



County of San Diego

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

July 24, 2017

Lt. David Gilmore
Sheriff's Standards & Compliance Office
Division of Inspection Service
P.O. Box 939062
San Diego, CA 92193-9062

Dear Lt. Gilmore,

Enclosed is the FY 16/17 Title 15 Inspection Reports for:

- San Diego Central Jail Detention Facility

We have reviewed the inspections completed by the Institute for Medical Quality (Medical/Mental Health and Nutrition (if applicable)) and the Department of Environmental Health. We appreciate the cooperation received from your facility staff involved in the completion of these reports.

Sincerely,

WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer
Director, Public Health Services

BRUCE COON, MSN, RN, PHN
Public Health Nurse Manager
HHS Nursing Administration

cc: Nicholas Maryn, Sgt, San Diego Sheriff's Department
Adam Arkwright, Sgt, San Diego Sheriff's Department

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

BSCC #: _____

FACILITY NAME: CENTRAL JAIL		COUNTY: SAN DIEGO			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1173 Front Street San Diego, CA. 92101 619-615-2500					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: XX	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 02/28/17		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Terry Fillman, MBA, RN, CCHP, IMQ C&D Program (909) 463-5358					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lizzie Womack, SRN: 619-615-2447 Joji Evangelista, Charge RN: 619-615-2425					

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

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities
SAN DIEGO CENTRAL JAIL

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			San Diego Central Jail has written polices and staff provided by SDSD Medical Services Division for emergency and basic health care services.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	This is a Type II facility.
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>	X			There is an extensive Quality Improvement program in place.
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.				
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				Staff licenses on file and are current.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				Health Services Policies and Procedures are electronically available to all staff and updated annually and as needed.
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>)				Health Care Records are electronic JIMS with some hand written paper records with upcoming implementation of correctional electronic health records.
Individual, complete and dated health records are maintained and include, but are not limited to:	X			
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				Policies and Procedures are in place and compliant with HIPPA for health record information.
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	Females are not housed at this facility.
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			Health care providers that are responsible for providing ongoing health care to the inmates do not collect forensic evidence.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				Digital CXRs are completed for all arrestees prior to housing unless clinically contraindicated.
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			Specialized housing areas; 2 nd floor- 4 safety cells, 4 sobering cells. 3 rd floor-17 MOB beds, 6 isolation, 30 PSU beds, 2 safety cells. 4 th floor-pre-arraignment. 5 th floor-post-arraignment. 6 th -floor out-patient psychiatric. 7 th -floor PC, Ad-Seg. 8 th floor-medical, Ad-Seg.
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				There is an initial medical triage with a second station for comprehensive medical, dental and mental health assessment.
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>			X	Females are not housed at this facility.
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.				
1208 Access to Treatment				Inmates are well oriented by multiple methods regarding how to access healthcare 24/7. RN Clinics/Sick Call: 7 days per week MD Clinics/Sick Call: 7 days per week Specialty Clinics and Specialty Providers scheduled as clinically indicated on-site, off-site, or Telehealth as scheduled.
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>				Inmates with acute mental health problems are housed at this facility in PSU/LPS.
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			Central Jail has a 30 bed PSU designated as LPS with 4 observation rooms.
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			MD sick call: 7 days/week RN sick call: 7 days/week Psychiatric sick call: 7 days/week Wound care: 7 days/week
Any inmate requesting health care is provided that attention.	X			RNs triage request forms for urgent, emergent and routine healthcare with appropriate clinic referrals.
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i>				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			Detoxification protocols are in place and make provision for the inmate to begin receiving necessary assessments, medications, treatments and immediate transfer to a hospital when clinically indicated.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Informed consents and refusals are maintained in the medical record.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	Minors are not housed at this facility.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			A dentist is onsite twice a month including restorative services as medically necessary.
1216 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			Inmates wear identification wristbands that include a picture and bar code for positive identification of a recipient of medication.
Administration/delivery of medicines to minors as prescribed;			X	Minors are not housed at this facility.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			Prescribed inhalants, creams, ear/eye drops, and over-the-counter medications may be given to a patient for self-administration and medications are labeled appropriately.
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			Licensed Vocational Nurses deliver medication acting on the order of a prescriber.
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			
1217 Psychotropic Medications (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			The 30-bed LPS unit has applicable and compliant policies and procedures for involuntary medications.
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record following a clinical evaluation in person or by telephone. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Suicide Awareness/Suicide Prevention training is completed at least annually for all employees.
1220 First Aid Kits				
One or more first aid kits are available in the facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			First aid kits are regularly monitored.
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			Written policy and procedure in place. Nine in-custody deaths in past inspection year, three of them were suicide. Critical Incident Review Board reviewed all cases.
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	Minors are not housed at this facility.
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Respiratory Isolation Cells are available as clinically indicated.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			Psychiatrist sick call: 7 days per week.
1055 Use of Safety Cell A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Review of Safety Cell logs and patient medical records demonstrated compliance with policies, procedures and applicable standards.
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				Review of Sobering Cell logs and patient medical records demonstrated compliance with policies, procedures and applicable standards.
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.</p>	X			Restraint policies for physical harm to self or others only.
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
ARTICLE 8, MINORS IN JAILS				
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	Minors are not housed at this facility.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS				Minors are not housed at this facility.
<p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>			X	
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				Minors are not housed at this facility.
<p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>			X	
<p>is received from the sending facility;</p>			X	
<p>is reviewed by designated health care staff at the receiving facility; and,</p>			X	
<p>absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.</p>			X	
1124 PROSTHESES AND ORTHOPEDIC DEVICES				Adult inmates with prescribed orthopedic or prosthetic appliances are allowed to keep them unless custody staff has identified a risk and then other options are offered appropriately for ambulation and ADLs.
<p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>			X	
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>			X	Minors are not housed at this facility.
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>			X	
1125 PSYCHOTROPIC MEDICATIONS				Minors are not housed at this facility.
<p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p>			X	
<p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			Medical Observation Beds (MOB) housing is a 17-bed unit that provides post-operative/post hospital care, complicated wound treatment, IV therapy, and respiratory isolation.
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			Six negative pressure isolation rooms are available.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	Females are not housed at this facility.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
PC 4023.5 Female Inmate – Personal Care At their request, female inmates are allowed to continue use of materials for:			X	Females are not housed at this facility.
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	Females are not housed at this facility.

