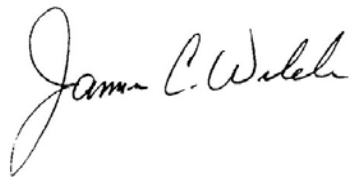


Piedmont Regional Jail Third Monitor Report

October 5, 2015

James Welch, RN, HNB-BC

A handwritten signature in black ink that reads "James C. Welch". The signature is written in a cursive style with a large initial 'J' and 'W'.

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

October 5, 2015

The report is based on the Qualitative and Quantitative measures as required by the settlement agreement between the United States and the Piedmont Regional Jail (PRJ). Each measure will be evaluated against the reports as presented to and site visits conducted by the Monitor. During site visits records were reviewed and compared to monthly reports submitted to the Monitor and Department of Justice (DOJ). In the body of the report, there may be times where the percentage of records reviewed were more or less than the 20% usually used to obtain an acceptable sample size. This may be due to the small number of inmates who may have a particular disease process, or a situation where there are only a few inmates in a particular sample. An example may be the number of inmates with HIV disease. There may be only a handful, so a higher percentage of records may be reviewed. Reports such as the monthly report from PRJ have also been used to provide information for this document.

This third report will use the same format as was used in the first and second reports. There are also specific indicators identified in the settlement agreement. The indicator spreadsheet is an attachment to this report. This report will provide a grading using the indicators. This report will highlight where PRJ has moved toward substantial compliance. Since the last report the PRJ has moved toward substantial compliance in all areas. This is a major accomplishment and should be celebrated by the jail staff and medical/mental health staff. While this celebration is for the movement that has occurred, the greater challenge is to sustain the accomplishments.

In a conference call with DOJ and PRJ legal representatives, we made some minor revisions to the indicators. These changes will be revised, and be part of the next (fourth) Monitor report. There were also changes requested by PRJ that were part of the original the settlement agreement. Those were agreed to by all parties and have been forwarded to the Court for review and approval. If approved, they will also be included in the fourth Monitor report.

A major challenge will be that the Health Services Administrator/Director of Nurses (HSA/DON) will be out for a few months on maternity leave. The history of PRJ from the time I have been the Monitor is that every time there is a change in health care leadership a significant slippage of services and ability to sustain improvements made at the facility has occurred. It will be imperative that the current health care provider, (MEDIKO), work with PRJ administration to ensure the presence of appropriate supervisory staff that is able to understand administratively health care delivery. They need to ensure that this is "on-site", not supervision from afar. The ability to sustain substantial compliance with all indicators has been linked to health care leadership at the site. If this does not occur there is a real possibility that the substantial ratings could slip. It is the sustainability of improvements that is critical.

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Another challenge that PRJ faces is the search for a permanent physician presence. The current Medical Director is not identified as the permanent physician for PRJ. As the search continues for a permanent replacement it will be critical that they are able to sustain the improvements made to the system. In fact, every time the physician has been away on vacation, or not available, there has been a slippage of services. This again speaks to the need to ensure that improvements are sustainable.

Site visits were conducted on July 20 – 22, 2015 and September 21 - 23, 2015. Monthly reports from PRJ were reviewed and data verified during site visits. Site medical staff and correctional staff were interviewed to assess the validity of the data and observations. The staff at the PRJ have been cooperative and helpful for the work of this Monitor. No areas of the facility have been off limits, nor have there been any restrictions placed on the movement of the Monitor to visit any areas within the facility. The ratings are based on the verification of the reports during the site visits, not on the monthly reports themselves.

Don Hunter, Superintendent of the Piedmont Regional Jail, and his staff are fully engaged and willing to work with the Monitor to improve conditions at the Jail. Superintendent Hunter has indicated that the PRJ has received initial approval for an expansion to the facility. These physical plant changes should help the PRJ continue improving the health and mental health services provided at the facility. From discussion with Superintendent Hunter the next step is approval from the Virginia legislature for funding. He expects this to occur during the upcoming legislative session.

Jim Davis, the PRJ compliance director, has been extremely helpful in providing information and documents needed for the continuing review of the PRJ. He has been especially attentive to needed changes in policy and procedure to keep PRJ up-to-date and current with correctional best practices and local operations. He is willing and able to make those changes with the support of PRJ administration as needed, even during on-site Monitor visits.

All the staff at the PRJ are committed towards making the system better. The improvements, conditions and policies at the jail continue to show movement.

While there is not a specific item in the settlement agreement about the physical space provided, the PRJ has made significant improvements to the medical areas. The physical space is better laid out and the increase in the examination areas, and ability of the physician and dentist to examine patients has improved due to the increased space. As noted above, the potential addition to the facility should only improve the provision of services to the jail population.

PRJ has made efforts towards achieving compliance with the settlement agreement and are to be commended for their efforts. The movement toward substantial compliance in all areas is an indication of their commitment to change. Commitment to change is not enough if it is not able to be sustained. Over the next 6 months they will need to target management and Continuous Quality Improvement areas of the system to ensure that while the leadership changes occur the health care services are able to be maintained at the same level. Changing a system takes time and a consistent effort. PRJ and the medical/mental health provider have shown that they are committed to make changes necessary to meet medical and mental health needs of their offenders.

Qualitative and Quantitative Outcome Measures

MEDICAL CARE

- *1- The facility will provide 3.5 hours of physician time per week for every 100 prisoners.*

The Average Daily Population (ADP) at the PRJ has been between 596 and 618 during the current Monitoring period. This was the first time that there was an entire month where the census escalated to 600 and above. The usual Physician staffing was Monday 7:30AM – 3:30PM, Tuesday 7:30AM – 3:30 PM, Wednesday 7:30 – 11:30 AM and Thursday 7:30AM – 3:30PM. This gave the PRJ 20.25 and 21 hours of physician time per week for the months of July and August respectively. This met the requirement as set forth in the settlement agreement for July, but not for August. It will be critical to focus on the ADP to ensure that physician coverage meets the required benchmark. This slight fluctuation in physician hours does not negate their substantial compliance rating, at this time. MEDIKO leadership will need to ensure PRJ management that physician coverage will meet the requirements of the settlement agreement. It was noted that due to a personal physician emergency the on-site physician was unavailable for a few days. MEDIKO was willing to cover as needed with off-site physician coverage. It is important that as a new permanent physician comes on board efforts are taken to ensure that when permanent staff is on vacation, or out, a substitute physician is present and available on-site to ensure that the offenders at the facility obtain the required number of physician hours.

