

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{P 000}	<p>INITIAL COMMENTS:</p> <p>On December 6, 2024, December 9, 2024, December 10, 2024 and December 11, 2024, Oklahoma State Department of Health staff conducted an unannounced annual inspection and investigation(s).</p> <p>D-2023-029, D-2024-007, D-2024-014, D-2024-021, D-2024-022, D-2024-025, D-2022-033, D2024-039 C-2023-078, C-2023-082, C-2023-102, C-2023-113, C-2023-115, C-2023-129, C-2024-006, C-2024-027, C-2024-031, C-2024-032, C-2024-049, C-2024-070, C-2024-073, C-2024-079, C-2024-084, C-2024-085, C-2024-087, C-2024-089, C-2024-092, C-2024-094, C-2024-095, C-2024-097, C-2024-098, C-2024-100, C-2024-101, C-2024-108, C-2024-109, C-2024-113, C-2024-116, C-2024-144 SAS-2023-0008, SAS-2024-013, SAS-2024-019, SAS-2024-027</p> <p>The census at the time of the inspection was 1411, and the rated capacity is 2890.</p> <p>As a result of the 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>	{P5109}		

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

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{P5109}	<p>Continued From page 1</p> <p>(5) A written itemized inventory shall be made of all personal property of a newly admitted inmate.</p> <p>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, in accordance with the standard and facility policy and procedure.</p> <p>Finding(s):</p> <p>1) Review of forty-one (41) inmate booking files "Inmate Property" forms, which denote the receipt of personal property form newly admitted inmates into the facility, revealed thirty-six (36) of the files were missing the "Inmate Property" form. Review of the "Inmate Handbook", dated 01/01/24, states under the Personal Property, "When you were booked in, your property was collected, inventoried, and sealed in a property bag. It will be returned to you when you are released".</p>	{P5109}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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>(5) A written itemized inventory shall be made of all personal property of a newly admitted inmate.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	
{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</p>	{P5202}		

Oklahoma State Department of Health

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{P5202}	<p>Continued From page 2</p> <p>visitors. Policies and procedures shall address at least the following:</p> <p>... ..</p> <p>(3) There shall be at least one (1) visual sight check every hour which shall include all areas of each cell, and such sight checks shall be documented.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct and document at least one (1) visual sight check of inmates every hour.</p> <p>Finding(s):</p> <p>1) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 12/06/24 through 12/10/24, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>A. A review of four (4) "Female 15 Minute Observation Sheet" forms, dated 12/06/24, revealed all four had missing sight checks, ranging from fifteen (15) minutes to an hour and a half (1.5) hour.</p> <p>B. Escorting staff B reported staff are using a combination of the "Female 15 Minute Observation Sheet", the logbook and the electronic system (QR code), to document sight checks. When requested, the Jail Administrator did not provide the electronic system for review.</p>	{P5202}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>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>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

Oklahoma State Department of Health

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{P5202}	<p>Continued From page 3</p> <p>C. The Jail Administrator reported staff are using a combination of housing pod logbooks, door sight check forms and the electronic system (QR code) to document sight checks.</p> <p>2) On 12/06/24, a review of "Male 15 Minute Observation Sheet" forms for six (6) inmates in 13 Charlie housing pod, revealed all six (6) of the forms had missing sight checks, ranging from fifteen (15) minutes to two (2) hours.</p> <p>3) Review of the Women's Holding logbook, dated 12/08/24, revealed six (6) missing sight checks, ranging from one (1) hour to two (2) hours, were not documented as required.</p> <p>4) On 12/09/24, at 9:48 a.m., accompanied by escorting staff B, C and D, observed a "Male Observation Sheet" located in the Men's Booking, cells #3 and #7, requiring thirty (30) minute sight checks, were blank with no sight checks documented.</p> <p>A. Staff D reported the "Male Observation Sheets" require thirty (30) minute sight checks and were placed on the cell doors at the beginning of the shift, which began at 6:00 a.m.</p> <p>5) Review of twenty-five (25) inmate housing logbooks, dated 12/02/24 through 12/10/24, revealed missing sight checks. Noted in the log books were several reasons why sight checks were missed; Doors Open, Residents Out, Orderly on Floor, Door Locked, Central Control won't let in. Staff A and B reported the facility is using contract staff to conduct sight checks, who do not have contact with inmates, causing sight checks to be conducted only when inmates are secured in cells.</p>	{P5202}		

