



November 8, 2022

Sent via E-Mail

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

RE: Non-Compliance

Dear Administrator:

On October 12, 2022, 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 April 18, 2022, 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.

If you have any questions, please contact our office at 405-426-8170.

Sincerely,

A handwritten signature in black ink that reads "Barry Edwards" with a long horizontal flourish extending to the right.

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

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P 000}	<p>INITIAL COMMENTS:</p> <p>On October 11, 2022 and October 12, 2022, Oklahoma State Department of Health staff conducted an unannounced follow-up inspection for a previous inspection conducted on April 18, 2022. In addition, the following complaint investigations were conducted:</p> <p>D-2022-014, D-2022-015, D-2022-017, D-2022-019, D-2022-023, D-2022-025, D-2022-027 C-2022-066, C-2022-075, C-2022-074, C-2022-078, C-2022-080, C-2022-081, C-2022-082, C-2022-085, C-2022-090, C-2022-105, C-2022-110, C-2022-115, C-2022-116, C-2022-129, C-2022-132, C-2022-133, C-2022-136 SAS-2022-011, SAS-2022-012 SIJ-2022-073</p> <p>The census at the time of the inspection was 1619, 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}		
{P5109}	<p>310:670-5-1(5) Detention Facilities-New Property Inventory</p> <p>The following admission and release procedures shall be followed. A facility shall have written policies and procedures for the reception, orientation and release of inmates.</p> <p>... ..</p> <p>(5) A written itemized inventory shall be made of all personal property of a newly admitted inmate.</p>	{P5109}		

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

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5109}	Continued From page 1 This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure a itemized inventory of all personal property, of new admitted inmates contained the inmate's signature. Finding(s): REPEAT DEFICIENCY 1) Review of thirty two (32) inmate booking files for the "Inmate Property" form, denoting the receipt of personal property form newly admitted inmates into the facility, revealed eight (8) of the files were missing the "Inmate Property" form.	{P5109}	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.	
{P5201}	310:670-5-2(2) Detention Facilities-Count At Start of Shift 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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	{P5201}	Pursuant to Title 74, Section 193(B)(1),	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5201}	<p>Continued From page 2</p> <p>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 01/20-20, which requires the count to be recorded in the log book.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Review of the Central Control Log, dated 10/01/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.</p> <p>2) Review of the Central Control Log, dated 10/09/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.</p> <p>3) Review of the Central Control Log, dated 10/10/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.</p> <p>4) Review of the Oklahoma County Detention Center count sheets from 09/30/22 through 10/11/22, revealed 17 of the 24 counts taken, took between two (2) to five (5) hours to complete. Of the seventeen counts, eight of the counts took more than two (2) hours to complete, four counts took more than three (3) hours to complete, three counts took more than four (4) hours to complete, and two counts took more than five (5) hours to complete.</p> <p>5) On 10/11/22, the policy governing inmate counts was requested from staff C. Staff C reported on 10/12/22, it would be included on a thumb drive. Review of the contents of the thumb drive revealed no policy governing inmate counts</p>	{P5201}	<p>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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5201}	Continued From page 3 was provided.	{P5201}		
{P5202}	<p>310:670-5-2(3) Detention Facilities-Hourly Sight Checks</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: (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 record review and interview, the facility failed to conduct at least one (1) visual sight check every hour, or more frequently for those inmates whose screening indicates a significant medical or psychiatric problem, or may be a suicide risk.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 10/01/22 through 10/10/22, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>A. A review of thirty three (33) "Male 15 Minute Observation Sheet", revealed twenty six (26) of the forms had missing sight checks, ranging from</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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5202}	<p>Continued From page 4</p> <p>thirty (30) minutes to six (6) hours. Eleven (11) of the forms did not have a start or end date.</p> <p>B. A review of thirteen (13) "Female 15 Minute Observation Sheet", revealed two (2) of the forms had missing sight checks, ranging from thirty (30) minutes to two an a half (2.5) hours. One (1) form did not have a start or end date.</p> <p>2) A review of "Male 15 Minute Observation Sheet" forms for three (3) inmates in 13 Baker housing pod, revealed all three (3) of the forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>3) A review of records for 13 Adam housing pod inmates requiring increased observation of thirty (30) minute sight checks, revealed twenty-five (25) sight checks were not documented between the dates of 10/08/22 thru 10/11/22.</p> <p>4) Reviewed on 10/11/22 at 1:34 p.m., the log book for 8 Adam housing pod, had five (5) missing hourly sight checks on 10/11/22.</p> <p>5) Reviewed on 10/11/22 at 1:53 p.m., the log book for 8 David housing pod, had four (4) missing hourly sight checks on 10/11/22.</p> <p>6) Thirty inmate housing log books dated 09/30/22 through 10/11/22, revealed 1198 missed sight checks ranging from one (1) hour to five (5) hours.</p> <p>7) Review of thirty inmate housing log books dated 09/30/22 through 10/11/22, revealed several log entries for reasons sight checks were missed. The reasons cited for missed sight checks included; Roving other Floors, Only Rover, At Clinic, Medicine Pass, Assisting</p>	{P5202}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5202}	<p>Continued From page 5</p> <p>Medical, Medical Emergency, Medical on Floor, Doing Sight Checks in other Pods, Conducting Count in other Pods, Looking for missing inmates from Pod RECON, Trash Run, Running Recreation in other Pods, Feeding other Pods, Officer needing Assistance, Disruptive Inmate on other Pod, Escort Maintenance, Bunk and Junk, Court, Serving Papers, Chain Pull, Covering for Translator, Classification, Multiple Releases, Assisting with another Pod RECON, Assisting With Movement, Paperwork, At Line Up, Staff Meeting, Policy Meeting, Getting Pass On, Assisting Shift Commander, Shift Commander office, Log Book Inspection, Administrative Duties, Platoon Meeting, and Missed Check.</p> <p>8) Review of the 12 Baker housing log book dated 10/05/22 through 10/12/22, requiring thirty (30) minute sight checks, revealed eighty-two (82) sight checks were not performed and documented as required.</p> <p>9) Review of the 12 Charlie housing log book, dated 10/06/22 through 10/12/22 requiring thirty (30) minute sight checks, revealed sixty-six (66) sight checks were not performed and documented as required.</p> <p>10) Review of the 13 David housing log book, dated 10/07/22 through 10/09/22 and 10/11/22 and 10/12/22, requiring thirty (30) minute sight checks, revealed sixty-two (62) sight checks were not performed and documented as required.</p> <p>11) Review of the 13 Baker housing log book, dated 10/08/22 through 10/12/22, requiring fifteen (15) minute sight checks, revealed one hundred fifty-six (156) sight checks were not performed and documented as required.</p>	{P5202}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5202}	<p>Continued From page 6</p> <p>12) Review of the Men's Holding log book, dated 10/04/22 and 10/05/22 requiring thirty (30) minute sight checks, revealed ten (10) sight checks were not performed and documented as required.</p> <p>13) Review of the 2 Baker housing log book, dated 05/12/22 and 05/13/22, revealed six (6) hourly sight checks were not performed and documented as required.</p> <p>14) Review of the 2 David housing log book, dated 07/31/22, revealed six (6) hourly sight checks were not performed and documented as required.</p> <p>15) Review of the 2 Charlie housing log book, dated 08/24/22, revealed nine (9) hourly sight checks were not performed and documented as required.</p> <p>16) Review of the 4 Charlie housing log book, dated 06/09/22, revealed five (5) hourly sight checks were not performed and documented as required.</p> <p>17) Review of the 4 Charlie housing log book, dated 09/10/22 and 09/11/22, revealed seven (7) hourly sight checks were not performed and documented as required.</p> <p>18) Review of the 8 Baker housing log book, dated 08/18/22, revealed eight (8) hourly sight checks were not performed and documented as required.</p> <p>19) Review of the 10 Adam housing log book, dated 05/19/22, revealed seven (7) hourly sight checks were not performed and documented as required.</p>	{P5202}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5202}	Continued From page 7 20) Review of the 12 Charlie housing log book, dated 06/10/22 through 06/25/22 requiring thirty (30) minute sight checks, revealed sixty-four (64) sight checks were not performed and documented as required. 21) Review of the 13 Baker housing log book, dated 06/22/22, requiring fifteen (15) minute sight checks, revealed twelve (12) sight checks were not performed and documented as required. 22) On 10/11/22, the policy governing sight checks was requested from staff C. Staff C reported on 10/12/22, it would be included on a thumb drive. Review of the contents of the thumb drive revealed no policy governing sight checks was provided.	{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. This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure staff reviewed and acknowledge they understand their duties as noted in their post order or duty assignment.	{P5216}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:	