This standard is in substantial compliance.

- *2- For a Count Below 600: There will be a Minimum of (1) RN and (6) LPNs (count below 600) / For a Count Above 600: There will be an Additional (2) LPNs.*

There has been very little turnover in nursing staff during this 6 month period. As of the August visit there were 7 LPN's and 3 RN's. This is an increase of 1 LPN since the last report. One of the RN's is the Health Services Administrator/Director of Nurses (HSA/DON). The current staffing pattern meets the intent of the agreement with the

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

additional RN and LPN staff. The DON/HSA, has been on staff for over a year now. She continues to provide oversight and direction for the nursing staff at PRJ. There was a new Regional Vice President for MEDIKO during the last report period. Her presence has improved the quality of processes in support of the site DON/HSA. This change has significantly improved the Quality Assurance and assessment activities at PRJ. This seasoned professional is a welcome sight for the ongoing improvements seen at PRJ. She recently assumed additional duties and is being replaced the Director of Support Services. He has experience in multiple correctional venues. I have asked the MEDIKO Regional Vice President to assist providing oversight to PRJ as they continue to improve their system of care. This assistance is critical to sustaining the substantial compliance ratings.

This standard is in substantial compliance.

- *3 - If Health Assessments are not being completed within 14 days the facility will hire an additional (1) RN.*

Data from the latest report showed that there were no health assessments that were not completed in the 14-day time frame. Nevertheless, MEDIKO continues to fill the additional RN position. This has helped to ensure that all health assessments are completed within the required time frame. There continues to be a challenge between the security computer system and the COR-EMR medical record system not communicating. This caused great confusion as to who was and was not in that 14 day period. The DON/HSA has put in place mechanisms to ensure that none of those in need of a 14 day assessment is missed. One of the questions that came up during the September visit was transfers who arrive without medical information. This has caused a delay in medication delivery and appropriate care. During the Monitoring period it was decided that transfers did not need a full assessment as they had, for the most part, one completed recently in another institution. Therefore, PRJ had 30 days to complete an assessment. However, it has been noted that some of those transfers did not arrive at the facility with medical information. MEDIKO is working to ensure that any transfers that arrive without medical information are placed on the 14 day health assessment list rather than the 30 day list as has been agreed.

This standard is in substantial compliance.

- *4 - All persons providing care will meet applicable state licensure and/or certification requirements and they will practice within the scope of their training/licensure. Licenses will be up-to-date with no lapses.*

Review of license documents shows that each of the medical and mental health staff is appropriately licensed. Orders reviewed, and policies assessed indicated staff functioning within the scope of their respective licensure. A potential issue with scope of practice is LPN's providing assessment at sick call and during the intake screening. This issue has been reviewed with both MEDIKO and PRJ management. They are reviewing the scope of practice of LPN's performing these tasks and are working on potential solutions. (Note: there was one LPN whose license was to expire September 30, 2015. The DON/HSA had been keeping track of this issue. The nurse was to renew her license on line. The night of the 30th there was no documentation of license renewal. The HSA made a decision not to allow the LPN to work the night shift, as it would have gone into

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

the month of October. The LPN was able to provide the renewal-of-license information the next day.)

This standard is in substantial compliance.

- *5 - Certified Nursing Assistants will only perform tasks as related to support functions (e.g. vitals, prepping charts, etc.).*

There were no CNA's performing tasks at the facility.

This standard is in substantial compliance.

- *6 - Clear guidelines/policies are in place for any individuals providing clinical support, with physician oversight. CO's should not provide any type of non-emergency medical care.*

Policies are approved and are in place. There is clear documentation of direct physician oversight in all clinical activities. Electronic signature by the physician was present on all intakes and assessments for all records reviewed. Over 20 records were reviewed in this area. PRJ policies do not allow for CO's to provide any direct medical care to offenders.

This standard is in substantial compliance.

POLICIES

- *7 - Policies shall be in place that establish clear direction and expectations for all staff.*

Policies are in place and are reviewed on a routine basis. During this reporting period 5 policies have been reviewed and modified to better address care at PRJ. The Monitor and the DOJ have reviewed and approved all policies.

This standard is in substantial compliance.

- *8 - All policies should be revised consistent with the 2008 National Commission on Correctional Health Care Jail Standards. (38 standards for policies - see check list)*

All policies have been consistent with the 2008 National Commission on Correctional Health Care Jail Standards. During the Monitoring period there has been discussion as to when the receiving screen should be completed. It was agreed to accept the National Commission on Correctional Health Care (NCCHC) definition. MEDIKO has changed their policy on intakes to provide the receiving screening "on arrival". This is consistent with the NCCHC Jail Standards. To quote the Standard – "Receiving screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent health needs are met." A challenge noted in the monthly report has been the difficulty of having security present to ensure this screening takes place in a timely fashion. During the September Monitor visit both MEDIKO and PRJ management had addressed the issue. In the July PRJ report the challenges faced by the jail were well

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

noted. During Monitor review of the situation in late September it was noted that there were no lapses in intake screening due to security challenges. I will continue to check this issue as monthly reports are reviewed, and during site visits. This issue is critical to continuing to obtain substantial compliance.

This standard is in substantial compliance.

INTAKE

- *9 - 90% of the Medical Screening portion of Intake Screening is performed by a Qualified Health Professional.*

100% of the Medical Screenings are performed by a Qualified Health Professional. All screenings performed by a qualified health professional were reviewed by the DON/HSA or a staff RN as part of the quality assurance process. As a part of the continuing effort to support the Quality Assurance process, staff RN's have been trained to review screening intakes to provide oversight and feedback, peer to peer. (Please note under #8 above the challenges PRJ was having in assuring that the intake screenings were occurring in a timely manner)

This standard is in substantial compliance.

