



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,

A handwritten signature in black ink that reads "Barry Edwards".

Barry Edwards | Program Manager

Oklahoma State Department of Health | Detention Program

Detention p. 405-426-8170 | f. 405-900-7575

health.ok.gov | jails.health.ok.gov

Enc. Statement of Deficiencies

cc Oklahoma Criminal Justice Authority

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DET-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2021
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P 000}	<p>INITIAL COMMENTS:</p> <p>On October 21, 2021-October 22, 2021, Oklahoma State Department of Health staff conducted an unannounced follow-up visit to ensure compliance with Oklahoma Administrative Code (OAC) in Title 310, Chapter 670, City and County Detention Facility Standards. The following investigations were also conducted:</p> <p>D-2021-022, D-2021-023, D-2021-032 C-2021-045, C-2021-048, C-2021-050 C-2021-076, C-2021-079, C-2021-080 C-2020-081, C-2021-085, C-2021-088 C-2021-091, C-2021-092 SIJ-2021-044, SIJ-2021-050, SIJ-2021-062 SIJ-2021-069, SIJ-2021-074 SAS-2021-016, SAS-2021-024</p> <p>The census at the time of the inspection was 1740, and the rated capacity is 2890.</p> <p>As a result of the follow-up inspection, deficiencies were cited. Based on the violations cited below the facility is not in substantial compliance.</p> <p>The following deficient practice(s) was identified:</p>	{P 000}		
P1505	<p>310:670-1-5(2)(F) Policy and Procedures - Signature & Dates</p> <p>"Where this Chapter specifies that the facility shall develop a policy and procedure, the following standards shall apply.</p> <p>... ..</p> <p>(2) Policies and/or procedures developed based on requirements in this Chapter shall identify the following:</p> <p>... ..</p> <p>(F) A signature page to capture the signature and</p>	P1505		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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P1505	<p>Continued From page 1</p> <p>date that the responsible official adopted the policy and/or procedure and the dates that review of the policy and/or procedure were completed."</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to review policies and/or procedures at least annually and denote this review on a signature page.</p> <p>Finding(s):</p> <p>1) The Turnkey Health Policy, number OCDC-A-05, titled "Health Services Policy and Procedure Manual" was last reviewed on August 31, 2018. The policy denotes an annual schedule for reviewing by the Medical Director, Health Service Administrator and the Facility Administrator.</p> <p>2) The "Hygiene and Hair Care" policy was last reviewed on August 26, 2020. The policy denotes an annual schedule for reviewing by the Jail Administrator or designee.</p> <p>3) Staff T reported the Turnkey Health Policy, number OCDC-A-05, titled "Health Services Policy and Procedure Manual" annual schedule signature page, dated August 31, 2018, was last review of the policy.</p> <p>4) Staff J reported the "Hygiene and Hair Care" policy was last reviewed on August 26, 2020, was the most current.</p>	P1505	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>1) Conduct staff interviews to assess why the policy was not followed.</p> <p>2) Ensure the policy reflects the current expected practice and revise as needed.</p> <p>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.</p> <p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

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{P5102}	<p>Continued From page 2</p> <p>{P5102} 310:-670-5-1(1)(C) Detention Facilities-A&R MED/Mental Screening</p> <p>(1) The admission process of new inmates shall include at least the following: (C) Intake screening by trained facility personnel utilizing, in part, a medical/mental health questionnaire approved by the Department of Health, or a screening conducted by a physician or other licensed medical personnel;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure medical and mental health intake screening is being conducted by a physician or other licensed medical personnel upon admission.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) The "Health Services Policy and Procedure, Receiving Screening", number OCDC-E-02, states screening is performed on all inmates on arrival at the facility to ensure that emergent and urgent health needs are met.</p> <p>2) A review of records for inmate (498) revealed medical and mental health screening was not performed before being placed in the mental health pod. The Pre-Booking Screening form denoted the inmate needed a full medical.</p> <p>3) Three (3) inmates (481, 482, 483) admitted to the facility on October 20, 2021, who remained in</p>	{P5102}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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{P5102}	Continued From page 3 booking holding cells, had no proof of medical and mental health screening as of October 21, 2020, at 12:30 p.m. 4) Eight (8) booking records (485, 486, 487, 488, 489, 490, 491, 492) out of fifteen (15) reviewed, denoted medical and mental health screening was not performed until the next day ranging from eight (8) to nineteen (19) hours after the inmate's admission into the facility. 5) A review of records for inmate (496) revealed medical and mental health screening was not performed for forty seven (47) hours after the inmate's admission into the facility. 6) A review of records for inmate (491) revealed complaints of difficulty breathing, however, medical and mental health screening was not performed until eighteen (18) hours after the inmate's admission into the facility. 7) Staff C reported medical and mental health screening may only be delayed up to six (6) hours for inmates who have been found to be medically stable but are presently under the influence.	{P5102}		
P5103	310:670-5-1(1)(D) Detention Facilities-Jail Rules Orientation (1) The admission process of new inmates shall include at least the following: (D) Procedures to ensure orientation and understanding of facility rules; This STANDARD is not met as evidenced by:	P5103		

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P5103	<p>Continued From page 4</p> <p>Based on observation, record review and interview, the facility failed to ensure the understanding of facility rules during the admission process.</p> <p>Finding(s):</p> <ol style="list-style-type: none"> 1) Observed the "Inmate Handbook" is not provided to inmates during the admission booking process. The "Inmate Handbook", dated May 27, 2021, states all inmates are issued a printed version of the inmate handbook at intake. 2) Observed the "Inmate Handbook" is not posted in the housing pods. 3) Observed inmates held in the male and female booking cells were not provided a copy of the "Inmate Handbook". 4) Records reveal an average of fifty (50) to a hundred twenty-five 125 inmates are assigned to a housing pod. 5) Staff G reported inmates do not receive orientation. The "Inmate Handbook", dated May 27, 2021, states inmates shall receive intital orientation within five (5) days of reception. 6) Several inmates reported they do not have a copy or access to the inmate handbook. 7) Staff D reported the handbook is provided on the tablets and the kiosk located in the dayroom of the housing pods. 8) Staff G reported approximately ten (10) tablets are available in each housing pod which is not enough for each inmate. 	P5103	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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{P5201}	Continued From page 5	{P5201}		
{P5201}	<p>310:670-5-2(2) Detention Facilities-Count At Start of Shift</p> <p>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following: (2) There shall be an inmate count at the beginning of each shift change. The inmate count shall be documented.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct an inmate count at the beginning of each shift change and accordance with the Oklahoma County Detention Center training curriculum approved by the Oklahoma State Department of Health on January 20, 2020.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Documentation provided by staff D denoted shifts start times of day 6:00 a.m. - 6:00 p.m., 11:15 a.m. - 11:30 p.m., and 6:00 p.m. - 6:00 a.m.</p> <p>2) Review of the Central Control Logs for October 18, 2021, October 19, 2021, October 20, 2021, and October 21, 2021, revealed no notation of a count beginning at 6:00 a.m., 11:15 a.m., and 6:00 p.m.</p> <p>3) Review of the Central Control Log for October 19, 2021, revealed one entry of a count being competed at 2311 hours.</p>	{P5201}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Ensure documentation is completed on all counts conducted. 	

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{P5201}	Continued From page 6 4) Review of the Central Control Logs for October 20, 2021 and October 21, 2021, revealed no log entries referencing counts completed. 5) Review of the Oklahoma County Detention Center count forms provided for October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed only one (1) count is being conducted each day. 6) Review of the Oklahoma County Detention Center count forms for, October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed counts are taking a long time to complete. The documentation revealed counts lasting two (2) to five (5) hours. 7) There is a presence of obscured windows on several of the cell doors, many lights in the cells are covered or do not work, impeding the ability of staff to ensure a positive presence of a living, breathing, human body when conducting counts. Per the Oklahoma County Detention Center training curriculum approved by the Oklahoma State Department of Health on January 20, 2020, "Objective 6: Students will know when official inmate counts are conducted. Officer must be positive they see living, breathing, human body (flesh & movement) before counting the inmate".	{P5201}		
{P5202}	310:670-5-2(3) Detention Facilities-Hourly Sight Checks The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following:	{P5202}		

