under sanitary conditions as prescribed in chapter 446 of NRS. Findings include: During an inspections of the facility's kitchen at 9:30 AM, the following observations were made: Refrigerators: For cooler #1 (milk storage), the temperature log indicated that on 8/4/08 the noon temperature reading was 49 degrees and the PM temperature reading was 49 degrees. In cooler #3, the floors were dirty and a casserole in a large pan had not been covered, labeled, or dated.	S 175		

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S 175	<p>Continued From page 7</p> <p>Food Storage: In the dry storage room, three large bags of tortilla chips were torn at the top and left unsealed.</p> <p>Personnel: In the baking area, two workers did not change their gloves between working with food and equipment. Many workers throughout the kitchen drank from cups without lids and left them at their food preparation areas.</p> <p>Sanitizing solution: At the three-compartment sink, there was no kit for testing the concentration of the sanitizing solution. The inmate working at the sink stated that he used one cup of sanitizer for 25 gallons of water. A subsequent telephone interview with Employee #15 on 8/11/08 revealed that this dilution was incorrect; five capfuls of sanitizer were to be used with 25 gallons of water.</p> <p>Tray-drying cart: On the tray-drying cart, wet trays were slacked on top of each other rather than stored upright to be air-dried. The shelf above the clean trays had evidence of food residue and hardened liquid spills.</p> <p>Sinks for washing hands: Some of the kitchen sinks used for washing hands did not include a soap dispenser. According to Employee #16, the facility had provided dispensers at each sink, but workers periodically took them.</p> <p>Preparation and service of ice: The ice scoop was stored on the lid of a food storage container three feet away from the ice machine. Employee #16 stated that he was</p>	S 175		

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S 175	Continued From page 8 planning to attach a scoop container to the ice machine and attach a long coil between the scoop and container. Employee #16 also stated that there was no record as to when the ice machine had last been cleaned.	S 175		
S 181	NAC 449.3385 Dietary Personnel 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional facility did not ensure the culinary department was under the direction of a registered dietitian. Findings include: During a tour of the culinary department, the administrative services officer provided documentation that menus had been reviewed by a dietitian on 6/12/08. There was no documentation that in-service training for food service personnel had been provided by the dietitian consultant. The officer stated that the	S 181		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4870PRI	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2008
NAME OF PROVIDER OR SUPPLIER HIGH DESERT STATE PRISON		STREET ADDRESS, CITY, STATE, ZIP CODE 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 181	Continued From page 9 dietitian did not conduct in-service training for culinary staff because she had never been to the correctional center.	S 181		
S 183	NAC 449.3385 Dietary Personnel 5. Personnel of the dietary service must: (a) Be trained in basic techniques of food sanitation; This Regulation is not met as evidenced by: Based on interview on 8/11/08, the facility did not ensure that kitchen personnel had been trained in the basic techniques of food sanitation. Findings include: During a telephone interview at 3:00 PM, Employee # 15 stated that while some food service personnel were provided with training in food sanitation, there was no system in place to ensure that new workers in the kitchen were trained in food sanitation and infection control.	S 183		
S 219	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 08/06/08, the correctional center did not ensure drugs and biologicals were controlled and distributed in a manner consistent with applicable state and federal laws. Findings include:	S 219		

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S 219	Continued From page 10 The following medications were found to be expired: Medications found in the autoclave room: - One bottle of Fluoxetine 10 mg - expired 06/2008. - One 1000 ml bag of 5% Dextrose and .45% Sodium Chloride - expired 01/2007. - One 1000 ml bag of 5% Dextrose - expired 01/2007. - Three 1000 ml bags of 5% Dextrose - expired 01/2006. - Eight 1000 ml bags of 5% Dextrose - expired 07/2008. Medications found in the pharmacy room: - One bottle of Neomycin/Polymyxin B. Sulfate Hydrocortisone Otic Suspension - expired 07/2008. - One bottle of 1000 Goldline Phenylgesic tablets - expired 05/2008. - Four tubes of Triple Antibiotic Ointment - expired 07/2008. The correctional center's policy titled, Returning Medication to Pharmacy indicated "on a bi-monthly, or as needed basis, expired medication will be removed from institutional medication room shelves by the DONS [Director of Nursing] or designee."	S 219		
S 255	NAC 449.349 Emergency Services 1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation on 8/6/08, the correctional center did not ensure expired supplies were removed from the emergency crash cart.	S 255		

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S 255	Continued From page 11 Findings include: The crash cart was inspected. The crash cart contained a box of twenty defibrillator pads that had expired in April of 2007.	S 255		
S 339	NAC 449.363 Personnel Policies 4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on record review on 8/6/08, the correctional center did not ensure that 1 of 12 employees had evidence of training in cardiopulmonary resuscitation (CPR). Findings include: Employee #8 - The employee's file did not contain evidence of CPR training. A policy and procedure titled, "Emergency Medical Response Procedure" indicated that all medical division staff should maintain current certification in Basic Life Support (BLS).	S 339		
S 340	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: NAC 441A.370 Correctional facilities: Testing and	S 340		

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S 340	<p>Continued From page 12</p> <p>surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation.</p> <p>1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility.</p> <p>2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.</p> <p>3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually.</p> <p>4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.</p> <p>Based on record review from 8/5/08 to 8/12/08, the correctional center did not ensure that 4 of 12 medical staff were in compliance with NAC 441A regarding tuberculosis (TB).</p> <p>Findings include:</p> <p>Employee #2 - Date of hire was 8/22/07. The employee's file contained a TB signs and symptoms form completed in 2008. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician</p>	S 340		

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S 340	<p>Continued From page 13</p> <p>acknowledging the employee had a positive TB history.</p> <p>Employee #4 - Date of hire was 8/7/06. The employee's file contained a negative chest x-ray report dated 3/3/06 and TB signs and symptoms forms for 2007 and 2008. The employee's file did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive TB history.</p> <p>Employee #5 - Date of hire was 11/22/99. The employee's file contained multiple TB sign and symptom forms completed in 2000 through 2008. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive TB history.</p> <p>Employee #10 - Date of hire was 10/07. The employee's file contained evidence of a one-step TB skin test completed on 1/18/08. The file did not contain the required second-step TB skin test.</p>	S 340		

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