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5216}	<p>Continued From page 8</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Review of seventy one (71) Post Orders, revealed all seventy one (71) of the Post Orders had not been reviewed annually by the Jail Administrator or designee and revised as necessary. In accordance with Oklahoma County Detention Center Post Orders, Review/Revision-The above post order will be reviewed annually by the Jail Administrator or designee and revised as necessary.</p> <p>2) Review of the Post Order Acknowledgment forms, revealed not all staff had signed the post order acknowledgment form prior to assuming their current assigned post. In accordance with Oklahoma County Detention Center Post Orders, detention officers and housing monitors, upon assuming this post, shall sign attachment #1 to this post order acknowledging the contents of this post order and the duties to be performed.</p> <p>A. Review of the Staff Assignment Report dated 10/11/22, revealed twenty-eight (28) staff were assigned to day shift posts, with nine (9) of the staff, having signed there Post Order Acknowledgment form for their current assigned post.</p> <p>B. Review of the Staff Assignment Report dated 10/11/22, revealed fifteen (15) staff were assigned to night shift posts, with zero (0) of the staff, having signed there Post Order Acknowledgment form for their current assigned post.</p>	{P5216}	<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>	
{P5301}	310:670-5-3(b) Detention Facilities-Staff 24 Hr Supervision	{P5301}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5301}	<p>Continued From page 9</p> <p>Supervision of inmates: (b) Staff shall provide twenty-four (24) hour supervision of inmates.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide available staff within the inmate housing pods, where inmates are confined in their cells, nor provide a working intercommunication system in every cell, allowing for an emergency response from staff.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22, with staff A, B and C present, testing to report an emergency was performed on the intercoms, located in the court holding cells #1 and #2, by pushing the button, which produced negative results.</p> <p>2) On 10/11/22, testing to report an emergency was performed on the phone, located in housing pod 4 Charlie cell #18, by dialing zero (0), which produced negative results. This cell was occupied by inmates at the time of the test.</p> <p>3) The Staff Assignment and Inspection Report dated 10/01/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed eight (8) detention staff being assigned. One staff was assigned as one on one in medical pod and the other seven (7) staff were assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27)</p>	{P5301}	<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. 	

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5301}	Continued From page 10 housing pods, with a total of 1580 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies). 4) The Staff Assignment and Inspection Report dated 10/07/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed seven (7) detention staff being assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1586 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies).	{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	{P5302}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5302}	<p>Continued From page 11</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, 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.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22, with staff A, B and C present, testing to report an emergency was performed on the intercoms, located in the court holding cells #1 and #2, by pushing the button, which produced negative results.</p> <p>2) On 10/11/22, testing to report an emergency was performed on the phone, located in housing pod 4 Charlie cell #18, by dialing zero (0), which produced negative results. This cell was occupied by inmates at the time of the test.</p> <p>3) The Staff Assignment and Inspection Report dated 10/01/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed eight (8) detention staff being assigned. One staff was assigned as one on one in medical pod and the other seven (7) staff were</p>	{P5302}	<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. 	

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 10/12/2022
--	--	---	--

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

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

(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
{P5302}	<p>Continued From page 12</p> <p>assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1580 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies).</p> <p>4) The Staff Assignment and Inspection Report dated 10/07/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed seven (7) detention staff being assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1586 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies). *) Review of the Camera Operations Log for 10/10/22, revealed not all of the housing pods are being viewed during camera sweeps conducted during each of the eight (8) hour shifts. Camera sweeps lasted from three (3) minutes to fifteen (15) minutes for all of the twenty-eight (28) housing pods.</p> <p>5) The Camera Operations Log for 10/10/22, revealed a camera sweep was performed for</p>	{P5302}		

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5302}	Continued From page 13 twenty-two (22) housing pod common areas and was completed in ten (10) minutes, beginning at 2:06 p.m. and completed at 2:16 p.m. 6) The Camera Operations Log for 10/10/22, revealed a camera sweep was performed for eighteen (18) housing pod common areas and was completed in eight (8) minutes, beginning at 5:20 p.m. and completed at 5:28 p.m.	{P5302}		
{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) Review of the Central Control Log, dated 10/01/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.	{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	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 14</p> <p>2) Review of the Central Control Log, dated 10/09/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.</p> <p>3) Review of the Central Control Log, dated 10/10/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.</p> <p>4) Review of the Oklahoma County Detention Center count sheets from 09/30/22 through 10/11/22, revealed 17 of the 24 counts taken, lasted more than two (2) to five (5) hours to complete. Of the seventeen counts, eight of the counts took more than two (2) hours, four counts took more than three (3) hours, three counts took more than four (4) hours, and two counts took more than five (5) hours to complete.</p> <p>5) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 10/01/22 through 10/10/22, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>A. A review of thirty three (33) "Male 15 Minute Observation Sheet", revealed twenty six (26) of the forms had missing sight checks, ranging from thirty (30) minutes to six (6) hours. Eleven (11) of the forms did not have a start or end date.</p> <p>B. A review of thirteen (13) "Female 15 Minute Observation Sheet", revealed two (2) of the forms had missing sight checks, ranging from thirty (30) minutes to two an a half (2.5) hours. One (1) form did not have a start or end date.</p> <p>6) A review of "Male 15 Minute Observation</p>	{P5303}	<p>training of staff on the policy.</p> <p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 15</p> <p>Sheet" forms for three (3) inmates in 13 Baker housing pod, revealed all three (3) of the forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>7) A review of records for 13 Adam housing pod inmates requiring increased observation of thirty (30) minute sight checks, revealed twenty-five (25) sight checks were not documented between the dates of 10/08/22 thru 10/11/22.</p> <p>8) Reviewed on 10/11/22 at 1:34 p.m., the log book for 8 Adam housing pod, had five (5) missing hourly sight checks on 10/11/22.</p> <p>9) Reviewed on 10/11/22 at 1:53 p.m., the log book for 8 David housing pod, had four (4) missing hourly sight checks on 10/11/22.</p> <p>10) Thirty inmate housing log books dated 09/30/22 through 10/11/22, revealed 1198 missed sight checks ranging from one (1) hour to five (5) hours.</p> <p>11) Review of thirty inmate housing log books dated 09/30/22 through 10/11/22, revealed several log entries for reasons sight checks were missed. The reasons cited for missed sight checks included; Roving other Floors, Only Rover, At Clinic, Medicine Pass, Assisting Medical, Medical Emergency, Medical on Floor, Doing Sight Checks in other Pods, Conducting Count in other Pods, Looking for missing inmates from Pod RECON, Trash Run, Running Recreation in other Pods, Feeding other Pods, Officer needing Assistance, Disruptive Inmate on other Pod, Escort Maintenance, Bunk and Junk, Court, Serving Papers, Chain Pull, Covering for Translator, Classification, Multiple Releases, Assisting with another Pod RECON, Assisting</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 16</p> <p>With Movement, Paperwork, At Line Up, Staff Meeting, Policy Meeting, Getting Pass On, Assisting Shift Commander, Shift Commander office, Log Book Inspection, Administrative Duties, Platoon Meeting, and Missed Check.</p> <p>12) Review of the 12 Baker housing log book dated 10/05/22 through 10/12/22, requiring thirty (30) minute sight checks, revealed eighty-two (82) sight checks were not performed and documented as required.</p> <p>13) Review of the 12 Charlie housing log book, dated 10/06/22 through 10/12/22 requiring thirty (30) minute sight checks, revealed sixty-six (66) sight checks were not performed and documented as required.</p> <p>14) Review of the 13 David housing log book, dated 10/07/22 through 10/09/22 and 10/11/22 and 10/12/22, requiring thirty (30) minute sight checks, revealed sixty-two (62) sight checks were not performed and documented as required.</p> <p>15) Review of the 13 Baker housing log book, dated 10/08/22 through 10/12/22, requiring fifteen (15) minute sight checks, revealed one hundred fifty-six (156) sight checks were not performed and documented as required.</p> <p>16) Review of the Men's Holding log book, dated 10/04/22 and 10/05/22 requiring thirty (30) minute sight checks, revealed ten (10) sight checks were not performed and documented as required.</p> <p>17) Review of the 2 Baker housing log book, dated 05/12/22 and 05/13/22, revealed six (6) hourly sight checks were not performed and documented as required.</p>	{P5303}		