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{P5202}	<p>Continued From page 7</p> <p>... ..</p> <p>(3) There shall be at least one (1) visual sight check every hour which shall include all areas of each cell, and such sight checks shall be documented.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to conduct at least one (1) visual sight check every hour and in accordance with their policy, which shall include all areas of each cell, and such sight checks shall be documented. Oklahoma County Detention Center policy: 4310.02 "Sight Checks", dated May 14, 2021.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed cell windows on the 2nd, 4th, floors on October 21, 2021, and cell windows on the 6th, 8th, 10th, 12th, and 13th floors on October 22, 2021, of being obscured from scratches on the surface of the windows allowing less than fifty percent (50%) visibility. Thus obstructing the ability of having "Sight Contact" - clear visibility within close proximity of the inmate while performing "Sight Checks". Several cells had little or no light.</p> <p>2) There is a presence of obscured windows on the cell doors, impeding the ability of staff to ensure a positive presence of a living, breathing, human body. Per the Oklahoma County Detention Center training curriculum approved by the Oklahoma State Department of Health on January 20, 2020, "Objective 3: Students will</p>	{P5202}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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{P5202}	<p>Continued From page 8</p> <p>know how to properly conduct, document and call sight checks into Camera Operations. Officers must be positive they see living, breathing, human body (flesh & movement) before counting the inmate".</p> <p>3) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes for October 22, 2021.</p> <p>4) Of the twenty-two (22) inmates in 13 Baker housing pod requiring fifteen (15) minute sight checks, all twenty-two (22) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>5) Of the thirteen (13) inmates in 13 Charlie housing pod requiring fifteen (15) minute sight checks, all thirteen (13) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from fifteen (15) minutes to thirty (30) minutes.</p> <p>6) Of the one hundred and eighty six (186) Male 15 Minute Observation Sheet forms, for October 14, 2021 thru October 20, 2021, revealed one hundred and thirty six (136) of the forms had missing sight checks, ranging from thirty (30) minutes to nine (9) hours. Fifty six (56) of the forms did not have a start or end date.</p> <p>7) A review of records for 13 Adam housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021. Three (3) sight checks were missed.</p>	{P5202}		

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{P5202}	Continued From page 9 8) A review of records for 13 Charlie housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021 thru October 22, 2021. Ten (10) sight checks were missed. 9) Review of four (4) unit log books for, October 17, 2021 thru October 22, 2021, revealed one hour sight checks were not performed and documented as required in all 4 unit log books. 10) Several of the log books had log entries denoting the reason for missed sight checks. The reasons noted were Roving, Medicine Pass, Trash, Running Rec, Recon, "Face to Face", Feeding Pods, Use of Force, Incident in Booking, Court, Clinic, Classification, EMSA, No One Available, Assisting With Movement, Pulled, Paperwork, and Missed Check. 11) Staff D reported a bid had been obtained to replace the cell windows.	{P5202}		
P5216	310:670-5-2(17) Detention Facilities-Post Orders The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following: (17) A post order shall be prepared for each post or duty assignment to be performed, and it shall specify the procedure to be followed for completing the assignment.	P5216		

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P5216	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to provide documentation staff reviewed and acknowledge they understand their duties as noted in their post order or duty assignment.</p> <p>Finding(s):</p> <p>1) Request for documentation of post order "Acknowledgment of Review" forms for six (6) staff (N, O, P, Q, R, S), for their current assigned posts, revealed they did not reviewed and acknowledge they understand their duties as noted in their post order or duty assignment.</p> <p>2) Request for documentation of all 2021 post order "Acknowledgment of Review" forms, revealed only one post (12th Floor) Acknowledgment of Review form was provided, which denoted staff signatures of review from June 10, 2021 thru August 9, 2021.</p> <p>3) Staff B reported the "Acknowledgment of Review" forms provided was all they had.</p>	P5216	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	
{P5230}	<p>310:670-5-2(27)(B) Detention Facilities-Notify Serious Injury</p> <p>The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following: (27) The Department shall be notified no later than the next working day if any of the following incidents occur:</p>	{P5230}		

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{P5230}	<p>Continued From page 11</p> <p>....</p> <p>(B) Serious injury to staff or inmate defined as life threatening or requiring transfer to outside medical facility;</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the Oklahoma State Department of Health of an injury of inmates who required a transfer to outside medical facility.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) The fit log for July 2021, revealed the facility failed to notify the Oklahoma State Department of Health of eleven (11) inmates who sustained an injury and required transfer to an outside medical facility.</p> <p>2) The fit log for August 2021, revealed the facility failed to notify the Oklahoma State Department of Health of seven (7) inmates who sustained an injury and required transfer to an outside medical facility.</p> <p>3) The fit log for September 2021, revealed the facility failed to notify the Oklahoma State Department of Health of five (5) inmates who sustained an injury and required transfer to an outside medical facility.</p> <p>4) The fit log for October 2021, entries were incomplete, for log did not delineate the reason inmates required a transfer to an outside medical facility.</p>	{P5230}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DET-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2021
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{P5230}	Continued From page 12 5) Staff A and D reported life threatening incidents are being reported.	{P5230}		
{P5232}	310:670-5-2(27)(D) Detention Facilities-Notification of Suicide The facility administrator shall develop and implement written policies and procedures for the safety, security and control of staff, inmates and visitors. Policies and procedures shall address at least the following: (27) The Department shall be notified no later than the next working day if any of the following incidents occur: (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility; and This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the Oklahoma State Department of Health of a suicide attempt of an inmate who required transfer to outside medical facility. Finding(s): REPEAT DEFICIENCY 1) The fit log for September 2021, revealed the facility failed to notify the Oklahoma State Department of Health of an inmate (499), who attempted suicide and required transfer to an outside medical facility. 2) The fit log for October 2021, entries were incomplete, for log did not delineate the reason	{P5232}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

OKLAHOMA COUNTY DETENTION CENTER **201 N SHARTEL**
OKLAHOMA CITY, OK 73102

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{P5232}	Continued From page 13 inmates required a transfer to an outside medical facility. 5) Staff A and D reported life threatening incidents are being reported.	{P5232}	5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.	
{P5301}	310:670-5-3(b) Detention Facilities-Staff 24 Hr Supervision Supervision of inmates: (b) Staff shall provide twenty-four (24) hour supervision of inmates. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide available staff within the living units for inmates confined in their cells, nor provide a working intercommunication system, allowing for an emergency response. Finding(s): REPEAT DEFICIENCY 1) On October 21, 2021, observed the Womens Holding Pod, cells #3 and #4, do not have a working intercom or a phone in the cell. 2) Bright yellow signs (Access to Health Care) were observed posted in the inmate pods with instructions to dial zero (0) for a life threatening emergency, however, zero (0) does not work when tested. 3) Testing to report an emergency was	{P5301}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as	

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{P5301}	<p>Continued From page 14</p> <p>performed on the phone located in holding cell #1, of the Womens Holding Pod, by dialing zero (0), produced negative results.</p> <p>4) Another test to report an emergency was performed on the phone located in holding cell #1, of the Womens Holding Pod, by dialing 0#. Two test resulted in an automated message lasting more than a minute with negative results. A staff member answered on a third attempt after the completion of the automated message.</p> <p>5) When testing the phones with (0 and 0#) on October 22, 2021, to report an emergency in housing pods 6 Baker, cells #26, #27 and #33, 6 Charlie, cell #44, 8 Adam cell #41, 10 Adam, cells #15, #31, #33 and #50, 10 Charlie, cells #15, #20, #32, #33, #39, #43 and #45, 10 David, cells #1, #4 and #9, #12 Baker, cell #19, #13 Charlie, cells #12 and #18, produced negative results.</p> <p>6) Observed the phone located in 4 David housing pod, cell #50 was broken with exposed wires and did not work.</p> <p>7) Observed the phone located in 10 Charlie housing pod, cells #15 and #20 were broken and did not work.</p> <p>8) Review of the Camera Operations Log for October 20, 2021, revealed not all of the housing pods are being viewed during camera sweeps conducted during each of the eight (8) hour shifts. Cameras sweeps lasted from two (2) minutes to forty-four (44) minutes</p> <p>9) The Camera Operations Log for October 20, 2021, revealed a camera sweep was performed for 28 housing pods and was completed in six (6) minutes, 3:00 p.m. to 3:06 p.m.</p>	{P5301}	needed.	

