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

July 25, 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:

Las Colinas Detention & Re-Entry 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 HHSA 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:	COUNTY:							
LAS COLINAS DETENTION AND REENTRY FA		SAN DIEGO						
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):								
451 Riverview Parkway Santee, CA 92071 619-258-3200								
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE	II: XX	TYPE III:	TYPE IV:			
ENVIRONMENTAL HEALTH EVALUATION		E	DATE INSP	ECTED:	:			
ENVIRONMENTAL HEALTH EVALUATORS (NAM	ME, TITLE, TELEPH	IONE):						
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):							
NUTRITIONAL EVALUATION			DATE INSP	ECTED:				
NUTRITIONAL EVALUATORS (NAME, TITLE, TE	ELEPHONE):							
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):								
MEDICAL/MENTAL HEALTH EVALUATION	PECTED: 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, LT. Cynthia Montgomery 619-258-3308 Sgt. Terry Jackson 619-258-3181	, TELEPHONE):							
Sgt. Ofelia Rodriguez 619-258-3193 Carlos Estolano, RN Supervisor 619-258-3280 Leah Yulo, RN 619-258-3200								

III . MEDICAL/MENTAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities Las Colinas Detention and Reentry Facility					
ARTICLE/SECTION	YES	NO NO	N/A	COMMENTS	
	Article 11				
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		Del Vice	Las Colinas Detention and Reentry Facility has written polices and is staffed by SDSD Medical Services Division providing for emergency and basic health care services.	
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	х				
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. (When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)			х	This is a Type II facility.	
1202 Health Service Audits (Applicable to facilities with on-site health care staff) There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	х			There is an extensive Quality Improvement program in place.	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	х				
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	х			-	
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.	х				
1203 Health Care Staff Qualifications (Applicable to facilities with on-site health care staff) 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.	х			Staff licenses are on file and current.	
Health care staff credentials are on file at the facility or another central location where they are available for review.	х				
1204 Health Care Procedures (Applicable to facilities with on-site health care staff) Medical care performed by personnel other than a physician is performed by personnel other than a	x			Health Services Policies and Procedures are electronically available to all staff and updated annually and as needed.	

or order of the responsible physician.

physician, is performed pursuant to written protocol

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (Applicable to facilities				Health Care Records are electronic (JIMS) with some
with on-site health care staff)	х			hand written records. Recently selected correctional EHR with implementation pending.
Individual, complete and dated health records are	^			EHR with implementation pending.
maintained and include, but are not limited to:				
(1) Receiving screening form/history (Note: The				
intake receiving screening form may also be	32			
included in the custody file. See Guidelines for	X			
discussion.);				
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe,			1	
and/or administer/deliver prescription	X			
medication;	37			i i
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	Х			
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.]		
The responsible physician or designee communicates	x			
information obtained in the course of medical-mental	26			
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.				
The inmate's written authorization is necessary for				
transfer of health record information unless otherwise	X		1	
provided by law or regulation. Inmates are not used for medical record keeping.	X	1	-	
1206 Health Care Procedures Manual (Applicable				Policies and Procedures are in place and appropriate
to facilities with on-site health care staff)				to HIPPA for health record information.
to facilities with on-site neutrin cure stagy)				to III 171 for health record information.
There is a health services manual, with policies and				
procedures that conform to applicable state and	X	1		
federal law. The manual is reviewed and updated at				
least annually.				
The health care manual includes, but is not limited to:				
a) Summoning and application of proper	37	Ì		
medical aid;	X			
b) Contact and consultation with private	Х			
physicians;	^			
c) Emergency and non-emergency medical and	x	1		
dental services, including transportation;			-	
d) Provision for medically required dental and	X			
medical prostheses and eyeglasses; e) Notification of next of kin or legal guardian	 	 	1	
	I	1	1	I .
in case of serious illness which may result in	l 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	x			
	necessary vitamins as recommended by a	_ ^			
	doctor, information pertaining to childbirth]	
	education and infant care, and other services			1	
	mandated by statute;				1
g)	Screening, referral and care of mentally				
	disordered and developmentally disabled	X			
	inmates;				
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,				
J <i>)</i>	labeling, dispensing, administration-delivery	x		İ	
	to inmates, and disposal of pharmaceuticals;				
k)	Use of non-physician personnel in providing			 	
K)	medical care;	_ X			1
1)	Provision of medical diets;	X	1	-	
<u>1)</u>					
<u>m)</u>	,	Х			
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	X			
	facility at the time each inmate is transferred				
	and prior to notification to HSC Sections				
	121361 and 121362 for inmates with known		ŀ		
	or suspected active tuberculosis disease;				
	Procedures for notifying facility health				
	care staff of a pending transfer allow	X			
	sufficient time to prepare the summary.				
	The summary information identifies the				
	sending facility, is in a consistent			1	
	format that includes the need for follow-				
	up care, diagnostic tests performed,				
	medications prescribed, pending	X			
	appointments, significant health				
	problems and other information that is				
	necessary to provide for continuity of				
	health care.				
	Necessary inmate medication and health		<u> </u>	—	
	care information are provided to the				
	transporting staff, together with				
	precautions necessary to protect staff	X			
	and inmate passengers from disease				
	transmission during transport.				
0)	Forensic medical services, including				Medical staff does not collect forensic evidence.
U)	drawing of blood alcohol samples, body				ividuical staff does not collect forensic evidence.
	cavity searches, and other functions for the				
		l v			
	purpose of prosecution are not be performed	X			
	by medical personnel responsible for		1		
	providing ongoing health care to the				
	inmates.				<u></u>