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 10/12/2022
--	--	---	--

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

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

(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
{P5303}	<p>Continued From page 17</p> <p>18) Review of the 2 David housing log book, dated 07/31/22, revealed six (6) hourly sight checks were not performed and documented as required.</p> <p>19) Review of the 2 Charlie housing log book, dated 08/24/22, revealed nine (9) hourly sight checks were not performed and documented as required.</p> <p>20) Review of the 4 Charlie housing log book, dated 06/09/22, revealed five (5) hourly sight checks were not performed and documented as required.</p> <p>21) Review of the 4 Charlie housing log book, dated 09/10/22 and 09/11/22, revealed seven (7) hourly sight checks were not performed and documented as required.</p> <p>22) Review of the 8 Baker housing log book, dated 08/18/22, revealed eight (8) hourly sight checks were not performed and documented as required.</p> <p>23) Review of the 10 Adam housing log book, dated 05/19/22, revealed seven (7) hourly sight checks were not performed and documented as required.</p> <p>24) Review of the 12 Charlie housing log book, dated 06/10/22 through 06/25/222 requiring thirty (30) minute sight checks, revealed sixty-four (64) sight checks were not performed and documented as required.</p> <p>25) Review of the 13 Baker housing log book, dated 06/22/22, requiring fifteen (15) minute sight checks, revealed twelve (12) sight checks were not performed and documented as required.</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 18</p> <p>26) The Staff Assignment and Inspection Report dated 10/01/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed eight (8) detention staff being assigned. One staff was assigned as one on one in medical pod and the other seven (7) staff were assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1580 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies).</p> <p>27) The Staff Assignment and Inspection Report dated 10/07/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed seven (7) detention staff being assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1586 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies).</p> <p>28) Review of Oklahoma County Detention Center (OCDC) Reports dated 07/19/22, revealed a sexual incident occurred between a male</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 19</p> <p>inmate #239 and female inmate #238, located in the old medical area in booking.</p> <p>29) Review of OCDC Reports, revealed a sexual incident occurred on 10/05/22, between a female inmate #240 and three (3) male inmates #241, #242, and #243, located near the booking area. A press release from OCDC, dated 10/07/22 confirmed this incident.</p> <p>30) On 10/11/22, at 11:10 a.m., several inmates located in housing pods 2 Charlie cells #12, #41, #33, #46 and #47, 4 Baker cells #4, #30, #36 and #38, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #37, #44, #46 and #50, 6 Baker cells #30, #49 and #50, 8 Adam cells #19, #22 and #24, 8 David cells #28, #33, #42 and #49, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week.</p> <p>A. Review of the 2 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/06/22, for a period of three (3) hours for the eighty (80) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, states in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>B. Review of the 4 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/07/22, for a period of three (3) hours each day, for the eighty-three (83) inmates</p>	{P5303}		

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 20</p> <p>assigned to the housing pod. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>C. Review of the 4 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed a limited number of inmates were offered an opportunity to bathe, on 10/03/22, cells #5, #6, #7 and #9, 10/04/22, cells #3, #4, #5, #6 and #9, and 10/06/22 cells #3, #4, #5, #6, #7 #8 and #9. The remaining forty-three (43) cells were let out one time during this week on 10/07/22, when the entire pod was offered an opportunity to bathe. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>D. Review of the 6 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/04/22 and 10/07/22, for a period of less than two (2) hours each day, for the sixty (60) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p>	{P5303}		

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 21</p> <p>E. Review of the 8 David logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/04/22 and 10/05/22, for a period of less than two (2) hours each day, for the sixty-four (64) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>31) On 10/12/22, at 10:10 a.m., several inmates located in housing pods 10 Baker cells #10, #13 and #20, 12 Baker cells #17, #19 and #25, 12 Charlie cells #4, #5, #7 and #22, 13 Baker cell #25, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week.</p> <p>A. Review of the 10 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/04/22, for a period of one (1) hour the first day and one and a half (1.5) hours the second day, for the ninety-four (94) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>B. Review of the 12 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on</p>	{P5303}		

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 10/12/2022
--	--	---	---

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

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

(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
{P5303}	<p>Continued From page 22</p> <p>10/04/22 and 10/07/22 for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the twenty-six (26) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>C. Review of the 12 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/07/22 for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the twenty-three (23) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>D. Review of the 13 Baker logbook for the week of 10/03/22 through 10/07/22, revealed one group of inmates were offered two opportunities to bathe on 10/03/22 and 10/06/22, and another group of inmates were offered two opportunities to bathe on 10/04/22 and 10/07/22, for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the eighteen (18) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 23</p> <p>each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>32) Review of the Women's Holding logbook, for the week of 09/29/22 through 10/08/22, revealed the two (2) inmates assigned to the housing pod, were not offered an opportunity to bathe during the ten (10) day period. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>33) On 10/11/22 and 10/12/22, while accompanied by staff A, B, C, E, and G, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 Baker, 8 Adam, 8 Charlie, 8 David, 10 Baker, 10 Charlie, 10 David, 12 Baker, 12 Charlie, 13 Adam, 13 Baker, 13 Charlie, and 13 David, to be dirty, littered with debris, and have a build-up of lint, dirt and black residue. Many of the cell walls and doors contained graffiti and had other items (pictures, drawings, torn linen, toilet paper, toothpaste, etc.) attached. Staff C reported that assigned staff are responsible for ensuring sanitation is maintained in the housing area.</p> <p>34) Observed on 10/11/22, at 10:38 a.m., while accompanied by staff C, the booking male holding cells #1 and #2, with a buildup of dirt, debris and uneaten food on the floor. Staff C reported the orderlies would clean the cells.</p> <p>35) On 10/11/22, at 11:27 a.m., while</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 24</p> <p>accompanied by staff C, observed cell vents, floors, walls, washbasins, and toilets to have a build-up of dirt, debris and black residue located in housing pods 2 Charlie cells #12, #44, #46, and #47, 2 David cells #18, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #44, #46 and #50, 6 Baker cells #30, #49 and #50, 8 Adam cells #22 and #24, 8 David cells #28, #33, #42, and #49.</p> <p>36) On 10/12/22, while accompanied by staff C, at 10:10 a.m., observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris and black residue located in housing pods 10 Baker cells #10, #13, #15, #20, #23, and #25; 10 Charlie cells #7, #14 and #20; 12 Baker cells #17, #19, #21, #23 and #25; 12 Charlie cells #17, #19, #21, #33 and #25; 13 Adam cells #8, #12 and #14; 13 Charlie cell #9, 13 David cells #1, #22 and #25.</p> <p>37) On 10/12/22, at 12:32 p.m., accompanied by staff C, observed an occupied cell in housing pod 10 Baker cell #22, with a five inch diameter hole, located in the wall adjacent to the plumbing chase. Staff C acknowledged the hole in the wall.</p> <p>38) On 10/11/22, at 12:53 p.m., accompanied by staff E, observed in housing pod 4 Charlie cell #1, a used food package, being utilized as a makeshift cooking utensil for heating food over an open flame. The utensil had signs of recent exposure to an open flame with black soot covering the outside.</p> <p>39) On 10/11/22, at 1:13 p.m., accompanied by staff E, observed the light fixtures located in housing pod 6 Baker, cells #14, #21, and #25, having been damaged to allow access to the electrical components for the means of starting a</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	<p>Continued From page 25</p> <p>fire. The light fixtures show signs of burn marks and black soot.</p> <p>40) On 10/11/22, at 1:35 p.m., accompanied by staff E, observed the light fixtures located in housing pod 8 Charlie cells #17 and #22, with exposed wires, and light fixtures in cells #21, #25, and #27, damaged from inmates gaining access to the electrical components for the means of starting a fire. The light fixtures show signs of burn marks and black soot.</p> <p>41) On 10/11/22 at 1:46 p.m., accompanied by staff C, observed light fixtures located in housing pods 8 Adam cell #19, and 8 David cells #28, #42, #49, and #50 damaged from inmates gaining access to the electrical components for the means of starting a fire.</p> <p>42) On 10/11/22, at 1:53 p.m., accompanied by staff E, observed in housing pod 8 Charlie cell #27, a used food package, being utilized as a makeshift cooking utensil for heating food over an open flame. The utensil had signs of recent exposure to an open flame with black soot covering the outside.</p> <p>43) On 10/12/22 at 12:32 p.m., accompanied by staff G, observed light fixture located in housing pod 12 Charlie cell #22, had been damaged from inmates gaining access to the electrical components for the means of starting a fire.</p> <p>44) On 10/11/22, at 12:53 p.m., accompanied by staff E, observed in housing pod 4 Charlie cell #1, a used food package, being utilized as a makeshift cooking utensil for heating food over an open flame. The utensil had signs of recent exposure to an open flame with black soot covering the outside.</p>	{P5303}		

