

November 9, 2021

Sent via E-Mail

Greg Williams, Administrator Oklahoma County Detention Facility 201 N Shartel Oklahoma City, OK 73102

RE: Continuing Non-Compliance (Follow-Up Inspection)

Dear Administrator:

On October 22, 2021, The Oklahoma State Department of Health Detention Program conducted an unannounced follow-up inspection and investigations of your facility. Both the follow-up inspection and investigations were conducted to determine your facility's compliance with Title 310, Chapter 670 of the Oklahoma Administrative Code. Detention Program staff identified deficiencies during said follow-up inspection and investigations. Those identified deficiencies are listed on the enclosed Statement of Deficiencies (SOD).

Detention Program staff additionally identified deficiencies which were previously noted and reported to you during the June 23, 2021, inspection. Said REPEAT DEFICIENCIES have been identified as such on the enclosed SOD.

Pursuant to Title 74, Section 193(B) of the Oklahoma Statutes, you are provided with a report of the deficiencies identified in the condition and operation of the facility as well as specific proposals for their solution. **Based on the deficiencies cited, please be advised that the facility was found to be not in substantial compliance with the aforementioned regulations.**

Should you have any questions, please contact the Detention Program at (405) 426-8170.

Sincerely,

Bory Eland

Barry Edwards | Program Manager Oklahoma State Department of Health | Detention Program Detention p. 405-426-8170 | f. 405-900-7575 <u>health.ok.gov</u> | jails.health.ok.gov

Enc. Statement of Deficiencies

cc Oklahoma Criminal Justice Authority

TATEMENT OF DEFICIENCIES () ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
						R-C	
		DET-090	B. WING		10	/22/2021	
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE			
KLAHON	IA COUNTY DETENTION	N CENTER 201 N SI OKLAH	HARTEL OMA CITY, OK 7310)2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{P 000}	INITIAL COMMENTS	::	{P 000}				
	conducted an unanno ensure compliance w Code (OAC) in Title 3 County Detention Fac following investigation D-2021-022, D-2021- C-2021-045, C-2021- C-2021-076, C-2021- C-2021-076, C-2021- C-2021-091, C-2021- SIJ-2021-044, SIJ-20 SIJ-2021-044, SIJ-20 SIJ-2021-069, SIJ-20 SAS-2021-016, SAS- The census at the tim 1740, and the rated of As a result of the follo deficiencies were cite cited below the facility compliance.	artment of Health staff bunced follow-up visit to with Oklahoma Administrative 810, Chapter 670, City and cility Standards. The ns were also conducted: -023, D-2021-032 -048, C-2021-032 -048, C-2021-050 -079, C-2021-080 -085, C-2021-088 -092 -021-050, SIJ-2021-062 -021-074 -2021-024 he of the inspection was capacity is 2890. 					
P1505	310:670-1-5(2)(F) Po	nt practice(s) was identified: licy and Procedures -	P1505				
	shall develop a policy following standards s 	hall apply. ocedures developed based is Chapter shall identify the					

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
		DET-090			R-	-C 22/2021
		STREET A 201 N SH	DDRESS, CITY, STA	ATE, ZIP CODE	10/2	
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DMA CITY, OK 7	3102 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
P1505	date that the respons policy and/or procedu	e 1 ible official adopted the ure and the dates that review rocedure were completed."	P1505			
	 Based on record revier failed to review policie least annually and designature page. Finding(s): 1) The Turnkey Heal OCDC-A-05, titled "H Procedure Manual" with 31, 2018. The policy for reviewing by the M Service Administrator. 2) The "Hygiene and reviewed on August 2 an annual schedule for Administrator or designature page, dated review of the policy. 4) Staff J reported the staff J reported J re	th Policy, number lealth Services Policy and vas last reviewed on August denotes an annual schedule Medical Director, Health and the Facility Hair Care" policy was last 26, 2020. The policy denotes or reviewing by the Jail		 Pursuant to Title 74, Section 193(the Department provides the follor proposals for solution: 1) Conduct staff interviews to as the policy was not followed. 2) Ensure the policy reflects the expected practice and revise as n 3) If the policy is revised or if the assessment determines staff know of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corra actions as needed based on obset and interviews. 	wing sess why current eeded. wledge ct rective	

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
	ROVIDER OR SUPPLIER	STREET / 201 N S	ADDRESS, CITY, STA Hartel Oma City, ok 7		1 10/22/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
{P5102}	Continued From page	2	{P5102}		
{P5102}	310:-670-5-1(1)(C) D MED/Mental Screenir	etention Facilities-A&R ng	{P5102}		
	(1) The admission pro include at least the fo	ocess of new inmates shall llowing:			
	utilizing, in part, a me questionnaire approv	ed by the Department of g conducted by a physician			
	Based on record revie failed to ensure medie	not met as evidenced by: ew and interview, the facility cal and mental health intake nducted by a physician or al personnel upon		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess	
	Receiving Screening" states screening is pe arrival at the facility to urgent health needs a	ces Policy and Procedure, ', number OCDC-E-02, erformed on all inmates on o ensure that emergent and are met.		 the policy was not followed. 2) Ensure the policy reflects the currer expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiv actions as needed based on observational context of the staff. 	ed. ge e
	medical and mental h performed before bein	Is for inmate (498) revealed nealth screening was not ng placed in the mental Booking Screening form eeded a full medical.		and interviews.	
		(481, 482, 483) admitted to r 20, 2021, who remained in			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		DENTITION NOMBER.	A. BUILDING:			
		DET-090	B. WING			R-C)/22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL	22		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	1	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET
{P5102}	Continued From page	e 3	{P5102}			
		, had no proof of medical reening as of October 21,				
	489, 490, 491, 492) o denoted medical and was not performed ur	records (485, 486, 487, 488, out of fifteen (15) reviewed, mental health screening ntil the next day ranging from (19) hours after the inmate's cility.				
	medical and mental h	Is for inmate (496) revealed lealth screening was not even (47) hours after the lito the facility.				
	complaints of difficult medical and mental h	eath screening was not een (18) hours after the				
	screening may only b for inmates who have	nedical and mental heath e delayed up to six (6) hours e been found to be medically tly under the influence.				
P5103	310:670-5-1(1)(D) De Orientation	etention Facilities-Jail Rules	P5103			
	(1) The admission pro include at least the fo	ocess of new inmates shall llowing:				
	(D) Procedures to enumber understanding of facil					
	This STANDARD is r	not met as evidenced by:				

STATE FORM

If continuation sheet 4 of 65

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
			A. DOIEDING.		F	र-C
		DET-090	B. WING		10	/22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
KLAHON		N CENTER				
			OMA CITY, OK 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
P5103	Continued From pag	e 4	P5103			
	Based on observatio interview, the facility understanding of faci admission process.	failed to ensure the		Pursuant to Title 74, Section 19 the Department provides the fo proposals for solution: 1) Conduct staff interviews to a	llowing	
	provided to inmates of process. The "Inmat 2021, states all inma	inding(s):) Observed the "Inmate Handbook" is not rovided to inmates during the admission booking rocess. The "Inmate Handbook", dated May 27, 021, states all inmates are issued a printed ersion of the inmate handbook at intake.		 the policy was not followed. 2) Ensure the policy reflects the expected practice and revise as 3) If the policy is revised or if the assessment determines staff kin of the policy is incomplete, conductant training of staff on the policy. 	e current s needed. ne nowledge duct	
	 Observed the "Inr posted in the housing 	mate Handbook" is not g pods.		 Review and adopt further co actions as needed based on ob and interviews. 		
	,	s held in the male and were not provided a copy of ok".				
		n average of fifty (50) to a 125 inmates are assigned to				
	orientation. The "Inn 27, 2021, states inma	nmates do not receive nate Handbook", dated May ates shall receive intital e (5) days of reception.				
	6) Several inmates r copy or access to the	reported they do not have a e inmate handbook.				
		he handbook is provided on losk located in the dayroom				
		approximately ten (10) tablets housing pod which is not ate.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET
{P5201}	Continued From page	9 5	{P5201}		
{P5201}	310:670-5-2(2) Deter of Shift	tion Facilities-Count At Start	{P5201}		
	safety, security and c visitors. Policies and least the following: 	icies and procedures for the ontrol of staff, inmates and procedures shall address at inmate count at the ft change. The inmate count			
	Based on record revie failed to conduct an ir of each shift change a Oklahoma County De curriculum approved Department of Health Finding(s): REPEAT 1) Documentation pr shifts start times of da 11:15 a.m 11:30 p.r 2) Review of the Cer October 18, 2021, Oc 2021, and October 22	ovided by staff D denoted ay 6:00 a.m 6:00 p.m., n., and 6:00 p.m 6:00 a.m.		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as needed 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiv actions as needed based on observat and interviews. 5) Ensure documentation is complete all counts conducted. 	why ent ed. ge e ions
	-	ntral Control Log for October ne entry of a count being urs.			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			₹-C // 22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	IA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
{P5201}	Continued From page	9 6	{P5201}			
		ntral Control Logs for d October 21, 2021, revealed icing counts completed.				
	Center count forms p 2021, October 19, 20	ahoma County Detention rovided for October 18, 021, October 20, 2021 and vealed only one (1) count is h day.				
	Center count forms for October 19, 2021, O 21, 2021, revealed co	ctober 20, 2021 and October ounts are taking a long time cumentation revealed counts				
	several of the cell dod are covered or do not of staff to ensure a po breathing, human boo Per the Oklahoma Co training curriculum ap State Department of "Objective 6: Student inmate counts are co positive they see livin	ce of obscured windows on ors, many lights in the cells t work, impeding the ability ositive presence of a living, dy when conducting counts. ounty Detention Center oproved by the Oklahoma Health on January 20, 2020, is will know when official nducted. Officer must be the presence of the second second second perfore counting the inmate".				
{P5202}	310:670-5-2(3) Deter Checks	ntion Facilities-Hourly Sight	{P5202}			
	implement written pol safety, security and c	ator shall develop and licies and procedures for the control of staff, inmates and procedures shall address at				