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				nousing unless chinically contraindicated.
identification, treatment, control and follow-up	3.7			
management of communicable diseases. The plan	X			
reflects the current local incidence of communicable				
diseases which threaten the health of inmates and				
staff and includes:				
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration;	Х			
and,				
Coordination with public and private				
community-based resources for follow-up	X			
treatment.				
Consistent with the plan, there are policies and				A communicable disease coordinator is a dedicated
procedures that conform with applicable state and	X			clinical position to ensure compliance with
federal law, which include but are not limited to:				applicable standards.
The types of communicable diseases to be	x			
reported;	^			
The persons who must receive the medical	x			
reports;	_ ^			
Sharing of medical information with inmates and	X			
custody staff;	_ ^			<u></u>
Medical procedures required to identify the				
presence of disease(s) and lessen the risk of	X			
exposure to others;				
Medical confidentiality requirements;	X			
Housing considerations based upon behavior,				
medical needs, and safety of the affected	X			
inmates;				
Provision for inmates consent that address the	x			
limits of confidentiality; and,	_ ^ <u>`</u>	1		
Reporting and appropriate action upon the				
possible exposure of custody staff to a	X		1	
communicable disease.				
1207 Medical Receiving Screening				Las Colinas has an innovative "Open Booking" area
		1		with state-of-art full body scan. There is an initial
A receiving screening is performed on all inmates at	X			medical triage with a second station for
the time of intake. (See regulation for exception.)				comprehensive medical, dental and mental health
			1	assessment.
This screening is completed in accordance with				
procedures established by the responsible physician	X			
in cooperation with the facility administrator.	-	1	-	
The screening includes, but is not limited to, medical,				
mental health, developmental disabilities, and	X			
communicable diseases, including, TB and other airborne diseases.				
The screening is performed by licensed health care	1		+	
staff or by trained facility staff.	X			
There is a written plan for compliance with PC§	+	 	+	
	1	1	1	
	1	1		
2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an	X			