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{P5301}	<p>Continued From page 15</p> <p>10) The Camera Operations Log for October 20, 2021, revealed a camera sweep was performed for 8 housing pods and was completed in two (2) minutes, 10:30 a.m. to 10:32 a.m.</p> <p>11) The "Inmate Handbook" dated May 27, 2021, instructs inmates to report emergencies by entering 0# or 911.</p> <p>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.</p> <p>13) The "Staff Assignment and Inspection Report" dated October 20, 2021, 6:00 p.m. to October 21, 2021, 6:00 a.m., revealed assignments of staff to cover the seven (7) floors denoted four (4) of the floors were assigned one (1) rover each, and three (3) of the floors were assigned with two (2) rovers each.</p> <p>14) The Staff Assignment and Inspection Report dated October 20, 2021, 6:00 p.m. to October 21, 2021, 6:00 a.m., revealed all of the detention officers are assigned as a rover and no officer is specifically assigned to any of the twenty-four (24) housing pods, which include suicide prevention, mental health, critically ill, restrictive housing, and closer observation.</p> <p>15) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes for October 22, 2021.</p> <p>16) Of the twenty-two (22) inmates in 13 Baker</p>	{P5301}		

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{P5301}	<p>Continued From page 16</p> <p>housing pod requiring fifteen (15) minute sight checks, all twenty-two (22) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>17) Of the thirteen (13) inmates in 13 Charlie housing pod requiring fifteen (15) minute sight checks, all thirteen (13) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from fifteen (15) minutes to thirty (30) minutes.</p> <p>18) Of the one hundred and eighty six (186) Male 15 Minute Observation Sheet forms, for October 14, 2021 thru October 20, 2021, revealed one hundred and thirty six (136) of the forms had missing sight checks, ranging from thirty (30) minutes to nine (9) hours. Fifty six (56) of the forms did not have a start or end date.</p> <p>19) A review of records for 13 Adam housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021. Three (3) sight checks were missed.</p> <p>20) A review of records for 13 Charlie housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021 thru October 22, 2021. Ten (10) sight checks were missed.</p> <p>21) Review of four (4) unit log books for, October 17, 2021 thru October 22, 2021, revealed one hour sight checks were not performed and documented as required in all 4 unit log books.</p>	{P5301}		

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{P5301}	<p>Continued From page 17</p> <p>22) Several of the log books had log entries denoting the reason for missed sight checks. The reasons noted were Roving, Medicine Pass, Trash, Running Rec, Recon, "Face to Face", Feeding Pods, Use of Force, Incident in Booking, Court, Clinic, Classification, EMSA, No One Available, Assisting With Movement, Pulled, Paperwork, and Missed Check.</p> <p>23) Documentation provided by staff D denoted shifts start times of day 6:00 a.m. - 6:00 p.m., 11:15 a.m. - 11:30 p.m., and 6:00 p.m. - 6:00 a.m.</p> <p>24) Review of the Central Control Logs for October 18, 2021, October 19, 2021, October 20, 2021, and October 21, 2021, revealed no notation of a count beginning at 6:00 a.m., 11:15 a.m., and 6:00 p.m.</p> <p>25) Review of the Central Control Log for October 19, 2021, revealed one entry of a count being competed at 2311 hours.</p> <p>26) Review of the Central Control Logs for October 20, 2021 and October 21, 2021, revealed no log entries referencing counts completed.</p> <p>27) Review of the Oklahoma County Detention Center count forms provided for October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed only one (1) count is being conducted each day.</p> <p>28) Review of the Oklahoma County Detention Center count forms for, October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed counts are taking a long time to complete. The documentation revealed counts lasting two (2) to five (5) hours.</p>	{P5301}		

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{P5301}	<p>Continued From page 18</p> <p>29) An incident report denoted staff V and W spoke with inmate (498) located in housing pod 12 David, cell #19, at 6:45 a.m. and determined the inmate needed to be seen by medical. However, both of the staff were called to report to a medical emergency. Staff X returned to check on inmate (498) at 9:03 a.m. and found the inmate unresponsive. Emergency assistance was called and cardiopulmonary resuscitation (CPR) was initiated.</p> <p>30) Inmate (498) located in housing pod 12 David, cell #19, attempted to make 870 telephone calls, however, the inmate's assigned pin number did not work, due to being housed in the wrong cell.</p> <p>31) Two pieces of paper were observed attached to the wall in 6 Baker cell #50. The paper was an effort by the inmates occupying the cell, to conceal the removal of grout around an 8 x 16 inch concrete block.</p> <p>32) Inmate (15) housed in cell #3 of the Womens Holding Pod, reported staff are rarely present in the pod and the intercom in the cell did not work. The inmate pushed the intercom button in the cell and confirm the intercom system did not work.</p> <p>33) Staff K reported many phones throughout the facility are not working.</p> <p>34) Staff D reported the intercom system throughout the facility is not being used and does not work.</p> <p>35) The staff member assigned to the Womens Holding Pod on October 21, 2021, when asked if they remain in the housing pod at all time, reported they were not always in the pod and</p>	{P5301}		

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{P5301}	Continued From page 19 have other duties assigned in the booking when a female is admitted into the facility.	{P5301}		
{P5302}	310:670-5-3(c) Detention Facilities-Staff Respond PHYS/CCTV (c) Detention Officer posts shall be located and staffed to monitor all inmate activity either physically or electronically and close enough to the living areas to respond immediately to calls for assistance, and respond to emergency situations. A Detention Officer shall be on duty at all times at each location where inmates are confined or the observation shall be conducted by closed circuit TV. The location shall be equipped with an intercommunication system that terminates in a location that is staffed twenty-four (24) hours a day and is capable of providing an emergency response. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a working intercommunication system, monitor all inmate activity either physically or electronically and provide staff close enough to the living areas to respond immediately to calls for assistance, and respond to emergency situations. Finding(s): REPEAT DEFICIENCY 1) On October 21, 2021, observed the Womens Holding Pod, cells #3 and #4, do not have a working intercom or a phone in the cell.	{P5302}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective	

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{P5302}	<p>Continued From page 20</p> <p>2) Bright yellow signs (Access to Health Care) were observed posted in the inmate pods with instructions to dial zero (0) for a life threatening emergency, however, zero (0) does not work when tested.</p> <p>3) Testing to report an emergency was performed on the phone located in holding cell #1, of the Womens Holding Pod, by dialing zero (0), produced negative results.</p> <p>4) Another test to report an emergency was performed on the phone located in holding cell #1, of the Womens Holding Pod, by dialing 0#. Two test resulted in an automated message lasting more than a minute with negative results. A staff member answered on a third attempt after the completion of the automated message.</p> <p>5) When testing the phones with (0 and 0#) on October 22, 2021, to report an emergency in housing pods 6 Baker, cells #26, #27 and #33, 6 Charlie, cell #44, 8 Adam cell #41, 10 Adam, cells #15, #31, #33 and #50, 10 Charlie, cells #15, #20, #32, #33, #39, #43 and #45, 10 David, cells #1, #4 and #9, #12 Baker, cell #19, #13 Charlie, cells #12 and #18, produced negative results.</p> <p>6) Observed the phone located in 4 David housing pod, cell #50 was broken with exposed wires and did not work.</p> <p>7) Observed the phone located in 10 Charlie housing pod, cells #15 and #20 were broken and did not work.</p> <p>8) Review of the Camera Operations Log for October 20, 2021, revealed not all of the housing pods are being viewed during camera sweeps</p>	{P5302}	<p>actions as needed based on observations and interviews.</p> <p>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.</p>	

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{P5302}	<p>Continued From page 21</p> <p>conducted during each of the eight (8) hour shifts. Cameras sweeps lasted from two (2) minutes to forty-four (44) minutes</p> <p>9) The Camera Operations Log for October 20, 2021, revealed a camera sweep was performed for 28 housing pods and was completed in six (6) minutes, 3:00 p.m. to 3:06 p.m.</p> <p>10) The Camera Operations Log for October 20, 2021, revealed a camera sweep was performed for 8 housing pods and was completed in two (2) minutes, 10:30 a.m. to 10:32 a.m.</p> <p>11) The "Inmate Handbook" dated May 27, 2021, instructs inmates to report emergencies by entering 0# or 911.</p> <p>12) Several of the log books had log entries denoting the reason for missed sight checks. The reasons noted were Roving, Medicine Pass, Trash, Running Rec, Recon, "Face to Face", Feeding Pods, Use of Force, Incident in Booking, Court, Clinic, Classification, EMSA, No One Available, Assisting With Movement, Pulled, Paperwork, and Missed Check.</p> <p>13) 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.</p> <p>14) The "Staff Assignment and Inspection Report" dated October 20, 2021, 6:00 p.m. to October 21, 2021, 6:00 a.m., revealed assignments of staff to cover the seven (7) floors denoted four (4) of the floors were assigned one (1) rover each, and three (3) of the floors were</p>	{P5302}		

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{P5302}	<p>Continued From page 22</p> <p>assigned with two (2) rovers each.</p> <p>15) The Staff Assignment and Inspection Report dated October 20, 2021, 6:00 p.m. to October 21, 2021, 6:00 a.m., revealed all of the detention officers are assigned as a rover and no officer is specifically assigned to any of the twenty-four (24) housing pods, which include suicide prevention, mental health, critically ill, restrictive housing, and closer observation.</p> <p>16) An incident report denoted staff V and W spoke with inmate (498) located in housing pod 12 David, cell #19, at 6:45 a.m. and determined the inmate needed to be seen by medical. However, both of the staff were called to report to a medical emergency. Staff X returned to check on inmate (498) at 9:03 a.m. and found the inmate unresponsive. Emergency assistance was called and cardiopulmonary resuscitation (CPR) was initiated.</p> <p>17) Inmate (15) housed in cell #3 of the Womens Holding Pod, reported staff are rarely present in the pod and the intercom in the cell did not work. The inmate pushed the intercom button in the cell and confirm the intercom system did not work.</p> <p>18) Staff K reported many phones throughout the facility are not working.</p> <p>19) Staff D reported the intercom system throughout the facility is not being used and does not work.</p> <p>20) Staff D reported a vendor is in the process of installing phones in each cell, but has not completed the work.</p>	{P5302}		

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{P5303}	Continued From page 23 {P5303} 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 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 paper, clothing, sheets, and blankets.	{P5303}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.	