Summary of Medical/Mental Health Evaluation:

San Diego Central Jail Facility
1173 Front Street
San Diego, CA. 92101

Date of Inspection: 02/28/17


San Diego Central Jail was opened in 1998 with the current census of 996 male only inmates. Special housing includes six floors and a 30-bed inpatient psychiatric unit designated as Lanterman Petris Short (LPS) bed for comprehensive mental health services including involuntary psychiatric medications when court ordered. A Jail Based Competency Program for patients identified as Incompetent to Stand Trial is being implemented.

There are 17 Medical Observation Beds (MOB) for post-operative care, complicated wound care, intravenous treatment and higher acuity medical care. Provider, psychiatrist and RN Clinics are provided seven days per week.

An innovative Enhanced Observation Housing (EOH) for suicide watch and suicide watch step down has been implemented. The EOH includes comprehensive structural changes such as Plexiglas from handrails to ceilings to prevent inmates from jumping off the stairs. Additional precautions include increased frequency of suicide watch checks, removing potential risk items from cells, suicide prevention gowns, blankets and mattresses.

San Diego Central Jail meets all applicable Title 15 Standards for Medical/Mental Health care.

Terry Fillman, MBA, RN, CCHP, IMQ C&D Program (909) 463-5358


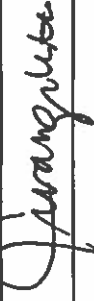


2/28/17




Exit Conference

Date 2/28/2017
Site: Central Jail Detention Facility

Name and Title (print)	Signature	Contact Information Telephone & E-mail
LIZASE WORNACK SEN		619-615-2447
JOJI EVANGELISTA		619-615-2425

Findings: Meets all state & federal standards Med/RAH.