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 10/12/2022
--	--	---	---

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

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

(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
{P5303}	<p>Continued From page 26</p> <p>45) On 10/11/22, at 1:13 p.m., accompanied by staff E, observed the light fixtures located in housing pod 6 Baker, cells #14, #21, and #25, having been damaged to allow access to the electrical components for the means of starting a fire. The light fixtures show signs of burn marks and black soot.</p> <p>46) On 10/11/22, at 1:35 p.m., accompanied by staff E, observed the light fixtures located in housing pod 8 Charlie cells #17 and #22, with exposed wires, and light fixtures in cells #21, #25, and #27, damaged from inmates gaining access to the electrical components for the means of starting a fire. The light fixtures show signs of burn marks and black soot.</p> <p>47) On 10/11/22 at 1:46 p.m., accompanied by staff C, observed light fixtures located in housing pods 8 Adam cell #19, and 8 David cells #28, #42, #49, and #50 damaged from inmates gaining access to the electrical components for the means of starting a fire.</p> <p>48) Review of the Turnkey Incident/Unusual Occurrence Reports revealed medical procedures and medication pass could not be completed due to a lack of detention staff.</p> <p>A. Record dated 05/04/22, revealed inmates assigned to housing pod 10 David did not receive prescribed medication.</p> <p>B. Record dated 05/07/22, revealed inmates assigned to housing pod 6 David did not receive prescribed medication.</p> <p>C. Record dated 05/29/22, revealed inmates assigned to the 13 th Floor did not receive medically ordered finger sticks.</p> <p>D. Record dated 06/17/22, revealed inmates</p>	{P5303}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5303}	Continued From page 27 assigned to housing pod 8th Floor did not receive prescribed medication. E. Record dated 07/18/22, revealed inmates assigned to housing pods 2 Adam, 2 Baker, 2 Charlie and 2 Echo did not receive prescribed medication. F. Record dated 10/06/22, revealed inmates assigned to housing pods 4 Adam, 4 Baker and 4 Charlie did not receive prescribed medication. G. Record dated 10/10/22, revealed inmates in the facility, requiring Detox medications did not receive them.	{P5303}		
{P5501}	310:670-5-5(1) Detention Facilities-Opposite Sex Housing REQ 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. (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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide substantial	{P5501}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5501}	Continued From page 28 architectural separation of male and female inmates which permit no sustained sight contact. Finding(s): REPEAT DEFICIENCY 1) Review of Oklahoma County Detention Center (OCDC) Reports dated 07/19/22, revealed a sexual incident occurred between a male inmate #239 and female inmate #238, located in the old medical area in booking. 2) Review of OCDC Reports, revealed a sexual incident occurred on 10/05/22, between a female inmate #240 and three (3) male inmates #241, #242, and #243, located near the booking area. A press release from OCDC, dated 10/07/22 confirmed this incident. 3) On 10/11/22, at 10:44 a.m., with staff B and C present, observed inmate #1, a male inmate, being housed in the Women's Holding cell #3 with a female inmate #2, who is housed in an adjacent cell. Staff B reported inmate #1 was transgender.	{P5501}	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) 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.	{P5601}		

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5601}	<p>Continued From page 29</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain an acceptable level of sanitation. Observed visible signs of uncleanliness, build-up of dirt, debris, black residue, and trash on floors in the inmate living areas.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22 and 10/12/22, while accompanied by staff A, B, C, E, and G, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 Baker, 8 Adam, 8 Charlie, 8 David, 10 Baker, 10 Charlie, 10 David, 12 Baker, 12 Charlie, 13 Adam, 13 Baker, 13 Charlie, and 13 David, to be dirty, littered with debris, and have a build-up of lint, dirt and black residue. Many of the cell walls and doors contained graffiti and had other items (pictures, drawings, torn linen, toilet paper, toothpaste, etc.) attached. Staff C reported that assigned staff are responsible for ensuring sanitation is maintained in the housing area.</p> <p>2) On 10/11/22, at 10:38 a.m., while accompanied by staff C, the booking male holding cells #1 and #2, had a buildup of dirt and trash on the floor. Upon seeing the condition of the cells, staff C reported he would have the orderlies clean the cells.</p> <p>3) On 10/11/22, at 11:27 a.m., while accompanied by staff C, observed cell vents, floors, walls, washbasins, and toilets to have a build-up of dirt, debris and black residue located in housing pods</p>	{P5601}	<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 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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5601}	<p>Continued From page 30</p> <p>2 Charlie cells #12, #44, #46, and #47, 2 David cells #18, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #44, #46 and #50, 6 Baker cells #30, #49 and #50, 8 Adam cells #22 and #24, 8 David cells #28, #33, #42, and #49.</p> <p>A. At 11:29 a.m., while accompanied by staff C, observed the mop sink located on the first floor of housing pod 2 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and black residue around the sink. Staff C reported the orderlies use it to dump dirty mop bucket water.</p> <p>B. At 12:21 p.m., while accompanied by staff C, observed the mop sink located on the second floor of housing pod 4 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and black residue around the sink.</p> <p>C. At 1:36 p.m., while accompanied by staff C, observed the mop sink, located on the second floor of housing pod 8 Adam, to contain a buildup of trash, debris over the drain, and had black residue on the surfaces of the sink.</p> <p>D. At 1:56 p.m., while accompanied by staff C, observed the mop sink located on the second floor of housing pod 8 David, to contain a mesh laundry bag, buildup of trash, debris in the basin, with black residue on the surfaces of the sink.</p> <p>4) On 10/12/22, while accompanied by staff C, at 10:10 a.m., observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris and black residue located in housing pods 10 Baker cells #10, #13, #15, #20, #23, and #25; 10 Charlie cells #7, #14 and #20; 12 Baker cells #17, #19, #21, #23 and #25; 12 Charlie cells #17, #19, #21, #33 and #25; 13</p>	{P5601}		

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5601}	<p>Continued From page 31</p> <p>Adam cells #8, #12 and #14; 13 Charlie cell #9, 13 David cells #1, #22 and #25.</p> <p>A. On 10/12/22 at 1:10 p.m., while accompanied by staff C, observed in housing pod 10 David to have approximately, 15 cell windows covered and did not allow viewing into the cell during the inspection.</p> <p>B. At 11:20 a.m., while accompanied by staff C, observed the drain in the mop sink located on the second floor of housing pod 13 David, to contained trash, debris and had black residue on the surfaces of the sink.</p> <p>C. At 10:50 a.m., while accompanied by staff K, in housing pod 13 Baker, observed fifteen (15) styrofoam food containers (five (5) days worth of meals), trash, and food debris, strewn about the floor in cell #14. Staff K reported the inmate to have mental health issues, and would not return the used containers when requested by staff.</p> <p>5) Inmates in all of the housing pods, reported cleaning supplies are not accessible, because they are locked in their cells, or the cleaning supplies are hoarded by inmates who are out of their cells when the supplies are delivered to the housing pod. Several inmates reported having to use laundry soap and shampoo, purchased from the commissary, to clean their cells.</p>	{P5601}		
{P5603}	<p>310:670-5-6(3) Detention Facilities-Floors Clean/Dry/Clear</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:</p>	{P5603}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5603}	<p>Continued From page 32</p> <p>... ..</p> <p>(3) Floors shall be kept clean, dry and free of hazardous substances.</p> <p>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.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22 and 10/12/22, while accompanied by staff A, B, C, E, and G, observed the floors, and showers in housing pods located in 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 Baker, 8 Adam, 8 Charlie, 8 David, 10 Baker, 10 Charlie, 10 David, 12 Baker, 12 Charlie, 13 Adam, 13 Baker, 13 Charlie, and 13 David, to be dirty, littered with debris, and have a build-up of lint, dirt and black residue. Staff C reported that assigned staff are responsible for ensuring sanitation is maintained in the housing area.</p> <p>2) Observed on 10/11/22, at 10:38 a.m., while accompanied by staff C, the booking male holding cells #1 and #2, with a buildup of dirt, debris and uneaten food on the floor. Staff C reported the orderlies would clean the cells.</p> <p>3) On 10/11/22, at 11:27 a.m., while accompanied by staff C, observed the floors to have a build-up of dirt, and debris, located in housing pods 2 Charlie cells #12, #44, #46, and #47, 2 David cells #18, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #44, #46 and #50, 6 Baker cells #30,</p>	{P5603}	<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) 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. 	