There is a written plan to provide medical care for any inmate who appears in the need of or requests modical, mental health or developmental disability teatment. 1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I flacilities are expected to transfer these voment to an appropriate facility where the assessment can occur) 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 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, any inmate who appears to be in need of medical, any inmate who appears to be in need of medical, and provided in the provided as clinically indicated on-site, off-site or Telehealth. 1209 Transfer to a Treatment Facility (Not applicable Type I and IIV.) 1 There are policies and procedures to provide mental health services that include but are not limited to: 1 Screening for mental health problems; 2 Crisis intervention and management of acute psychiatric episodes/disorders there is a 32-bed LPS unit that provides inmovative and comprehensive psychiatric especiales; 3 Stabilization and management of acute psychiatric espicades; 4 Medication support services. 5 Provision is made to evaluate or transfer mentally disordered innates 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 of facility of ruther evaluation as provided in PC § 4011.6 or 401	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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To further evaluation is made. RN Clinics/Sick Call: 7 days per week	murder of their infant. Screening occurs at intake				
RN Clinics/Sick Call: 7 days per week MD Clinics/Sick Call: 7 days p	and, if postpartum psychosis is indicated, a referral				
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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. Health care personnel perform the evaluation. X	1208 Access to Treatment				RN Clinics/Sick Call: 7 days per week
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any immate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration. Health care personnel perform the evaluation. X 1209 Transfer to a Treatment Facility (Not applicable Type I and IV.) a) There are policies and procedures to provide mental health services that include but are not limited to: 1) Screening for mental health problems; 2) Crisis intervention and management of acute psychiatric episodes; 3) Stabilization and treatment of mental disorders; and, 4) Medication support services. b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility, or has implemented PC § 1369.1. c) The facility provides onsite treatment of incompetent immate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following) Written policies and procedures for the involuntary administrator					
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1209 Transfer to a Treatment Facility (Not applicable Type I and IV.) Comprehensive mental health screening at intake. For crisis intervention, stabilization and management of acute psychiatric episodes/disorders there is a 32-bed LPS unit that provides innovative and comprehensive psychiatric services. X	any time during incarceration.				
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Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator	(If yes, please complete the following)				1
involuntary administration of medications are developed by the health authority, in X cooperation with the facility administrator					
are developed by the health authority, in X cooperation with the facility administrator					
cooperation with the facility administrator		X			
Designation of licensed personnel	Designation of licensed personnel		1		
authorized to order and administer X		X			
_ involuntary medication.	_ involuntary medication.				
Designation of appropriate setting for	Designation of appropriate setting for	v			
involuntary administration of medication.	involuntary administration of medication.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or]			
devices that may be used to maintain safety	X			
of the inmate and facility staff.				
Development of a written plan to monitor				
the inmate's medical condition following the				
initial involuntary administration of a	l x			
medication, until the inmate is cleared as a	^			
result of an evaluation by, or consultation	ļ			
with, a psychiatrist.				
Development of a written plan to provide a				
minimum level of ongoing monitoring of the	X			
inmate following return to facility housing.				
If monitoring is performed by custody staff,				Deputies assigned to the mental health housing areas
they must be trained to recognize signs of	l x			have long-term commitments and are well trained
possible medical problems and alert medical	_ ^			including CIT. They are part of the treatment team
staff when indicated.			1	with documented improved patient outcomes.
Documentation of the administration of				
involuntary medication in the inmate's	X			
medical record.				
1210 Individualized Treatment Plans			1	
Treatment staff develops a written individualized	X			
plan for each inmate treated by the medical and/or]	
mental health staff.			1	
Custody staff is informed of the treatment plan when			İ	
necessary to ensure coordination and cooperation in	l x			
the ongoing care of the inmate.				
Where recommended by treatment staff, the plan		1		There are extensive programs to facilitate patient
includes referral to treatment after release from the	X			well-being offered to inmates during incarceration as
facility.			1	well as after release.
1211 Sick Call				
				MD sick call-7 days per week
There are policies and procedures for daily sick call				RN sick call-7 days per week
for all inmates.				Psychiatric/MH sick call-7 days per week
NOT MOR RESIDENCE	X			MH Clinician Twice a week
	^	1		Dental clinic- Once a week
	1			OB/GYN Clinic-Once a week
				Teleheath as scheduled for specialty clinics
				referedulas seneduled for specially entires
Any inmate requesting health care is provided that			-	RNs triage request forms for urgent, emergent and
attention.	X		1	routine healthcare with appropriate clinic referrals.
1212 Vermin Control		1		Tourist Household William ppropriate Cities February
There is a written plan for the control and treatment				
of vermin infested inmates, including medical	l x			
protocols, for treating persons suspected of being	1			
infested or having contact with vermin-infested				
inmates.				
1213 Detoxification Treatment	1	 		Detoxification protocols are in place and make
(Not applicable Type IV.)				provision for the inmate to begin receiving necessary
transferments of he are				assessments, medications, treatments and immediate
Medical policies on detoxification which a statement			1	transfer to a hospital when clinically indicated.
as to whether detoxification will be provided within	X			ambier to a nospital when elimeally indicated.
the facility or require transfer to a licensed medical	^			
facility, and, procedures and symptoms necessitating				
immediate transfer to a hospital or other medical				
· · · · · · · · · · · · · · · · · · ·			1	
facility.	1	<u> </u>		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
When medically licensed personnel are not in				
attendance, inmates undergoing withdrawal reactions,			1	
judged or defined as not readily controllable with	X			
available medical treatment, are transferred to an				
appropriate medical facility.				
1214 Informed Consent	1			Informed consents and refusals are maintained in the
	l x			medical record.
There is a written plan to assure informed consent of	^			
inmates in a language understood by the inmate.				
Except in emergencies, as defined in Business and				
Professional Code § 2397 and Title 15 § 1217, all				
examination, treatments and procedures affected by	X			
informed consent standards in the community are				
likewise observed for inmate care.				
For minors and conservatees, the informed consent of				No minors are held at this facility.
parent, guardian, or legal custodian applies when the				
law requires it. Absent informed consent in non-			X	
emergency situations, a court order is required before	1			
_involuntary treatment is done.		ļ		
Any inmate who has not been adjudicated to be	x			
incompetent may refuse non-emergency health care.	Λ.			
1215 Dental Care				Dental care is available once a week including
				restorative services as medically necessary.
Policies and procedures ensure that emergency and	X			
medically required dental care is provided to inmates,			1	
upon request.				
1216 Pharmaceutical Management				
	x	1		
Pharmaceutical policies, procedures, space and	^			
accessories include, but are not limited to:				
Securely lockable cabinets, closets and	l x			
refrigeration units:	_ ^			
A means for the positive identification of the	X	1		
recipient of the prescribed medication;	1			
Administration/delivery of medicines to minors			l x	No minors.
as prescribed;			1.	
Confirmation that the recipient has ingested the		1		Inmates wear identification wristbands that include a
medication or accounting for medication under	X			picture and bar code for positive identification of a
self-administration procedures outlined in Title	^		1	recipient on medication.
15, § 1216;				
Documenting that prescribed medications have				
or have not been administered, by whom, and if	X	1		
not, for what reason;			1	
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may				
be administered without further medical	X	1		
evaluation;				
Limitation to the length of time allowable for a	l x			The records reviewed showed compliance with 72-
physician's signature on verbal orders, and,				hour physician signature on verbal orders.
An annual written report is prepared by a				
pharmacist on the status of pharmacy services,	X			
and provided to the health authority and facility	^		1	
administrator.				
There are written protocols that are consistent with				
pharmacy laws and regulations, and limit the	X			
following functions to being performed by the	^		1	
identified personnel:				
	-			