2/28/17 

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

BSCC #: _____

FACILITY NAME: San Diego Central Jail Detention Facility		COUNTY: San Diego						
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): San Diego Central Jail 1173 Front Street San Diego, CA 92101 (619) 615-2454								
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:				
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:					
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):								
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):								
NUTRITIONAL EVALUATION			DATE INSPECTED: November 16, 2016					
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Jan Wyatt-Lucha RD, IMQ Surveyor, (415) 897-5499								
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <table style="width:100%; border:none;"> <tr> <td style="width:25%;">Alex Hernandez Food Service Supervisor San Diego Sheriff's Dept. (619) 661-2625</td> <td style="width:25%;">Marlene Tutt, RD Sheriff's Food Services San Diego Sheriff's Dept. (619) 661-2805</td> <td style="width:25%;">Robert Cardenas Support Service Sgt. San Diego Sheriff's Dept. (619) 615-2549</td> <td style="width:25%;">Larry Mendez Food Service Manager San Diego Sheriff's Dept. (619) 661-2806</td> </tr> </table>					Alex Hernandez Food Service Supervisor San Diego Sheriff's Dept. (619) 661-2625	Marlene Tutt, RD Sheriff's Food Services San Diego Sheriff's Dept. (619) 661-2805	Robert Cardenas Support Service Sgt. San Diego Sheriff's Dept. (619) 615-2549	Larry Mendez Food Service Manager San Diego Sheriff's Dept. (619) 661-2806
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MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:					
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):								
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):								

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

II. NUTRITIONAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

Central Jail Detention Facility 2016

Inspection Date: November 16, 2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.</p> <p>There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1240 Frequency of Serving</p> <p>Food is served three times in any 24-hour period.</p> <p>At least one meal includes hot food.</p>	X			<p>Breakfast – 4 AM Lunch – 10 AM Dinner – 4 PM</p>
<p>If more than 14 hours passes between these meals, supplemental food is served.</p>	X			
<p>Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.</p>	X			<p>A snack is provided if needed.</p>
<p>A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.</p>	X			<p>Inmates are given at least 15-20 minutes to eat. Extra time is given for inmates on medical diets if needed.</p>
<p>Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.</p>	X			<p>Sack lunch meals are sent to the court facility each day court is in session and for new bookings.</p>
<p>Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.</p>	X			<p>Sack meals provided if a meal is missed.</p>
<p>1241 Minimum Diet</p> <p><i>(See regulation and guidelines for equivalencies and serving requirements.)</i></p> <p>The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.</p>	X			<p>General, vegetarian and religious diets are provided and meet minimum standards.</p>
<p>Protein Group. One serving equals 14 grams or more of protein. The daily requirement is equal to three servings.</p>	X			<p>Protein levels are met at 101gms/day and provide 16% of total calories.</p>
<p>There is an additional, fourth serving of legumes three days per week.</p>	X			<p>Soup and side dishes provide legumes.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Dairy Group. The daily requirement for milk or milk equivalents is three servings, each of which is equivalent to 8 oz. of fluid milk and providing at least 250 mg. of calcium. The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings.	X			Two servings of nonfat milk are given at breakfast and dinner along with cheese at lunch. Calcium fortified beverage is served at lunch.
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			
All milk is fortified with Vitamin A and D.	X			
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			Some days fruits and vegetables are low however, averaged over the week meet standards.
One serving of a fresh fruit or vegetable.	X			Bananas only. Apples and oranges are not given because they can be used to make pruno.
One serving of a Vitamin C source containing 30 mg. or more.	X			To prevent making pruno, a treated orange or apple juice is given at breakfast.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	X			Carrots and other vegetables are provided.
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			Items from the CPC bakery or purchased from local vendors are partial whole grain.
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			Calories average 2449 per day.
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.		X		Fat levels are 91gms/day and provide 31% of total calories and need to be 30% or less. Saturated fats are 7% of total calories, less than 10% requirement.
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)	X			
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			The changes that come from CPC are noted on the menu and adjustments are made on the production sheets and kept on file.
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			The menu is revised and evaluated annually by the RD.
1243 Food Service Plan	X			The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:	X			Each facility follows procedures in Site Book.
Planning menus;	X			Planned by RD and Food Service staff
Purchasing food;	X			Bread, milk, produce purchased from designated vendors.
Storage and inventory control;	X			Conducted daily for ordering food.
Food preparation;	X			
Food serving;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Transporting food;	X			Deputies delivery food to the modules.
Orientation and ongoing training;	X			On going training with staff and food handlers training for kitchen inmate workers.
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			Electronic/ paper records are kept.
Emergency feeding plan;	X			Emergency procedures are in place and there is a water supply which is rotated every October.
Waste management; and,	X			Waste removal done 3 times per week.
Maintenance and repair.	X			On going maintenance & repair as needed.
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
1245 Kitchen Facilities, Sanitation and Food Service				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.				Environmental Health Inspection was done on 3/24/16 - 99% Make sure each wiping cloth bucket has sufficient amount of sanitizer.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
CalCode requirements for new or replacement equipment.				
CalCode requirements for cleaning and sanitizing consumer utensils.				
CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.				
CalCode requirements for floors.				
CalCode requirements for storage area(s) for cleaning equipment and supplies.				
1246 Food Serving and Supervision				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.				Do not identify compliance with this regulation here. See comments.
1247 Disciplinary Isolation Diet				
No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period. Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.	X			Two-three/year, disciplinary isolation diets were given for a three day period.
1248 Medical Diets				
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			
The facility manager complies with providing any medical diet prescribed for an inmate.	X			JIMS provides comprehensive diet order information.
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			The diet manual is approved and in place in the kitchen and medical.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			
Pregnant women are provided a balanced, nutritious diet approved by a doctor.			X	This is a male facility.