Oklahoma State Department of Health

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{P5202}	<p>Continued From page 4</p> <p>A. Review of the 2 Adam and 2 Baker housing logbooks, dated 12/05/24 through 12/10/24, revealed seventy-eight (78) hourly sight checks were not performed and documented as required.</p> <p>B. Review of the 2 David housing logbook, dated 12/04/24 through 12/10/24, revealed eighty (80) hourly sight checks were not performed and documented as required.</p> <p>C. Review of the 4 Adam and 4 Baker housing logbooks, dated 12/05/24 through 12/10/24, revealed eighty (80) hourly sight checks were not performed and documented as required.</p> <p>D. Review of the 4 Charlie housing logbook, dated 12/05/24 through 12/10/24, revealed ninety-eight (98) hourly sight checks were not performed and documented as required.</p> <p>E. Review of the 4 David housing logbook, dated 12/05/24 through 12/10/24, revealed seventy-three (73) hourly sight checks were not performed and documented as required.</p> <p>F. Review of the 6 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed twenty-eight (28) hourly sight checks were not performed and documented as required.</p> <p>G. Review of the 6 David housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-seven (37) hourly sight checks were not performed and documented as required.</p> <p>H. Review of the 8 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed forty-one (41) hourly sight checks were not performed and documented as required.</p>	{P5202}		

Oklahoma State Department of Health

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{P5202}	<p>Continued From page 5</p> <p>I. Review of the 8 Baker housing logbook, dated 12/05/24 through 12/09/24, revealed twenty-two (22) hourly sight checks were not performed and documented as required.</p> <p>J. Review of the 8 Charlie housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-two (32) hourly sight checks were not performed and documented as required.</p> <p>K. Review of the 8 David housing logbook, dated 12/05/24 through 12/09/24, revealed twenty (20) hourly sight checks were not performed and documented as required.</p> <p>L. Review of the 10 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed forty-seven (47) hourly sight checks were not performed and documented as required.</p> <p>M. Review of the 10 Baker housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-two (32) hourly sight checks were not performed and documented as required.</p> <p>N. Review of the 10 Charlie housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-nine (39) hourly sight checks were not performed and documented as required.</p> <p>O. Review of the 10 David housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-one (31) hourly sight checks were not performed and documented as required.</p> <p>P. Review of the 13 Adam Large housing logbook, dated 12/02/24 through 12/06/24, revealed one hundred ten (110) thirty (30) minute sight checks were not performed and documented as required.</p>	{P5202}		

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{P5202}	<p>Continued From page 6</p> <p>Q. Review of the 13 Adam Small housing logbook, dated 12/02/24 through 12/05/24, revealed one hundred twelve (112) thirty (30) minute sight checks were not performed and documented as required.</p> <p>R. Review of the 13 Charlie Large housing logbook, dated 12/02/24 through 12/05/24, revealed fifty-eight (58) hourly sight checks were not performed and documented as required.</p> <p>S. Review of the 13 Charlie Small housing logbook, dated 12/02/24 through 12/05/24, revealed ninety-seven (97) hourly sight checks were not performed and documented as required.</p> <p>T. Review of the Men's Holding housing logbook, dated 12/03/24 through 12/07/24, revealed one hundred thirty-two (132) hourly sight checks were not performed and documented as required.</p> <p>6) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (41), occurring on 05/28/24.</p> <p>7) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (40), occurring on 09/26/24.</p> <p>8) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (42), occurring on 03/15/23.</p> <p>9) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (43), occurring on 02/26/24.</p> <p>10) A review of sight checks for the death of inmate (39), occurring on 09/20/23, revealed</p>	{P5202}		

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{P5202}	<p>Continued From page 7</p> <p>thirteen (13) of the nineteen (19) sight checks were documented as being completed.</p> <p>11) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (24), occurring on 05/31/24.</p> <p>12) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (44), occurring on 12/10/24.</p> <p>13) When requested the Jail Administrator did not provide for review, sight checks for the serious attempted suicide of inmate (51), occurring on 04/11/24.</p> <p>14) When requested the Jail Administrator did not provide for review, sight checks for the serious attempted suicide of inmate (52), occurring on 12/04/24.</p> <p>15) Observed on 12/06/24, in the 12th floor housing pods, and on 12/09/24, in the 10th and 2nd floor housing pods, cell windows with their visibility obscured, that had scratches on the surface of the windows, allowing less than fifty percent (50%) visibility. Thus, obstructing the ability of having "Sight Contact" - clear visibility within close proximity of the inmate while performing "Sight Checks". Several cells were also observed to have little or no light. Staff B reported the cell windows are replaced when visibility is below fifty percent (50%).</p> <p>A. There is a presence of obscured windows on the cell doors, impeding the ability of staff to ensure a positive presence of a living, breathing, human body. Per the Oklahoma County Detention Center training curriculum approved by the Oklahoma State Department of Health on</p>	{P5202}		