- *10 - 85% of the Initial Screenings are fully documented and available to medical staff in each offenders on line medical file.*

Intake screenings are available in the COR-EMR electronic system. Each (100%) was fully documented. If the COR-EMR system is not available at the time of the screening a paper screening is completed and entered at a later time into the system when it becomes available. This standard does not address the timeliness of the screenings, however, PRJ MEDIKO staff have instituted an improvement plan to address the timeliness issue. (Please see section #8 above) A challenge that continues to plague the Medical staff is the interface between the COR-EMR and the defender management system. Superintendent Hunter has noted this as a problem and a new offender management system is scheduled to be in place sometime this fall or winter. This should substantially help the problems currently being seen with the interface between the systems.

This standard is in substantial compliance.

- *11 - Policies adopted will be consistent with applicable professional standards, providing guidance when prisoners should be referred to a physician after initial intake screening.*

Policies are consistent with NCCHC standards. Delays, which had been seen in previous time periods, have been eliminated.

This standard is in substantial compliance.

CHRONIC CARE

- *12 - The Chronic Care policy will be implemented with disease-specific clinical guidelines.*

A chronic care policy is in place. Over the past 6 months the chronic care program has been fully implemented. The PRJ is using the NCCHC Chronic Care guideline as the template for chronic care conditions. Using the NCCHC template the PRJ is able to implement the program with disease-specific clinical guidelines. This is a significant improvement from the previous reporting periods.

This standard is in substantial compliance.

- *13 - The guidelines will define illnesses that qualify for inclusion in the program.*

The guidelines identify conditions included in the chronic disease program. Those conditions are: Asthma, Diabetes, Hypertension, Hyperlipidemia, HIV, Seizure Disorder, TB and Major Mental Illness. These are consistent with 2008 NCCHC guidelines.

This standard is in substantial compliance.

- *14 - 90% of prisoners with chronic care issues are identified and examined by the physician*

100% of the offenders identified with chronic care issues have been examined by the physician or psychiatrist and have a treatment plan in place. It is noted that this occurs during the initial screening as a referral to the physician/psychiatrist as a “task” in the COR-EMR system. Review of records did not find any inmates who were not identified in the screening process that should have been referred to the physician/psychiatrist for inclusion into the chronic disease program.

This standard is in substantial compliance.

- *15 - 95% of the prisoners in the program are tracked in the COR-EMR system.*

100% of the offenders in the program are tracked in the COR-EMR system. PRJ uses the NCCHC “Chronic Disease Clinic” template. This template allows for the standardization of the patient population to ensure that each inmate enrolled in the chronic disease program is seen and followed according to established guidelines.

This standard is in substantial compliance.

- *16 - 85% of the prisoners in the program are scheduled for periodic assessments.*

100% of the offenders who were identified as part of the chronic disease program were scheduled for those assessments. Each of the records reviewed clearly stated a time frame for a periodic assessment, according to the severity of illness and the degree of control. However, in the monthly report there were some areas with challenges. As an example, PRJ scored a 67% on the question, "The initial chronic care encounter took place within 30 days from the time the chronic illness was identified". Explanation from PRJ: there were 2 people that were seen both 3 days overdue. These 2 people caused the % to be

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

67%. They also scored a 55% on the question, "Documentation in the health record indicates that the patient's chronic illness is evaluated by a physician or midlevel provider at least every 90 days". The explanation was that there were 5 people that did not have documentation indicating review from the MD at least every 90 days. These people were an average of 6 days overdue from the 90 day deadline. The 3 day and 6 days overdue did not cause any negative outcome for these patients. Overall, the program has improved significantly over the past 2 month period. Even with these outliers, this item is in substantial compliance at this time. It will be crucial that PRJ continue to monitor this area to ensure that substantial compliance is continued.

This standard is in substantial compliance.

- *17 - 85% of the prisoners in the program are provided diagnostic tests at the initial comprehensive visit.*

94% of the records reviewed showed that those offenders ordered diagnostic testing at the initial comprehensive visit had lab studies completed. In discussion with the on-site physician, he indicated that there were some offenders who, from his medical opinion, did not require diagnostic laboratory testing. He only orders those diagnostic tests that he deems clinically necessary. It will be important to follow this process over the next reporting period to review records to ensure that those inmates that had diagnostic testing performed, and those that did not have testing, were followed appropriately.

This standard is in substantial compliance.

- *18 - 85% of the lab work will be available at appointments to determine the level of disease control.*

Laboratory results were available for 100% of those who had diagnostic testing ordered at the initial comprehensive visit. It was noted that the physician had reviewed the laboratory results prior to the visit. Level of disease control was recorded in each of the chronic care records reviewed. Level of disease control is a measure of adherence to the standard of care. Level of disease control is one of the items in the NCCHC template for all those enrolled in a chronic care program.

This standard is in substantial compliance.

- *19 - 90% of chronic care patients will have a comprehensive clinical plan.*

100% of the offenders in the chronic care program had a comprehensive clinical plan using the NCCHC Chronic care form. 18 records were reviewed.

This standard is in substantial compliance.

HEALTH ASSESSMENTS

- *20 - Develop and implement a system to provide each prisoner with a comprehensive health assessment.*

PRJ has developed and implemented a system to provide a comprehensive health assessment for those offenders who are in their custody for the 14 day period. The health assessment is part of the COR-EMR program.

This standard is in substantial compliance.

- *21 - 90% of the health assessments will be conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.*

Review of health assessment data and records during the September Monitor visit showed that an RN or physician conducted 100% of the assessments. Out of the 10 randomly chosen records reviewed, all health assessments were completed by an RN, all 10 were reviewed by the physician. A couple of items came up during the review. It was noted on some of the assessments that inmates had piercings. In questioning the HSA regarding what piercings, if any, would be removed, she indicated that all would be removed. The question of a policy that indicates who would remove said piercings and what policy addresses this issue; none could be found. Over the next quarter Jim Davis, PRJ compliance director, with the DON/HSA will be reviewing peer correctional information to develop a policy that addresses this issue. It is critical that medical and security staff have clear direction and policies to follow. Another area of concern was that of Gender Dysphoria and Gender Identity. Again, Mr. Davis will be working with management to ensure that policies are consistent with current practice. We also discussed with Mental Health (MH) staff indicators for referral to the Qualified Mental Health Professional (QMHP). This was not consistent during review of the 14 day assessment. MEDIKO MH management will be working with the PRJ QMHP to review these documents over the next month to ensure that all nurses follow the same criteria as it relates to referrals for MH follow-up.