Summary of nutritional evaluation: The Nutrition Inspection at the San Diego County Central Jail took place on November 16, 2016. Alex Hernandez, Food Service Supervisor, Marlene Tutt, RD, Larry Mendez Food Service Manager, San Diego Sheriff's Dept., Robert Cardenas Support Service Sgt., San Diego Sheriff's Department were available on the day of the inspection. This is the largest kitchen which serves male inmates and staff and the court facilities. The day's population was 878 male inmates

The food is prepared in the East Mesa Central Production Center using a cook chill system and sent to each of the adult detention facilities where it is re-thermed and distributed to the inmates. Staff meals are prepared and served at the Central Kitchen Facility. Deputies are responsible for food transport and assure that the medical diets are given to the appropriate inmates in the modules. There were 103 medical diets reported that day, 7 allergy, (allergy testing has decreased the number of allergy diets ordered) 3 dental soft, 5 geodon snacks, 2 renal, 19 diabetic, 7 high protein, 32 low salt and no low fat and cholesterol. There were 2 Vegetarian and 4 Halal and Kosher Diets have increased from 18 to 91. Religious diet requests now go through the Inmate Service Manager and more Kosher diets are being approved. Commissary is also not being screened like it was in the past, so inmates are ordering whatever they want. If the facility wants to lower cost, suggest monitoring commissary again.

Some of the new items added to the menu are: Tacos, Beef Stew, Chicken Tetrizzini, Italian Beef Pasta, Chicken Cacciatore and Chicken Chow Mein. Tamale Pie and Sloppy Joes were taken off the menu because the inmates didn't like them. Food Service is also providing more vegetarian entrees and has a meatless Friday menu. Overall, the inmates thought the food was edible and wanted more. More food has been added to the menu two sandwiches are now being given instead of one. They liked the hot food better than the cold food. They thought the soup and dinner rolls were very good but the bread from PIA was stale. Like the other San Diego County facilities, when low sodium lunchmeat were given to the inmates they would not eat it, so regular lunchmeat was reinstated. Low sodium lunchmeat is now only given on medical diets.

Male inmates have a greater tendency to make pruno so treated orange and apple juice are given to the inmates and the only fresh fruit they receive are bananas. However, the treated fruit juice is more expensive than fresh fruit and the inmates will make pruno out of even vegetables and commissary items. Even limiting the fresh fruit the pruno production is still up. To help control the production of pruno, suggest monitoring the inmates more closely.