eye drops, and
be given to a
medications are
er medication
,

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that				
each inmate participating in self-administration				
is capable of understanding and following the	Х			
rules of the program and instructions for				
medication use.			<u> </u>	
Provisions are made for the secure storage of the]		
prescribed medication when it is not on the	X	1		
inmate's person.				
Provisions are made for consistent enforcement				
of self-medication rules by both custody and				
health care staff, with systems of communication	X			
among them when either one finds that an inmate				
is in violation of rules regarding the program.			ļ	
Health care staff performs documented		!		
assessments of inmate compliance with self-]		
administration medication regimens.	X			
Compliance evaluations are done with sufficient	"			
frequency to guard against hoarding medication				
and deterioration of the inmate's health.				
1217 Psychotropic Medications				
(Not applicable Type IV.)				
	X			
There are policies and procedures governing the use		ļ	1	
of psychotropic medications.		ļ		
Involuntary administration of psychotropic				The 32-bed LPS unit has applicable and compliant
medication is limited to emergencies. (See Business	X			policies and procedures for involuntary medications.
and Professional Code § 2397 and the text of Title 15	_ ^			
§ 1217 for definition of an emergency.)			ļ	
If psychotropic medication is administered in an				
emergency, such medication is only that which is	X	1	1	
required to treat the emergency condition.				
Medication is prescribed by a physician in written				
form in the inmate's record following a clinical	l			
evaluation in person or by telephone. Verbal orders	X			
are entered in the inmate's record and signed by a	1			
physician within 72 hours.				
There is a protocol for supervising and monitoring	l			Inmates who are involuntarily receiving psychotropic
inmates who are involuntarily receiving psychotropic	X			medications are supervised and monitored as
medication.		 	-	clinically indicated.
Psychotropic medication is not administered to an				Riese and Competency hearings are available in the
inmate absent an emergency unless: (1) the inmate				LPS unit.
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	X			
hearing procedures under the Lanterman-Petris-Short				
(LPS) Act for handling capacity determinations and	İ			
subsequent reviews. (Note: Inspectors need to be				
aware of differing consent requirements for juveniles				
held in adult facilities.)	-		 	
Policies limit the length of time both voluntary and	_ v			
involuntary psychotropic medications may be administered.	X			
		-	+	
There is a plan for monitoring and re-evaluating all				
inmates receiving psychotropic medications,	X			
including a review of all emergency situations.	-	-	+	
The administration of psychotropic medication is not	X			
allowed for disciplinary reasons.				<u> </u>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1219 Suicide Prevention Program There is a written suicide prevention plan designed to	X			Suicide Awareness/Suicide Prevention training is completed at least annually for all employees,
identify, monitor and provide treatment for those inmates who present a suicide risk.				
One or more first aid kits are available in the facility.	х			
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, RE	CORDS	AND P	UBLIC I	INFORMATION
1046 Death in Custody				Written policy and procedure for review.
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			No in-custody death in more than one year.
When a minor 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.			х	No Minors.
ARTICLE 5, C	LASSIFI	CATIO	N AND S	SEGREGATION
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	х			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.	х			
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.	х			32 Bed LPS housing.
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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.	х			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.	х			
Safety cells are not used for punishment or as a substitute for treatment.	Х			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	Х			
There are procedures that assure necessary nutrition and fluids are administered.	Х			
Continued retention of the inmate is reviewed a minimum of every eight hours.	х			
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.	х			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	х			
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.	х		1	
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.	х			Review of Sobering Cell logs and patient medical records demonstrated compliance with policies, procedures and applicable standards.
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.	х			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			

There are procedures to identify and evaluate all developmentally disabled immates. (Note: Appropriate loniousing is based on 7-15 § 1050, Classification.) A contact to the regional center occurs within 24 hours when an immate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding immates in excess of 24 hours.) 1058 Use of Restraint Devices Restraints are used only to hold immates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others. Restraints are used as a discipline or as a substitute for treatment. There are policies and procedures for the use of 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. Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician. All immates in restraints are housed alone or in a specified area for restrained immates. A medical provision sor hydration and sanitation specified area for restrained immates. A medical profinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement. Medical review for continued retention in restraint devices occurs at a minimum of every sig hours. A mental behalth consultation is secured as soon as possible, but no later than eight hours from the time of placement. Medical review for continued retention in secured as soon as possible, but no later than eight hours from the time of placement. ARTICLE 8. MINORS IN JAILS 1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropropriate health education and disease	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	sex-appropriate health education and disease				
prevention programs are offered to minors.		<u> </u>			
The health education programs are updated as					
necessary to reflect current health priorities and meet				x	
the needs of the confined population.	the needs of the confined population.			1	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS	IEG		1472	No Minors.
			x	
Written policy and procedures assure that reproductive health services are available to both male and female minors.				
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			x	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				No Minors.
			X	
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:				
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,	_		х	
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.			x	
1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing	х			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.
aids.				
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			Х	No Minors.
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1125 PSYCHOTROPIC MEDICATIONS				No Minors.
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:			x	
(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;	ļ			
(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.			х	
Other Applicable Codes	<u> </u>			
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	x			The Las Colinas facility has state-of-the-art clinic areas, exam rooms, and Emergency Department type rooms with the latest sophisticated equipment for routine, urgent and emergent healthcare.
inmates must have a medical exam room. The examination room must:				
Be suitably equipped;	Х			
Be located within the security area and provide	X			
for inmate privacy;		ļ	ļ	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (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"); and,	х			w/
Have lockable storage for medical supplies (Applicable to facilities constructed after 2-1-99).	x			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				There is lockable storage space and refrigeration for medical supplies and pharmaceutical storage.
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X	:		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470A.2.14 – Medical Care				Medical Observation Beds (MOB) housing is a 22-
Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located	X			bed unit that provides post-operative/post hospital care, complicated wound treatment, IV therapy, and respiratory isolation.
in the jail, it must:				
Provide lockable storage space for medical instruments; and,	Х			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	Х		!	
If negative pressure isolation rooms are being planned, they are designed to the community standard (Applicable to facilities constructed after 2-1-99).	х			
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:	х			
Be suitably equipped;	X			
Be located within the security area accessible to	1			
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.	х			
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.	х			
PC 4023.6 Female Inmates' Physician				Documentation of pregnant females showed education and choices.
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	x			education and choices.
Procedures allow female inmates to receive needed medical services.	х			
These procedures are posted in at least one		<u> </u>		
conspicuous place in which all female inmates have	X			
PC 4023.5 Female Inmate – Personal Care	<u> </u>		-	
At their request, female inmates are allowed to	x			
continue use of materials for:				
Personal hygiene regarding menstrual cycle; and,	X	1	 	
Birth control measures as prescribed by their			1	
physician.	X		<u> </u>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	х			
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.	х			
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			

Summary of Medical/Mental Health Evaluation: Las Colinas Detention and Reentry Facility 451 Riverview Parkway Santee, CA 92071 Date of inspection: 02/28/17

The Las Colinas Detention and Reentry Facility is a 45-acre facility, which opened in August 2014. The "University Campus" design of the multiple buildings and grounds lends to the positive environment for employees with rehabilitation and reentry for inmates. The "open booking" process allows inmates to move between several different portions of the booking process, watching TV, using the telephone or restroom freely. This facility serves as the primary point of intake for women prisoners in San Diego County and is also equipped with a body scanner for the detection of drugs and contraband being brought into the facility.