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 10/12/2022
--	--	---	--

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

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

(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
{P5603}	<p>Continued From page 33</p> <p>#49 and #50, 8 Adam cells #22 and #24, 8 David cells #28, #33, #42, and #49.</p> <p>4) On 10/12/22, while accompanied by staff C, at 10:10 a.m., observed the floors, and showers to have a build-up of dirt, and debris, located in housing pods 10 Baker cells #10, #13, #15, #20, #23, and #25; 10 Charlie cells #7, #14 and #20; 12 Baker cells #17, #19, #21, #23 and #25; 12 Charlie cells #17, #19, #21, #33 and #25; 13 Adam cells #8, #12 and #14; 13 Charlie cell #9, 13 David cells #1, #22 and #25.</p> <p>5) At 10:50 a.m., while accompanied by staff K, in housing pod 13 Baker, observed fifteen (15) styrofoam food containers (five (5) days worth of meals), trash, and food debris, strewn about the floor in cell #14. Staff K reported the inmate to have mental health issues, and would not return the used containers when requested by staff.</p> <p>6) On 10/11/22, at 11:02 p.m., while accompanied by staff C, observed the kitchen floor area around the steam kettles to be missing tile, exposing the substrate below, creating a tripping hazard and pest harborage area. Staff C reported bids to repair the flooring have been acquired.</p> <p>7) On 10/11/22, observed with staff A, B, C, E, and G, the shower floors in housing pods 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 Baker, 8 Adam, 8 Charlie, 8 David, 10 Baker, 10 Charlie, 10 David, 12 Baker, 12 Charlie, 13 Adam, 13 Baker, 13 Charlie, and 13 David, to have a buildup of dirt, and trash.</p>	{P5603}		
{P5604}	310:670-5-6(4) Detention Facilities-Routine Cleaning Supply	{P5604}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5604}	<p>Continued From page 34</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: (4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide inmates with materials and supplies to maintain clean cells, showers, washbasins and toilets.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22 and 10/12/22, while accompanied by staff A, B, C, E, and G, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 Baker, 8 Adam, 8 Charlie, 8 David, 10 Baker, 10 Charlie, 10 David, 12 Baker, 12 Charlie, 13 Adam, 13 Baker, 13 Charlie, and 13 David, to be dirty, littered with debris, and have a build-up of lint, dirt and black residue. Many of the cell walls and doors contained graffiti and had other items (pictures, drawings, torn linen, toilet paper, toothpaste, etc.) attached. Staff C reported that assigned staff are responsible for ensuring sanitation is maintained in the housing area.</p> <p>2) Observed on 10/11/22, at 10:38 a.m., while accompanied by staff C, the booking male holding cells #1 and #2, with a buildup of dirt,</p>	{P5604}	<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 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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5604}	<p>Continued From page 35</p> <p>debris and uneaten food on the floor. Staff C reported the orderlies would clean the cells.</p> <p>3) On 10/11/22, at 11:27 a.m., while accompanied by staff C, observed cell vents, floors, walls, washbasins, and toilets to have a build-up of dirt, debris and black residue located in housing pods 2 Charlie cells #12, #44, #46, and #47, 2 David cells #18, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #44, #46 and #50, 6 Baker cells #30, #49 and #50, 8 Adam cells #22 and #24, 8 David cells #28, #33, #42, and #49.</p> <p>A. At 11:29 a.m., while accompanied by staff C, observed the mop sink located on the first floor of housing pod 2 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and black residue around the sink. Staff C reported the orderlies use it to dump dirty mop bucket water.</p> <p>B. At 12:21 p.m., while accompanied by staff C, observed the mop sink located on the second floor of housing pod 4 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and black residue around the sink.</p> <p>C. At 1:36 p.m., while accompanied by staff C, observed the mop sink, located on the second floor of housing pod 8 Adam, to contain a buildup of trash, debris over the drain, and had black residue on the surfaces of the sink.</p> <p>D. At 1:56 p.m., while accompanied by staff C, observed the mop sink located on the second floor of housing pod 8 David, to contain a mesh laundry bag, buildup of trash, debris in the basin, with black residue on the surfaces of the sink.</p> <p>4) On 10/12/22, while accompanied by staff C, at</p>	{P5604}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5604}	<p>Continued From page 36</p> <p>10:10 a.m., observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris and black residue located in housing pods 10 Baker cells #10, #13, #15, #20, #23, and #25; 10 Charlie cells #7, #14 and #20; 12 Baker cells #17, #19, #21, #23 and #25; 12 Charlie cells #17, #19, #21, #33 and #25; 13 Adam cells #8, #12 and #14; 13 Charlie cell #9, 13 David cells #1, #22 and #25.</p> <p>A. On 10/12/22 at 1:10 p.m., while accompanied by staff C, observed in housing pod 10 David to have approximately, 15 cell windows covered and did not allow viewing into the cell during the inspection.</p> <p>B. At 11:20 a.m., while accompanied by staff C, observed the drain in the mop sink located on the second floor of housing pod 13 David, to contained trash, debris and had black residue on the surfaces of the sink.</p> <p>C. At 10:50 a.m., while accompanied by staff K, in housing pod 13 Baker, observed fifteen (15) styrofoam food containers (five (5) days worth of meals), trash, and food debris, strewn about the floor in cell #14. Staff K reported the inmate to have mental health issues, and would not return the used containers when requested by staff.</p> <p>5) Inmates in all of the housing pods, reported cleaning supplies are not accessible, because they are locked in their cells, or the cleaning supplies are hoarded by inmates who are out of their cells when the supplies are delivered to the housing pod. Several inmates reported having to use laundry soap and shampoo, purchased from the commissary, to clean their cells.</p>	{P5604}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5606}	Continued From page 37	{P5606}		
{P5606}	<p>310:670-5-6(6) Detention Facilities-ADMIN Hygiene Issue</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: (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 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, by the issuance and collecting razors immediately after use, and dispose of, or store razors as specified by facility policy and procedure. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022.</p> <p>Finding(s): REPEAT DEFICIENCY</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. 	

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5606}	<p>Continued From page 38</p> <p>1) On 10/12/22, accompanied by Staff C, observed a male inmate in possession of a razor, located in 13 Baker cell #2. Staff C reported razors were removed from all male housing pods in July of 2022, and only female inmates are issued razors. OCDC Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, The razor will be used and immediately returned to the pod officer. All razors shall be accounted for to include the issue and collection. If the inmate does not return the razor, the cell shall be searched.</p> <p>2) On 10/12/22, observed male inmates in the possession of a razors, located in 13 David cells #2 and #4. Staff C reported razors were removed from all male housing pods in July of 2022, and only female inmates are issued razors. OCDC Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, The razor will be used and immediately returned to the pod officer. All razors shall be accounted for to include the issue and collection. If the inmate does not return the razor, the cell shall be searched.</p> <p>3) Review of the Razor Log for the female housing pod 6 Baker, denoted two (2) of two (2) razors issued on 10/10/22, had no documentation that the razors where returned. OCDC Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/2022, The razor will be used and immediately returned to the pod officer. All razors shall be accounted for to include the issue and collection. If the inmate does not return the razor, the cell shall be searched.</p> <p>4) Review of the Razor Log for 10/11/22, for the 6th floor female housing pods, revealed five (5)</p>	{P5606}	<p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