The inmates were given enough time to eat and the food was hot. If the inmates are still hungry they buy food from commissary. The inmates stated they enjoyed being able to exercise, doing pull up and walking. Some of the reentry programs are HIV, Time for Change, Insensitivity Program and yoga which have been very successful.

The kitchen was again clean and organized, the Food Service Plan and Diet Manual were up to date using the JIMS computer system. Cooks are Serv Safe certified and the kitchen inmates are given Food Handler Training. The MSDS chemical list was current. HACCP training is also provided. Marlene Tutt, R.D. reviewed and approved the four week cycle menus as meeting Title 15 Minimum Standards.

This nutritional evaluation of the four week cycle menu (used at all of the adult facilities) is compiled from the nutrient analysis using Computrition Software provided by Marlene Tutt, R.D,

All Title 15 Minimum Requirements were satisfied for Macronutrients. Overall general nutrition is based on the 2010 Dietary Guidelines for Americans summarized below:

The present caloric level has decrease from 2577 to 2449 calories per day and meets the 2400-2600 calories per day requirement for 19-30 year old sedentary to moderate active males.

Protein levels are in a normal range at 101gms/day, 16% of total calories,(recommended requirement is 56gms 15-20% of total calories). Carbohydrate levels are normal at 326gms/day, 53% of total calories,(recommended requirement is 300 gms/day, 50-60% of total calories). Fat levels are still high at 91gms/day, 32% of total calories, (recommended requirement is 25-30% of total calories) and need to be reduced to 30%. Saturated fats are 7% of total calories, (recommended is less than 10%.of total calories). Cholesterol levels have increased from 270 to 389mgs/day, (recommended Cholesterol level is 300mgs/day).and need to be reduced.

Fiber levels meet standards at 35gms/day, (recommended requirement is 25gms/day). Vitamin A and Vitamin C more than meet requirements at 19753 IU/day of Vitamin A, (recommended 5000 IU/day) and 167mgs/day of Vitamin C (recommended 90mgs/day).

Sodium levels have decreased from 4733 to 3496 mgs/day (recommended requirement is 2300mgs/day). Low sodium soups are now given. Continue to limit some of the processed foods, cheese and corn chips to help lower sodium as well as fat.

A variety of fruit, vegetables and legumes are provided in the diet. Continue to add a few more dark green, orange and red salad items whenever possible.

More whole grain items from the CPC bakery have been added to the menu such as whole grain hamburger and hot dog buns, waffles, French toast and hot cereals.

Continue to do a nutritional assessment of the menu on an annual basis to show that nutrient requirements are being met. Continue to provide a weekly review of the number of servings from each of the food groups to make sure food items are being provided daily.

Upon completion of this nutrition inspection the Central Detention Facility of the San Diego Sheriff's Food Service Department meets Title 15 Nutritional Standards for adults if the fat levels are lowered to 30% of total calories.

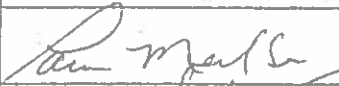
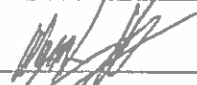

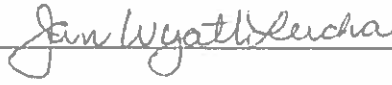
It was a pleasure meeting and working with the Food Service Staff. I would like to thank Marlene Tutt, Alex Hernandez, Larry Mendez and Robert Cardenas for their help in providing information and they all should be commended for their efforts.



Jan Wyatt-Lucha RD
Nutrition Consultant
IMQ Surveyor
December 31, 2016

Title 15 Exit Conference Institute for Medical Quality (IMQ)

Date:	11/16/16
Site:	Central Jail Detention Facility

Name and Title (Please Print)	Signature	Contact Information Telephone # & E-mail
Lawrence Mendez Sr		619-661-2803 (Lawrence Mendez Sr OS/OSH)
Alejandro Hernandez		619/666 615-2810
Roberto Cardenas		(619) 615-2549
Jan Wyatt-Lucha Pt		415-897-5999

- Please indicate date of the inspections and exit conference.
- Include name of site and full address
- Have Exit Conference attendees complete this form and provide signature.