STATE FORM

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STATEMENT	a State Department of T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	N CENTER 201 N SI OKLAHO	HARTEL DMA CITY, OK 7	73102	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
{P5202}	Continued From page	e 7	{P5202}		
		least one (1) visual sight ich shall include all areas of ight checks shall be			
	Based on observation interview, the facility (1) visual sight check accordance with their all areas of each cell, be documented. Okla	failed to conduct at least one		 Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as needed 3) If the policy is revised or if the 	why
	on October 21, 2021, 6th, 8th, 10th, 12th, a 22, 2021, of being ob the surface of the wir percent (50%) visibili ability of having "Sigh within close proximity	dows on the 2nd, 4th, floors and cell windows on the and 13th floors on October scured from scratches on adows allowing less than fifty ty. Thus obstructing the at Contact" - clear visibility		 assessment determines staff knowledg of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observati and interviews. 	e
	the cell doors, imped ensure a positive pre human body. Per the Detention Center trai the Oklahoma State I	ce of obscured windows on ing the ability of staff to sence of a living, breathing, Oklahoma County ning curriculum approved by Department of Health on bjective 3: Students will			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		DET-090	B. WING			R-C // 22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL MA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
{P5202}	 know how to properly sight checks into Can must be positive they human body (flesh & the inmate". 3) A review of record watch, requiring fifteer revealed sight checks every fifteen (15) min 4) Of the twenty-two housing pod requiring checks, all twenty-two housing pod requiring checks, ranging from (4) hours. 5) Of the thirteen (13) housing pod requiring checks, all thirteen (14) hours. 5) Of the thirteen (13) housing pod requiring checks, ranging from (30) minutes. 6) Of the one hundree 15 Minute Observation 14, 2021 thru Octobe hundred and thirty six missing sight checks, minutes to nine (9) hor forms did not have a string (30) minute sight checks were not doct. 	 conduct, document and call nera Operations. Officers see living, breathing, movement) before counting s for inmates on suicide on (15) minute sight checks, a were not documented utes for October 22, 2021. (22) inmates in 13 Baker officen (15) minute sight to (22) of the Male 15 Minute rms had missing sight thirty (30) minutes to four c) inmates in 13 Charlie of the Male 15 Minute rms had missing sight thirty (30) minutes to four c) inmates in 13 Charlie of the Male 15 Minute rms had missing sight thirty (30) minutes to four c) and eighty six (186) Male on Sheet forms, for October r 20, 2021, revealed one a (136) of the forms had ranging from thirty (30) pours. Fifty six (56) of the 	{P5202}			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY
		DET-090	B. WING			२-C / 22/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON		I CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5202}	Continued From page	e 9	{P5202}			
	 pod, for inmates on ir requiring thirty (30) m sight checks were no (30) minutes for Octo 22, 2021. Ten (10) si 9) Review of four (4) 17, 2021 thru Octobe hour sight checks we 	Is for 13 Charlie housing increased observation, inute sight checks, revealed t documented every thirty ber 21, 2021 thru October ight checks were missed. unit log books for, October r 22, 2021, revealed one re not performed and red in all 4 unit log books.				
	denoting the reason f reasons noted were F Trash, Running Rec, Feeding Pods, Use o Court, Clinic, Classifie Available, Assisting V Paperwork, and Miss					
	11) Staff D reported a replace the cell windo	a bid had been obtained to ows.				
P5216		ention Facilities-Post Orders	P5216			
	implement written pol safety, security and c	ator shall develop and licies and procedures for the ontrol of staff, inmates and procedures shall address at				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		DET-090	B. WING		10/22/2021
ME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7	/3102	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLE
P5216	Continued From page	e 10	P5216		
	Based on record revie provide documentation acknowledge they un	not met as evidenced by: ew, the facility failed to on staff reviewed and derstand their duties as der or duty assignment.		 Pursuant to Title 74, Section 193(B)(the Department provides the followin proposals for solution: 1) Conduct staff interviews to asses the policy was not followed. 2) Ensure the policy reflects the our 	s why
	"Acknowledgment of staff (N, O, P, Q, R, S posts, revealed they of acknowledge they un	nentation of post order Review" forms for six (6) 6), for their current assigned did not reviewed and derstand their duties as der or duty assignment.		 2) Ensure the policy reflects the curl expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowle of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correcting actions as needed based on observational context of the policy of the policy of the policy of the policy. 	ded. dge ive
	order "Acknowledgme revealed only one pos Acknowledgment of F	st (12th Floor) Review form was provided, ignatures of review from		and interviews.	
	 Staff B reported th Review" forms provid 	e "Acknowledgment of ed was all they had.			
{P5230}	310:670-5-2(27)(B) D Serious Injury	etention Facilities-Notify	{P5230}		
	implement written pol safety, security and c	ator shall develop and licies and procedures for the ontrol of staff, inmates and procedures shall address at			
		shall be notified no later day if any of the following			

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
KLAHON	IA COUNTY DETENTION	N CENTER 201 N SI	HARTEL DMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
{P5230}	Continued From page	e 11	{P5230}		
	(B) Serious injury to s threatening or requirin medical facility;	staff or inmate defined as life ng transfer to outside			
	Based on record revie failed to notify the Ok	not met as evidenced by: ew and interview, the facility lahoma State Department of inmates who required a edical facility.		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution:	
	failed to notify the Ok Health of eleven (11)	DEFICIENCY 2021, revealed the facility lahoma State Department of inmates who sustained an ansfer to an outside medical		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the curre expected practice and revise as needed If the policy is revised or if the assessment determines staff knowledged of the policy is incomplete, conduct training of staff on the policy. 	nt ed. ge
2) fa D si	facility failed to notify Department of Health	n of seven (7) inmates who nd required transfer to an		 4) Review and adopt further corrective actions as needed based on observati and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the polic and adopt further corrective actions as 	ons ther y
	facility failed to notify Department of Health	n of five (5) inmates who nd required transfer to an		needed.	
	incomplete, for log die	ober 2021, entries were d not delineate the reason ansfer to an outside medical			

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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	IA COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL DMA CITY, OK 7	/3102	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
{P5230}	Continued From page	e 12	{P5230}		
	5) Staff A and D repo incidents are being re				
{P5232}	310:670-5-2(27)(D) D Facilities-Notification		{P5232}		
	safety, security and c	ator shall develop and icies and procedures for the ontrol of staff, inmates and procedures shall address at			
	. , .	shall be notified no later day if any of the following			
	(D) Serious suicide at threatening or requirin medical facility; and				
	Based on record revie failed to notify the Ok Health of a suicide at	not met as evidenced by: ew and interview, the facility lahoma State Department of ttempt of an inmate who utside medical facility.		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:	
	Finding(s): REPEAT I	DEFICIENCY		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the current 	-
	facility failed to notify Department of Health	of an inmate (499), who d required transfer to an		 expected practice and revise as need. 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective 	ed. ge
	, –	bber 2021, entries were d not delineate the reason		actions as needed based on observat and interviews.	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. DOILDING.		R-C
		DET-090	B. WING		10/22/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE
{P5232}	Continued From page	e 13	{P5232}		
	inmates required a tra facility. 5) Staff A and D repo incidents are being re			5) Conduct periodic monitoring of t correction for compliance, conduct training and/or review, revise the po and adopt further corrective actions needed.	further blicy
{P5301}	310:670-5-3(b) Deten Supervision	tion Facilities-Staff 24 Hr	{P5301}		
	Supervision of inmate (b) Staff shall provide supervision of inmate	twenty-four (24) hour			
	Based on observation	not met as evidenced by: n and interview, the facility able staff within the living		Pursuant to Title 74, Section 193(B) the Department provides the followi	
				 proposals for solution: 1) Conduct staff interviews to asse the policy was not followed. 2) Ensure the policy reflects the cu 	
	1) On October 21, 20)21, observed the Womens and #4, do not have a		expected practice and revise as nee 3) If the policy is revised or if the assessment determines staff knowl of the policy is incomplete, conduct	eded.
	were observed poster instructions to dial zer	s (Access to Health Care) d in the inmate pods with ro (0) for a life threatening , zero (0) does not work		 training of staff on the policy. 4) Review and adopt further correct actions as needed based on observand interviews. 5) Conduct periodic monitoring of t correction for compliance, conduct training and/or review, revise the policy. 	vations he further plicy
	3) Testing to report a	n emergency was		and adopt further corrective actions	as

STATEMENT	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	DI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			LLILD
		DET-090	B. WING			R-C 1 /22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		201 N SH	HARTEL			
UKLAHUI	MA COUNTY DETENTION	OKLAH	OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{P5301}	Continued From page	e 14	{P5301}			
		one located in holding cell lolding Pod, by dialing zero /e results.		needed.		
	performed on the pho #1, of the Womens H Two test resulted in a lasting more than a m A staff member answ	bort an emergency was one located in holding cell lolding Pod, by dialing 0#. In automated message ninute with negative results. ered on a third attempt after automated message.				
	October 22, 2021, to housing pods 6 Bake Charlie, cell #44, 8 A #15, #31, #33 and #5 #32, #33, #39, #43 and	phones with (0 and 0#) on report an emergency in r, cells #26, #27 and #33, 6 dam cell #41, 10 Adam, cells 60, 10 Charlie, cells #15, #20, nd #45, 10 David, cells #1, r, cell #19, #13 Charlie, cells ed negative results.				
		ne located in 4 David) was broken with exposed ˈk.				
		ne located in 10 Charlie 5 and #20 were broken and				
	October 20, 2021, re- pods are being viewe conducted during eac	mera Operations Log for vealed not all of the housing ed during camera sweeps ch of the eight (8) hour shifts. ted from two (2) minutes to s				
	2021, revealed a car	rations Log for October 20, mera sweep was performed and was completed in six (6) 3:06 p.m.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		DET-090	B. WING)/22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7310	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{P5301}	Continued From page	e 15	{P5301}			
	2021, revealed a car for 8 housing pods ar minutes, 10:30 a.m. t 11) The "Inmate Har	erations Log for October 20, mera sweep was performed nd was completed in two (2) to 10:32 a.m. ndbook" dated May 27, 2021, eport emergencies by				
	12) The "Staff Assignment and Inspection Report" dated October 20, 2021, 6:00 p.m. to October 21, 2021, 6:00 a.m., revealed ten (10) detention staff were assigned to cover the seven (7) floors consisting of twenty-four (24) housing pods, with a total of 1690 inmates.					
	Report" dated October October 21, 2021, 6: assignments of staff denoted four (4) of th	to cover the seven (7) floors le floors were assigned one nree (3) of the floors were				
	dated October 20, 20 2021, 6:00 a.m., reve officers are assigned specifically assigned (24) housing pods, w	ealth, critically ill, restrictive				
	watch, requiring fiftee revealed sight checks	rds for inmates on suicide en (15) minute sight checks, s were not documented nutes for October 22, 2021.				
	10) Of the twenty tw	o (22) inmates in 13 Baker				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			B. WING			R-C
		DET-090		710 0005	10	/22/2021
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE HARTEL	, ZIP CODE		
OKLAHO	MA COUNTY DETENTION		OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
{P5301}	Continued From page	e 16	{P5301}			
	checks, all twenty-two Observation Sheet fo	g fifteen (15) minute sight o (22) of the Male 15 Minute rms had missing sight thirty (30) minutes to four				
	housing pod requiring checks, all thirteen (1 Observation Sheet fo	3) inmates in 13 Charlie g fifteen (15) minute sight 3) of the Male 15 Minute rms had missing sight fifteen (15) minutes to thirty				
	15 Minute Observation 14, 2021 thru Octobe hundred and thirty six missing sight checks,	red and eighty six (186) Male on Sheet forms, for October r 20, 2021, revealed one ((136) of the forms had , ranging from thirty (30) ours. Fifty six (56) of the start or end date.				
	pod, for inmates on ir requiring thirty (30) m sight checks were no	rds for 13 Adam housing ncreased observation, ninute sight checks, revealed t documented every thirty ber 21, 2021. Three (3) ssed.				
	pod, for inmates on ir requiring thirty (30) m sight checks were no (30) minutes for Octo	rds for 13 Charlie housing ncreased observation, ninute sight checks, revealed t documented every thirty ber 21, 2021 thru October ight checks were missed.				
	17, 2021 thru Octobe hour sight checks we	l) unit log books for, October r 22, 2021, revealed one re not performed and red in all 4 unit log books.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			२-C // 22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{P5301}	 denoting the reason f reasons noted were F Trash, Running Rec, Feeding Pods, Use of Court, Clinic, Classifie Available, Assisting W Paperwork, and Misse 23) Documentation p shifts start times of da 11:15 a.m 11:30 p.r 24) Review of the Ce October 18, 2021, Oc 2021, and October 21 of a count beginning a 6:00 p.m. 25) Review of the Ce October 19, 2021, rev being competed at 23 26) Review of the Ce October 20, 2021 and no log entries referen 27) Review of the Ok Center count forms p 2021, October 19, 2021, rev being conducted each 28) Review of the Ok Center count forms for October 19, 2021, Oc 21, 2021, revealed co 	g books had log entries or missed sight checks. The Roving, Medicine Pass, Recon, "Face to Face", f Force, Incident in Booking, cation, EMSA, No One Vith Movement, Pulled, ed Check. rovided by staff D denoted ay 6:00 a.m 6:00 p.m., n., and 6:00 p.m 6:00 a.m. entral Control Logs for tober 19, 2021, October 20, l, 2021, revealed no notation at 6:00 a.m., 11:15 a.m., and entral Control Log for yealed one entry of a count at 1 hours. entral Control Logs for d October 21, 2021, revealed cing counts completed. clahoma County Detention rovided for October 18, 021, October 20, 2021 and yealed only one (1) count is n day. clahoma County Detention or, October 18, 2021, ctober 20, 2021 and October punts are taking a long time cumentation revealed counts	{P5301}	DEFICIEN	CY)	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R-C
		DET-090	B. WING)/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHON	MA COUNTY DETENTION		HARTEL OMA CITY, OK 7310	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P5301}	Continued From page	e 18	{P5301}			
	spoke with inmate (49 12 David, cell #19, at the inmate needed to However, both of the a medical emergency on inmate (498) at 9: inmate unresponsive was called and cardio (CPR) was initiated. 30) Inmate (498) loc David, cell #19, atten calls, however, the in	rt denoted staff V and W 98) located in housing pod 6:45 a.m. and determined b be seen by medical. staff were called to report to 7. Staff X returned to check 03 a.m. and found the . Emergency assistance opulmonary resuscitation ated in housing pod 12 npted to make 870 telephone mate's assigned pin number being housed in the wrong				
	31) Two pieces of pa to the wall in 6 Baker effort by the inmates	aper were observed attached cell #50. The paper was an occupying the cell, to of grout around an 8 x 16				
	Holding Pod, reported the pod and the inter The inmate pushed th	sed in cell #3 of the Womens d staff are rarely present in com in the cell did not work. ne intercom button in the cell com system did not work.				
	33) Staff K reported facility are not workin	many phones throughout the g.				
	34) Staff D reported throughout the facility not work.	the intercom system / is not being used and does				
	Holding Pod on Octo they remain in the ho	er assigned to the Womens ber 21, 2021, when asked if using pod at all time, ot always in the pod and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R-C
		DET-090	B. WING		10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ITE, ZIP CODE	
OKLAHON	A COUNTY DETENTION	N CENTER OKLAH		2102	
	OKLAHOMA CITY, OK 73102				ON (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	UST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		D BE COMPL
{P5301}	Continued From page	e 19	{P5301}		
	have other duties ass female is admitted int	signed in the booking when a to the facility.			
{P5302}	310:670-5-3(c) Deten PHYS/CCTV	tion Facilities-Staff Respond	{P5302}		
	staffed to monitor all i physically or electron the living areas to res for assistance, and re- situations. A Detentio all times at each loca confined or the obser closed circuit TV. The with an intercommuni terminates in a location	ically and close enough to spond immediately to calls espond to emergency on Officer shall be on duty at tion where inmates are vation shall be conducted by e location shall be equipped ication system that on that is staffed twenty-four is capable of providing an			
	Based on observation interview, the facility f intercommunication s activity either physica provide staff close en	failed to provide a working system, monitor all inmate ally or electronically and lough to the living areas to to calls for assistance, and sy situations.		 Pursuant to Title 74, Section 193(B)(the Department provides the followin proposals for solution: 1) Conduct staff interviews to asses the policy was not followed. 2) Ensure the policy reflects the currexpected practice and revise as nee 3) If the policy is revised or if the 	s why rent ded.
		021, observed the Womens and #4, do not have a		assessment determines staff knowleof the policy is incomplete, conducttraining of staff on the policy.4) Review and adopt further correct	