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 10/12/2022
--	--	---	--

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

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

(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
{P5606}	<p>Continued From page 39</p> <p>razors issued to inmates, did not have a log entry denoting the existence of a blade "Good or Bad", when the razor was returned to the pod officer. The log was a printed piece of paper, did not have a distributing officers name, time of distribution, or the time of the collection of the razor as required facility policy. OCDC Policy No. 4125.06, Dated 07/20/22, Documentation in a specialized logbook shall include: Name of officer distributing razor, Time of Distribution, and Time of collection of razor.</p> <p>5) Review of the Razor Log dated 05/03/22, for housing pod 4 Adam, revealed two (2) out of six (6) razors issued on 05/03/22, were not collected, and did not have any follow-up notation of the razor being found.</p> <p>6) Review of the Razor Log dated 05/16/22, for housing pod 10 Adam, revealed twelve (12) out of eighteen (18) razors issued on 05/16/22, were not collected, and did not have any follow-up notation of the razor being found.</p> <p>7) Review of Oklahoma County Detention Center Incident Notification form, dated 05/11/22, reported inmate (244), assigned to housing pod 4 Adam cell #28, attempted suicide on 05/10/22 at 1:35 a.m., by cutting his left wrist with a razor blade, requiring transport to outside hospital for medical treatment.</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:</p>	{P5608}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5608}	<p>Continued From page 40</p> <p>.....</p> <p>(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 include:</p> <p>(A) A mattress with a cleanable surface; and</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure inmates who are confined overnight, were issued a standard issue of bedding to include a mattress with a cleanable surface.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22, at 1:40 p.m., accompanied by staff C, observed several inmates, located in housing pods 2 Charlie cells #12 and #41, 4 Charlie cells #3 and #19, 4 Baker cells #26, #28, #37, #40, #43 and #45; 4 David cell #19; 6 Baker cells # 22 and #24; 6 Charlie cell #36 and #44; 6 David cell #42; 8 Adam cell #25; 8 Charlie cell #24, with mattresses that did not provide a surface that could be cleaned and sanitized after each use. Many of the covers were either cracked, torn, missing and the surface was not impermeable to fluids, parasites, and other contaminates.</p> <p>2) On 10/11/22, accompanied by staff C, observed inmates (#24 through #28), located in housing pod 4 Charlie cells #26 through #30, who did not have a mattress. Staff C said staff will get them a mattress.</p>	{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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5608}	Continued From page 41 3) On 10/12/22, at 1:40 p.m., accompanied by staff C, observed inmates located in housing pod 10 Baker cells #10, #26, #36, and #42, 10 Charlie cells #5, #14 and #15, with mattresses that did not provide a surface that could be cleaned and sanitized after each use. Many of the covers were either cracked, torn, missing and the surface was not impermeable to fluids, parasites, and other contaminates. 4) On 10/12/22, observed an inmate, located in housing pod 13 David cell #25, who did not have a mattress. The inmate roster dated 10/12/22 denotes inmate (106) was admitted to the facility on 02/05/21.	{P5608}		
{P5612}	310:670-5-6(10) Detention Facilities-Clean Bedding/Towels 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: (10) Clean bedding and towels shall be offered at least one (1) time each week. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide clean bedding and towels at least one (1) time each week. Finding(s): REPEAT DEFICIENCY	{P5612}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess why	

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5612}	Continued From page 42 1) Review of the "Inmate Handbook", dated 05/11/22, states in "Clothing and Laundry", "each inmate shall receive a complete change of clothes and linen at least two times each week on a scheduled basis". However, the Clothing and Laundry Exchange and Schedule provided by staff J who confirmed to it being used, conflicts with the "Inmate Handbook" and denotes clothing and laundry exchange to occur one time each week for all of the housing pod, to include exchange of oranges for all inmates, blanket exchange and offer of whites in laundry bag to be laundered. 2) An inmate reported in review of grievance #207177572, dated 10/12/22, they have been requesting a change of bedding, towels and clothing for two months. 3) An inmate reported in review of grievance #179305252, dated 05/18/22, they requested sheets on 05/18/22 and it was not processed until 05/23/22.	{P5612}	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}	310:670-5-6(13) Detention Facilities-Document Clothing 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: (13) Issuance of all clothing and bedding shall be documented and inmates shall be held accountable for these items.	{P5615}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5615}	<p>Continued From page 43</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to hold inmates accountable for the issuance of all clothing and bedding in accordance with the standard and facility policy and procedure.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Review of thirty two (32) inmate booking packets, denoting the issuance of bedding, clothing and hygiene items, revealed fifteen (15) of the booking packets were missing the issuance forms. Review of the "Inmate Handbook", dated 05/11/22, states in "Clothing and Laundry", Issuance of clothing and bedding will be documented and each inmate shall be accountable for the condition and return of each item. If items are not returned or damaged, the inmate will then be charged for the damaged bedding and clothing.</p> <p>2) On 10/11/22 and 10/12/22, inmates in housing pods 2 Baker, 4 Adam, 4 Baker, 4 David, 6 Baker, 8 Adam, 8 Baker, 8 Charlie, 10 Baker, 10 Charlie, 13 Adam, 13 Charlie and 13 David, reported via the kiosk, that they needed clothing (i.e., socks, underwear, panties, undergarments and bra) via . Staff response to the submitted requests took up to ten (10) days and subsequently were closed, with a response to the inmates "Submit request to your floor clerical". Review of the "Inmate Handbook", dated 05/11/22, states in Requests to Staff and Grievances will be submitted on the kiosk machine located in the day room, by asking for the portable machine or by a Request to Staff form.</p> <p>A. Review of Requests and Grievance forms</p>	{P5615}	<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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5615}	Continued From page 44 dated 04/13/22 through 10/12/22, revealed seventy-nine (79) of the five hundred and sixty-seven (567) requests submitted were for clothing.	{P5615}		
{P5618}	310:670-5-6(16) Detention Facilities-Shower x3/Daily Food SVC 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 to bathe at least three (3) times each week. Inmates working in food service shall be required to bathe daily. 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. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22. Finding(s): REPEAT DEFICIENCY 1) On 10/11/22, at 11:10 a.m., several inmates located in housing pods 2 Charlie cells #12, #41, #33, #46 and #47, 4 Baker cells #4, #30, #36 and #38, 4 Charlie cells #6, #12, #18 and #19, 4 David cells #37, #44, #46 and #50, 6 Baker cells #30, #49 and #50, 8 Adam cells #19, #22 and	{P5618}	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.	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5618}	<p>Continued From page 45</p> <p>#24, 8 David cells #28, #33, #42 and #49, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week. Staff C reported inmates are offered the opportunity to bathe three (3) times a week.</p> <p>A. Review of the 2 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/06/22, for a period of three (3) hours for the eighty (80) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, states in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>B. Review of the 4 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/07/22, for a period of three (3) hours each day, for the eighty-three (83) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>C. Review of the 4 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed a limited number of inmates were offered an opportunity to bathe, on 10/03/22, cells #5, #6, #7 and #9, 10/04/22, cells #3, #4, #5, #6 and #9, and</p>	{P5618}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5618}	<p>Continued From page 46</p> <p>10/06/22 cells #3, #4, #5, #6, #7 #8 and #9. The remaining forty-three (43) cells were let out one time during this week on 10/07/22, when the entire pod was offered an opportunity to bathe. Oklahoma County Detention Center (OCDL) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>D. Review of the 6 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/04/22 and 10/07/22, for a period of less than two (2) hours each day, for the sixty (60) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDL) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>E. Review of the 8 David logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/04/22 and 10/05/22, for a period of less than two (2) hours each day, for the sixty-four (64) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDL) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p>	{P5618}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5618}	<p>Continued From page 47</p> <p>2) On 10/12/22, at 10:10 a.m., several inmates located in housing pods 10 Baker cells #10, #13 and #20, 12 Baker cells #17, #19 and #25, 12 Charlie cells #4, #5, #7 and #22, 13 Baker cell #25, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week.</p> <p>A. Review of the 10 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/03/22 and 10/04/22, for a period of one (1) hour the first day and one and a half (1.5) hours the second day, for the ninety-four (94) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>B. Review of the 12 Baker logbook for the week of 10/03/22 through 10/07/22, revealed inmates were offered two opportunities to bathe on 10/04/22 and 10/07/22 for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the twenty-six (26) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>C. Review of the 12 Charlie logbook for the week of 10/03/22 through 10/07/22, revealed inmates</p>	{P5618}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5618}	<p>Continued From page 48</p> <p>were offered two opportunities to bathe on 10/03/22 and 10/07/22 for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the twenty-three (23) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>D. Review of the 13 Baker logbook for the week of 10/03/22 through 10/07/22, revealed one group of inmates were offered two opportunities to bathe on 10/03/22 and 10/06/22, and another group of inmates were offered two opportunities to bathe on 10/04/22 and 10/07/22, for a period ranging from twenty (20) minutes to thirty (30) minutes each day, for the eighteen (18) inmates assigned to the housing pod. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times each week when inmate are released for dayroom privileges/recreation.</p> <p>3) Review of the Women's Holding logbook, for the week of 09/29/22 through 10/08/22, revealed the two (2) inmates assigned to the housing pod, were not offered an opportunity to bathe during the ten (10) day period. Oklahoma County Detention Center (OCDK) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a minimum of three (3) times</p>	{P5618}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5618}	Continued From page 49 each week when inmate are released for dayroom privileges/recreation.	{P5618}		
{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. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain a facility free of pests. Finding(s): REPEAT DEFICIENCY 1) During the inspection of nineteen (19) housing pods on 10/11/22 and 10/12/22, while escorted by staff B, C, D, E, G, and H, forty-eight (48) inmates voiced complaints of bed bug infestation in their cell, on their person, clothing and bedding. Several of the inmates displayed for the facility staff and inspectors, both dead and live bed bugs, and bed bug bites on their person.	{P5621}	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) 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.	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5621}	<p>Continued From page 50</p> <p>2) On 10/11/22, at 1:40 p.m., while accompanied by staff C, D, E, G, and H, observed several inmates, located in housing pods 2 Charlie cells #12 and #41, 4 Charlie cells #3 and #19, 4 Baker cells #26, #28, #37, #40, #43 and #45; 4 David cell #19; 6 Baker cells # 22 and #24; 6 Charlie cell #36 and #44; 6 David cell #42; 8 Adam cell #25; 8 Charlie cell #24, with mattresses that did not provide a surface that could be cleaned, sanitized, and allowing for pest infestation. Many of the covers were either cracked, torn, missing and the surface was not impermeable to fluids, parasites, and other contaminates.</p> <p>3) On 10/12/22, at 1:40 p.m., accompanied by staff C, observed inmates located in housing pod 10 Baker cells #10, #26, #36, and #42, 10 Charlie cells #5, #14 and #15, with mattresses that did not provide a surface that could be cleaned, sanitized, and allowing for pest infestation. Many of the covers were either cracked, torn, missing and the surface was not impermeable to fluids, parasites, and other contaminates.</p> <p>4) On 10/11/22, at 2:41 p.m., a live cockroach was observed crawling on a shower curtain, located on the second floor of housing pod 8 David.</p> <p>5) On 10/12/22, at 12:40 p.m., live bed bugs were observed crawling on a mattress assigned to inmate (#56), located in housing pod 10 Baker cell #13.</p> <p>6) Received a written complaint concerning bed bugs from inmate (32), who is being housed at the Oklahoma County Detention Center (OCDC). The complaint contained a clear plastic bag with numerous dead bed bugs.</p>	{P5621}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5623}	Continued From page 51	{P5623}		
{P5623}	<p>310:670-5-6(21) Detention Facilities-Safety Fire Prevention</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:</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 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>	{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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5623}	<p>Continued From page 52</p> <p>1) On 10/11/22, at 12:53 p.m., accompanied by staff E, observed in housing pod 4 Charlie cell #1, a used food package, being utilized as a makeshift cooking utensil for heating food over an open flame. The utensil had signs of recent exposure to an open flame with black soot covering the outside.</p> <p>2) On 10/11/22, at 1:13 p.m., accompanied by staff E, observed the light fixtures located in housing pod 6 Baker, cells #14, #21, and #25, having been damaged to allow access to the electrical components for the means of starting a fire. The light fixtures show signs of burn marks and black soot.</p> <p>3) On 10/11/22, at 1:35 p.m., accompanied by staff E, observed the light fixtures located in housing pod 8 Charlie cells #17 and #22, with exposed wires, and light fixtures in cells #21, #25, and #27, damaged from inmates gaining access to the electrical components for the means of starting a fire. The light fixtures show signs of burn marks and black soot.</p> <p>4) On 10/11/22 at 1:46 p.m., accompanied by staff C, observed light fixtures located in housing pods 8 Adam cell #19, and 8 David cells #28, #42, #49, and #50 damaged from inmates gaining access to the electrical components for the means of starting a fire.</p> <p>5) On 10/11/22, at 1:53 p.m., accompanied by staff E, observed in housing pod 8 Charlie cell #27, a used food package, being utilized as a makeshift cooking utensil for heating food over an open flame. The utensil had signs of recent exposure to an open flame with black soot covering the outside.</p>	{P5623}	<p>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.</p> <p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p> <p>5) Review the procedures for fire code compliance and reporting and responding to maintenance needs.</p> <p>6) Review the actions taken to identify and report repairs.</p> <p>7) Review the process for authorizing repairs.</p> <p>8) Review the process for monitoring for completion of repairs.</p> <p>9) Identify those steps in the process that were not followed and why.</p> <p>10) Revise and train staff on maintenance procedures as needed.</p> <p>11) Confirm the repair is scheduled and completed.</p>	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5623}	Continued From page 53 6) On 10/11/22, at 2:21 p.m., accompanied by staff C, observed a trouble code on the automatic fire alarm and heat and smoke detection panel located in the Control Center. When asked if the Safety Officer was aware of the trouble code, he reported he was aware and said it was due to a bad sensor. The automatic fire alarm and heat and smoke detection system needs to be checked by a license professional to determine why the system is not functioning properly and make necessary repairs. 7) On 10/12/22 at 12:32 p.m., accompanied by staff G, observed light fixture located in housing pod 12 Charlie cell #22, had been damaged from inmates gaining access to the electrical components for the means of starting a fire. 8) On 10/12/22, at 2:38 p.m., accompanied by staff C, observed missing ceiling tiles, exposing the plenum area, located on 2nd floor shower area, located in housing pod 10 David. The missing ceiling tiles will allow the migration of fire and smoke to spread easily into the plenum area in the event of a fire emergency.	{P5623}		
{P5626}	310:670-5-6(24) Detention Facilities-Material Fire Compliance 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: (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	{P5626}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5626}	<p>Continued From page 54</p> <p>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. Ceilings, walls and windows were found not being maintained in order to prevent the spread and migration of fire and smoke, to other areas in the event of a fire emergency.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22 and 10/12/22, observed with staff A, C, E, G, and I, many interior housing pod and corridor windows on the 2nd, 4th, 6th, 8th, 10th, 12th, and 13th floors that are broken/cracked. The corridor 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, security hazard, and compromise the fire protection rating of fixed fire window assembly.</p> <p>2) On 10/12/22, at 12:32 p.m., accompanied by staff C, observed an occupied cell in housing pod 10 Baker cell #22, with a five inch diameter hole, located in the wall adjacent to the plumbing chase. Staff C acknowledged the hole in the wall and said it goes into a plumbing chase and not another cell.</p> <p>3) On 10/12/22, at 2:38 p.m., accompanied by staff C, observed missing ceiling tiles, exposing</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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5626}	Continued From page 55 the plenum area, located on 2nd floor shower area, located in housing pod 10 David. The missing ceiling tiles will allow the migration of fire and smoke into the plenum area in the event of a fire emergency.	{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. This STANDARD is not met as evidenced by: Based on record review, the facility failed to	{P5801}	Pursuant to Title 74, Section 193(B)(1),	