This standard is in substantial compliance.

- *22 - 85% of the health assessments must be completed within 14 days of arrival at the facility.*

PRJ data during my September visit showed 94% of the assessments were completed in the required timeframe. 22 records were reviewed.

This standard is in substantial compliance.

- *23 - 90% of medical problems identified during the initial assessment, will result in the patient being referred to a Physician for follow-up care.*

Review of records 22 records indicated that 100% of the medical problems identified during the health assessment initiated an appropriate referral. It was interesting to note that at times the inmates will withhold information on initial intake and discuss medical and mental health issues during the 14 day assessment. This is common in the correctional arena.

This standard is in substantial compliance.

SICK CALL

- *24 - Nursing protocols will be signed by the medical director.*

The medical director has signed all nursing protocols. Additions and revisions were made in May 2015. Some of the changes included withdrawal from alcohol, opiates and benzodiazepines'. The signature page should have a date indicating when protocols are approved by the Medical Director.

This standard is in substantial compliance.

- *25 - Nursing protocols will address common symptoms, instruct nurses about the questions of symptoms, identify objectives that they should accomplish in evaluating prisoners who arrive with symptoms.*

Nursing protocols are consistent with current NCCHC guidelines and address common symptoms, and are instructive to nurses concerning symptoms that may be encountered. The protocols identify quantitative objectives that should be accomplished as offenders are evaluated and treated. One of the issues discussed with MEDIKO and PRJ management was the issue of LPN's following those protocols, especially when a physician is not present. As part of a sick call process an assessment is completed on the patient. LPN's are not trained, as part of their formal training, to conduct assessments. PRJ leadership and MEDIKO are discussing this issue.

This standard is in substantial compliance.

- *26 - 85% of sick call slips will be properly triaged identifying medical needs and ensuring that inmates are referred for, and provided with, appropriate treatment within a timely manner.*

The September data showed this area to be in 99% compliance. The triaging process implemented over the past few months has proved effective and efficient. 26 records were reviewed.

This standard is in substantial compliance.

- *27 - A Physician will provide overview of the sick call process through a monthly review of the nurses performing sick call (in order to ensure that personnel are not practicing beyond their training).*

From July 3rd to August 3rd there were 124 sick call encounters noted in the COR-EMR system. From August 4th to August 31st, 94 sick call encounters were noted in the COR-EMR system. All sick call encounters were reviewed by the physician. None of the data showed any personnel practicing beyond their training or licensure. Review with site physician of the diabetic sick calls showed a high percentage of inmates with an elevated

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Hemoglobin A1C. This is a blood test used to show degree of control of the illness for diabetics. MEDIKO medical staff and PRJ leadership agreed to review the menu provided to these inmates to see if this could be a contributing factor with the elevated numbers.

This standard is in substantial compliance.

- *28 - The monthly review will determine if the medical personnel are providing appropriate care and whether they are following facility policy and procedure.*

There were no instances noted by COR-EMR review where Medical personnel had provided inappropriate care. There were no instances noted where medical personnel were not following policy and procedure.

One of the ways PRJ are reviewing this item is moving towards the use of the SOAP format of nursing notes. SOAP is subjective, objective, assessment and plan. This is a good way to evaluate if the professional is following standard procedures, providing appropriate care, and is using protocols correctly within their scope of practice. As noted under #25 they are reviewing the use of LPN's for nurse sick call due to the assessment issue.

This standard is in substantial compliance.

CORRECTIONAL STAFF TRAINING

- *29 - 85% of correctional officers are trained in providing first responder medical care and are basic cardiac life support (BCLS) certified.*

100% of the correctional officers are trained in providing first responder medical care and are basic cardiac life support certified. Training records were reviewed.

This standard is in substantial compliance.

- *30 - The curriculum for First Responder Medical Care trainings is submitted to Monitor and DOJ for review and approval prior to first training offered.*

Training curriculum has been provided to the Monitor and DOJ for review and was approved.

This standard is in substantial compliance.

- *31 - 85% of new hires will be provided an introductory training, as well as annual in-services trainings provided to all staff.*

100% of new hires have received their required training.

This standard is in substantial compliance.

- *32 - 85% of the Suicide Prevention & Mental Health Care training is conducted by a Qualified Mental Health Professional.*

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

The required Suicide Prevention and Mental Health Care Training is being conducted on a routine basis by the local and regional MEDIKO QMHP.

This standard is in substantial compliance.

- *33 - The curriculum for Suicide Prevention and Mental Health care training is submitted to the monitor and DOJ for review and approval prior to first training.*

The curriculum was submitted to the Monitor and the DOJ for review and was approved. As the policies at PRJ are modified or changed it will be important for the QMHP to revise the curriculum to reflect any changes in the policies or procedures. Any changes to the curriculum based on policy or PRJ operations should be submitted to the Monitor and DOJ for review and approval.

This standard is in substantial compliance.

CO-PAYS

- *34 - 85% of health care required by the Jail, including health assessments and mental health care, as well as necessary medical care, including chronic care and emergency visits are excluded from a co-pay charge to the inmate.*

All co-pay slips were reviewed. This review of 39 sick call co-pay charge slips indicated that two of the individuals were charged when they should not have been charged. MEDIKO had informed the PRJ fiscal management system that this occurred. Review with the fiscal manager at the PRJ showed that each of these two individuals had the required amount credited back to their inmate account. Therefore, no one was charged, after review by MEDIKO and PRJ, inappropriately. According to PRJ policy, health assessment, mental health care, chronic care, necessary medical care and emergency visits are excluded from co-pay charges. In reviewing co-pay charges none were for health assessment, mental health care, chronic care, necessary medical care or emergency visits. 94% of the inmate visits were excluded from co-pay charges. There were a total of 640 patient contacts during this period. This gave a final total of 37 sick call co-pay charges.