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			R-C
		DET-090	B. WING			/22/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
KLAHO	MA COUNTY DETENTION		HARTEL OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
{P5302}	Continued From page	e 20	{P5302}			
	were observed poster instructions to dial ze emergency, however when tested.	s (Access to Health Care) d in the inmate pods with ro (0) for a life threatening , zero (0) does not work		 and interviews. 5) Conduct periodic monitor correction for compliance, contraining and/or review, revised 	duct periodic monitoring of the on for compliance, conduct further and/or review, revise the policy opt further corrective actions as	
		one located in holding cell olding Pod, by dialing zero				
	performed on the pho #1, of the Womens H Two test resulted in a lasting more than a m A staff member answ	bort an emergency was one located in holding cell olding Pod, by dialing 0#. In automated message ninute with negative results. ered on a third attempt after automated message.				
	October 22, 2021, to housing pods 6 Bake Charlie, cell #44, 8 A #15, #31, #33 and #5 #32, #33, #39, #43 and	phones with (0 and 0#) on report an emergency in r, cells #26, #27 and #33, 6 dam cell #41, 10 Adam, cells 60, 10 Charlie, cells #15, #20, nd #45, 10 David, cells #1, r, cell #19, #13 Charlie, cells ed negative results.				
	,	ne located in 4 David was broken with exposed k.				
	,	ne located in 10 Charlie 5 and #20 were broken and				
	October 20, 2021, rev	nera Operations Log for vealed not all of the housing d during camera sweeps				

STATEMEN	a State Department of OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. DOILDING.			२- С
		DET-090	B. WING			/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	N CENTER 201 N SH		••		
			OMA CITY, OK 731			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
{P5302}	Continued From page	e 21	{P5302}			
		ch of the eight (8) hour shifts. ted from two (2) minutes to s				
	2021, revealed a car	rations Log for October 20, mera sweep was performed and was completed in six (6) 3:06 p.m.				
	2021, revealed a car	erations Log for October 20, mera sweep was performed nd was completed in two (2) to 10:32 a.m.				
	-	ndbook" dated May 27, 2021, eport emergencies by				
	denoting the reason f reasons noted were f Trash, Running Rec, Feeding Pods, Use o Court, Clinic, Classifi	g books had log entries for missed sight checks. The Roving, Medicine Pass, Recon, "Face to Face", f Force, Incident in Booking, cation, EMSA, No One Vith Movement, Pulled, ed Check.				
	Report" dated October October 21, 2021, 6:0 detention staff were a	nment and Inspection er 20, 2021, 6:00 p.m. to 00 a.m., revealed ten (10) assigned to cover the seven of twenty-four (24) housing 690 inmates.				
	Report" dated October October 21, 2021, 6:0 assignments of staff t denoted four (4) of th	nment and Inspection er 20, 2021, 6:00 p.m. to 00 a.m., revealed to cover the seven (7) floors e floors were assigned one nree (3) of the floors were				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. DOILDING.			R-C
		DET-090	B. WING			/22/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHO	MA COUNTY DETENTION		HARTEL OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P5302}	Continued From page	e 22	{P5302}			
	assigned with two (2)	rovers each.				
	dated October 20, 20 2021, 6:00 a.m., reve officers are assigned specifically assigned (24) housing pods, wi prevention, mental he housing, and closer of 16) An incident report spoke with inmate (49 12 David, cell #19, at	ealth, critically ill, restrictive observation. rt denoted staff V and W 98) located in housing pod 6:45 a.m. and determined				
	the inmate needed to However, both of the a medical emergency on inmate (498) at 9:0 inmate unresponsive.					
	Holding Pod, reported the pod and the interd The inmate pushed th	ed in cell #3 of the Womens d staff are rarely present in com in the cell did not work. ne intercom button in the cell com system did not work.				
	18) Staff K reported facility are not working	many phones throughout the g.				
	19) Staff D reported throughout the facility not work.	the intercom system / is not being used and does				
	20) Staff D reported installing phones in e completed the work.	a vendor is in the process of ach cell, but has not				

				COMPLETED
		B. WING		R-C
OVIDER OR SUPPLIER	DET-090	DDRESS, CITY, ST		10/22/2021
	201 N SI		ALE, ZIF CODE	
A COUNTY DETENTION	OKLAHO	OMA CITY, OK 7	3102	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLE
Continued From page	23	{P5303}		
310:670-5-3(d) Deten Staffing Perform	tion Facilities-Ample	{P5303}		
and supervision of inr shall provide for back	nates. Staff assignments up assistance for all			
 Based on observation interview, the facility f staffing to perform all to security, custody and Finding(s): REPEAT 1) Two pieces of pap to the wall in housing was an effort by the ir conceal the removal of inch concrete block. 2) Cell walls were ob to contain graffiti and drawings, toothpaste, 3) Several light fixture 	ailed to ensure sufficient assigned functions relating and supervision of inmates. DEFICIENCY er were observed attached pod 6 Baker, cell #50. It immates occupying the cell, to of grout around an 8 x 16 served in each housing pod, had other items (pictures, etc.) stuck to the wall. es in the cells were		 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the currer expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective 	why ent ed. ge
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page 310:670-5-3(d) Deten Staffing Perform (d) There shall be suf assigned functions re and supervision of inr shall provide for back employees entering lo confined. This STANDARD is r Based on observation interview, the facility f staffing to perform all to security, custody at Finding(s): REPEAT 1) Two pieces of pap to the wall in housing was an effort by the ir conceal the removal of inch concrete block. 2) Cell walls were ob to contain graffiti and drawings, toothpaste, 3) Several light fixture observed to be damage by the inmates with pa	Continued From page 23 310:670-5-3(d) Detention Facilities-Ample Staffing Perform (d) There shall be sufficient staff to perform all assigned functions relating to security, custody and supervision of inmates. Staff assignments shall provide for backup assistance for all employees entering locations where inmates are confined. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure sufficient staffing to perform all assigned functions relating to security, custody and supervision of inmates. Finding(s): REPEAT DEFICIENCY 1) Two pieces of paper were observed attached to the wall in housing pod 6 Baker, cell #50. It was an effort by the inmates occupying the cell, to conceal the removal of grout around an 8 x 16	OKLAHOMA CITY, OK 7 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 23 {P5303} 310:670-5-3(d) Detention Facilities-Ample Staffing Perform {P5303} (d) There shall be sufficient staff to perform all assigned functions relating to security, custody and supervision of inmates. Staff assignments shall provide for backup assistance for all employees entering locations where inmates are confined. {P5303} This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure sufficient staffing to perform all assigned functions relating to security, custody and supervision of inmates. Finding(s): REPEAT DEFICIENCY 1) Two pieces of paper were observed attached to the wall in housing pod 6 Baker, cell #50. It was an effort by the inmates occupying the cell, to conceal the removal of grout around an 8 x 16 inch concrete block. 10 2) Cell walls were observed in each housing pod, to contain graffiti and had other items (pictures, drawings, toothpaste, etc.) stuck to the wall. 3) Several light fixtures in the cells were observed to be damaged, not working, or covered by the inmates with paper, cardboard, toilet	OKLAHOMA CITY, ok 73102 REVEATOR'S TATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD TAG Optimizer Staff Staffing Perform (d) There shall be sufficient staff to perform all assigned functions relating to security, custody and supervision of immates. Staff assignments shall provide for backup assistance for all employees entering locations where inmates are confined. Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Two pieces of paper were observed attached to the wall in housing pod 6 Baker, cell #50. It was an effort by the immates occupying the cell, to conceal the removal of grout around an 8 x 16 inch concrete block. 2) Cell walls were observed in each housing pod, to contain graffiti and had other items (pictures, drawings, toothpaste, etc.) stuck to the wall. 3) Several light fixtures in the cells were observed to be damaged, not working, or covered by the inmates with paper, cardboard, toilet

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STATEMEN	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
	DET-090		B. WING			R-C / 22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	N CENTER 201 N SI	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
{P5303}	Continued From page	e 24	{P5303}			
	wall of cells occupied were big enough to p adjacent cells. Holes 4 David between cell between cells #41 an 5) Observed on Octo wall of cells occupied were big enough to p adjacent cells. Holes 6 Baker between cell between cells #49 an cells #44 and #45, 8	ber 21, 2021, holes in the by inmates. All of the holes ass items between the were found in housing pods s #39 and #40, 4 David d #42. ber 22, 2021, holes in the by inmates. All of the holes ass items between the were found in housing pods s #33 and #44, 6 Baker d #50, 8 Adam between Charlie between cells #11 rlie between cells #20 and				
	2021, and October 2	ntral Control Logs for ctober 19, 2021, October 20, 1, 2021, revealed no notation at 6:00 a.m., 11:15 a.m., and				
		ntral Control Logs for d October 21, 2021, revealed ncing counts completed.				
	Center count forms p 2021, October 19, 20	ahoma County Detention rovided for October 18, 21, October 20, 2021 and vealed no more than one (1) cted each day.				
	Center count forms for October 19, 2021, O 21, 2021, revealed co	ctober 20, 2021 and October ounts are taking a long time cumentation revealed counts				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		A. BUILDING:				R-C	
		DET-090	B. WING			/22/2021	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
KLAHON	A COUNTY DETENTIO	N CENTER 201 N SI		22			
	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
{P5303}	Continued From page	e 25	{P5303}				
	October 9, 2021, rev	week of October 3, 2021 thru ealed inmates located in lie and 10 Adam were not creation.					
	11) Records for the week of October 3, 2021 thru October 9, 2021, revealed inmates located in housing pods 2 David and 8 David were offered one (1) time to Shower/Recreation.						
	October 9, 2021, rev housing pods 2 Bake David, 8 Adam,8 Bak	week of October 3, 2021 thru ealed inmates located in er, 6 Baker, 6 Charlie, 6 ker, 8 Charlie and 10 Baker times to Shower/Recreation.					
	thru October 16, 202 in housing pods 2 Ba	week of October 10, 2021 1, revealed inmates located ker, 2 Charlie, 2 David, 8 were not offered a time to					
	thru October 16, 202 in housing pods 6 Ad	week of October 10, 2021 1, revealed inmates located lam and 12 Baker were to Shower/Recreation.					
	thru October 16, 202	week of October 10, 2021 1, revealed inmates located avid, 6 Baker, 10 Baker, and d two (2) times to					
	watch, requiring fiftee revealed sight checks	rds for inmates on suicide en (15) minute sight checks, s were not documented nutes for October 22, 2021.					
		o (22) inmates in 13 Baker g fifteen (15) minute sight					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		DET-090	B. WING			/22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7310)2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
{P5303}	Continued From page	e 26	{P5303}			
	Observation Sheet for	o (22) of the Male 15 Minute orms had missing sight thirty (30) minutes to four				
	housing pod requiring checks, all thirteen (1 Observation Sheet for	 13) inmates in 13 Charlie g fifteen (15) minute sight 3) of the Male 15 Minute prms had missing sight fifteen (15) minutes to thirty 				
	15 Minute Observation 14, 2021 thru October hundred and thirty six missing sight checks	red and eighty six (186) Male on Sheet forms, for October er 20, 2021, revealed one ((136) of the forms had , ranging from thirty (30) ours. Fifty six (56) of the start or end date.				
	pod, for inmates on in requiring thirty (30) m sight checks were no	rds for 13 Adam housing ncreased observation, ninute sight checks, revealed it documented every thirty ober 21, 2021. Three (3) ssed.				
	pod, for inmates on in requiring thirty (30) m sight checks were no (30) minutes for Octo	rds for 13 Charlie housing ncreased observation, ninute sight checks, revealed it documented every thirty ober 21, 2021 thru October ight checks were missed.				
	17, 2021 thru Octobe hour sight checks we	4) unit log books for, October er 22, 2021, revealed one ere not performed and ired in all 4 unit log books.				
		g books had log entries				