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 10/12/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
--------------------	--	---------------	---	--------------------

{P5801}	<p>Continued From page 56</p> <p>frequently observe those inmates whose screening indicates a significant medical or psychiatric problem, or may be a suicide risk, in accordance with the facilities policy.</p> <p>Findings(s): REPEAT DEFICIENCY</p> <p>1) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 10/01/22 through 10/10/22, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>A. A review of thirty three (33) "Male 15 Minute Observation Sheet", revealed twenty six (26) of the forms had missing sight checks, ranging from thirty (30) minutes to six (6) hours. Eleven (11) of the forms did not have a start or end date.</p> <p>B. A review of thirteen (13) "Female 15 Minute Observation Sheet", revealed two (2) of the forms had missing sight checks, ranging from thirty (30) minutes to two an a half (2.5) hours. One (1) form did not have a start or end date.</p> <p>2) A review of "Male 15 Minute Observation Sheet" forms for three (3) inmates in 13 Baker housing pod, revealed all three (3) of the forms had missing sight checks, ranging from thirty (30) minutes to four (4) hours.</p> <p>3) A review of records for 13 Adam housing pod inmates requiring increased observation of thirty (30) minute sight checks, revealed twenty-five (25) sight checks were not documented between the dates of 10/08/22 thru 10/11/22.</p> <p>4) Review housing log books dated 09/30/22 through 10/11/22, revealed several log entries for reasons sight checks were missed. The reasons</p>	{P5801}	<p>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. 	
---------	---	---------	---	--