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{P5303}	<p>Continued From page 24</p> <p>4) Observed on October 21, 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 4 David between cells #39 and #40, 4 David between cells #41 and #42.</p> <p>5) 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.</p> <p>6) Review of the Central Control Logs for October 18, 2021, October 19, 2021, October 20, 2021, and October 21, 2021, revealed no notation of a count beginning at 6:00 a.m., 11:15 a.m., and 6:00 p.m.</p> <p>7) Review of the Central Control Logs for October 20, 2021 and October 21, 2021, revealed no log entries referencing counts completed.</p> <p>8) Review of the Oklahoma County Detention Center count forms provided for October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed no more than one (1) count is being conducted each day.</p> <p>9) Review of the Oklahoma County Detention Center count forms for, October 18, 2021, October 19, 2021, October 20, 2021 and October 21, 2021, revealed counts are taking a long time to complete. The documentation revealed counts are taking two (2) to five (5) hours.</p>	{P5303}		

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{P5303}	<p>Continued From page 25</p> <p>10) Records for the week of October 3, 2021 thru October 9, 2021, revealed inmates located in housing pods 2 Charlie and 10 Adam were not offered a Shower/Recreation.</p> <p>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.</p> <p>12) Records for the week of October 3, 2021 thru October 9, 2021, revealed inmates located in housing pods 2 Baker, 6 Baker, 6 Charlie, 6 David, 8 Adam, 8 Baker, 8 Charlie and 10 Baker were offered two (2) times to Shower/Recreation.</p> <p>13) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 2 Baker, 2 Charlie, 2 David, 8 Adam, and 10 Adam were not offered a time to Shower/Recreation.</p> <p>14) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 6 Adam and 12 Baker were offered one (1) time to Shower/Recreation.</p> <p>15) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 4 David, 6 Baker, 10 Baker, and 12 David were offered two (2) times to Shower/Recreation.</p> <p>16) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes for October 22, 2021.</p> <p>17) Of the twenty-two (22) inmates in 13 Baker housing pod requiring fifteen (15) minute sight</p>	{P5303}		

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{P5303}	<p>Continued From page 26</p> <p>checks, all twenty-two (22) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>18) Of the thirteen (13) inmates in 13 Charlie housing pod requiring fifteen (15) minute sight checks, all thirteen (13) of the Male 15 Minute Observation Sheet forms had missing sight checks, ranging from fifteen (15) minutes to thirty (30) minutes.</p> <p>19) Of the one hundred and eighty six (186) Male 15 Minute Observation Sheet forms, for October 14, 2021 thru October 20, 2021, revealed one hundred and thirty six (136) of the forms had missing sight checks, ranging from thirty (30) minutes to nine (9) hours. Fifty six (56) of the forms did not have a start or end date.</p> <p>20) A review of records for 13 Adam housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021. Three (3) sight checks were missed.</p> <p>21) A review of records for 13 Charlie housing pod, for inmates on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021 thru October 22, 2021. Ten (10) sight checks were missed.</p> <p>22) Review of four (4) unit log books for, October 17, 2021 thru October 22, 2021, revealed one hour sight checks were not performed and documented as required in all 4 unit log books.</p> <p>23) Several of the log books had log entries</p>	{P5303}		

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{P5303}	<p>Continued From page 27</p> <p>denoting the reason for missed sight checks. The reasons noted were Roving, Medicine Pass, Trash, Running Rec, Recon, "Face to Face", Feeding Pods, Use of Force, Incident in Booking, Court, Clinic, Classification, EMSA, No One Available, Assisting With Movement, Pulled, Paperwork, and Missed Check.</p> <p>24) A review of records for inmate (498) revealed medical and mental health screening was not performed before being placed in the mental health pod. The Pre-Booking Screening form denoted the inmate needed a full medical.</p> <p>25) Three (3) inmates (481, 482, 483) admitted to the facility on October 20, 2021, who remained in booking holding cells, had no proof of medical and mental health screening as of October 21, 2020, at 12:30 p.m.</p> <p>26) Eight (8) booking records (485, 486, 487, 488, 489, 490, 491, 492) out of fifteen (15) reviewed, denoted medical and mental health screening was not performed until the next day ranging from eight (8) to nineteen (19) hours after the inmate's admission into the facility.</p> <p>27) A review of records for inmate (496) revealed medical and mental health screening was not performed for forty seven (47) hours after the inmate's admission into the facility.</p> <p>28) A review of records for inmate (491) revealed complaints of difficulty breathing, however, medical and mental health screening was not performed until eighteen (18) hours after the inmate's admission into the facility.</p> <p>29) Staff J reported recreation is often missed and/or cut short due to staff having to perform</p>	{P5303}		

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{P5303}	Continued From page 28 other duties.	{P5303}		
{P5501}	<p>310:670-5-5(1) Detention Facilities-Opposite Sex Housing REQ</p> <p>The facility administrator shall develop and implement written policies and procedures for the classification and segregation of inmates. The classification plan shall ensure the safety of inmates and staff. The following criteria shall ensure an adequate classification and reclassification system.</p> <p>(1) Inmates of opposite sex shall be housed in separated living areas. Separation shall be by substantial architectural arrangements which permit no sustained sight contact. Housing of inmates with mixed gender identification will be administered in a manner to maximize inmate safety.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide substantial architectural separation of male and female inmates which permit no sustained sight contact.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed one (1) female inmate (460), being housed in a male housing pod located in 13 Baker cell #7, with several other male inmates and in the cells adjacent to hers.</p> <p>2) Observed one (1) female inmate (14), sitting</p>	{P5501}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective 	

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{P5501}	Continued From page 29 on a bench in the booking area in close proximity to several male inmates. 3) Staff C acknowledge the close proximity of both of the females to adult male inmates, and had the female in booking area moved, a placement of a screen in front of cell #7.	{P5501}	actions as needed based on observations and interviews. 5) Develop a separation of substantial architectural design in accordance with standards. 6) Put in place a barrier separating inmates of opposite sex from sustained sight contact.	
{P5601}	310:670-5-6(1) Detention Facilities-Kept Clean Condition The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (1) The facility shall be kept in a clean condition consistent with the requirements in Title 57 O.S. § 4. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain an acceptable level of sanitation. Observed visible signs of uncleanliness, build-up of dirt, debris, and trash on floors. Finding(s): REPEAT DEFICIENCY 1) Several of the cell, floors, walls, washbasins, toilets, showers, and common areas, located on the 2nd and 4th floor housing pods, were observed on October 21, 2021, to have a build-up	{P5601}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete,	

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{P5601}	<p>Continued From page 30</p> <p>of dirt, debris and trash.</p> <p>2) Several of the cell, floors, walls, washbasins, toilets, showers, and common areas, located on the 6th, 8th, 10th, 12th and 13th floor housing pods, were observed on October 22, 2021, to have a build-up of dirt, debris and trash.</p> <p>3) Cell walls were observed in each housing pod, to contain graffiti and had other items (pictures, drawings, toothpaste, etc.) stuck to the wall.</p> <p>4) The drains in the mop sinks located in housing pods 2 Baker, 2 David, 6 Baker, and 8 Adam are clogged, do not drain, and contain stagnant dirty water.</p> <p>5) On October 22, 2021, observed the drains in the showers located in housing pods 6 baker, 6 Charlie, 6 David, 8 Adam, 8 Baker, 8 Charlie, 10 Adam, 10 Charlie, and 12 David are clogged, do not drain, and contain stagnant dirty water.</p> <p>6) The women holding cell #4 was dirty and had a strong pungent odor of urine, with an unknown substance splattered on the walls.</p> <p>7) The floor in the male holding cell #1 had standing water on the floor which appeared to be coming from a leaking toilet and washbasin unit.</p> <p>8) Return air vents were observed on all floors, to have a build-up of lint, dirt and black residue.</p> <p>9) The floor in 2 Adam, cell #19 had standing water on the floor which appeared to be coming from a leaking toilet and washbasin unit.</p> <p>10) During the tour of the facility on October 22, 2021, along with escorting staff C and D,</p>	{P5601}	<p>conduct training of jail staff on the policy.</p> <p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p> <p>5) Review the policy on cleaning supplies distribution.</p>	

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{P5601}	Continued From page 31 observed on the 6th floor, feces laying on floor in front of the elevators.	{P5601}		
{P5603}	310:670-5-6(3) Detention Facilities-Floors Clean/Dry/Clear The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (3) Floors shall be kept clean, dry and free of hazardous substances. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to implement policy to ensure the safety and maintenance of sanitation standards were maintained. Finding(s): REPEAT DEFICIENCY 1) Several of the cell and common area floors, located on the 2nd and 4th floor housing pods, were observed on October 21, 2021, to have a build-up of dirt, debris and trash. 2) Several of the cell and common area floors, located on the 6th, 8th, 10th, 12th and 13th floor housing pods, were observed on October 22, 2021, to have a build-up of dirt, debris and trash.. 3) Shower floors on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to be dirty and contain a black residue, trash in the shower,	{P5603}	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 and repair needs. 2) Review the process for authorizing repairs. 3) Review the process for monitoring for completion of repairs. 4) Identify those steps in the process that were not followed and why. 5) Revise and train staff on maintenance procedures as needed. 6) Confirm the repair is scheduled and completed. 7) Conduct periodic monitoring of the correction for compliance.	