The Medical Observation Beds (MOB) housing is a 22-bed unit that provides post-operative/post hospital care, complicated wound treatment, IV therapy, and respiratory isolation as clinically indicated.

The Inpatient Psychiatric Unit has 32 LPS designated beds providing comprehensive psychiatric treatment for inmates that are seriously mentally ill. This unit has group activities, with programming and therapy daily including community meeting, life skills, creative experience, group choice, exercise, and leisure skills.

The clinic areas have state-of-the-art exam rooms and Emergency Department type rooms with the latest sophisticated equipment for routine, urgent and emergent healthcare. Deputies assigned in the clinics are specially trained with long-term assignments that have empathy and compassion in patient care.

Recent advancements in the identification of gender issues, Telehealth, Electronic Health Records and Pharmacy changes continue to keep Las Colinas in the forefront of innovation for medical and mental healthcare for correctional patients.

The San Diego Las Colinas Detention and Reentry Facility meets or exceeds all applicable Title 15 Standards for Medical/Mental Health.

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

2/28/17



Exit Conference

2/28/2017

Date 2/28/2017
Site: Las Colinas Detention Facility

Name and Title (print)	Signature	Contact Information Telephone & E-mail
LEAH YOLLO PLA	Theat went	619250 3200 Leady 74116
Mabel DOMINGO RM	maper	ming e codshoins.
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ADULT TYPE I, II, III and IV FACILITIES Local Detention Facility Health Inspection Report Health and Safety Code Section 101045

BSCC	#:	

FACILITY NAME:		COUNTY:					
San Diego Las Colinas Detention Facility		San Diego					
FACILITY ADDRESS (STREET, CITY, ZIP CODE, 1 Las Colinas Detention Facility 9000 Cottonwood Avenue Santee CA 92071 (619) 258-3188							
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE		TYPE IV:			
ENVIRONMENTAL HEALTH EVALUATION	NVIRONMENTAL HEALTH EVALUATION						
ENVIRONMENTAL HEALTH EVALUATORS (NAM	ME, TITLE, TELEPH	HONE):	:				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):							
NUTRITIONAL EVALUATION		DATE INSPECTED: November 14, 2016					
NUTRITIONAL EVALUATORS (NAME, TITLE, TE							
Jan Wyatt-Lucha RD, IMQ Surveyor, (415) 897-5-	499						
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Neila Afan Larry Mendez Food Service Supervisor Food Service Manager San Diego Sheriff's Dept. San Diego Sheriff's Dept. (619) 258-3188 (619) 661-2806							
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 Las Colinas Detention Facility 2016 Inspection Date: November 14, 2016

ARTICLE/SECTION	YES	NO N	A COMMENTS
	Artic	le 12. Food	
(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.) Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility. There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.		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.
1240 Frequency of Serving Food is served three times in any 24-hour period.	х		Breakfast – 4 AM Lunch – 10:15-11:15 AM Dinner – 4-5 PM
At least one meal includes hot food.	Х		Breakfast & dinner consist of hot food, Soup is added as a hot item at lunch.
If more than 14 hours passes between these meals, supplemental food is served.	Х		
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.	Х		Pregnant women and diabetics receive evening snack.
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.	x		Inmates are given at least 15-20 minutes to eat. Extra time is given for inmates on medical diets if needed.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	х		Sack meals are prepared for the El Cajon court inmates. Requests are made by the deputy.
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	х		Medical sack meals are provided if a meal is missed.
1241 Minimum Diet (See regulation and guidelines for equivalencies and serving requirements.) 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.	x		General, religious and vegetarian diets are provided and meet minimum standards.
Protein Group. One serving equals 14 grams or more of protein. The daily requirement is equal to three servings.	х		Protein levels are met at 101gms/day and provide 16% of total calories.
There is an additional, fourth serving of legumes three days per week.	Х		Soup and side dishes provide legumes.

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 Pregnant women are served four servings of nonfat milk, one with each meal & the fourth with the evening snack.
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.	Х			
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	Х			Some days fruits and vegetables are low however, averaged over the week meet standards.
One serving of a fresh fruit or vegetable.	Х			Apple, oranges or bananas are given daily.
One serving of a Vitamin C source containing 30 mg. or more.	х			Oranges are provided.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	×			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.	х			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. (Male level)
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%. 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.) 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			Food Service responds to inmate's reaction to the menu through plate waste.
A registered dietitian approves menus before they are used.	х			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	Х			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.	Х			The menu is revised and evaluated annually by the RD
1243 Food Service Plan 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			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. Each facility follows procedures in Site Book.
Planning menus;	X		<u> </u>	Planned by RD and Food Service staff
Purchasing food;	Х			Bread, milk, produce purchased from designated vendors.
Storage and inventory control;	Х			Conducted daily for ordering food.
Food preparation;	X			