This standard is in substantial compliance.

- *35 - 85% of the inmates will only have one co-payment fee to see a nurse for sick call, with no further fee assessed if the prisoner is referred to the doctor for further evaluation.*

There were thirty seven (37) offenders who were charged a sick call co-pay charge. Out of the 37, nine (9) were referred to the physician for follow-up. None of the 9 were assessed an additional charge for the physician visit. Therefore, 100% of the inmates only had one co-pay fee to see the nurse with no charge to see the doctor from that referral.

This standard is in substantial compliance.

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

- *36 - 85% of the inmates will have no co-payment for serious medical need that is clinically indicated, nor charging of multiple co-payments if more than one time care occurs during any 30-day period for the same serious medical need.*

According to PRJ policy co-pay charges are not assessed to any offender who has a serious medical need that is clinically indicated, nor charging for any similar illness within a 30-day period. Record review showed no charges for a serious medical need or multiple charges within a 30-day period. 40 records were reviewed.

This standard is in substantial compliance.

- *37 - The PRJ will follow pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement, no co-payment will be charged if the co-payment would cause the balance in a prisoner's account to go below \$5.00.*

Co-payment schedule:

\$2.00 to see a nurse; \$3.00 to see a Doctor; and \$8.00 for an emergency visit (i.e. visit on an expedited basis) if it is determined that an expedited visit was medically unnecessary.

There were no co-pay charges in the 37 records reviewed that placed an offender's account below \$5.00.

This standard is in substantial compliance.

MENTAL HEALTH

- *38 - The facility will provide (1) Full-time QMHP and (1) Psychiatrist who is onsite at the Jail no less than once per week for a number of sufficient provider hours.*

There is one full time QMHP. She is employed 40 hours per week. The facility has one psychiatrist. He works on-site on Thursdays for an average of eight hours. In July the QMHP worked 20 days for 160 hours and the psychiatrist worked 5 days for 40 hours. During the month of August, the QMHP worked 21 days for 168 hours, and psychiatrist worked 4 days for 32 hours of on-site care. The analysis noted in number 40 below will help PRJ determine if this is a sufficient number of hours for the volume of mental health clients in the facility.

This standard is in substantial compliance.

- *39 - The facility will provide Telemedicine and additional in-person assessments provided by the Psychiatrist where clinically indicated.*

Telemedicine/tele psychiatry is not currently provided, as the PRJ is able to provide Psychiatrist services on site.

This standard is in substantial compliance

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

- *40 - Piedmont will perform a staffing analysis October 1, 2014 and each year afterwards. The analysis will be submitted to and approved by Monitor and DOJ. The analysis must demonstrate that staffing ratios are appropriate to meet the need and if the analysis shows a deficiency the facility must increase the staffing to ensure constitutional mental health care.*

By agreement of the parties the staffing analysis will be provided in the next two months. That analysis will be sent to the Monitor and DOJ for review.

This standard is in substantial compliance.

MENTAL HEALTH POLICIES

- *41 - Policies are implemented to deliver mental health services as provided for in the NCCHC Jail Standards related to MH Care.*

Policies reviewed were consistent with NCCHC 2008 Jail standards.

This standard is in substantial compliance.

- *42 - 85% of the prisoners are appropriately screened for mental illness using appropriately validated screening instrument.*

The screening instrument that is used is a part of the initial receiving screening of offenders, and has been validated. 100% of the offenders were screened using the validated instrument. 146 inmates were screened in July and 133 inmates were screened in August. The instrument used is the GAINS (Global Appraisal of Individual Needs, short form), evidence based instrument validated by SAMHSA (Substance Abuse and Mental Health Services Administration). There were no adverse events that have occurred during this review period.

This standard is in substantial compliance.

- *43 - 85% of prisoners with known or suspected mental illness are referred to a psychiatrist within 14 days of intake. Acute needs are seen and treated as soon as staff is made aware of the condition.*

97% of the prisoners were referred. In the month of July, 13 of 13 inmates were referred to the psychiatrist within 14 days of intake. In the month of August 15 of 16 inmates were referred to the psychiatrist within 14 days of intake. PRJ has requested, and all parties have agreed to modify this standard to adequately capture the number of inmates referred to the QMHP instead of the psychiatrist within the first 14 days after intake. Some of the inmates referred to mental health for follow-up do not meet the criteria for referral to a psychiatrist following the comprehensive mental health assessment conducted by the QMHP. This request has been sent to the Court for approval. During the month of July 37 inmates were referred to mental health from the nursing assessment and 21 were then referred to the psychiatrist. During the month of August, 40 inmates were referred to mental health for assessment and 25 were then referred to the psychiatrist. During this visit with the QMHP and the regional QMHP it was discovered

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

that the site QMHP was not referring all new intakes to the psychiatrist within 14 days. This problem impacted the compliance rate with the standard and on further investigation, the local QMHP had a misunderstanding in thinking that all patients arriving at the facility with psychiatric medications had a 30 day grace period prior to being referred to the psychiatrist. She was using the standard that all transferred patients are seen by the psychiatrist within 30 days to apply to all patients on psychiatric medications. This has been corrected and should show in the next monthly report.

This standard is in substantial compliance.

- *44 - 85% of prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, or 90 days or, as clinically indicated.*

In the month of July there were 131 inmates enrolled in the MH Chronic Care Program. In August there were 116 patients enrolled in the Chronic care program. During the site visit it was discovered that there were some inaccuracies in the reporting and assignment of inmates to the 30,60,90 day clinics. Review of the log indicated a high number of inmates enrolled in the 30 day chronic care program. Discussion with the local QMHP revealed that she was assigning the level of care based on the diagnosis, history and impression rather than current stability level of the patient. To prevent future inaccurate assignment of patients in the chronic care program the QMHP will periodically review the assignment level of need following each psychiatric visit to adjust when stability is achieved rather than leaving the patient assigned to the highest level of care. Once this was reviewed the number of 30 day chronic care patients changed from 26 to 5, 60 days from 20 to 23 and 90 day from 116 to 134. This more accurately reflects the current stability of the patient population. Also, the chronic care log must be updated to remove patients who have been released from the facility. This relates again to the challenge of the two computer systems not communicating with each other. Even with these challenges 100% of the inmates had been placed on the roster and had been seen.