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{P5603}	Continued From page 32 or the drain being clogged. 4) The floor in the male holding cell #1 had standing water on the floor which appeared to be coming from a leaking toilet unit. 5) Observed the kitchen floors with standing water. This appeared to come from kitchen orderlies using hoses to clean the floors and from a large tub used to pre-rinse dishes before they were placed in the dish machine. 6) The floor area around the steam kettles, located in the kitchen, is missing tile and a top finish of the floor exposing the below substrate, creating a tripping hazard and pest harborage area. 7) Staff A reports the roof has not been repaired to prevent leaks and the facility is waiting for a bid estimate from a vendor for repair.	{P5603}		
{P5604}	310:670-5-6(4) Detention Facilities-Routine Cleaning Supply The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets. This STANDARD is not met as evidenced by:	{P5604}		

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{P5604}	Continued From page 33 Based on observation, the facility failed to provide inmates with materials and supplies to maintain clean showers, washbasins and toilets. Finding(s): REPEAT DEFICIENCY 1) Several of the cell washbasins and toilets, located on the 2nd and 4th floor housing pods, were observed on October 21, 2021, to be dirty. 2) Several of the cell washbasins and toilets, located on the 6th, 8th, 10th, 12th and 13th floor housing pods, were observed on October 22, 2021, to be dirty 3) Shower floors and walls on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors were observed to be dirty and contain a black residue.	{P5604}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review the policy on cleaning supplies distribution.	
P5606	310:670-5-6(6) Detention Facilities-ADMIN Hygiene Issue The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (6) Upon admission or after commitment by the court, each inmate shall be issued personal hygiene items to include soap, towel, toilet paper, toothbrush and toothpaste. Feminine hygiene articles shall be provided upon request. Razors are issued to each inmate consistent with facility policy, and collected immediately after use and disposed of or stored as specified by facility policy and procedures. Inmates shall not share razors. With the exception of toilet paper and feminine hygiene items, inmates who are not indigent and have funds in their inmate account	P5606		

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P5606	<p>Continued From page 34</p> <p>may be required to purchase hygiene items from the detention facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to issue razors in accordance with this standard and consistent with facility policy, collect razors immediately after use, and dispose of or store razors as specified by facility policy and procedure.</p> <p>Finding(s):</p> <p>1) Razors were observed in occupied cells located in general population housing pods 6 Charlie, cell #8 (Female) and 10 Charlie, cell #16 (male). Review of the Razor Logs did not reflect issuance of these razors to these inmates.</p> <p>2) The facility razor log for housing pod 2 Baker, denoted razors were only issued on July 28, 2021, September 27, 2021 and October 14, 2021.</p> <p>3) The facility "Hygiene and Hair Care" policy, number 4140.03, requires the razor log to contain, name of inmate receiving the razor, name of officer distributing the razor, time of distribution and collection.</p> <p>4) The facility "Hygiene and Hair Care" policy, number 4140.03, requires razors to be logged and returned immediately to the pod officer. If the razor is not returned, the cell shall be searched and the razor accounted for</p> <p>5) The facility razor log for 2 Baker housing pod,</p>	P5606	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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P5606	<p>Continued From page 35</p> <p>revealed many incomplete entries. Many entries did not have the distributing officers name, time of distribution, and time of the collection of the razor.</p> <p>6) The facility razor log for housing pod 2 Baker, revealed sixteen (16) razors were issued on July 28, 2021, however, only six (6) of the razors were noted as being returned.</p> <p>7) The facility razor log for housing pod 2 Baker, revealed ten (10) razors were issued on September 27, 2021, however, none of the ten (10) razors were noted as being returned.</p> <p>8) The facility razor log for housing pod 2 Baker, revealed twenty (20) razors were issued on October 14, 2021, however, only two (2) razors were noted as being returned.</p> <p>9) On October 14, 2021, four (4) entries in the Razor Log for housing pod 2 Baker, were missing the name of the inmate receiving the razor.</p> <p>10) Staff D reported razors are not logged when dispensed in the general population pods.</p>	P5606		
P5608	<p>310:670-5-6(7)(A) Detention Facilities-Issue Cleanable Mattress</p> <p>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (7) Clean bedding shall be issued to each inmate who is confined overnight in the facility except where indicated by circumstances defined in the facility's policy. A standard issue of bedding shall</p>	P5608		

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P5608	<p>Continued From page 36</p> <p>include:</p> <p>(A) A mattress with a cleanable surface; and</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure inmates have a mattress with a cleanable surface.</p> <p>Finding(s):</p> <ol style="list-style-type: none"> 1) Observed inmate (121), located in housing pod 6 Adam cell #14, without a mattress. 2) Observed inmate (122), located in housing pod 6 Adam cell #16, without a mattress. 3) Observed inmate (280), located in housing pod 8 Baker cell #37, without a mattress. 4) Observed inmate (287), located in housing pod 8 Baker cell #44, without a mattress. 5) Observed inmate (453), located in housing pod 13 Adam cell #14, without a mattress. 6) Observed mattresses that were either torn or did not have a cover allowing for a cleanable surface, located in housing pods 4 David cells #19 and #38, 6 David cell #36, 8 Adam cell #23, and 12 David cell #20. 	P5608	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	
{P5612}	<p>310:670-5-6(10) Detention Facilities-Clean Bedding/Towels</p> <p>The administrator shall develop and implement</p>	{P5612}		

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{P5612}	<p>Continued From page 37</p> <p>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (10) Clean bedding and towels shall be offered at least one (1) time each week.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide clean bedding and towels at least one (1) time each week.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On October 21, 2021, a cart marked dirty laundry was observed being used for trash.</p> <p>2) Records revealed laundry is exchanging blankets at least once every seven (7) weeks, in accordance with Oklahoma County Sheriff's policy 4130.01, Inmate Clothing and Bedding Inventory, Distribution and Accountability, which states clean blankets shall be made available and furnished to each inmate at least once every seven (7) weeks.</p> <p>3) Staff A reported clean bedding is exchanged once every six (6) to seven (7) weeks.</p>	{P5612}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	
{P5615}	<p>310:670-5-6(13) Detention Facilities-Document Clothing Issue</p> <p>The administrator shall develop and implement</p>	{P5615}		

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{P5615}	<p>Continued From page 38</p> <p>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (13) Issuance of all clothing and bedding shall be documented and inmates shall be held accountable for these items.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to hold inmates accountable for the issuance of all clothing and bedding.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) When requested the facility administrator failed to provide for review, documentation of bedding and clothing issuance for each inmate.</p> <p>2) No documentation for the issuance of bedding and clothing was found in the twenty (20) inmate booking records reviewed.</p> <p>3) Staff D reported records are not kept for the issuance of clothing to each inmate.</p>	{P5615}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	
{P5618}	<p>310:670-5-6(16) Detention Facilities-Shower x3/Daily Food SVC</p> <p>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (16) Sufficient showers shall be provided in housing units to provide inmates the opportunity</p>	{P5618}		

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{P5618}	<p>Continued From page 39</p> <p>to bathe at least three (3) times each week. Inmates working in food service shall be required to bathe daily.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide inmates the opportunity to bathe at least three (3) times each week.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Records for the week of October 3, 2021 thru October 9, 2021, revealed inmates located in housing pods 2 Charlie and 10 Adam were not offered a Shower/Recreation.</p> <p>2) 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.</p> <p>3) Records for the week of October 3, 2021 thru October 9, 2021, revealed inmates located in housing pods 2 Baker, 6 Baker, 6 Charlie, 6 David, 8 Adam, 8 Baker, 8 Charlie and 10 Baker were offered two (2) times to Shower/Recreation.</p> <p>4) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 2 Baker, 2 Charlie, 2 David, 8 Adam, and 10 Adam were not offered a time to Shower/Recreation.</p> <p>5) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 6 Adam and 12 Baker were offered</p>	{P5618}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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{P5618}	Continued From page 40 one (1) time to Shower/Recreation. 6) Records for the week of October 10, 2021 thru October 16, 2021, revealed inmates located in housing pods 4 David, 6 Baker, 10 Baker, and 12 David were offered two (2) times to Shower/Recreation. 7) The records provided do not delineate whether an inmate showers, uses the kiosk, or recreates. 8) Staff J reported recreation is often missed and/or cut short due to staff having to perform other duties.	{P5618}		
{P5620}	310:670-5-6(18) Detention Facilities-Water Standards;Hot/Cold The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (18) The potable water supply shall meet all state and local water quality standards. Hot and cold water shall be provided in showers and washbasins. This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide cold and hot water to cell wash basins and to showers. Water temperatures of hot water were taken using the Day Mark Safety Systems Thermometer.	{P5620}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Review the policy and procedures for	