ARTICLE/SECTION	YES NO N/A			COMMENTS
Food serving;	х			Inmate food service is performed by inmates & supervised by FS staff. Staff food is served by FS staff or self-served.
Transporting food;	х			Food is delivered to the dining halls, modules, holding and safety cells using insulated carts.
Orientation and ongoing training;	Х			On going training with staff and food handlers training for kitchen inmate workers.
Personnel supervision;	X			
Budgets and food cost accounting;	X			Facility budget handled by the supervisor.
Documentation and record keeping;	X			Electronic/ paper records are kept.
Emergency feeding plan;	х			Emergency procedures are in place. There is a water supply.
Waste management; and,	Х			Waste removal done 3 times per week.
Maintenance and repair.	Х			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		
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. 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. (Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.) CalCode requirements for new or replacement equipment. CalCode 7 14149-114149.3, 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 floors. CalCode requirements for storage area(s) for cleaning equipment and supplies.	Do not identify compliance with this regulation here. See comments.			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. Environmental Health Inspection was done 3/8/16 - 98% compliance. Do not leave potentially hazardous foods out of temperature control. Clean ceiling tiles.
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.			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.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1247 Disciplinary Isolation Diet				
No inmate receiving a prescribed medical diet is	x			
placed on a disciplinary isolation diet without review	^			
by the responsible physician or pursuant to a plan				
approved by the physician.				
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				Disciplinary Isolation Diets are given
minimum of 19 ounces cooked loaf) described in the	X		1	occasionally, for three days at a time.
regulation or, if approved by the Corrections			1	
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.				
1248 Medical Diets				
	x			
Policies identify who is authorized to prescribe	'			
medical diets.				
Therapeutic diets utilized by a facility are planned,				
prepared and served with consultation from a	Х			
registered dietitian. The facility manager complies with providing any				JIMS provides comprehensive diet order
medical diet prescribed for an inmate.	X			information.
There is a medical diet manual that includes sample				The diet manual was available and updated in
menus. It is available to in-facility medical personnel	l x			the kitchen but needs to be put in place in
and food service staff for reference and information.	^			medical.
A registered dietitian reviews, and the responsible				
physician approves, the diet manual on an annual	×			
basis.				
Pregnant women are provided a balanced, nutritious				A balance and nutritious diet is provided for
diet approved by a doctor.	X			pregnant women.
				S .

Summary of nutritional evaluation: The Nutrition Inspection at the San Diego County Las Colinas Detention Facility took place on November 14, 2016. Larry Mendez San Diego Sheriff's Dept, and Neila Afan Food Service Supervisor were available on the day of the inspection. This is a new facility which opened the summer of 2014. The facility has a large kitchen which serves female inmates, staff and the court facilities. On the day of the inspection the inmate population was 780 female 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 Las Colinas 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 181 medical diets reported that day increased from last year's count of 138, 22 allergy, 9-diabetic, and 27-pregnancy diets (no lunch meat is given to pregnant females due to Listeria bacteria, roast beef, turkey, egg salad are given instead).3-dental soft, 16-low sodium and 16-low fat, low cholesterol and 4 renal. There were also 26 Vegetarian 4 Halal and Kosher Diets have increased from 8 to 157. 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.

Food service staff is tentatively using the male menu for the female menu, which has increasing the number of calories from 2330 to 2449 calories/day.. The females are given fresh fruit at breakfast and not fruit juice like the male menu. Less soy is used in various entrees To help lower sodium in the diet, low sodium lunchmeats were given to the inmates, however, the inmates refused to eat the lunchmeat, so they went back to serving regular lunchmeat. Low sodium lunchmeats are now only given on medical diets. Overall, the inmates thought the food was good. They really like the new salad bar, where the inmate can choose either to receive the meal tray or the salad bar. The salad bar has various

vegetable salad items, soup, along with chicken, cheese and beans as their protein choices. The salad bar is only offer at present to the kitchen workers.

The kitchen was clean and organized, the Food Service Plan (site book) was available and Diet Manual was up to date using the JIMS computer system. The diet manual needs to be updated and put in the Medical Unit. There were 9 Cooks who were Serv Safe certified, 2 cooks with Food Handlers Certifications and the kitchen inmates are given Food Handler Training. Staff in all of the facilities are given LMS (learning management system) on line monthly trainings. The MSDS book was available.

This facility provides Culinary, Landscaping, Laundry, AAA and HIV, anti-thief, parenting, GED, sewing classes where they make all of the inmate uniforms, Anger Management, Yoga classes. Mat Russo is the instructor and does the Culinary and Ser Safe, Food Handling classes. Kitchen inmate workers make staff food and serve the staff on tables with tablecloths. To be more like a home environment, and an incentive to improve themselves the women are given regular table ware, plates, plastic cups and glasses. There is even a barista cart where the inmates learn how to make coffee beverages. There are vending machines were the inmates can purchase soft drinks. There is an amphitheater outside for programs and movies in the summer.

All medical diets for the county facilities are now being assembled at the CPC and no longer at the Las Colinas facility. .

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 increased from 2330 to 2449 calories per day (using the adult male menu) and meets the 2000-2200 daily caloric requirement for sedentary to moderate active females.

Protein levels are in a normal range at 101gms/day, 16% of total calorie, (recommended requirement is 56gms 15-20% of total calories). Carbohydrate levels are normal at 326gms/day, 53% of total calories, (recommended requirement is 300gms/day, 50-60% of total calories). Fat levels are high at 91gms/day, 31% of total calories, (recommended requirement is 25-30% of total calories). Saturated fats are 7% of total calories, (recommended is less than 10% of total calories). Cholesterol levels have increased from 250 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). 167mgs/day of Vitamin C (recommended 90mgs/day).

Sodium levels have decreased from 4098 to 3496mgs/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 Las Colinas Detention Facility of the San Diego Sheriff's Food Service Department meets Title 15 Nutritional Standards for adults if 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 Larry Mendez, and Neila Afan, for providing information and they all should be commended for their efforts.