This standard is in substantial compliance.

- *45 - 85% of psychotropic medication prescriptions will be reviewed by a psychiatrist on a regular, timely basis to assess prescribed regimen.*

NCCHC standards state that inmates prescribed psychotropic medications should be reviewed by a psychiatrist at least every 90 days. Using this standard, the psychiatrist should review at least one-third of the patients prescribed psychotropic medications each month. In July 138 patients were prescribed psychiatric medications, 79 of those patients were seen by the psychiatrist. In August 149 patients were prescribed psychiatric medications, 62 of those patients were seen by the psychiatrist. Review of the standard shows that this percentage exceeds the required number to be seen each month. This shows a conscientious effort by the psychiatrist to review patients per his clinical judgment more frequently than the required 90 days.

This standard is in substantial compliance.

- *46 - 85% of the patients who have had a discontinued, added or changed psychotropic medication will have a Psychiatrist or other qualified prescriber document the reason for change in the COR-EMR health record.*

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Medications were noted in the COR-EMR as were specific notations by the psychiatrist regarding medication delivery and compliance. Review of charts indicated the reason for any changes in medication ordered by the psychiatrist. 100% of the patients had notes in the COR-EMR system. All medication changes were justified by the psychiatrist in the “notes” section of the COR-EMR system. Discontinuation of a psychiatric medication due to duplication of antidepressants prescribed prior to incarceration that have the potential for creating negative side effects were noted. This was an excellent catch by both the local and regional QMHP along with the psychiatrist. It is critical to be aware of the potential for multi-drug interactions, especially with psychiatric medications.

This standard is in substantial compliance.

- *47 - 85% of prisoners receiving psychotropic meds are adequately monitored for negative side effects.*

During this visit it was noted that training has been provided to the nursing staff regarding the recognition of symptoms of negative side effects of psychiatric medications. An AIMS (Abnormal Involuntary Movement Scale) evaluation is completed during the psychiatric session. This evaluation helps to show if the medication is providing the expected psychiatric result. Patients are provided with education regarding potential side effects and sign a consent form prior to being placed on a psychiatric medication. The psychiatrist noted any observed or reported side effects during the psychiatric visit in the COR-EMR system. Thirty records of the 138 patients prescribed psychotropic medications were randomly selected for review. Of those records reviewed 100% had appropriate documentation.

This standard is in substantial compliance.

- *48 - 85% of prisoners on psychotropic medications will be evaluated by the psychiatrist within two weeks of starting any new medication.*

95% of the records reviewed showed that for those offenders who were placed on new psychiatric medications the psychiatrist had evaluated and seen the offender in the appropriate time frame. The records of all patients newly placed on medications were reviewed. In the month of July 13 of 14 patients were evaluated by the psychiatrist within two weeks of starting a new medication. The one patient who was not seen was off-site in a work program. In August 6 of 6 patients were evaluated by the psychiatrist. The QMHP and HSA will be working with PRJ leadership to evaluate how those on a work program, and on psychiatric meds, may be able to be identified and seen by the psychiatrist during his weekly on-site clinic hours.

This standard is in substantial compliance.

SUICIDE PREVENTION

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

- *49 - A suicide prevention policy will be implemented to ensure that prisoners at risk of self harm are identified, protected, and treated in a manner consistent with Constitutional law.*

A suicide prevention policy was developed and has been approved by the Monitor and the DOJ. The policy adheres to the NCCHC standard. The PRJ has modified a cell to adhere to the policy. There was one offender who was housed in the modified cell during the month of August for a 24 hour period.

This standard is in substantial compliance.

- *50 - 100% of those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP.*

Review of the notes from the QMHP and direct observation during the September visit by the Monitor noted that those offenders under suicide watch have access to and regular visits from the QMHP. There were 8 patients in July and 5 patients in August placed on suicide watch. In August, 1 patient was placed on level 1 watch. Level 1 watch is “constant observation” by a member of the security team.

This standard is in substantial compliance.

- *51 - 100% of those prisoners on suicide watch are provided with the appropriate level of supervision.*

The current location of the level 2 suicide watch cells is located in the booking and receiving area. This location is staffed 24 hours a day and those that are on watch are able to have supervision by the officers who staff that location. The newly modified level 1 suicide watch cell is staffed with personnel on a 24 hour basis with a radio. There was 1 patient placed on level 1 watch during this reporting period. They were observed according to the PRJ policy.

This standard is in substantial compliance.

- *52 - 100% of actively suicidal prisoners are placed on constant observation.*

During visits to the facility by the Monitor there were no offenders on the highest level of watch. Policy dictates that constant observation is required for those on the highest level of suicide watch. It was noted in the PRJ monthly reports that there had been one (1) offender on the highest level of watch during the month of August. Review of the “constant observation sheet” had notes that indicated the security staff was observing the patient according to PRJ policy. A concern was raised that the “observer” must make notes in a random basis to ensure that the individual is under constant observation. The new sheets must be filled out appropriately to ensure that the patient is under supervision of the security staff, per policy.

This standard is in substantial compliance.

- *53 - 100% of potentially suicidal prisoners are monitored at staggered intervals not to exceed every 15 minutes.*

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Review of documentation during each of the visits showed that 100% of the time the officer responsible for the suicide watch signed the documentation at staggered intervals. The standard is “staggered intervals”. The reasoning behind the staggered intervals is to make it more difficult for the offender under watch to time when the officer would be observing the offender.

This standard is in substantial compliance.

- *54 - 100% of the Correctional Officer checks on prisoners on observation are documented in the approved format.*

As noted above, documentation was present, but there were some areas for improvement with documentation. The documentation sheet should “tell the story” of what the officer is observing. This gives the QMHP and psychiatrist a better picture of the patient. During the September time frame the documentation had improved from the July monitor visit. 100% of the documentation was in the approved format.

This standard is in substantial compliance.

- *55 - CO Supervisor will conduct and document a review of all documents at the end of shift it occurred to ensure compliance.*

Notes were reviewed at the three visits and the CO supervisor had reviewed all the suicide observation logs. It is important for the CO supervisor to review all the logs carefully and provide input to the officer when appropriate to ensure compliance with the standard and policy.