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5801}	<p>Continued From page 57</p> <p>cited for missed sight checks included; Roving other Floors, Only Rover, At Clinic, Medicine Pass, Assisting Medical, Medical Emergency, Medical on Floor, Doing Sight Checks in other Pods, Conducting Count in other Pods, Looking for missing inmates from Pod RECON, Trash Run, Running Recreation in other Pods, Feeding other Pods, Officer needing Assistance, Disruptive Inmate on other Pod, Escort Maintenance, Bunk and Junk, Court, Serving Papers, Chain Pull, Covering for Translator, Classification, Multiple Releases, Assisting with another Pod RECON, Assisting With Movement, Paperwork, At Line Up, Staff Meeting, Policy Meeting, Getting Pass On, Assisting Shift Commander, Shift Commander office, Log Book Inspection, Administrative Duties, Platoon Meeting, and Missed Check.</p> <p>5) Review of the 12 Baker housing log book dated 10/05/22 through 10/12/22, requiring thirty (30) minute sight checks, revealed eighty-two (82) sight checks were not performed and documented as required.</p> <p>6) Review of the 12 Charlie housing log book, dated 10/06/22 through 10/12/22 requiring thirty (30) minute sight checks, revealed sixty-six (66) sight checks were not performed and documented as required.</p> <p>7) Review of the 13 David housing log book, dated 10/07/22 through 10/09/22 and 10/11/22 and 10/12/22, requiring thirty (30) minute sight checks, revealed sixty-two (62) sight checks were not performed and documented as required.</p> <p>8) Review of the 13 Baker housing log book, dated 10/08/22 through 10/12/22, requiring fifteen (15) minute sight checks, revealed one hundred</p>	{P5801}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5801}	Continued From page 58 fifty-six (156) sight checks were not performed and documented as required. 9) Review of the Men's Holding log book, dated 10/04/22 and 10/05/22 requiring thirty (30) minute sight checks, revealed ten (10) sight checks were not performed and documented as required. 10) Review of the 12 Charlie housing log book, dated 06/10/22 through 06/25/222 requiring thirty (30) minute sight checks, revealed sixty-four (64) sight checks were not performed and documented as required. 11) Review of the 13 Baker housing log book, dated 06/22/22, requiring fifteen (15) minute sight checks, revealed twelve (12) sight checks were not performed and documented as required. 12) On 10/11/22, the policy governing sight checks was requested from staff C. Staff C reported on 10/12/22, it would be included on a thumb drive. Review of the contents of the thumb drive revealed no policy governing sight checks was provided.	{P5801}		
{P5802}	310:670-5-8(2)(A) Detention Facilities-Prescription Possession 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	{P5802}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5802}	<p>Continued From page 59</p> <p>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 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</p>	{P5802}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
--------------------	--	---------------	---	--------------------

{P5802}	<p>Continued From page 60</p> <p>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 ensure the prisoner takes the medication, and 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 10/11/22, inmate (7) in possession of medication, located in housing pod 2 Charlie cell #41.</p> <p>2) Observed on 10/12/22, at 10:26 a.m., accompanied by staff C, inmates in possession of medication, located in housing pods 10 Baker cells #33, #38 and #42, 13 Baker cell #2, and 13 Charlie cell #11. Staff C upon observing medications in housing pod 10 Baker cells #33, #38 and #42 instructed the inmates to ingest medications, without verification of inmate's name or prescribed medication.</p> <p>3) Received a written complaint concerning medications from inmate (32), who is housed at the Oklahoma County Detention Center (OCDC). The complaint contained a clear bag with eleven (11) loose medications.</p> <p>4) Review of the Turnkey Incident/Unusual Occurrence Report dated 04/23/22, reported during medication pass in housing pod 4 Charlie,</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. 	
---------	--	---------	--	--

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P5802}	Continued From page 61 an inmate #245 gave the nurse eighteen (18) medications, that had been in the inmate's possession. 5) Review of the Turnkey Incident/Unusual Occurrence Report dated 07/23/22, reported, during medication pass in housing pod 13 Charlie, medication was administered to a wrong inmate assigned to cell #6.	{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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, 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. Finding(s): REPEAT DEFICIENCY 1) Observed on 10/11/22, two (2) inmates	{P6101}	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	

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 10/12/2022
--	--	---	--

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

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

(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
{P6101}	<p>Continued From page 62</p> <p>assigned to cells having a single bed, located in housing pods 2 David cell #36 and 4 Baker cell #36. Each cell measured 8' 3" x 9' (74.7 sq. ft.), the bed 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 2. Staff C said staff will move an inmate out of the cell.</p> <p>2) Observed on 10/11/22, three (3) inmates assigned to a cell located in housing pod 4 Charlie cells #28, #31, and 4 David cells #37 and #44, which 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 10/12/22, two (2) inmates assigned to a cells having a single bed, located in housing pods 10 Baker cells #36 and #42, 12 Baker cells #1 and #7, 13 Baker cells #2 and #6, 13 David cell#11, each cell measured 8' 3" x 9' (74.7 sq. ft.). A single bed 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.-</p>	{P6101}	<p>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>	

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 10/12/2022
--	--	---	--

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

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

(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
{P6101}	<p>Continued From page 63</p> <p>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 2.</p> <p>4) Observed on 10/12/22, three (3) inmates assigned to a cell located in housing pod 13 Charlie cells #17 and #25, which 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) Review of the "Oklahoma County Cell Block Reconciliation", dated 10/11/22, revealed only two (2) cells reflected the actual number of occupants observed in the fifteen (15) cells identified to have more occupants than available floor space.</p> <p>A. Review of the "Oklahoma County Cell Block Reconciliation", dated 10/11/22, for the 4th floor housing pods, revealed three (3) inmates assigned to a cell located in housing pod 4 David, cell #44.</p> <p>B. Review of the "Oklahoma County Cell Block Reconciliation", dated 10/11/22, for the 10th floor housing pods, revealed two (2) inmates assigned to a cell located in housing pod 10 Baker, cell #42.</p>	{P6101}		

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 10/12/2022
--	--	---	--

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

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

(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
{P6103}	<p>Continued From page 64</p> <p>{P6103} 310:670-5-11(a)(4)(A) Detention Facilities-Light MIN 20 Ft Candles</p> <p>(a) Existing facilities.</p> <p>(4) The housing and activity areas shall provide, at least the following:</p> <p>(A) Lighting of at least twenty (20) foot candles;</p> <p>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.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) On 10/11/22, at 1:31 p.m., accompanied by staff C, light level measurements were taken in various cells located in the housing pods. Measurements of light levels were taken using the REED Light Meter, Compact Series model R1930.</p> <p>A. Light reading of fifteen (15) foot candles was measured in housing pod 8 Charlie cell #17. B. Light reading of eight (8) foot candles was measured in housing pod 8 Charlie cell #18. C. Light reading of ten (10) foot candles was measured in housing pod 8 Charlie cell #23. D. Light reading of twelve (12) foot candles was measured in housing pod 8 Charlie cell #25. E. Light reading of six (6) foot candles was measured in housing pod 8 David cell #28. F. Light reading of ten (10) foot candles was measured in housing pod 8 David cell #33. G. Light reading of five (5) foot candles was measured in housing pod 8 David cell #42.</p>	{P6103}	<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) 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. 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P6103}	Continued From page 65 H. Light reading of nine (9) foot candles was measured in housing pod 8 David cell #49. 2) On 10/11/22, at 2:15 p.m., a light level measurement was taken in the day room, located in housing pod 8 David, that had a light reading of three (3) foot candles. Measurements of light levels were taken using the REED Light Meter, Compact Series model R1930. 3) On 10/12/22, at 1:31 p.m., accompanied by staff C, light level measurements were taken in various cells located in housing pods. Measurements of light levels were taken using the REED Light Meter, Compact Series model R1930. A. Light reading of zero (0) foot candles was measured in housing pods 10 Baker cell #22 and 12 Charlie cell #22. Staff C used a flashlight to enter the cell #22 and visually check the light fixture, and reported the inmates have damaged the light fixture. B. Light reading of three (3) foot candles was measured in housing pod 13 Baker cells #2, #6, and #7.	{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	{P6218}		

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P6218}	<p>Continued From page 66</p> <p>standards are met.</p> <p>....</p> <p>(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:</p> <p>....</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.</p> <p>Finding(s): REPEAT DEFICIENCY</p> <p>1) Observed on 10/11/22, housing pods 2 David cell #36, 4 Baker cell #36, two (2) inmates assigned to a cell having one single bed, with the second inmate having to sleep on the floor.</p> <p>2) Observed on 10/11/22, housing pods 4 Charlie cells ##28, #31, 4 David cells #37 and #44, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor.</p> <p>3) Observed on 10/12/22, housing pod 10 Baker cells #36 and #42, 12 Baker cells #1 and #7, 13 Baker cells #2 and #6, 13 David cell #11, two (2)</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 	

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 10/12/2022
--	--	---	--

NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
---	---

(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
{P6218}	<p>Continued From page 67</p> <p>inmates assigned to a cell having one single bed, with the second inmate having to sleep on the floor.</p> <p>4) Observed on 10/12/22, housing pod 13 Charlie cells #17 and #25, three (3) inmates assigned to a cell having one double bunk, with the third inmate having to sleep on the floor.</p> <p>5) Review of the "Oklahoma County Cell Block Reconciliation", dated 10/11/22, revealed three (3) inmates assigned to cell #44, located in housing pod 4 David, having one double bunk, with the third inmate having to sleep on the floor.</p> <p>6) Review of the "Oklahoma County Cell Block Reconciliation", dated 10/11/22, revealed two (2) inmates assigned to cell #42, located housing pod 10 Baker, having one single bed, with the second inmate having to sleep on the floor</p>	{P6218}	<p>overcrowding by transferring inmates to another county jail, if possible, use of ankle bracelets, bond reductions and early release programs.</p>	