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{P5620}	<p>Continued From page 41</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed on October 21, 2021, the wash basin cold water faucet side did not work in the cells located in Women Holding cell #4, and housing pod 4 David cell #47.</p> <p>2) Observed on October 22, 2021, the wash basin cold water faucet side did not work in the cells located in housing pods 6 Baker cell #18, 8 Charlie cell #12, 10 Adam cell #43 and 10 Charlie cell #33.</p> <p>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.</p> <p>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.</p> <p>5) The wash basin located in housing pod 2 Charlie cell #21, had a hot water temperature reading that measured 65 degrees.</p> <p>4) The wash basin located in housing pod 2 Charlie cell #22, had a hot water temperature reading that measured 80 degrees.</p> <p>5) The wash basin located in housing pod 2 David cell #26, had a hot water temperature reading that measured 65 degrees.</p> <p>6) The wash basin located in housing pod 6 Baker cell #20, had a hot water temperature reading that measured 80 degrees.</p>	{P5620}	<p>reporting and responding to maintenance and repair needs.</p> <p>2) Review the process for authorizing repairs.</p> <p>3) Review the process for monitoring for completion of repairs.</p> <p>4) Identify those steps in the process that were not followed and why.</p> <p>5) Revise and train staff on maintenance procedures as needed.</p> <p>6) Confirm the repair is scheduled and completed.</p> <p>7) Conduct periodic monitoring of the correction for compliance.</p>	

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{P5620}	Continued From page 42 7) Observed two (2) showers, on the 2nd floor of housing pod 8 David pod, that did not have hot or cold running water. 8) Observed two (2) showers, on the 2nd floor of housing pod 10 Charlie pod, that did not have hot or cold running water. 9) Observed one (1) shower, on the 2nd floor in housing pod 10 David pod, that did not have hot or cold running water. 10) Hot water shower and wash basin temperatures are not being provided as stated in the facilities Oklahoma County Detention Center Policy Statement, "Inmate Housing, Cell and living Area Hygiene Standards"; Water for showers is thermostatically controlled to temperatures ranging from one hundred (100) to one hundred and twenty (120) degrees Fahrenheit to ensure the safety of inmates and promote hygienic practice.	{P5620}		
{P5621}	310:670-5-6(19) Detention Facilities-Eliminate Pests/Control The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (19) Any condition conducive to harboring or breeding insects, rodents or other vermin shall be eliminated immediately. Licensed pest control professionals shall be contracted to perform pest control on a scheduled basis specified in the facility policy and procedure.	{P5621}		

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{P5621}	<p>Continued From page 43</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to maintain a facility free of pests.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <ol style="list-style-type: none"> 1) Several inmates displayed to the inspectors, live bed bugs and bed bug bites on their person. 2) Observed mattresses in cells that were either torn or did not have a cover, allowing for pest harborage. 3) Live cockroaches were observed in cells located in housing pods 6 Charlie, 6 David, 10 Charlie and a shower in 8 Charlie pod. 4) The sick call roster for October 1, 2021, thru October 20, 2021, denoted eight (8) inmates were seen by medial staff for bed bug bites. 5) Two hundred and twenty two (222) inmates assigned to the housing pods, located on the 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors, voiced complaints of bed bug infestation in their cells, on their person, in their bedding and clothing. 6) Staff D reported bed bugs and cockroaches are an ongoing problem. 	{P5621}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) Conduct staff interviews to assess knowledge of the policy and the practice for pest control extermination. 4) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy. 	
{P5623}	<p>310:670-5-6(21) Detention Facilities-Safety Fire Prevention</p> <p>The administrator shall develop and implement</p>	{P5623}		

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{P5623}	<p>Continued From page 44</p> <p>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:</p> <p>... ..</p> <p>(21) The facility's fire prevention policies and procedures shall ensure the safety of staff, inmates and visitors and shall conform to the requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq. These shall include, but not be limited to an adequate fire protection service; a system of fire inspection and testing of equipment and documentation on a weekly basis; and the availability of fire hoses or extinguishers at appropriate locations throughout the facility. The facility shall have an automatic fire alarm and heat and smoke detection system approved by the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the safety of staff, inmates and visitors by maintaining an adequate fire protection service; a system of fire inspection, testing of equipment, and conforming to the requirements of the Oklahoma State Fire Marshal.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) The two remote exit doors leading out of kitchen area were blocked, preventing a clear path to the emergency exit. One exit was</p>	{P5623}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of Detention Facility staff on the policy. 	
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{P5623}	Continued From page 45 blocked by a cart loaded with trash and the other was blocked by a table. 2) Access to the two Self Contained Breathing Apparatus and the Automated External Defibrillator, located near the kitchen exits, were blocked by two filled trash cans. 3) Ceiling tiles are missing and exposing the plenum area in the following areas, the basement, 1st, 2nd, 4th, 6th, 8th, 10th, 12th and 13th floors. 4) During the tour of the facility on October 22, 2021, observed a fire in cell #39 of housing pod 4 David, where inmates were in the process of heating water. 5) The light fixture located in housing pod 4 David cell #50, had exposed electrical wiring protruding from the light fixture. 6) The main automatic fire alarm and heat and smoke detection system panel is yellow tagged, noting network troubles. The alarm was silenced, denoting trouble on the 2nd floor. The system was last inspected on October 24, 2021, by Johnson Controls, State License #731. 7) The Safety Officer reported he was aware that the automatic fire alarm and heat and smoke detection system was yellow tagged and displayed trouble codes, and the vendor has ordered parts to repair the system.	{P5623}	4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review the procedures for fire code compliance and reporting and responding to maintenance needs. 6) Review the actions taken to identify and report repairs. 7) Review the process for authorizing repairs. 8) Review the process for monitoring for completion of repairs. 9) Identify those steps in the process that were not followed and why. 10) Revise and train staff on maintenance procedures as needed. 11) Confirm the repair is scheduled and completed.	
{P5626}	310:670-5-6(24) Detention Facilities-Material Fire Compliance The administrator shall develop and implement	{P5626}		

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{P5626}	<p>Continued From page 46</p> <p>policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (24) Facility furnishings, walls, ceilings and floors shall be constructed of material that meets the code requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain for safety and provide materials that meet the code requirements of the Oklahoma State Fire Marshal.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Ceiling tiles are missing or damaged in the basement, 1st, 2nd, 4th, 6th, 8th, 10th, 12th and 13th common areas, exposing the plenum area above the ceiling.</p> <p>2) Many interior housing pod and corridor windows on the 2nd, 4th, 6th, 8th, 10th, 12th, and 13th floors are broken/cracked The windows are part of the smoke proof enclosure, fire barrier and are an integral part of the emergency egress system. The broken/cracked windows obscure visibility, create a potential safety and security hazard, and compromise the fire protection rating of a fixed fire window assembly.</p> <p>3) Observed on October 21, 2021, holes in the wall of cells occupied by inmates. All of the holes were big enough to pass items between the</p>	{P5626}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review the procedures for fire code compliance and reporting and responding to maintenance needs. 6) Review the actions taken to identify and report repairs. 7) Review the process for authorizing repairs. 8) Confirm the repair is scheduled and completed 	

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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5626}	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.	{P5626}		
{P5801}	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: (2) Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation , these inmates may be assigned to housing consistent with the medical evaluation.	{P5801}		

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{P5801}	<p>Continued From page 48</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to frequently observe an inmate whose screening indicated a significant suicide risk or observation, consistent with the facility's policy, Oklahoma County Detention Center Policy 4310.02, "Sight Checks", dated May 14, 2021.</p> <p>Findings(s): REPEAT DEFICIENCY</p> <p>1) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes for October 22, 2021.</p> <p>2) Of the twenty-two (22) inmates in 13 Baker housing pod who require fifteen (15) minute sight checks, all twenty-two (22) of the "Male 15 Minute Observation Sheet" forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>3) Of the thirteen (13) inmates in 13 Charlie housing pod who require fifteen (15) minute sight checks, all thirteen (13) of the "Male 15 Minute Observation Sheet" forms had missing sight checks, ranging from fifteen (15) minutes to thirty (30) minutes.</p> <p>4) Of the one hundred and eighty six (186) "Male 15 Minute Observation Sheet" forms reviewed, for October 14, 2021 thru October 20, 2021, revealed one hundred and thirty six (136) of the forms had missing sight checks, ranging from</p>	{P5801}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. 	