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			R-C)/22/2021
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
		201 N SI	HARTEL			
	WA COUNTY DETENTION	OKLAH	OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{P5303}	Continued From page	e 27	{P5303}			
	reasons noted were F Trash, Running Rec, Feeding Pods, Use o Court, Clinic, Classifie Available, Assisting V Paperwork, and Miss 24) A review of recor medical and mental h performed before bein health pod. The Pre- denoted the inmate n 25) Three (3) inmate to the facility on Octo in booking holding ce	ds for inmate (498) revealed ealth screening was not ng placed in the mental Booking Screening form				
	488, 489, 490, 491, 4 reviewed, denoted m screening was not pe	edical and mental health rformed until the next day) to nineteen (19) hours after				
	medical and mental h	ds for inmate (496) revealed ealth screening was not even (47) hours after the to the facility.				
	complaints of difficult medical and mental h	eath screening was not een (18) hours after the				
		recreation is often missed o staff having to perform				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	DET-090 B. WING			R-C 10/22/2	2021	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA	ATE, ZIP CODE	·	
OKLAHON	IA COUNTY DETENTION		HARTEL OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
{P5303}	Continued From page other duties.	∋ 28	{P5303}			
{P5501}	310:670-5-5(1) Deter Housing REQ	tion Facilities-Opposite Sex	{P5501}			
	implement written pol classification and seg classification plan sha inmates and staff. Th ensure an adequate of reclassification system (1) Inmates of opposi separated living areas substantial architectu permit no sustained s inmates with mixed g					
	Based on observation failed to provide subs separation of male an permit no sustained s Finding(s): REPEAT 1) Observed one (1)	nd female inmates which ight contact. DEFICIENCY female inmate (460), being		 Pursuant to Title 74, Section 193(B) the Department provides the followi proposals for solution: 1) Conduct staff interviews to asses the policy was not followed. 2) Ensure the policy reflects the cule expected practice and revise as need and revise as	ng ss why rrent	
				 If the policy is revised or if the assessment determines staff knowle of the policy is incomplete, conduct training of staff on the policy 		

STATE FORM

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STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090 B. WING			R-C
					10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	IA COUNTY DETENTION	N CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 7	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET
{P5501}	Continued From page	e 29	{P5501}		
	to several male inma3) Staff C acknowled	lge the close proximity of o adult male inmates, and oking area moved, a		 actions as needed based on observa and interviews. 5) Develop a separation of substant architectural design in accordance w standards. 6) Put in place a barrier separating inmates of opposite sex from sustair sight contact. 	ial iith
{P5601}	Condition The administrator sha policies and procedur	ntion Facilities-Kept Clean all develop and implement res for the safety and ation throughout the facility.	{P5601}		
		at least the following: be kept in a clean condition equirements in Title 57 O.S. §			
	Based on observation maintain an acceptate Observed visible sign of dirt, debris, and tra- Finding(s): REPEAT 1) Several of the cell toilets, showers, and the 2nd and 4th floor	ble level of sanitation. Its of uncleanliness, build-up ash on floors. DEFICIENCY I, floors, walls, washbasins, common areas, located on		 Pursuant to Title 74, Section 193(B)(the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the currexpected practice and revise as nee 3) If the policy is revised or if the assessment determines staff knowler of the policy is incomplete, 	s why rent ded.

Oklahoma State Department of Health STATE FORM

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
						R-C
		DET-090	B. WING		10	/22/2021
AME OF PR	OVIDER OR SUPPLIER		ADDRESS, CITY, ST	ATE, ZIP CODE		
KLAHOM	A COUNTY DETENTION		HARTEL OMA CITY, OK 7	73102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5601}	Continued From page	e 30	{P5601}			
	 toilets, showers, and the 6th, 8th, 10th, 12t pods, were observed have a build-up of dir 3) Cell walls were ob to contain graffiti and drawings, toothpaste, 4) The drains in the r pods 2 Baker, 2 David clogged, do not drain water. 5) On October 22, 20 the showers located i Charlie, 6 David, 8 Ao Adam, 10 Charlie, an not drain, and contair 6) The women holdir a strong pungent odo 	, floors, walls, washbasins, common areas, located on th and 13th floor housing on October 22, 2021, to t, debris and trash. eserved in each housing pod, had other items (pictures, , etc.) stuck to the wall. mop sinks located in housing d, 6 Baker, and 8 Adam are , and contain stagnant dirty 021, observed the drains in n housing pods 6 baker, 6 dam, 8 Baker, 8 Charlie, 10 d 12 David are clogged, do n stagnant dirty water. ng cell #4 was dirty and had r of urine, with an unknown		conduct training of jail s policy. 4) Review and adopt furth actions as needed based of and interviews. 5) Review the policy on clu distribution.	er corrective on observations	
 a strong pungent out of unite, v substance splattered on the wall 7) The floor in the male holding standing water on the floor which coming from a leaking toilet and 8) Return air vents were observed 	ale holding cell #1 had floor which appeared to be g toilet and washbasin unit. vere observed on all floors,					
	9) The floor in 2 Ada water on the floor whi from a leaking toilet a	f the facility on October 22,				
home Stat	2021, along with esco e Department of Health	Jing Stall C allu D,				

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 7	/3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
{P5601}	Continued From page	e 31	{P5601}		
	observed on the 6th f front of the elevators.	loor, feces laying on floor in			
{P5603}	310:670-5-6(3) Deter Clean/Dry/Clear	tion Facilities-Floors	{P5603}		
	policies and procedur	ation throughout the facility.			
	(3) Floors shall be ke hazardous substance	pt clean, dry and free of s.			
	Based on observation failed to implement pe	not met as evidenced by: a and interview, the facility blicy to ensure the safety canitation standards were		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution:	
	Finding(s): REPEAT			1) Review the policy and procedures reporting and responding to maintenar and repair needs.	nce
	located on the 2nd ar	and common area floors, ad 4th floor housing pods, tober 21, 2021, to have a		 Review the process for authorizing repairs. Review the process for monitoring completion of repairs. 	
	2) Several of the cell located on the 6th, 8t	and common area floors, h, 10th, 12th and 13th floor bserved on October 22,		 4) Identify those steps in the process were not followed and why. 5) Revise and train staff on maintena procedures as needed. 	
		-up of dirt, debris and trash		6) Confirm the repair is scheduled an completed.	d
	12th and 13th floors w	the 2nd, 4th, 6th, 8th, 10th, vere observed to be dirty esidue, trash in the shower,		7) Conduct periodic monitoring of the correction for compliance.	

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	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA F CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		DET-090	B. WING			R-C / 22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
KLAHON	A COUNTY DETENTION	CENTER 201 N SH				
			OMA CITY, OK 7310			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE
{P5603}	Continued From page	e 32	{P5603}			
	or the drain being clo	gged.				
		ale holding cell #1 had floor which appeared to be g toilet unit.				
	water. This appeared orderlies using hoses	nen floors with standing to come from kitchen to clean the floors and from re-rinse dishes before they sh machine.				
	located in the kitchen finish of the floor expe	und the steam kettles, , is missing tile and a top osing the below substrate, zard and pest harborage				
	, .	roof has not been repaired the facility is waiting for a bid or for repair.				
{P5604}	310:670-5-6(4) Deter Cleaning Supply	tion Facilities-Routine	{P5604}			
	policies and procedur maintenance of sanita These shall include a	ation throughout the facility.				
		provided with materials and sufficient to maintain clean and toilets.				
	This STANDARD is r	not met as evidenced hv.				

	OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	DET-090		B. WING		R-C 10/22/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	A COUNTY DETENTION	201 N SH	IARTEL			
		OKLAHO	OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLET	
{P5604}	Continued From page	e 33	{P5604}			
		n, the facility failed to provide s and supplies to maintain basins and toilets.		Pursuant to Title 74, Section 193(B) the Department provides the followin proposals for solution:		
	located on the 2nd ar were observed on Oc	DEFICIENCY washbasins and toilets, ad 4th floor housing pods, stober 21, 2021, to be dirty. washbasins and toilets,		 Conduct staff interviews to asse the policy was not followed. Ensure the policy reflects the cu expected practice and revise as nee If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct 	rrent eded.	
	located on the 6th, 8t housing pods, were o 2021, to be dirty 3) Shower floors and	h, 10th, 12th and 13th floor observed on October 22, I walls on the 2nd, 4th, 6th, 3th floors were observed to		 4) Review and adopt further correct actions as needed based on observand interviews. 5) Review the policy on cleaning st distribution. 	tive ations	
P5606	310:670-5-6(6) Deter Hygene Issue		P5606			
	policies and procedur maintenance of sanita These shall include a	ation throughout the facility.				
	court, each inmate sh hygiene items to inclu toothbrush and tooth articles shall be provi are issued to each in policy, and collected disposed of or stored policy and procedures razors. With the exce	or after commitment by the nall be issued personal ude soap, towel, toilet paper, paste. Feminine hygiene ded upon request. Razors mate consistent with facility immediately after use and as specified by facility s. Inmates shall not share ption of toilet paper and ns, inmates who are not				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		DET-090	B. WING		10/22/2021
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ATE, ZIP CODE	
KLAHON	IA COUNTY DETENTIO	N CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
P5606	Continued From page	e 34	P5606		
	may be required to p the detention facility.	urchase hygiene items from			
	Based on observation interview, the facility accordance with this facility policy, collect	failed to issue razors in standard and consistent with razors immediately after use, re razors as specified by		 Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 	why
	located in general po Charlie, cell #8 (Fem (male). Review of th	erved in occupied cells pulation housing pods 6 ale) and 10 Charlie, cell #16 e Razor Logs did not reflect zors to these inmates.		 Ensure the policy reflects the currer expected practice and revise as needed If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. Review and adopt further corrective actions as needed based on observational and interviews. 	ed. ge re
	denoted razors were	og for housing pod 2 Baker, only issued on July 28, 2021 and October 14, 2021.			
	number 4140.03, req contain, name of inm	ate receiving the razor, outing the razor, time of			
	number 4140.03, req and returned immedi	ene and Hair Care" policy, uires razors to be logged ately to the pod officer. If the the cell shall be searched ited for			
		og for 2 Baker housing pod,			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING		R-C 10/22/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OKLAHON	A COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL MA CITY, OK 7310)2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
P5606	 did not have the distribution, and time razor. 6) The facility razor for revealed sixteen (16) 28, 2021, however, or noted as being return 7) The facility razor for revealed ten (10) razor september 27, 2021, (10) razors were noted 8) The facility razor for revealed twenty (20) October 14, 2021, however noted as being return 9) On October 14, 202, however noted as being return of the name of the inmation of the inmation of the inmation of the generation of the genera	 plete entries. Many entries buting officers name, time ne of the collection of the og for housing pod 2 Baker, razors were issued on July nly six (6) of the razors were ed. og for housing pod 2 Baker, ors were issued on however, none of the ten bod as being returned. og for housing pod 2 Baker, razors were issued on wever, none of the ten bod as being returned. og for housing pod 2 Baker, razors were issued on wever, only two (2) razors returned. 021, four (4) entries in the g pod 2 Baker, were missing te receiving the razor. 	P5606	DEFICIENT	51)	
	policies and procedur maintenance of sanita These shall include a (7) Clean bedding sha who is confined overr	ation throughout the facility.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090			R-C
					10/22/2021
NAME OF PR	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST. HARTEL	ALE, ZIP CODE	
OKLAHON	IA COUNTY DETENTIO		OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
P5608	Continued From pag include: (A) A mattress with a	e 36 cleanable surface; and	P5608		
		not met as evidenced by: n, the facility failed to ensure ress with a cleanable		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution:	,
	pod 6 Adam cell #14	(122), located in housing		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the curre expected practice and revise as needed If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct 	nt d.
	pod 8 Baker cell #374) Observed inmate	(287), located in housing		training of staff on the policy.4) Review and adopt further corrective actions as needed based on observationand interviews.	
	pod 8 Baker cell #445) Observed inmatepod 13 Adam cell #14	(453), located in housing			
	did not have a cover surface, located in ho	sses that were either torn or allowing for a cleanable busing pods 4 David cells d cell #36, 8 Adam cell #23, D.			
{P5612}	310:670-5-6(10) Dete Bedding/Towels	ention Facilities-Clean	{P5612}		
	The administrator sh	all develop and implement			
	-	all develop and implement			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		DET-090	B. WING		10/22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
KLAHON	A COUNTY DETENTION	N CENTER	HARTEL OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
{P5612}	Continued From page	e 37	{P5612}		
		res for the safety and ation throughout the facility. at least the following:			
	(10) Clean bedding a least one (1) time ea	nd towels shall be offered at ch week.			
	Based on observation interview, the facility	not met as evidenced by: n, record review and failed to provide clean at least one (1) time each		Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:	
	Finding(s): REPEAT	DEFICIENCY		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the current of the policy reflects the policy ref	
		021, a cart marked dirty d being used for trash.		expected practice and revise as needed3) If the policy is revised or if the assessment determines staff knowledg	
	blankets at least once accordance with Okla policy 4130.01, Inma Inventory, Distributio states clean blankets	laundry is exchanging e every seven (7) weeks, in ahoma County Sheriff's te Clothing and Bedding n and Accountability, which s shall be made available and nate at least once every		 of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observation and interviews. 	9
	3) Staff A reported c once every six (6) to	lean bedding is exchanged seven (7) weeks.			
{P5615}	310:670-5-6(13) Dete Clothing Issue	ention Facilities-Document	{P5615}		
	The administrator sha	all develop and implement			
	e Department of Health				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SU COMPLE	
		DET-090	B. WING		R-0) 2/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
KLAHON	IA COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
{P5615}	Continued From page	e 38	{P5615}			
	policies and procedur maintenance of sanita These shall include a	ation throughout the facility.				
	(13) Issuance of all cl documented and inma accountable for these					
				Pursuant to Title 74, Section 193(B) the Department provides the followi proposals for solution:		
	Finding(s): REPEAT	DEFICIENCY		 Conduct staff interviews to asse the policy was not followed. 	ess why	
	failed to provide for re	he facility administrator eview, documentation of issuance for each inmate.		2) Ensure the policy reflects the culexpected practice and revise as need3) If the policy is revised or if the assessment determines staff knowled	eded.	
	-	n for the issuance of bedding ad in the twenty (20) inmate ewed.		 of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correct actions as needed based on observery 	ctive	
	 Staff D reported re issuance of clothing to 	ecords are not kept for the o each inmate.		and interviews.	allons	
{P5618}	310:670-5-6(16) Dete x3/Daily Food SVC	ention Facilities-Shower	{P5618}			
	policies and procedur	ation throughout the facility.				
		rs shall be provided in de inmates the opportunity				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		DET-090	B. WING		10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	
KLAHO	MA COUNTY DETENTION	N CENTER	HARTEL OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	
{P5618}	Continued From page	e 39	{P5618}		
		e (3) times each week. ood service shall be required			
Ba fa	Based on record revi	not met as evidenced by: ew and interview, the facility ates the opportunity to bathe es each week.		Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:	
	October 9, 2021, reve	eek of October 3, 2021 thru ealed inmates located in lie and 10 Adam were not		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the current expected practice and revise as needer. If the policy is revised or if the assessment determines staff knowledg of the policy is incomplete, conduct 	nt d.
	October 9, 2021, reve	eek of October 3, 2021 thru ealed inmates located in d and 8 David were offered er/Recreation.		training of staff on the policy.4) Review and adopt further corrective actions as needed based on observation and interviews.	
	October 9, 2021, reve housing pods 2 Bake David, 8 Adam,8 Bak	eek of October 3, 2021 thru ealed inmates located in r, 6 Baker, 6 Charlie, 6 er, 8 Charlie and 10 Baker times to Shower/Recreation.			
	October 16, 2021, re housing pods 2 Bake	eek of October 10, 2021 thru vealed inmates located in r, 2 Charlie, 2 David, 8 were not offered a time to			
	October 16, 2021, re	eek of October 10, 2021 thru vealed inmates located in n and 12 Baker were offered			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
KLAHO	MA COUNTY DETENTION	CENTER 201 N SH			
		OKLAHO	OMA CITY, OK 731		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
{P5618}	Continued From page	e 40	{P5618}		
	one (1) time to Showe	er/Recreation.			
	October 16, 2021, rev	eek of October 10, 2021 thru vealed inmates located in I, 6 Baker, 10 Baker, and 12 vo (2) times to			
	 The records provid whether an inmate sh recreates. 	ded do not delineate lowers, uses the kiosk, or			
		creation is often missed o staff having to perform			
{P5620}	310:670-5-6(18) Dete Standards;Hot/Cold	ention Facilities-Water	{P5620}		
	policies and procedur	ation throughout the facility.			
		er supply shall meet all state y standards. Hot and cold ed in showers and			
	Based on observatior facility failed to provic wash basins and to s	vater were taken using the		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Review the policy and procedures	

Oklahoma State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R-C B. WING **DET-090** 10/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA COUNTY DETENTION CENTER OKLAHOMA CITY, OK 73102 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {P5620} {P5620} Continued From page 41 reporting and responding to maintenance Finding(s): REPEAT DEFICIENCY and repair needs. Review the process for authorizing 2) repairs. 3) Review the process for monitoring for 1) Observed on October 21, 2021, the wash basin cold water faucet side did not work in the completion of repairs. 4) Identify those steps in the process that cells located in Women Holding cell #4, and housing pod 4 David cell #47. were not followed and why. 5) Revise and train staff on maintenance 2) Observed on October 22, 2021, the wash procedures as needed. basin cold water faucet side did not work in the 6) Confirm the repair is scheduled and cells located in housing pods 6 Baker cell #18, 8 completed. Charlie cell #12, 10 Adam cell #43 and 10 Charlie 7) Conduct periodic monitoring of the cell #33. correction for compliance. 3) Observed on October 21, 2021, the wash basin hot water faucet side did not work in the cells located in housing pods 2 Adam cell #1, 2 Baker cell #26, and 4 Baker cell #26. 4) Observed on October 22, 2021, the wash basin hot water faucet side did not work in the cells located in housing pod 6 David cell #24. 5) The wash basin located in housing pod 2 Charlie cell #21, had a hot water temperature reading that measured 65 degrees. 4) The wash basin located in housing pod 2 Charlie cell #22, had a hot water temperature reading that measured 80 degrees. 5) The wash basin located in housing pod 2 David cell #26, had a hot water temperature reading that measured 65 degrees. 6) The wash basin located in housing pod 6 Baker cell #20, had a hot water temperature reading that measured 80 degrees. Oklahoma State Department of Health

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING			२-C / 22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		N CENTER 201 N SI	HARTEL			
		OKLAH	OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P5620}	Continued From page	e 42	{P5620}			
		showers, on the 2nd floor of pod, that did not have hot or				
		showers, on the 2nd floor of lie pod, that did not have hot				
		shower, on the 2nd floor in d pod, that did not have hot				
	the facilities Oklahom Policy Statement, "In living Area Hygiene S showers is thermosta temperatures ranging one hundred and twe	being provided as stated in the County Detention Center mate Housing, Cell and Standards"; Water for atically controlled to g from one hundred (100) to enty (120) degrees the safety of inmates and				
{P5621}	310:670-5-6(19) Dete Pests/Control	ention Facilities-Eliminate	{P5621}			
	policies and procedu	ation throughout the facility.				
	breeding insects, rod eliminated immediate	onducive to harboring or lents or other vermin shall be ely. Licensed pest control e contracted to perform pest ed basis specified in the				

Oklahom	a State Department of	Health			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST		
			HARTEL		
OKLAHO	MA COUNTY DETENTION	I CENTER	ОМА СІТҮ, ОК 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5621}	Continued From page	e 43	{P5621}		
{P5623}	 Based on observation interview, it was determaintain a facility free Finding(s): REPEAT 1) Several inmates d live bed bugs and bed 2) Observed mattrestorn or did not have a harborage. 3) Live cockroachestorn or did not have a harborage. 4) The sick call roster October 20, 2021, de seen by medial staff f 5) Two hundred and assigned to the housi 4th, 6th, 8th, 10th, 12 complaints of bed bug their person, in their b are an ongoing proble 	rmined the facility failed to e of pests. DEFICIENCY isplayed to the inspectors, d bug bites on their person. ses in cells that were either cover, allowing for pest were observed in cells ds 6 Charlie, 6 David, 10 in 8 Charlie pod. r for October 1, 2021, thru noted eight (8) inmates were or bed bug bites. twenty two (222) inmates ng pods, located on the 2nd, th and 13th floors, voiced g infestation in their cells, on bedding and clothing.	{P5623}	 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as need 3) Conduct staff interviews to assess knowledge of the policy and the practifor pest control extermination. 4) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of jail staff on the policy. 	s why ent ed. s ce
	The administrator sha	all develop and implement			
Oklahoma Sta	te Department of Health				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	ATE, ZIP CODE	
	A COUNTY DETENTION		HARTEL		
		OKLAH	OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	
{P5623}	Continued From page	9 44	{P5623}		
	These shall include a	ation throughout the facility. t least the following:			
	procedures shall ensu inmates and visitors a requirements of the C	and shall conform to the Oklahoma State Fire			
	seq. These shall inclu	in Title 74 O.S. § 317 et ide, but not be limited to an on service; a system of fire g of equipment and			
		es or extinguishers at throughout the facility. The			
	heat and smoke dete	automatic fire alarm and ction system approved by Fire Marshal, as provided in seq.			
	This STANDARD is r Based on observatior	not met as evidenced by: n, record review and		Pursuant to Title 74, Section 193(B)(1),	
	staff, inmates and vis	failed to ensure the safety of itors by maintaining an on service; a system of fire		the Department provides the following proposals for solution:	
	inspection, testing of	equipment, and conforming		1) Conduct staff interviews to assess	6
	to the requirements o Marshal.	f the Oklahoma State Fire		why the policy was not followed.2) Ensure the policy reflects the current expected practice and revise as needed	
	Finding(s): REPEAT	DEFICIENCY		 3) If the policy is revised or if the assessment determines staff knowledg 	
		kit doors leading out of cked, preventing a clear		of the policy is incomplete, conduct training of Detention Facility staff of the policy.	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		DET-090	B. WING		R-C 10/22/2021	
	ROVIDER OR SUPPLIER				10/	22/2021
AIVIE OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST HARTEL	ATE, ZIP CODE		
KLAHON	IA COUNTY DETENTION		OMA CITY, OK	73102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
{P5623}	Continued From page	e 45	{P5623}			
{F 3023}	 blocked by a cart load was blocked by a tab 2) Access to the two Apparatus and the Au Defibrillator, located r blocked by two filled 3) Ceiling tiles are m plenum area in the for basement, 1st, 2nd, 4 13th floors. 4) During the tour of 2021, observed a fire David, where inmates heating water. 5) The light fixture lo David cell #50, had e protruding from the light for the light fo	ded with trash and the other le. Self Contained Breathing utomated External hear the kitchen exits, were trash cans. issing and exposing the illowing areas, the 4th, 6th, 8th, 10th, 12th and the facility on October 22, e in cell #39 of housing pod 4 s were in the process of cated in housing pod 4 xposed electrical wiring ght fixture. tic fire alarm and heat and tem panel is yellow tagged, es. The alarm was silenced, he 2nd floor. The system in October 24, 2021, by	{F3023}	 4) Review and adopt further actions as needed based on o and interviews. 5) Review the procedures for compliance and reporting and to maintenance needs. 6) Review the actions taken and report repairs. 7) Review the process for a repairs. 8) Review the process for m completion of repairs. 9) Identify those steps in the that were not followed and why 10) Revise and train staff on maintenance procedures as needed. 	bservations or fire code responding to identify uthorizing nonitoring for e process y. eeded.	
	the automatic fire ala detection system was	les, and the vendor has				
{P5626}	310:670-5-6(24) Dete Compliance	ention Facilities-Material Fire	{P5626}			
	The administrator sha	all develop and implement				
	te Department of Health					