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

BSCC #: _____

FACILITY NAME: SAN DIEGO CENTRAL JAIL		COUNTY: SAN DIEGO			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1173 FRONT STREET SAN DIEGO, CA 92101 619-236-2694					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: April 11 th 2017		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): SULMAZ SOLY YAKHI, REHS II REGISTERED ENVIRONMENTAL HEALTH SPECIALIST 858-926-6656					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): AARON BOORMAN ADMINISTRATIVE SERGEANT 619-615-2506 ALEX HERNANDEZ FOOD SERVICE SUPERVISOR 619-615-2891					
NUTRITIONAL EVALUATION			DATE INSPECTED: N/A		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: N/A		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service</p> <p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>				Food is prepared and packaged at central kitchen on the 9 th floor. Food is prepared, packaged and reheated at the kitchen.
1. Food is prepared at another city or county detention facility.		X		CENTRAL PRODUCTION KITCHEN.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>				The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			Do not identify compliance with this section here. See comments.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				SEE FOOD INSPECTION REPORT
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>	X			SEE FOOD INSPECTION REPORT
HSC §114130-114141.	X			SEE FOOD INSPECTION REPORT
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			SEE FOOD INSPECTION REPORT
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			SEE FOOD INSPECTION REPORT
HSC § 114268-114269	X			SEE FOOD INSPECTION REPORT
HSC § 114279-114282	X			SEE FOOD INSPECTION REPORT
1246 Food Serving and Supervision				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items</i>	X			
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			2X/WEEK
Clean outergarments; and,	X			2X/WEEK
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			2X/WEEK
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
1262 Clothing Exchange				
There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			
1264 Control of Vermin in Inmates Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items				
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	NO FEMALES ARE HOUSED AT THIS LOCATION
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush:				
Dentifrice:	X			
Soap:	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
1267 Hair Care Services				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations:	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
Other Applicable Codes				
Title 24, Uniform Building Code -- Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code -- Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 -- Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code -- Floor Drains				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 -- Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980)</i>	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

PERMIT # FDET – 305249

SAN DIEGO CENTRAL JAIL MEETS THE ENVIRONMENTAL SECTION OF TITLE 15 REQUIREMENTS.

The following observations were made:

- 8th floor : Modules A-E – NO VIOLATIONS OBSERVED
- 7th floor: Modules A-E – CO7 TOILET NOT FLUSHING, HOWEVER REPAIRS WERE MADE BEFORE THE END OF THE INSPECTION.
- 6th floor : Modules A-E – NO VIOLATIONS OBSERVED
- 5th floor : Modules A-E – NO VIOLATIONS OBSERVED
- 4th floor : Modules A-E – NO VIOLATIONS OBSERVED
- 3th floor : MEDICAL – NO VIOLATIONS OBSERVED
- 2th floor : NO VIOLATIONS OBSERVED
- 1th floor :NO VIOLATIONS OBSERVED



Sulmaz Soly Yakhi | Registered Environmental Health Specialist II
 Department Of Environmental Health | Food & Housing Division | Specialized Inspections & Enforcement
 5500 Overland Avenue, San Diego California 92123 | 858-926-6656



Food Inspection Report

County of San Diego, Department of Environmental Health
1010 Blue Hill Drive, San Diego, CA 92112-1200
(619) 444-5991 (Fax) (619) 444-5992 (Assessment)

Central County Jail
1173 Front Street San Diego 92101
County of San Diego
Inspection Date: 12/20/2017

Inspection No: 04111117

Permit No: 301647

Inspection Type: FDET

ID: 061106

IR = Irrelevant NC = Not Observed N/A = Not applicable MAJ OUT = Major violation observed MIN OUT = Minor violation observed COS = Corrected onsite PTS = Points PTS LOST = Points