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{P5801}	<p>Continued From page 49</p> <p>thirty (30) minutes to nine (9) hours. Fifty six (56) of the forms did not have a start or end date.</p> <p>5) A review of records for 13 Adam housing pod, for inmates who are on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021. Three (3) sight checks were missed.</p> <p>6) A review of records for 13 Charlie housing pod, for inmates who are on increased observation, requiring thirty (30) minute sight checks, revealed sight checks were not documented every thirty (30) minutes for October 21, 2021 thru October 22, 2021. Ten (10) sight checks were missed.</p> <p>7) A review of admission and medical records for inmate (498), revealed medical and mental health screening was not performed prior to being placed into the mental health housing pod. The Pre-Booking Screening form denoted the inmate needed a full medical screening.</p> <p>8) An incident report by staff, denoted staff V and W spoke with inmate (498) located in housing pod 12 David cell #19, at 6:45 a.m. and determined the inmate needed to be seen by medical. However, both of the staff were called to report to an emergency. Staff X returned to check on inmate (498) at 9:03 a.m. and found the inmate unresponsive. Emergency assistance was called by staff X and cardiopulmonary resuscitation (CPR) was initiated.</p>	{P5801}		
{P5802}	310:670-5-8(2)(A) Detention Facilities-Prescription Possession	{P5802}		

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OKLAHOMA COUNTY DETENTION CENTER **201 N SHARTEL**
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{P5802}	<p>Continued From page 50</p> <p>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:</p> <p>... ..</p> <p>(2) Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation , these inmates may be assigned to housing consistent with the medical evaluation.</p> <p>(A) Medications in the possession of the inmate at the time of the booking, whether prescription or over-the-counter shall be logged, counted and secured. Prescription medications shall be provided to the [inmate] as directed by a physician or designated medical authority. The [inmate] shall be observed to ensure the prisoner takes the medication. The physician or designated medical authority shall be particularly aware through his or her training of the impact of opiate or methadone withdrawal symptoms that may occur in regard to the mental and physical health of the [inmate]. The physician or medical authority shall prescribe and administer appropriate medications to the [inmate] pursuant to Section 5-204 of Title 43A of the Oklahoma Statutes as the medical authority deems appropriate to address those symptoms. Neither prescription nor over-the-counter medications</p>	{P5802}		

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{P5802}	<p>Continued From page 51</p> <p>shall be kept by [an inmate] in a cell with the exception of prescribed nitroglycerin tablets and prescription inhalers. Over-the-counter medications shall not be administered without a physician's approval unless using prepackaged medications [57 O.S. § 4.1(1)]. This authorization to allow certain medications in a cell does not require a facility to allow the medications in a cell where inmate safety is threatened or abuse of the medication is documented. Prepackaged over-the-counter medications are those medications provided in single-dose packaging.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide prescription medications to the inmate as directed by a physician or designated medical authority, ensure the prisoner takes the medication, and ensure neither prescription nor over-the-counter medications are kept by an inmate in a cell.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed on October 21, 2021, inmates in possession of medication, located in cell #50, of housing pod 4 David.</p> <p>2) Observed on October 22, 2021, inmates in possession of medication, located in cell # 25, of housing pod 6 Charlie, and cells #24 and #25, of housing pod 8 Adam.</p> <p>3) Review of records for July 1, 2021, July 12, 2021, July 23, 2021, July 27, 2021, August 3,</p>	{P5802}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. 	
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{P5802}	Continued From page 52 2021, August 4, 2021, revealed wound care, medical rounds and medication pass on all pods located on the 8th floor, were not conducted with a notation of "no staff escort available". 4) Review of records for July 12, 2021, and July 13, 2021, revealed wound care, medical rounds and medication pass in 10 Charlie Pod, were not conducted with a notation of "no staff escort available". 5) Review of records for July 12, 2021, and July 19, 2021, revealed wound care, medical rounds and medication pass in 12 Charlie Pod, were not conducted with a notation of "no staff escort available". 6) Incident/Unusual Occurrence Report, dated September 11, 2021, denotes inmate (495) has been receiving medication prescribed to inmate (494) who was no longer at the facility and had been gone for weeks. The report further stated medication meant for inmate (494) was still being delivered to the cell via an envelope that was slid underneath the cell door to inmate (495).	{P5802}		
{P6101}	310:670-5-11(a)(2) Detention Facilities-Double Cell Min 60sq ft (a) Existing facilities. (2) All cells and living areas shall have at least forty (40) square feet of floor space for the initial inmate and at least twenty (20) square feet of floor space for each additional inmate occupying the same cell. Double-celling of inmates is permitted if there is at least sixty (60) square feet of floor space for two (2) persons.	{P6101}		

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{P6101}	<p>Continued From page 53</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to have at least forty (40) square feet of floor space for the initial inmate and at least twenty (20) square feet of floor space for each additional inmate occupying the same cell. Several cells with a rated capacity of two (2) inmates had three (3) inmates assigned to them.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed on October 21, 2021, in the 2nd floor housing pods, three (3) inmates assigned to a cells located in housing pods Adam, cells #7, #12 and #19; Baker, cell #14; David, cells #1, #4 through #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>2) Observed on October 21, 2021, in the 4th floor housing pods, three (3) inmates assigned to a cells located in housing pods Baker, cells #4, #5, #6, #9, #19, #20, #26, #29, #31, #32, #35, #39, #41, #42, #44, #48 and #49; David, cells #1, #4</p>	{P6101}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 	

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{P6101}	<p>Continued From page 54</p> <p>through, #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>3) Observed on October 22, 2021, in the 6th floor housing pods, three (3) inmates assigned to a cells located in housing pods Adam, cell #44, #45 and #48; Baker, cells #4, #5, #7, #8, #12, #18, #19, #20, #22, #24, #25, #33, #35, #36, #48 and #50; Charlie, cells #2, #3, #24, and #38; David, cells #8, #21, #25 and #43, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>4) Observed on October 22, 2021, in the 8th floor housing pods, three (3) inmates assigned to a cells located in housing pods Adam, cells #3, #7, #8, #9, #10, #12, #13, #17, #18, #19, #20, #22 through #25, #28, #31, #32, #33, #35, #37, #38, #31 through #45 and #48 through #50; Baker, cells #17, #19, #21, #27, #33, #34, #37, #38, #43,</p>	{P6101}		

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{P6101}	<p>Continued From page 55</p> <p>#44 and #45; Charlie, cells #1, #2, #4, #5, #7, #9, #12, #13, #14, #17, #19, #22, #23, #26, #27, #29, #30, #31, #33, #37 through #41, #43, #45, #47, #48 and #50; David, cells #4, #6, #7, #8, #9, #13, #14, #16, #19, #20, #23 through #38 and #41 through #50, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>5) Observed on October 22, 2021, in the 10th floor housing pods, three (3) inmates assigned to a cells located in housing pods Adam, cells #31, #33, #44, and #50; Charlie, cells #1, #2, #7, #8, #12, #15, #16, #18, #19, #20, #27, #29, #31, #32, #33, #39, #42, #44, #46, #47 and #50, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>6) Observed on October 22, 2021, in the 12th floor housing pods, three (3) inmates assigned to a cells located in housing pods Baker, cells #5; Charlie, cells #19; David, cells #4, #8, # 10 and #21, each cell measured 8' 3" x 9' (74.7 sq. ft.). A</p>	{P6101}		

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OKLAHOMA COUNTY DETENTION CENTER 201 N SHARTEL OKLAHOMA CITY, OK 73102

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{P6101}	<p>Continued From page 56</p> <p>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.</p> <p>7) Observed on October 22, 2021, in the 13th floor housing pods, three (3) inmates assigned to a cells located in housing pods Adam, cells #4, #15, 20, 2 and #22; Charlie, cells #4, #8, #12, #13 (two wheelchairs stored in cell further impacted the floor space of this cell), #18 and #19; David, cells #2, #4, #7, # 15, #17, #19, #20, #21, #24 and #25, each cell measured 8' 3" x 9' (74.7 sq. ft.). A 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.</p> <p>8) Observed on October 22, 2021, three (3) inmates in 13 Charlie, cell #13, with a double bunk, with one inmate having to sleep on the floor, and two wheelchairs are stored in cell further impacting available floor space for the occupants.</p> <p>9) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 2nd floor housing pods, revealed three (3)</p>	{P6101}		

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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P6101}	<p>Continued From page 57</p> <p>inmates assigned to a cell located in housing pods Adam, cells #7, #12 and #19; Baker, cell #14; David, cells #1, #4 through #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p> <p>10) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 4th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Baker, cells #4, #5, #6, #9, #19, #20, #26, #29, #31, #32, #35, #39, #41, #42, #44, #48 and #49; David, cells #1, #4 through, #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p> <p>11) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 6th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Adam, cell #44, #45 and #48; Baker, cells #4, #5, #7, #8, #12, #18, #19, #20, #22, #24, #25, #33, #35, #36, #48 and #50.</p> <p>12) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 8th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Adam, cells #3, #7, #8, #9, #10, #12, #13, #17, #18, #19, #20, #22 through #25, #28, #31, #32, #33, #35, #37, #38, #31 through #45 and #48 through #50</p> <p>13) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 10th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Adam, cells #31, #33, #44, and #50; Charlie, cells #1, #2, #7, #8, #12, #15, #16, #18, #19, #20, #27, #29, #31, #32, #33, #39, #42, #44,</p>	{P6101}		

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{P6101}	Continued From page 58 #46, #47 and #50 14) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 12th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Baker, cells #5; Charlie, cells #19; David, cells #4, #8, # 10 and #21. 15) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 13th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pods Adam, cells #4, #15, 20, 2 and #22; Charlie, cells #4, #8, #12, #13 (two wheelchairs stored in cell further impacted the floor space of this cell), #18 and #19; David, cells #2, #4, #7, # 15, #17, #19, #20, #21, #24 and #25.	{P6101}		
{P6103}	310:670-5-11(a)(4)(A) Detention Facilities-Light MIN 20 Ft Candles (a) Existing facilities. (4) The housing and activity areas shall provide, at least the following: (A) Lighting of at least twenty (20) foot candles; This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide the minimum required lighting of at least twenty (20) foot candles in the housing areas. Measurements of light levels were taken using the REED Light Meter, Compact Series model R1930.	{P6103}	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 and repair needs.	