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL OMA CITY, OK 7	73102	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PRÉFIX TAG	``	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
{P5626}	Continued From page	e 46	{P5626}		
	policies and procedur maintenance of sanita These shall include a	ation throughout the facility.			
	shall be constructed of code requirements of	gs, walls, ceilings and floors of material that meets the the Oklahoma State Fire in Title 74 O.S. § 317 et			
	Based on observatior maintain for safety an	not met as evidenced by: n, the facility failed to nd provide materials that ements of the Oklahoma		Pursuant to Title 74, Section 193(B) the Department provides the followir proposals for solution:	Ig
	Finding(s): REPEAT	DEFICIENCY		 Conduct staff interviews to asses the policy was not followed. Ensure the policy reflects the cur 	
	basement, 1st, 2nd, 4 13th common areas, above the ceiling.	issing or damaged in the 4th, 6th, 8th, 10th, 12th and exposing the plenum area		 expected practice and revise as nee 3) If the policy is revised or if the assessment determines staff knowle of the policy is incomplete, conduct training of staff on the policy. 	ded. dge
	13th floors are broker part of the smoke pro	sing pod and corridor 4th, 6th, 8th, 10th, 12th, and n/cracked The windows are of enclosure, fire barrier and f the emergency egress		 4) Review and adopt further correct actions as needed based on observa and interviews. 5) Review the procedures for fire co compliance and reporting and response. 	ations
	system. The broken/c visibility, create a pot	cracked windows obscure ential safety and security nise the fire protection rating		to maintenance needs.6) Review the actions taken to ident and report repairs.7) Review the process for authorizin	lify
		ober 21, 2021, holes in the by inmates. All of the holes ass items between the		repairs. 8) Confirm the repair is scheduled a completed	ind

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COM	PLETED
	DET-090	B. WING		R-C 10/22/2021	
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
A COUNTY DETENTION	CENTER		02		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
		{P5626}			
4 David between cells	#39 and #40, 4 David				
wall of cells occupied were big enough to pa adjacent cells. Holes 6 Baker between cells between cells #49 and cells #44 and #45, 8 0	by inmates. All of the holes ass items between the were found in housing pods s #33 and #44, 6 Baker d #50, 8 Adam between Charlie between cells #11				
310:670-5-8(2) Deten MED/PSY Risk	tion Facilities-Observtion	{P5801}			
facility. The administrative implement written policomplete emergency	ator shall develop and icies and procedures for medical and health care				
inmates immediately u facility and before bein population or housing screening indicates a psychiatric problem, or risk, shall be observed consistent with the fac identified need until the evaluation has been of	upon admission to the ng placed in the general area. An inmate whose significant medical or or who may be a suicide d frequently by the staff cility's policy and the ne appropriate medical completed. After medical				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page adjacent cells. Holes 4 David between cells between cells #41 and 4) Observed on Octo wall of cells occupied were big enough to pa adjacent cells. Holes 6 Baker between cells between cells #49 and cells #44 and #45, 8 0 and #12, and 10 Char #21. 310:670-5-8(2) Deten MED/PSY Risk "Adequate medical car facility. The administra implement written pol complete emergency services. Policies and least the following: 	A COUNTY DETENTION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 47 adjacent cells. Holes were found in housing pods 4 David between cells #39 and #40, 4 David between cells #41 and #42. 4) Observed on October 22, 2021, holes in the wall of cells occupied by inmates. All of the holes were big enough to pass items between the adjacent cells. Holes were found in housing pods 6 Baker between cells #33 and #44, 6 Baker between cells #49 and #50, 8 Adam between cells #44 and #45, 8 Charlie between cells #11 and #12, and 10 Charlie between cells #20 and #21. 310:670-5-8(2) Detention Facilities-Observtion MED/PSY Risk "Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:	OKLAHOMA CITY, OK 731 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 47 {P5626} adjacent cells. Holes were found in housing pods 4 David between cells #39 and #40, 4 David between cells #41 and #42. {P5626} 4) Observed on October 22, 2021, holes in the wall of cells occupied by inmates. All of the holes were big enough to pass items between the adjacent cells. Holes were found in housing pods 6 Baker between cells #33 and #44, 6 Baker between cells #43 and #50, 8 Adam between cells #44 and #45, 8 Charlie between cells #11 and #12, and 10 Charlie between cells #20 and #21. {P5801} 310:670-5-8(2) Detention Facilities-Observtion MED/PSY Risk {P5801} "Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following: 	A COUNTY DETENTION CENTER OKLAHOMA CITY, OK 73102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST EP PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACT (EACH CORRECTIVE (EACH CORRET	A COUNTY DETENTION CENTER OKLAHOMA CITY, OK 73102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST PERCECTED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Continued From page 47 (P5626) adjacent cells. Holes were found in housing pods 4 David between cells #41 and #42. (P5626) 4) Observed on October 22, 2021, holes in the wall of cells occupied by immates. All of the holes were big enough to pass items between the adjacent cells. Holes were found in housing pods 6 Baker between cells #43 and #46, 6 Baker between cells #43 and #45, 8 Charlie between cells #11 and #12, and 10 Charlie between cells #120 and #21. (P5801) 310:670-5-8(2) Detention Facilities-Observtion MED/PSY Risk (P5801) "Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services, Policies and procedures shall include at least the following:

Onlarionna Otati	e Department of	Health					
STATEMENT OF DEF AND PLAN OF CORF		(X1) PROVIDER/ IDENTIFICA	SUPPLIER/CLIA TION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLE	
		DET-090	ı	B. WING		R-C) 2/2021
		52.00				10/22	./ 2021
NAME OF PROVIDE	R OR SUPPLIER			DRESS, CITY, STA	ALE, ZIP CODE		
OKLAHOMA CO	UNTY DETENTION		201 N SHA OKLAHON	MA CITY, OK 7	3102		
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR I		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5801} Conti	inued From page	948		{P5801}			
Base frequi indica consi Cour Chec Findi 1) A watcl revea every 2) O hous checl Obse checl (4) ho 3) O hous checl Obse checl (30) n 4) O 15 M for O revea forms	f the thirteen (13 ing pod who requ ks, all thirteen (1 ervation Sheet" fo ks, ranging from minutes. f the one hundred inute Observatio ctober 14, 2021 aled one hundred s had missing sig	ew, the facility inmate whose isuicide risk o cility's policy, (ner Policy 431 14, 2021. T DEFICIENCY s for inmates of n (15) minute s were not doc utes for Octob (22) inmates in ure fifteen (15 o (22) of the "Norms had miss thirty (30) min) inmates in 13 ure fifteen (15 3) of the "Male orms had miss fifteen (15) mi d and eighty s n Sheet" forms thru October 2 d and thirty six	failed to e screening r observation, Dklahoma 10.02, "Sight 7 on suicide sight checks, umented er 22, 2021. n 13 Baker) minute sight dale 15 Minute ing sight utes to four 3 Charlie) minute sight e 15 Minute ing sight nutes to thirty ix (186) "Male s reviewed, 20, 2021, (136) of the		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observat and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct fur training and/or review, revise the policy an adopt further corrective actions as needed. 	s why ent ed. ge ve ions	
Oklahoma State Depa		, <u> </u>	0.0	1	1		

	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED		
			A. BUILDING:					
		DET-090	B. WING			R-C 1 /22/2021		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE				
KLAHON	A COUNTY DETENTION	N CENTER 201 N SI	HARTEL OMA CITY, OK 731	02				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIVE		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{P5801}	Continued From page	e 49	{P5801}					
	thirty (30) minutes to nine (9) hours. Fifty six (56) of the forms did not have a start or end date.							
	for inmates who are or requiring thirty (30) m sight checks were no	Is for 13 Adam housing pod, on increased observation, ninute sight checks, revealed t documented every thirty ber 21, 2021. Three (3) ssed.						
	pod, for inmates who observation, requiring checks, revealed sigh documented every th	g thirty (30) minute sight ht checks were not irty (30) minutes for October r 22, 2021. Ten (10) sight						
	inmate (498), reveale screening was not pe placed into the menta	sion and medical records for ad medical and mental health erformed prior to being al health housing pod. The ng form denoted the inmate I screening.						
	W spoke with inmate pod 12 David cell #19 determined the inmate medical. However, b to report to an emerg check on inmate (498 inmate unresponsive	te needed to be seen by oth of the staff were called ency. Staff X returned to 3) at 9:03 a.m. and found the . Emergency assistance and cardiopulmonary						
{P5802}	310:670-5-8(2)(A) De Facilities-Prescriptior		{P5802}					

	a State Department of OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING		R-C 10/22/2021	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		201 N SI	HARTEL			
DKLAHON	MA COUNTY DETENTION	OKLAHO	OMA CITY, OK 731	02		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLET DATE
{P5802}	Continued From page	e 50	{P5802}			
	Adequate medical ca	re shall be provided in a				
	-	ator shall develop and				
	-	icies and procedures for				
		medical and health care				
		l procedures shall include at				
	least the following:					
		shall be performed on all upon admission to the				
		ing placed in the general				
		area. An inmate whose				
		significant medical or				
	psychiatric problem, or who may be a suicide					
	risk, shall be observe	d frequently by the staff				
	consistent with the fa					
		ne appropriate medical				
		completed. After medical				
		nates may be assigned to ith the medical evaluation.				
		e possession of the inmate				
		king, whether prescription or				
		l be logged, counted and medications shall be				
	provided to the [inma					
		ed medical authority. The				
		erved to ensure the prisoner				
	takes the medication.	-				
		uthority shall be particularly				
		her training of the impact of				
		withdrawal symptoms that				
		o the mental and physical				
		. The physician or medical				
	authority shall prescri					
		ons to the [inmate] pursuant itle 43A of the Oklahoma				
	Statutes as the medic					
		s those symptoms. Neither				
		the-counter medications				

TATEMEN	a State Department of T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
			A. BUILDING:			R-C
		DET-090	B. WING			/22/2021
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
KLAHO	MA COUNTY DETENTION	N CENTER 201 N SI	HARTEL DMA CITY, OK 7	73402		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLET
{P5802}	Continued From page	e 51	{P5802}			
	exception of prescribe prescription inhalers. medications shall not physician's approval medications [57 O.S. to allow certain medic require a facility to all where inmate safety i medication is docume over-the-counter medic	be administered without a unless using prepackaged § 4.1(1)]. This authorization cations in a cell does not ow the medications in a cell is threatened or abuse of the ented. Prepackaged				
	 Based on observation facility failed to provid to the inmate as direct designated medical at takes the medication, prescription nor over- kept by an inmate in at Finding(s): REPEAT 1) Observed on Octor possession of medicat housing pod 4 David. 2) Observed on Octor possession of medicat 	the-counter medications are a cell. DEFICIENCY ober 21, 2021, inmates in ation, located in cell #50, of ober 22, 2021, inmates in ation, located in cell # 25, of e, and cells #24 and #25, of		 Pursuant to Title 74, Section 193(the Department provides the follow proposals for solution: 1) Conduct staff interviews to ass the policy was not followed. 2) Ensure the policy reflects the expected practice and revise as n 3) If the policy is revised or if the assessment determines staff know of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corri actions as needed based on obse and interviews. 5) Conduct periodic monitoring of correction for compliance, conduct training and/or review, revise the police 	wing sess why current eeded. vledge ct ective rvations the t further	