This standard is in substantial compliance.

- *56 - All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.*

In the first and second reports it was noted that cut-down tools were not readily available. Over the course of subsequent visits cut-down tools were available to all staff. An on-site check showed that during shift change, a critical time when a patient may try to hurt themselves, the “hand-off” and documentation of who has the cut-down tool needs some improvement. Observation by the monitor and compliance officer showed some inconsistencies with the process. However, cut-down tools were available and accessible to all staff.

This standard is in substantial compliance.

- *57 - QMHP (or Physician in absence of QMHP) regularly document in prisoners’ medical chart, once per shift minimum, reassessing whether the level of precaution should be raised or lowered for prisoners on suicide precautions based on that assessment.*

The QMHP documented in each patient chart the assessment of the level of precaution using a suicide precaution note. In the absence of the QMHP, the psychiatrist and QMHP on-call provided oversight documented in the chart notes for the justification of the level of suicide precautions.

This standard is in substantial compliance.

QUALITY ASSURANCE

- *58 - The facility has quality assurance policies and procedures that will identify and address serious deficiencies in medical and mental health care (including sick call, health assessments, intake, chronic care, medication administration, emergency care, and infection control).*

The quality assurance process is improving. PRJ has a QA process and has Quality Assurance Improvement charts that are assisting the MEDIKO staff in evaluating their processes and procedures. As noted previously there continue to be problems between the custody computer system and COR-EMR. Therefore, it has been difficult for the PRJ to provide a comprehensive assessment of the quality of their system. The policy is in place, and DON/HSA, MEDIKO VP of operations, and compliance director Jim Davis are working together to address this item. The challenge is to include all the MEDIKO staff, along with security in the QA process. In order to sustain the improvements PRJ has made, the entire system must embrace the QA process. Suggestions to improve the system were discussed and will be initiated during the next 6 months' time frame. As noted in the 2008 NCCHC standards:

Facilities with an average daily population of greater than 500 inmates have a comprehensive CQI program that does the following:

- a. established a multidisciplinary quality improvement committee that meets as required, but no less than quarterly, designs quality improvement monitoring activities, discusses the results, and implements corrective action;
- b. completes an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent materials; and
- c. performs at least two process quality improvement studies and two outcome quality improvement studies a year, where;
 - i. a facility problem is identified,
 - ii. a study is completed
 - iii. a plan is developed and implemented,
 - iv. results are monitored and tracked, and
 - v. improvement is demonstrated or the problem is restudied

It will be critical that in order to sustain substantial compliance, especially in this area, the PRJ, along with MEDIKO follow the above NCCHC standard. This will be a specific item that will be reviewed at the next two monitor visits to ensure substantial compliance.

This standard is in substantial compliance.

- *59 - Track and analyze patterns and trends regarding the provision of medical and MH care at Piedmont facility. (See Checklist)*

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

The monthly reports are getting better. But, there are discrepancies that continue to occur. The monitor and the DOJ staff review the monthly reports for consistency and accuracy. On multiple occasions there have been challenges understanding the variations between data in one section and another. This has been clarified by Mr. Davis and the DON/HSA, but review of the documents prior to submission is critical. The review will assist PRJ to catch any issues that may need to become part of the CQI process as noted above. If the local staff don't catch these inconsistencies, they are not truly reviewing the CQI process and fully implementing CQI.

The report contains much data and the analysis of trends is improving. This is true in the mental health section. Critical analysis of what happened and what steps may have been taken, or should be taken in the future to modify policies/procedures/systems at PRJ is what should continue to be included in the reports. It will be critical for MEDIKO and PRJ senior staff to meet and discuss the overall CQI process to ensure that both security and MEDIKO management, including line staff, understand the importance of the process of quality CQI.

Over the next few months this Monitor is hopeful that the data and analysis will continue to show improvement. During the site visit in January it will be critical for PRJ to show that they have moved forwards with this area, as it encompasses all the standards and shows that PRJ is able to sustain the improvements they have made.

This standard is in substantial compliance.

Compliance Indicators

Subject	Indicator		4/15	10/15	
MEDICAL					
Staffing					
Staffing - Physician	3.5 hours of physician time per week for every 100 prisoners		SC	SC	
Staffing Based on Offender Count	Count Below 600: Minimum of (1) RN and (6) LPNs (count below 600) / Count Above 600: Additional (2) LPNs		SC	SC	
Staffing - Health Assessment Backlog	Hire Additional (1) RN if Health Assessments are not being completed within 14 days		SC	SC	
Medical Staff Requirements	All persons providing care meet applicable state licensure and/or certification requirements and practice within scope of training/licensure.		SC	SC	
CNAs	Only performing tasks within support functions (e.g. vitals, prepping charts, etc.)		SC	SC	
Correctional Officers	Clear guidelines in place for any individuals providing clinical support, with physician oversight. CO's should not provide any type of non-emergency medical care.		SC	SC	
Policies					
Policies & Procedures	Shall be revised to establish clear direction and expectations for all staff		SC	SC	

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

NCCHC Standards - Policies	All policies should be revised consistent with the 2008 National Commission on Correctional Health Care Jail Standards. (38 standards for policies - see check list)		SC	SC
Intake				
Medical Screening	Medical Screening portion of Intake Screening is performed by a Qualified Health Professional		SC	SC
Initial Screenings	Initial Screenings are fully documented and available to medical staff in each offenders' medical file.		SC	SC
Referrals	Policies adopted consistent with applicable professional standards providing guidance when prisoners should be referred to a physician after initial intake screening.		SC	SC
Chronic Care				
Chronic Care Program	Implement policy with disease-specific clinical guidelines.		SC	SC
Guidelines	Guidelines must do the following: (1) defines illnesses that qualify for inclusion in the program (2) ensures that prisoners with chronic care issues are identified and examined by the physician/tracks prisoners in the program (3) schedules periodic assessments (4) provides for diagnostic tests at an initial comprehensive visit (5) makes lab work available at appointments in order to determine the status of disease control (6) outlines a clinical plan for each chronically ill prisoner.		SC SC SC PC SC PC SC	SC SC SC SC SC SC SC
Health Assessments				
System Development & Implementation	Develop and implement a system to provide each prisoner with a comprehensive health assessment.		SC	SC