Jane Wyatt Ylucha RD Nutrition Consultant

IMQ Surveyor December 30, 2016

Title 15 Exit Conference Institute for Medical Quality (IMQ)

Date:	11/14	116				
Site:	Las	Colinas	Defention	Facility	N	

Name and Title (Please Print)	Signature	Contact Information Telephone # & E-mail
AFAN, NEILA	ndafar	619 258-3188 De 192 182 69 5d
CHUPENCE MENTER Se	ian nel	Deila agan @ Sol O15-661 est sherify . 019 Commence . Manter of Daug &
Jan Wyatt-Lucha RD	Jan Wyath Lucha	415-897-5999
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> 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:			COU	INTY:	
Las Colinas Detention & Reentry Facility			San	Diego	
2000					
FACILITY ADDRESS (STREET, CITY, ZIP CODE, T	ELEPHONE):				
451 Riverview Pkwy					
Santee, CA 92071					
		T T T T T	EH V	TYPE III:	TYPE IV:
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE 1:	IYI	PE II: X	I TPE III:	TIPE IV.
ENVIRONMENTAL HEALTH EVALUATION			DATE INSP	PECTED: 03/21/	2017
ENVIRONMENTAL HEALTH EVALUATORS (NAM	Æ, TITLE, TELEPH	IONE):		
Ava Afshari, EHS I	Amy Paquette,				
Registered Environmental Health Specialist 619-980-2910	Registered Env 619-379-0212	ironm	ental Health S	Specialist	
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):		-		
Ofelia Rodriguez	Cynthia Mont				
Administrative Sergeant 619-258-3193	Administrative 619-258-3308		tenant		
					•
NUTRITIONAL EVALUATION			DATE INSI	PECTED: N/A	
NUTRITIONAL EVALUATORS (NAME, TITLE, TE	LEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEBUONE).		<u> </u>		
PACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE).				
			<u> </u>		
MEDICAL/MENTAL HEALTH EVALUATION			DATE INS	PECTED: N/A	
MEDICAL/MENTAL HEALTH EVALUATORS (NA	ME, TITLE, TELEF	HON	E):		
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):				
ADULT TYPES COVED-A/5/17	COVER 1				BSCC FORM 358 (Rev 7/1)

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Artic	ele 12. F	ood	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Approach for Providing Food Service 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.	x			All hot/ cold foods are prepared and delivered from on-site kitchen.
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.				
Food is prepared at another city or county detention facility.	5-	х		
Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			х	
1230 Food Handlers (Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.) Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.	х			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.	х			San Diego County issued food handler trainings/cards observed on file for food workers.
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. 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.	Do not identify compliance with this section here. See comments.		ith this re.	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.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	х			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.
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. (Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)	x			
HSC §114130-114141.	Х			
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;	х			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;	х			See food inspection report.
HSC § 114268-114269	Х		ļ <u> </u>	
HSC § 114279-114282	Х			
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			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.
	nmate C	lothing a	and Pers	onal Hygiene
1260 Standard Institutional Clothing Issue				
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.	x			
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type 1, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X		ļ.—	Exchanged two times a week
Clean outergarments; and,	X			Exchanged two times a week
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	х			Exchanged two times a week
Clothing is reasonably fitted, durable, easily laundered and repaired.	х			