6899

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			२-C / 22/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	A COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL DMA CITY, OK 7310	02		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COR		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{P5802}	 medical rounds and n located on the 8th floor a notation of "no staff 4) Review of records 13, 2021, revealed we and medication pass conducted with a nota available". 5) Review of records 19, 2021, revealed we and medication pass 	, revealed wound care, nedication pass on all pods or, were not conducted with	{P5802}			
{P6101}	September 11, 2021, been receiving medic (494) who was no lon been gone for weeks medication meant for delivered to the cell v underneath the cell de	Occurrence Report, dated denotes inmate (495) has ation prescribed to inmate ger at the facility and had . The report further stated inmate (494) was still being ia an envelope that was slid oor to inmate (495). etention Facilities-Double	{P6101}			
	Cell Min 60sq ft (a) Existing facilities. 	areas shall have at least of floor space for the initial venty (20) square feet of additional inmate occupying p-celling of inmates is t least sixty (60) square feet				

Oklahoma State Department of Health STATE FORM

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If continuation sheet 53 of 65

Oklahoma State Dep	partment of	Health			
STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	CIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/22/2021
NAME OF PROVIDER OR S	SUPPLIER	STRE	EET ADDRESS, CITY, ST	ATE, ZIP CODE	
	DETENTIO	201	N SHARTEL		
OKLAHOMA COUNTY	DETENTIO	OKL	AHOMA CITY, OK 7	/3102	
	CH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P6101} Continued	l From page	e 53	{P6101}		
 Based on facility fail of floor sp twenty (20 additional Several cd inmates h Finding(s) 1) Observation floor hous a cells loce #12 and # through ## #20, #22, #35, #38, measured toilet/sink table com calculated 17 sq. ft Subtractin sq.ft. rema available, census in was 3. 2) Observation housing p cells locat #6, #9, #1 	observation ed to have ace for the inmate occ ells with a r ad three (3): REPEAT ved on Octo ing pods, th ated in hou 19; Baker, 8, #10, #12 #23, #26, # #39, #41, # 8' 3" x 9' ((2' 8" x 6' 6 measured bo measured bo measured bo measured the capacif the capacif the cell at f ved on Octo ods, three (a ved on Octo ods) ved (a ved on Ved on Oct	not met as evidenced by: n and record review, the at least forty (40) square fee initial inmate and at least eet of floor space for each supying the same cell. ated capacity of two (2)) inmates assigned to them. DEFICIENCY ober 21, 2021, in the 2nd nree (3) inmates assigned to Ising pods Adam, cells #7, cell #14; David, cells #1, #4 , #13, #14, #16, #17, #19, \sharp 27, #28, #30, #32 through #43 through #50, each cell 74.7 sq. ft.). A bunk " (17 sq. ft.). A combo 18" x 30" (3.75 sq. ft.). A ed 3' x 1'5" (4.5 sq. ft.). The floor space was (74.7 sq. ft - 4.5 sq. ft.) = 49.45 sq. ft. for first inmate leaves 9.45 ed on the usable floor space ty of the cell is 1 person. The the time of the inspection ber 21, 2021, in the 4th floor (3) inmates assigned to a ng pods Baker, cells #4, #5, 5, #29, #31, #32, #35, #39, nd #49; David, cells #1, #4		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as needed 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiva actions as needed based on observat and interviews. 	s why ent ed. ge /e

	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COME	PLETED
		DET-090	B. WING	B. WING		R-C 1/22/2021
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		i ••	
		201 N S	HARTEL	, 211 0002		
OKLAHOI	MA COUNTY DETENTION	N CENTER	OMA CITY, OK 731	02		
(X4) ID			ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
{P6101}	Continued From page	e 54	{P6101}			
	through, #8, #10, #12	2, #13, #14, #16, #17, #19,				
		[‡] 27, #28, #30, #32 through				
		43 through #50, each cell				
	measured 8' 3" x 9' (7	/4./ sq. π.). Α bunκ " (17 sq. ft.). A combo				
		18" x 30" (3.75 sq. ft.). A				
		ed 3' x 1'5" (4.5 sq. ft.). The				
		loor space was (74.7 sq. ft				
		- 4.5 sq. ft.) = 49.45 sq. ft.				
	÷ .	for first inmate leaves 9.45				
		ed on the usable floor space				
	-	y of the cell is 1 person. The he time of the inspection				
	was 3.					
	3) Observed on Octo	ober 22, 2021, in the 6th floor				
		(3) inmates assigned to a				
		ng pods Adam, cell #44, #45				
		#4, #5, #7, #8, #12, #18,				
		£25, #33, #35, #36, #48 and , #3, #24, and #38; David,				
		d #43, each cell measured 8'				
		A bunk measured 2' 8" x 6' 6"				
		toilet/sink measured 18" x				
	, , ,	ble combo measured 3' x				
		calculated available floor				
		ft 17 sq. ft 3.75 sq. ft				
		. ft. Subtracting 40 sq. ft. for 45 sq.ft. remaining. Based				
		bace available, the capacity				
	-	. The census in the cell at				
	the time of the inspec					
	-	ober 22, 2021, in the 8th floor				
		(3) inmates assigned to a				
		ng pods Adam, cells #3, #7,				
		8, #17, #18, #19, #20, #22 1 #32 #33 #35 #37 #38				
	-	1, #32, #33, #35, #37, #38, #48 through #50; Baker,				
	-	#40 (mough #30, baker, #27, #33, #34, #37, #38, #43,				
lahoma Sta	te Department of Health	,,,,,,,,,,,				

TATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING			R-C ∦ 22/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
KLAHON	MA COUNTY DETENTION	CENTER 201 N SH				
			OMA CITY, OK 731			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
{P6101}	Continued From page	9 55	{P6101}			
	 #12, #13, #14, #17, # #30, #31, #33, #37 th #48 and #50; David, a #14, #16, #19, #20, # through #50, each ce sq. ft.). A bunk measu A combo toilet/sink m ft.). A table combo me The calculated availa sq. ft 17 sq. ft 3.7 sq. ft. Subtracting 40 9.45 sq.ft. remaining. space available, the coperson. The census in inspection was 3. 5) Observed on Octor floor housing pods, th a cells located in hous #33, #44, and #50; Ci 	cells #1, #2, #4, #5, #7, #9, 19, #22, #23, #26, #27, #29, rough #41, #43, #45, #47, cells #4, #6, #7, #8, #9, #13, 23 through #38 and #41 Il measured 8' 3" x 9' (74.7 ured 2' 8" x 6' 6" (17 sq. ft.). easured 18" x 30" (3.75 sq. easured 3' x 1'5" (4.5 sq. ft.). ble floor space was (74.7 5 sq. ft 4.5 sq. ft.) = 49.45 sq. ft. for first inmate leaves Based on the usable floor capacity of the cell is 1 in the cell at the time of the ober 22, 2021, in the 10th there (3) inmates assigned to sing pods Adam, cells #31, harlie, cells #1, #2, #7, #8,				
	#33, #39, #42, #44, # measured 8' 3" x 9' (7 measured 2' 8" x 6' 6' toilet/sink measured 7 table combo measure calculated available fil 17 sq. ft 3.75 sq. ft.	19, #20, #27, #29, #31, #32, 46, #47 and #50, each cell 74.7 sq. ft.). A bunk " (17 sq. ft.). A combo 18" x 30" (3.75 sq. ft.). A ed 3' x 1'5" (4.5 sq. ft.). The loor space was (74.7 sq. ft - 4.5 sq. ft.) = 49.45 sq. ft. for first inmate leaves 9.45				
	sq.ft. remaining. Base available, the capacit census in the cell at t was 3. 6) Observed on Octo	bed on the usable floor space y of the cell is 1 person. The he time of the inspection ober 22, 2021, in the 12th aree (3) inmates assigned to				
	a cells located in hou Charlie, cells #19; Da	sing pods Baker, cells #5; ivid, cells #4, #8, # 10 and red 8' 3" x 9' (74.7 sq. ft.). A				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED			
			A. BUILDING:			R-C			
		DET-090	B. WING			/22/2021			
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE					
OKLAHON	MA COUNTY DETENTION		HARTEL OMA CITY, OK 7310	02					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED T		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P6101}	Continued From page	9 56	{P6101}						
	bunk measured 2' 8" x 6' 6" (17 sq. ft.). A combo toilet/sink measured 18" x 30" (3.75 sq. ft.). A table combo measured 3' x 1'5" (4.5 sq. ft.). The calculated available floor space was (74.7 sq. ft 17 sq. ft 3.75 sq. ft 4.5 sq. ft.) = 49.45 sq. ft. Subtracting 40 sq. ft. for first inmate leaves 9.45 sq.ft. remaining. Based on the usable floor space available, the capacity of the cell is 1 person. The census in the cell at the time of the inspection was 3.								
floor housing a cells locate #15, 20, 2 ar (two wheelch the floor space cells #2, #4, and #25, eac ft.). A bunk m combo toilet/ ft.). A table c The calculate sq. ft 17 so sq. ft. Subtra 9.45 sq.ft. re space availa person. The	floor housing pods, th a cells located in hou #15, 20, 2 and #22; C (two wheelchairs stor the floor space of this cells #2, #4, #7, # 15, and #25, each cell mo ft.). A bunk measured combo toilet/sink mea ft.). A table combo mo The calculated availa sq. ft 17 sq. ft 3.7 sq. ft. Subtracting 40 9.45 sq.ft. remaining. space available, the c	ber 22, 2021, in the 13th aree (3) inmates assigned to sing pods Adam, cells #4, charlie, cells #4, #8, #12, #13 ed in cell further impacted a cell), #18 and #19; David, #17, #19, #20, #21, #24 easured 8' 3" x 9' (74.7 sq. 12' 8" x 6' 6" (17 sq. ft.). A asured 18" x 30" (3.75 sq. easured 3' x 1'5" (4.5 sq. ft.). ble floor space was (74.7 5 sq. ft 4.5 sq. ft.) = 49.45 sq. ft. for first inmate leaves Based on the usable floor capacity of the cell is 1 in the cell at the time of the							
	inmates in 13 Charlie bunk, with one inmate floor, and two wheeld	ober 22, 2021, three (3) , cell #13, with a double e having to sleep on the hairs are stored in cell ilable floor space for the							
		lahoma County Cell Block I October 21, 2021, for the Is, revealed three (3)							