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{P6103}	<p>Continued From page 59</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On October 21, 2021, light levels were taken in various cells and common areas.</p> <p>A. The day room in 2 Charlie housing pod had light levels measuring seven (7) foot candles.</p> <p>B. Light levels measuring zero (0) foot candles were taken in cells located in housing pods 2 Charlie, cells #21, #22, #44, and 4 David cells #34, #36.</p> <p>2) On October 22, 2021, light levels were taken in various cells and common areas.</p> <p>A. Light levels measuring zero (0) foot candles were taken in cells located in housing pods 6 Adam cell #29, 6 Baker cell #13, 6 David cell #46, 8 Adam cell #27, 8 Baker cells #38, #39, #40, #41, #42, #44, #46, #48, 8 David cells #36, #49, 10 Charlie cell #50, and 13 Charlie cells #18, #19.</p> <p>B. Light level measurements were taken in cells located in housing pod 6 Adam measuring 2 foot candles in cell #23, 8 foot candles in cell #30, 10 foot candles in cell #34, 3 foot candles in cell #35, and 5 foot candles in cell #44.</p> <p>C. Light level measurements were taken in cells located in housing pod 6 Baker measuring 9 foot candles in cell #27, 3 foot candles in cell #28, 14 foot candles in cells #35 and #39, and 13 foot candles in cell #40.</p> <p>D. Light level measurements were taken in cells located in housing pod 6 Charlie measuring 2 foot candles in cell #26, and 4 foot candles in cell #38.</p>	{P6103}	<p>2) Review the process for authorizing repairs.</p> <p>3) Review the process for monitoring for completion of repairs.</p> <p>4) Identify those steps in the process that were not followed and why.</p> <p>5) Revise and train staff on maintenance procedures as needed.</p> <p>6) Confirm the repair is scheduled and completed.</p> <p>7) Conduct periodic monitoring of the correction for compliance.</p>	

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{P6103}	Continued From page 60 E. Light level measurements were taken in cells located in housing pod 8 Charlie measuring 2 foot candles in cell #23. 3) Several light fixtures in the cells were observed to be damaged, not working, or covered by the inmates with paper, cardboard, toilet paper, clothing, sheets, and blankets. 4) Observed several cells with light fixtures not working. 5) The light fixture located in housing pod 4 David cell #50, had exposed electrical wiring protruding from the light fixture.	{P6103}		
{P6218}	310:670-5-11(b)(6)(B) Detention Facilities-Bunks/Storage by Sq Foot (b) New facilities and substantial remodeling of facilities (after January 1, 1992). Plans for the construction of a new facility or the substantial remodeling of an existing facility shall be submitted to the Department for review and approval. Detention facilities are encouraged to submit plans to the Department for any re-modeling or repair that does not meet the substantial remodeling threshold to ensure standards are met. (6) Each cell and detention room shall have at least forty (40) square feet of floor space for the initial inmate, and at least twenty (20) square feet of floor space for each additional inmate occupying the same cell. Double-celling is permitted if there is at least sixty (60) square feet of floor space for two (2) persons. Each room or cell shall have:	{P6218}		

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{P6218}	<p>Continued From page 61</p> <p>(B) Bunks and storage as indicated by square feet.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide bunks and storage for each inmate, as indicated by square feet. Several cells had three (3) inmates assigned to them with one double bunk and a third inmate having to sleep on the floor.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed on October 21, 2021, in the 2nd floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Adam, cells #7, #12 and #19; Baker, cell #14; David, cells #1, #4 through #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p> <p>2) Observed on October 21, 2021, in the 4th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Baker, cells #4, #5, #6, #9, #19, #20, #26, #29, #31, #32, #35, #39, #41, #42, #44, #48 and #49; David, cells #1, #4 through, #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p>	{P6218}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review current practice for transfers to the Department of Corrections for those inmates having been judged and sentenced to DOC custody. 6) 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. 	

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{P6218}	<p>Continued From page 62</p> <p>3) Observed on October 22, 2021, in the 6th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Adam, cell #44, #45 and #48; Baker, cells #4, #5, #7, #8, #12, #18, #19, #20, #22, #24, #25, #33, #35, #36, #48 and #50; Charlie, cells #2, #3, #24, and #38; David, cells #8, #21, #25 and #43.</p> <p>4) Observed on October 22, 2021, in the 8th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Adam, cells #3, #7, #8, #9, #10, #12, #13, #17, #18, #19, #20, #22 through #25, #28, #31, #32, #33, #35, #37, #38, #31 through #45 and #48 through #50; Baker, cells #17, #19, #21, #27, #33, #34, #37, #38, #43, #44 and #45; Charlie, cells #1, #2, #4, #5, #7, #9, #12, #13, #14, #17, #19, #22, #23, #26, #27, #29, #30, #31, #33, #37 through #41, #43, #45, #47, #48 and #50; David, cells #4, #6, #7, #8, #9, #13, #14, #16, #19, #20, #23 through #38 and #41 through #50.</p> <p>5) Observed on October 22, 2021, in the 10th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Adam, cells #31, #33, #44, and #50; Charlie, cells #1, #2, #7, #8, #12, #15, #16, #18, #19, #20, #27, #29, #31, #32, #33, #39, #42, #44, #46, #47 and #50.</p> <p>6) Observed on October 22, 2021, in the 12th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Baker, cells #5; Charlie, cells #19; David, cells #4, #8, # 10 and #21.</p>	{P6218}		

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{P6218}	<p>Continued From page 63</p> <p>7) Observed on October 22, 2021, in the 13th floor housing pods, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor, located in housing pods Adam, cells #4, #15, 20, 2 and #22; Charlie, cells #4, #8, #12, #13 (two wheelchairs stored in cell further impacted the floor space of this cell), #18 and #19; David, cells #2, #4, #7, #15, #17, #19, #20, #21, #24 and #25.</p> <p>8) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 2nd floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Adam, cells #7, #12 and #19; Baker, cell #14; David, cells #1, #4 through #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p> <p>9) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 4th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Baker, cells #4, #5, #6, #9, #19, #20, #26, #29, #31, #32, #35, #39, #41, #42, #44, #48 and #49; David, cells #1, #4 through, #8, #10, #12, #13, #14, #16, #17, #19, #20, #22, #23, #26, #27, #28, #30, #32 through #35, #38, #39, #41, #43 through #50.</p> <p>10) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 6th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Adam, cell #44, #45 and #48; Baker, cells #4, #5, #7, #8, #12, #18, #19, #20, #22, #24, #25, #33, #35, #36, #48 and #50.</p> <p>11) Review of the "Oklahoma County Cell Block</p>	{P6218}		

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{P6218}	<p>Continued From page 64</p> <p>Reconciliation", dated October 21, 2021, for the 8th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Adam, cells #3, #7, #8, #9, #10, #12, #13, #17, #18, #19, #20, #22 through #25, #28, #31, #32, #33, #35, #37, #38, #31 through #45 and #48 through #50</p> <p>12) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 10th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Adam, cells #31, #33, #44, and #50; Charlie, cells #1, #2, #7, #8, #12, #15, #16, #18, #19, #20, #27, #29, #31, #32, #33, #39, #42, #44, #46, #47 and #50</p> <p>13) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 12th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Baker, cells #5; Charlie, cells #19; David, cells #4, #8, # 10 and #21.</p> <p>14) Review of the "Oklahoma County Cell Block Reconciliation", dated October 21, 2021, for the 13th floor housing pods, revealed three (3) inmates assigned to a cell having one double bunk, located in housing pods Adam, cells #4, #15, 20, 2 and #22; Charlie, cells #4, #8, #12, #13 (two wheelchairs stored in cell further impacted the floor space of this cell), #18 and #19; David, cells #2, #4, #7, # 15, #17, #19, #20, #21, #24 and #25.</p>	{P6218}		