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Assessment	Conducted by a physician, physician assistant, nurse practitioner, or registered nurse under the supervision of a physician.			SC		SC	
Timing	Health Assessment must be complete within 14 days of arrival			SC		SC	
Referrals	Referred to Physician for follow-up care (If medical problems are identified)			SC		SC	
Sick Call							
Nursing Protocols	Established and signed by medical director. Should address common systems, instruct nurses about the questions of symptoms, identify objectives that should accomplish in evaluating those prisoners			SC		SC	
Triage	Properly triaged prisoners medical needs and ensure that they are referred for, and provided with, appropriate treatment in a timely manner.			SC		SC	
Physician Oversight	Physician provides overview of sick call process through monthly review of the nurses performing sick call (in order to ensure that personnel are not practicing beyond their training)			SC		SC	
Physician Oversight	Personnel are providing appropriate care during sick call and following facility policy and procedures			SC		SC	
Correctional Staff Training							
Annual Officer Training (AOT)	Providing first-responder medical care and basic cardiac life support (BCLS) certified.			SC		SC	
AOT Curriculum	Curriculum submitted for AOT trainings to Monitor and DOJ for review and approval prior to first training offered.			SC		SC	

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Suicide Prevention & Mental Health Care	Including an introductory training provided to new hires as well as annual in-services trainings provided to staff.		SC	SC
Curriculum & Training	Suicide Prevention & Mental Health Care training should be conducted by Qualified Mental Health Professionals and curriculum submitted to the monitor and DOJ for review and approval prior to first training.		SC	SC
Co-Pays				
Excluded Co-Payments	All health care required by the Jail, including health assessments and mental health care, as well as necessary medical care, including chronic care and emergency visits		PC	SC
Required Co-Payments	Only one co-payment fee to see a nurse, with no further fee assessed if the prisoner is referred to the doctor for further evaluation.		PC	SC
Follow-up Care	No co-payment is required for serious medical need that is clinically indicated, nor charging of multiple co-payments if more than one time care occurs during any 30-day period for the same serious medical need.		PC	SC
Co-payment Schedule	Follows pre-determined agreement of co-payment scheduled as outlined in DOJ Settlement Agreement.		PC	SC
MENTAL HEALTH (MH)				
Staffing				
Qualified Mental Health Professionals (within 180 days of effective date)	(1) Full-time QMHP and (1) Psychiatrist who is onsite at the Jail no less than once per week for a number of sufficient provider hours		SC	SC
Psychiatrist	Telemedicine and additional in-person assessments provided		SC	SC

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

MH Staffing Analysis (to begin one year after effective date)	Submitted to and approved by Monitor and DOJ. Must demonstrate staffing ratios increased to provide adequate MH care.			SC		SC		
Policies								
NCCHC Jail Standards	Implemented policies based on NCCHC Jail Standards related to MH Care.			SC		SC		
MH Illness	All Prisoners are appropriately screened for mental illness using appropriately validated screening instrument.			SC		SC		
Referrals	All prisoners with known or suspected mental illness are referred to psychiatrist within 14 days of intake. Acute needs are seen and treated as soon as staff are made aware of condition.			PC		SC		
Chronic Mental Illness	Prisoners with chronic mental illness are placed on a chronic mental health list for follow-up every 30, 60, 90 days or as clinically indicated.			SC		SC		
Psychotropic Medications	Psychiatrists must review prescriptions for psychotropic medications on a regular, timely basis to assess prescribed regimen.			SC		SC		
Change of Psychotropic Medication	Discontinued, added or changed psychotropic medication, Psychiatrist or other qualified prescriber must document the reason for change in the prisoners health record.			PC		SC		
Psychotropic Medication Monitoring	Prisoners receiving psychotropic meds are adequately monitored for negative side effects.			PC		SC		
Psychotropic Medication Re-evaluations	Prisoners on psychotropic medications must be evaluated by the psychiatrist within two weeks of starting any new medication.			SC		SC		

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Suicide Prevention							
Policy A	Suicide prevention policy will be implemented to ensure that prisoners at risk of self-harm are identified, protected, and treated in a manner consistent with the Constitution			SC		SC	
Suicide Risk	Those prisoners at risk for self-injurious behavior or suicide have timely and adequate access to QMHP			SC		SC	
Suicide Watch	Those prisoners on suicide watch are provided with the appropriate level of supervision.			SC		SC	
Actively Suicidal Prisoners	Actively suicidal prisoners are placed on constant observation			PC		SC	
Potentially Suicidal Prisoners	Monitored at staggered intervals not to exceed every 15 minutes.			PC		SC	
Documented Checks	Correctional Officers checks on prisoners on observation document checks in approved format.			PC		SC	
CO Change of Shift	CO Supervisor will conduct and document a review of all documents at the end of shift it occurred to ensure compliance.			PC		SC	
Training Tools	All staff with contact with prisoners have ready access to cut-down tools and are trained to use them effectively.			SC		SC	
QMHP Re-Assessments	QMHP (or Physician in absence of QMHP) regularly document in prisoners medical chart, once per shift minimum, reassess level for prisoners on suicide precautions.			PC		SC	

Piedmont Regional Jail • Third Monitor Report • Prepared by James C. Welch, RN

Quality Assurance								
Quality Assurance Policies and Procedures (within 180 days of the Effective Date)	Identify and address serious deficiencies in medical and mental health care (including sick call, health assessments, intake, chronic care, medication administration, emergency care, and infection control)			PC		SC		
Monthly Quality Assurance Mechanisms (within 180 days of the Effective Date)	Track and analyze patterns and trends regarding the provision of medical and MH care at Piedmont facility. (See Checklist)			PC		SC		
Legend:								
SC	Substantial Compliance			43		59		
PC	Partial Compliance			16		0		
NC	Non Compliant			0		0		
NP	No Program			0		0		
	Indicator Removed							
	Not Applicable for Site at this time							