ARTICLE/SECTION YES 1261 Special Clothing	S NO	N/A	COMMENTS
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).			
1262 Clothing Exchange			
_ ' x			
There are policies and procedures for the scheduled			
exchange of clothing.			
Unless work, climatic conditions, illness, or the			
CalCode necessitates more frequent exchange, outer			
garments, except footwear, are exchanged at least X			
once each week. Undergarments and socks are			
exchanged twice each week.	1.		
1263 Clothing Supply			
There is a quantity of clothing, bedding, and linen X			
available for actual use and replacement needs of			
the inmate population.			
There are policies and procedures for the handling			Laundry services provided on site.
of laundry that is known or suspected to be X			
contaminated with infectious material.		1	
1264 Control of Vermin in Inmates Personal			
Clothing			
x		1	
There are policies and procedures to control the			
contamination and/or spread of vermin in all inmate			
personal clothing.			
Infested clothing is cleaned, disinfected, or stored in			
a closed container so as to eradicate or stop the X		1	
spread of the vermin.			
1265 Issue of Personal Care Items			
The second secon			
There are policies and procedures for issuing		İ	
personal hygiene items. Each female inmate is issued sanitary napkins		-	
and/or tampons as needed.		1	
Each inmate to be held over 24 hours who is unable		 	
to supply himself/herself with personal care items, is	İ		
issued the following personal care items:		1	
issued the terreture personal transfer and t			
Toothbrush;			74
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 X			
items listed above.		 	
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 X			
individual uses by the method prescribed by the			
State Board of Barbering and Cosmetology in § 979			
and 980, Division 9, Title 16, CCR.			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene	123	1,0	17716	
	l v			
There are policies and procedures for inmate	X	[
showering/bathing.				
Inmates are permitted to shower/bathe upon				
assignment to a housing unit and, thereafter, at least	X			
every other day or more often if possible.				
1267 Hair Care Services	l			Barber and equipment available on a regularly
er e saltata	X			scheduled basis. Haircut services offered weekly.
Hair care services are available.				
Except for those inmates who may not shave for court identification reasons, or those who have had]		
their shaving privileges suspended by the facility		1	1	
administrator because they are a danger to	X			
themselves or others, inmates are allowed to shave	^			
daily and receive hair care services at least once a	20			
month.			rice.	
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,	X		1	
Division 9, § 979 and 980, CCR.				
Ar	ticle 14.	Bedding	and Lin	ens
1270 Standard Bedding and Linen Issue				
		1		
For each inmate entering a living unit and expected	X			
to remain overnight, the standard issue of clean	''			
suitable bedding and linens includes, but is not				
limited to:				
One serviceable mattress which meets the	X			
requirements of § 1272 of these regulations;	X	-		
One mattress cover or one sheet;	X		-	
One towel; and, One blanket or more, depending upon climatic	 ^			
conditions.	X			
1271 Bedding and Linen Exchange		1		Laundry services available on site.
12/1 bedding and binen breadinge				
There are policies and procedures for the scheduled	x			
exchange of laundered and/or sanitized bedding and				
linen issued to each inmate housed.				
Washable items such as sheets, mattress covers, and			1	
towels are exchanged for clean replacement at least	X			
once each week.				
Where a top sheet is not issued, blankets are				
laundered or dry cleaned at least once a month.	x	1		
When a top sheet is issued, blankets are laundered] "			
or dry cleaned at least once every three months.	ļ	ļ	-	
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-	V			
absorbent ticking and conform to the size of the	X		1	
bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	1			
Any mattress purchased for issue to an inmate in a	+	1		
facility which is locked to prevent unimpeded	1		N	
access to the outdoors, is certified by the		1		
manufacturer as meeting all requirements of the	x			
State Fire Marshal and Bureau of Home Furnishings				
for penal mattresses at the time of purchase.				
the harmy symposium as me are paying as han animas.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
			etion and	
1280 Facility Sanitation, Safety and				Policy and procedures available electronically,
Maintenance				
m tit t t find.	x			
There are policies and procedures for the				
maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.				
The plan provides for a regular schedule of				
housekeeping tasks and inspections to identify and	,,,	:		
correct unsanitary or unsafe conditions or work	X			
practices.				
Medical care housing as described in Title 24, Part	1		1	
2, § 470A.2.14 is cleaned and sanitized according to	X			
policies and procedures established by the health				
authority.	Other 4	policab	e Codes	
Title 24, Uniform Building Code - Plumbing	Other A	Грисав	Codes	
Title 24, United in Building Code - Flumbing] ,,			
Toilet bowls, wash basins, drinking fountains, and	X			
showers are clean and in good repair.				
Title 24, Uniform Building Code - Cleanliness				
and Repair	l			
791	X			
Floors, walls, windows, grillwork and ceilings are			Ì	
clean and in good repair. Title 24, Part 1, 13-102(c)6 – Heating and			 	
Cooling				
Cooling	ļ			
There is provision for a comfortable living	x			9
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.	-			
Title 24, Uniform Plumbing Code - Floor Drains	X			
Floor drains are flushed at least weekly.	"			
Traps contain water to prevent escape of sewer gas.	X_			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 - Lighting				
				N N
Lighting in housing units, dayrooms and activity	X	1		
areas is sufficient to permit easy reading by a person with normal vision.				
20 foot candles light are provided at desk level and				
in the grooming area. (Applicable to facilities			X	
constructed after 1980.)			1	
Lighting is centrally controlled or occupant	Х			
controlled in housing cells or rooms.				
Night lighting provides good vision for supervision.	l x			
(Applicable to facilities constructed after 1980.)	1	-		
CAS C D : 1: - W-A · A	<u> </u>	-	-	Otay Water District
CA Safe Drinking Water Act				Otay Water District
Potable water is supplied from an approved source	X			
in satisfactory compliance with this Act.				

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.	Х			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	х			Ö

Summary of environmental health evaluation:

Total approximate inmate population at the time of inspection was 798. Maximum capacity is approximately 1200.

County of San Diego Environmental Health Permit (food facility) #DET- 000048 See attached food inspection report for observations and corrective actions.

This facility complies with the Title 15 Environmental requirements. All occupied housing modules were inspected at this date.

Ava Afshari, REHS

Environmental Health Specialist

County of San Diego

Food and Housing Division

5500 Overland Ave., San Diego, CA

Ava.Afshari@sdcounty.ca.gov

(619) 980-2910

	TUEL COUL 10
Food Inspection Report County of San Diego, Department of Environmenta	
P.O. Box 129251, Sun Diego, CA. 92112 9251 (859) 505 6990 (869) 253-9513 www.satchehorg	Date (READILYY) To Z / D / 1
Facility frame	Grade Grade
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451 RIVERVIEW PEWY Permit Exp Date	Tune In 7 Table Out
у селиция разе	# cf Employees 53
Inspection Typin Routine Renziection Complaint Environmen Timo Spent	ntal Other
	OUT = Minor violation observed COS = Corrected onsite PTS = Points PTS LOST = Point
DEMONSTRATION OF KNOWLEDGE OUT > COST COST	PROTECTION FROM CONTAMINATION (cont.) MJ MM ONE OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT
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A - NA To Food Harder Francis	FOOD FROM APPROVED SOURCES 15 Food obtained from approved source
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	AV 17 Compliance with Guit Dyster Regulations 2 COMPORMANCE WITH APPROVED PROCEDURES
PREVENTING CONTAMBATION BY HANDS 5. Hands clear & properly washed; gloves used properly 4	ATB Comphance with 2 Specialized Process ACCP Plan 2
Fig. 6 Adequate handwashing fauches supplied 8 incressible 7 7 2	CONSUMER ADVISORY 19 Consumer advisory provided for raw or underconved foods 2 2
7 Protest bol & could healthout learning physics	20. Licensed health care timelities / punke & private schools - a prohibited floods in ordered
No. (a. 8 Time as a public heat?) control - procedures & records (a. (a.) As 9 Proper cooking methods (b. (a.) As 9 Proper cooking methods	WATER I HOT WATER
No In Proper cooking time & temperatures	Handswis (> 1 Warewasting sink (> 0 4/2
PROTECTION FROM CONTAMINATION	22. Sewage & wastowater property doposod
	- 23 No rodents, insects, birds or animals
FEM/LOCATION TEMP (*F) ITEM/LOCATION	TEMP ("F) ITEM / LOCATION TEMP ("F
	(II / A/) (AII K
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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: (on / about)