STATEMEN	a State Department of FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING		R-C 10/22/2021	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
		201 N SI				
OKLAHOI	MA COUNTY DETENTION	N CENTER OKLAH	ОМА СІТҮ, ОК 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P6101}	Continued From page	e 57	{P6101}			
	 pods Adam, cells #7, #14; David, cells #1, #13, #14, #16, #17, # #28, #30, #32 throug through #50. 10) Review of the "C Reconciliation", dated 4th floor housing pod assigned to a cell loc cells #4, #5, #6, #9, # #35, #39, #41, #42, # cells #1, #4 through, #17, #19, #20, #22, # through #35, #38, #3 11) Review of the "C Reconciliation", dated 6th floor housing pod assigned to a cell loc cell #44, #45 and #48 	a cell located in housing #12 and #19; Baker, cell #4 through #8, #10, #12, #19, #20, #22, #23, #26, #27, h #35, #38, #39, #41, #43 Oklahoma County Cell Block d October 21, 2021, for the ls, revealed three (3) inmates rated in housing pods Baker, #19, #20, #26, #29, #31, #32, #44, #48 and #49; David, #8, #10, #12, #13, #14, #16, #23, #26, #27, #28, #30, #32 9, #41, #43 through #50. Oklahoma County Cell Block d October 21, 2021, for the ls, revealed three (3) inmates rated in housing pods Adam, 3; Baker, cells #4, #5, #7, #8, #22, #24, #25, #33, #35, #36,				
	Reconciliation", dated 8th floor housing pod assigned to a cell loc cells #3, #7, #8, #9, # #20, #22 through #25 #37, #38, #31 throug 13) Review of the "C Reconciliation", dated 10th floor housing po inmates assigned to pods Adam, cells #31 Charlie, cells #1, #2,	Oklahoma County Cell Block d October 21, 2021, for the ls, revealed three (3) inmates sated in housing pods Adam, #10, #12, #13, #17, #18, #19, 5, #28, #31, #32, #33, #35, h #45 and #48 through #50 Oklahoma County Cell Block d October 21, 2021, for the ods, revealed three (3) a cell located in housing 1, #33, #44, and #50; #7, #8, #12, #15, #16, #18, #31, #32, #33, #39, #42, #44,				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (2	X3) DATE SURVEY COMPLETED
					R-C
		DET-090	B. WING		10/22/2021
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA HARTEL	ATE, ZIP CODE	
KLAHON	IA COUNTY DETENTION		OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
{P6101}	Continued From page	e 58	{P6101}		
	#46, #47 and #50				
	Reconciliation", dated 12th floor housing point inmates assigned to a pods Baker, cells #5; cells #4, #8, # 10 and 15) Review of the "C	oklahoma County Cell Block			
	13th floor housing po inmates assigned to pods Adam, cells #4, cells #4, #8, #12, #13 cell further impacted	d October 21, 2021, for the ds, revealed three (3) a cell located in housing #15, 20, 2 and #22; Charlie, 8 (two wheelchairs stored in the floor space of this cell), cells #2, #4, #7, # 15, #17, nd #25.			
{P6103}	310:670-5-11(a)(4)(A MIN 20 Ft Candles	.) Detention Facilities-Light	{P6103}		
	(a) Existing facilities.				
	(4) The housing and at least the following:	activity areas shall provide,			
	(A) Lighting of at leas	st twenty (20) foot candles;			
	Based on observation the minimum required (20) foot candles in the Measurements of light	not met as evidenced by: n, the facility failed to provide d lighting of at least twenty ne housing areas. nt levels were taken using er, Compact Series model		Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Review the policy and procedures for reporting and responding to maintenance	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
						R-C
		DET-090	B. WING		10	/22/2021
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
KLAHOI	MA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE ⁻ DATE
{P6103}	Continued From page	e 59	{P6103}			
	Finding(s): REPEAT	DEFICIENCY		2) Review the process for a	authorizing	
1 ir A lig W C # 2	in various cells and c A. The day room in 2 light levels measuring B. Light levels measuring were taken in cells lo	021, light levels were taken ommon areas. 2 Charlie housing pod had g seven (7) foot candles. uring zero (0) foot candles cated in housing pods 2 2, #44, and 4 David cells		 repairs. 3) Review the process for r completion of repairs. 4) Identify those steps in th were not followed and why. 5) Revise and train staff on procedures as needed. 6) Confirm the repair is sch completed. 7) Conduct periodic monitor correction for compliance. 	ne process that n maintenance neduled and	
	2) On October 22, 20 in various cells and c	021, light levels were taken ommon areas.				
	were taken in cells lo Adam cell #29, 6 Bak 8 Adam cell #27, 8 Ba #41, #42, #44, #46, #	uring zero (0) foot candles cated in housing pods 6 ter cell #13, 6 David cell #46, aker cells #38, #39, #40, 48, 8 David cells #36, #49, and 13 Charlie cells #18,				
	located in housing po candles in cell #23, 8	rements were taken in cells of 6 Adam measuring 2 foot foot candles in cell #30, 10 34, 3 foot candles in cell #35, cell #44.				
	located in housing po candles in cell #27, 3	rements were taken in cells od 6 Baker measuring 9 foot foot candles in cell #28, 14 ¢35 and #39, and 13 foot				
	located in housing po	rements were taken in cells d 6 Charlie measuring 2 foot nd 4 foot candles in cell #38.				

Oklahoma State Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DET-090		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C 10/22/2021	
		B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{P6103}	located in housing po candles in cell #23.3) Several light fixtur observed to be dama by the inmates with p paper, clothing, sheet	rements were taken in cells d 8 Charlie measuring 2 foot es in the cells were ged, not working, or covered aper, cardboard, toilet	{P6103}			
{P6218}	working. 5) The light fixture lo	cated in housing pod 4 xposed electrical wiring ght fixture.) Detention	{P6218}			
	facilities (after Januar construction of a new remodeling of an exis submitted to the Depa approval. Detention fa submit plans to the D re-modeling or repair substantial remodelin standards are met.	artment for review and acilities are encouraged to epartment for any that does not meet the				
	least forty (40) square initial inmate, and at I of floor space for eacl occupying the same of permitted if there is a					

Oklahoma State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		DET-090	B. WING		R-C 10/22/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	IARTEL DMA CITY, OK 7	/3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	D PROVIDER'S PLAN OF CORRECTION EFIX (EACH CORRECTIVE ACTION SHOULD BE		
{P6218}	Continued From page	e 61	{P6218}			
	(B) Bunks and storag feet.	e as indicated by square				
	Based on observation facility failed to provid each inmate, as indic cells had three (3) inr	not met as evidenced by: n and record review, the de bunks and storage for rated by square feet. Several mates assigned to them with a third inmate having to DEFICIENCY		 Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as needed 	why	
	floor housing pods, the a cell having one dou inmate having to sleet housing pods Adam, Baker, cell #14; Daving #10, #12, #13, #14, # #26, #27, #28, #30, # #41, #43 through #50 2) Observed on Octor housing pods, three (having one double but having to sleep on the pods Baker, cells #4, #29, #31, #32, #35, # #49; David, cells #1, #13, #14, #16, #17, #	bber 21, 2021, in the 2nd arree (3) inmates assigned to ible bunk, with the third p on the floor, located in cells #7, #12 and #19; d, cells #1, #4 through #8, 16, #17, #19, #20, #22, #23, 32 through #35, #38, #39, bber 21, 2021, in the 4th floor (3) inmates assigned to a cell ink, with the third inmate e floor, located in housing #5, #6, #9, #19, #20, #26, 39, #41, #42, #44, #48 and #4 through, #8, #10, #12, 19, #20, #22, #23, #26, #27, h #35, #38, #39, #41, #43		 If the policy is revised or if the assessment determines staff knowledg of the policy is incomplete, conduct training of staff on the policy. Review and adopt further corrective actions as needed based on observation and interviews. Review current practice for transfet to the Department of Corrections for the inmates having been judged and sentenced to DOC custody. Review for ability to reduce overcrowding by transferring inmates to another county jail, if possible, use of ankle bracelets, bond reductions and early release programs. 	e ons rs ose	

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Oklahoma State Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DET-090			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 10/22/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL MA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
{P6218}	housing pods, three (having one double but having to sleep on the pods Adam, cell #44, #4, #5, #7, #8, #12, # #33, #35, #36, #48 ar #24, and #38; David, 4) Observed on Octor housing pods, three (having one double but having to sleep on the pods Adam, cells #3, #17, #18, #19, #20, # #32, #33, #35, #37, # #48 through #50; Bak #33, #34, #37, #38, # cells #1, #2, #4, #5, # #19, #22, #23, #26, # through #41, #43, #45 cells #4, #6, #7, #8, # #23 through #38 and 5) Observed on Octor floor housing pods, th a cell having to slee housing pods Adam, #50; Charlie, cells #1, #18, #19, #20, #27, # #44, #46, #47 and #5 6) Observed on Octor floor housing pods, th a cell having one dou inmate having to slee	ber 22, 2021, in the 6th floor 3) inmates assigned to a cell ink, with the third inmate a floor, located in housing #45 and #48; Baker, cells 18, #19, #20, #22, #24, #25, and #50; Charlie, cells #2, #3, cells #8, #21, #25 and #43. ber 22, 2021, in the 8th floor 3) inmates assigned to a cell ink, with the third inmate a floor, located in housing #7, #8, #9, #10, #12, #13, 22 through #25, #28, #31, 38, #31 through #45 and ter, cells #17, #19, #21, #27, 43, #44 and #45; Charlie, 77, #9, #12, #13, #14, #17, 27, #29, #30, #31, #33, #37 5, #47, #48 and #50; David, 9, #13, #14, #16, #19, #20, #41 through #50. ber 22, 2021, in the 10th tree (3) inmates assigned to ble bunk, with the third p on the floor, located in cells #31, #33, #44, and , #2, #7, #8, #12, #15, #16, 29, #31, #32, #33, #39, #42, 0. ber 22, 2021, in the 12th tree (3) inmates assigned to ble bunk, with the third p on the floor, located in cells #31, #32, #33, #39, #42, 0.	{P6218}			

Oklahoma State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R-C	
		DET-090	B. WING		10/22/2021	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P6218}	Continued From page 63		{P6218}			
	 7) Observed on Octor floor housing pods, the a cell having one dou inmate having to slee housing pods Adam, . Charlie, cells #4, #8, st stored in cell further in this cell), #18 and #19 15, #17, #19, #20, #22 8) Review of the "Ok Reconciliation", dated 2nd floor housing pool inmates assigned to a bunk, located in hous #12 and #19; Baker, of through #8, #10, #12, #20, #22, #23, #26, # #35, #38, #39, #41, # 9) Review of the "Ok Reconciliation", dated 4th floor housing pool assigned to a cell hav located in housing pool assigned to a cell hav located in housing pool #9, #19, #20, #26, #2 #42, #44, #48 and #4 through, #8, #10, #12 #20, #22, #23, #26, # #35, #38, #39, #41, # 	ber 22, 2021, in the 13th ree (3) inmates assigned to ble bunk, with the third p on the floor, located in cells #4, #15, 20, 2 and #22; #12, #13 (two wheelchairs mpacted the floor space of b; David, cells #2, #4, #7, # 1, #24 and #25. lahoma County Cell Block to October 21, 2021, for the ls, revealed three (3) a cell having one double ing pods Adam, cells #1, #4 #13, #14, #16, #17, #19, 27, #28, #30, #32 through 43 through #50. lahoma County Cell Block to October 21, 2021, for the s, revealed three (3) inmates ring one double bunk, ds Baker, cells #4, #5, #6, 9, #31, #32, #35, #39, #41, 9; David, cells #1, #4 , #13, #14, #16, #17, #19, 27, #28, #30, #32 through				
	6th floor housing pod assigned to a cell hav located in housing po #48; Baker, cells #4, s	d October 21, 2021, for the s, revealed three (3) inmates ving one double bunk, ds Adam, cell #44, #45 and #5, #7, #8, #12, #18, #19, 33, #35, #36, #48 and #50.				
	11) Poviow of the "O	klahoma County Cell Block				

Oklahoma State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOMBER.	A. BUILDING:				
		DET-090	B. WING			R-C 10/22/2021	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
KLAHOM	A COUNTY DETENTION	201 N SH					
			DMA CITY, OK 731				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{P6218}	Continued From page	e 64	{P6218}				
	8th floor housing pode assigned to a cell hav located in housing po #9, #10, #12, #13, #1 through #25, #28, #37 #31 through #45 and 12) Review of the "O Reconciliation", dated 10th floor housing pod inmates assigned to a bunk, located in hous #33, #44, and #50; Cl #12, #15, #16, #18, # #33, #39, #42, #44, # 13) Review of the "O Reconciliation", dated 12th floor housing pod inmates assigned to a bunk, located in hous Charlie, cells #19; Da #21. 14) Review of the "O Reconciliation", dated 13th floor housing pod inmates assigned to a bunk, located in hous Charlie, cells #19; Da #21.	ds Adam, cells #3, #7, #8, 7, #18, #19, #20, #22 1, #32, #33, #35, #37, #38, #48 through #50 klahoma County Cell Block d October 21, 2021, for the ds, revealed three (3) a cell having one double ing pods Adam, cells #31, harlie, cells #1, #2, #7, #8, 19, #20, #27, #29, #31, #32, 46, #47 and #50 klahoma County Cell Block d October 21, 2021, for the ds, revealed three (3) a cell having one double ing pods Baker, cells #5; ivid, cells #4, #8, # 10 and klahoma County Cell Block d October 21, 2021, for the					