Section	Code	IR	NC	N/A	MAJ OUT	MIN OUT	COS	PTS	PTS LOST
DEMONSTRATION OF KNOWLEDGE	11								
11.1 Food safety knowledge	11.1								
11.2 Food safety knowledge	11.2								
EMPLOYEE HEALTH & HYGIENIC PRACTICES									
2.1 Employee with a communicable disease	2.1								
2.2 Employee with a wound or burn	2.2								
2.3 Employee with a sore throat	2.3								
PREVENTING CONTAMINATION BY HANDS									
3.1 Hands washed properly	3.1								
3.2 Hands washed for appropriate duration	3.2								
TIME AND TEMPERATURE RELATIONSHIPS									
4.1 Time and temperature control for safety	4.1								
4.2 Time and temperature control for safety	4.2								
PROTECTION FROM CONTAMINATION									
14.1 Food contact surfaces clean & sanitized	14.1								
14.2 Food contact surfaces sanitized	14.2								
FOOD FROM APPROVED SOURCES									
15.1 Food obtained from approved source	15.1								
15.2 Compliance with shell stock tags, expiration display	15.2								
COMPLIANCE WITH APPROVED PROCEDURES									
17.1 Compliance with GSA Oyster Regulations	17.1								
CONSUMER ADVISORY									
19.1 Consumer advisory provided for raw or undercooked foods	19.1								
HIGHLY SUSCEPTIBLE POPULATIONS									
20.1 Licensed health care facilities, public & private schools, long-term care facilities	20.1								
WATER / HOT WATER									
21.1 Hot & cold water available	21.1								
21.2 Handwashing sink	21.2								
LIQUID WASTE DISPOSAL									
22.1 Sewage & wastewater properly disposed	22.1								
VERMIN									
23.1 Rodents, insects, birds or animals	23.1								

ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)
Deep cooked Chicken/rice	39				
Milk / w/c	41				

Section	Code	IR	NC	N/A	MAJ OUT	MIN OUT	COS	PTS	PTS LOST
SUPERVISION									
24.1 Person in charge present & performing duties	24.1								
PERSONAL CLEANLINESS									
25.1 Person in charge clean & well-rested	25.1								
GENERAL FOOD SAFETY REQUIREMENTS									
26.1 Approved food products used to prepare food	26.1								
26.2 Food stored properly	26.2								
FOOD STORAGE / DISPLAY / SERVICE									
27.1 Food stored properly	27.1								
27.2 Food displayed properly	27.2								
EQUIPMENT / UTENSILS / LINENS									
28.1 Equipment clean & sanitized	28.1								
28.2 Warewashing facilities installed & maintained	28.2								
28.3 Equipment approved, installed, maintained & used	28.3								
28.4 Equipment stored properly	28.4								
28.5 Warewashing machines	28.5								
28.6 Adequate ventilation lighting & electrical wiring	28.6								
28.7 Information provided accurate	28.7								
28.8 Warewashing properly maintained	28.8								
PHYSICAL FACILITIES									
29.1 Plumbing properly installed & maintained	29.1								
29.2 Garbage & refuse properly disposed, facilities maintained	29.2								
PHYSICAL FACILITIES (cont.)									
30.1 Tolerances properly maintained & applied	30.1								
30.2 Pests & pest control measures	30.2								
PERMANENT FOOD FACILITIES									
31.1 Food area properly constructed & maintained	31.1								
31.2 Non-ingredient grade floors, walls, ceilings, counters	31.2								
SIGN REQUIREMENTS									
32.1 Correctly posted signs, food sanitation record available	32.1								
COMPLIANCE & ENFORCEMENT									
33.1 Plan Review	33.1								
33.2 Permits Available	33.2								
33.3 Enforcement	33.3								
33.4 Training	33.4								

Inspection Score: 100 - 2 = 98%

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

#22 measured hot water @ mechanical dish machine under 150F. Use 3 compartment sink to sanitize utensils. Notice issued and 3 reinspection will be conducted within 7 days of this inspection report.

Alejandro Hernandez
Sally Yakni

This report is an Official Notice of Violation. Corrections must be completed in the time specified. See reverse side for the general requirements and code sections for each violation listed. A reinspection fee may be charged if violations noted on this report are not corrected by the reinspection date.
Reinspection Date: (if applicable) 4/21/2017