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{P5202}	Continued From page 8 January 2020, states "Objective 3: Students will know how to properly conduct, document and call sight checks into Camera Operations. Officers must be positive they see living, breathing, human body (flesh & movement) before counting the inmate".	{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. Finding(s): 1) When requested for review, the Jail Administrator did not provide post orders and the staff acknowledgement for review.	{P5216}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 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. 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	

Oklahoma State Department of Health

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{P5216}	Continued From page 9	{P5216}	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.	
P5233	<p>310:670-5-2(27)(E) Detention Facilities-Notification of Death</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:</p> <p>... ..</p> <p>(27) The Department shall be notified no later than the next working day if any of the following incidents occur:</p> <p>... ..</p> <p>(E) Death.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to notify the Oklahoma State Department of Health (OSDH) of a death.</p> <p>Finding(s):</p> <p>1) The facility did not notify OSDH of a death occurring on 05/31/24, for inmate (24).</p> <p>A. Review of OSDH records for Oklahoma County Detention Center, revealed no notification of the death. The death was discovered via news</p>	P5233	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>The Department shall be notified no later than the next working day if any of the following incidents occur: (E) Death.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current</p>	

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P5233	Continued From page 10 report. B. The Jail Administrator reported the facility notified OSDH of the death via email, however, did not provide a copy of the email for review.	P5233	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.	
{P5301}	310:670-5-3(b) Detention Facilities-Staff 24 Hr Supervision Supervision of inmates: (b) Staff shall provide twenty-four (24) hour supervision of inmates. This STANDARD is not met as evidenced by: Based on observation and 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. Finding(s):	{P5301}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: Staff shall provide twenty-four (24) hour supervision of inmates. 1) Conduct staff interviews to assess why the policy was not followed.	

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{P5301}	<p>Continued From page 11</p> <p>1) On 12/06/24, with staff B and C present, testing to report an emergency was performed on the phone, located in housing pod 12 Baker, cell #2, by dialing zero (0), which produced negative results. This cell was occupied by an inmate at the time of the test.</p> <p>A. Observed with staff B and C present, the phone to report an emergency was missing from occupied cell #6, inmate (53) reported he has been assigned to cell #6 for a month without use of a phone.</p> <p>2) On 12/09/24, with staff B, C and D 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. The cell was occupied by two (2) inmates at the time of the test.</p> <p>3) On 12/09/24, with staff B, C, D and E present, testing to report an emergency was performed on the phone, located in Men's Holding, cells #1 and #2; housing pod 10 David, cell #20, by dialing zero (0), which produced negative results. This cell was occupied by inmates at the time of the test.</p> <p>4) On 12/10/24, with staff B, C and E present, testing to report an emergency was performed on the phones, located in housing pods 4 Baker, cell #25, #28; 4 Charlie, cell #36, by dialing zero (0), which produced negative results. These cells were occupied by inmates at the time of the test.</p> <p>5) The Staff Assignment and Inspection Report dated 12/06/24, for the day shift, 6:00 a.m. to 6:00 p.m., revealed twelve (12) detention staff being assigned. Two (2) staff were assigned as one on one in medical pod and the other ten (10)</p>	{P5301}	<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> <p>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.</p>	

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5301}	Continued From page 12 staff were assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing pods (2 pods not occupied), with a total of 1408 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15-minute 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). 6) The Staff Assignment and Inspection Report dated 12/07/24, for the night shift, 6:00 p.m. to 6:00 a.m., revealed ten (10) detention staff being assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing pods (2 pods not occupied), with a total of 1419 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	{P5302}		

Oklahoma State Department of Health

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{P5302}	<p>Continued From page 13</p> <p>the living areas to respond immediately to calls for assistance, and respond to emergency situations. A Detention Officer shall be on duty at all times at each location where inmates are confined or the observation shall be conducted by closed circuit TV. The location shall be equipped with an intercommunication system that terminates in a location that is staffed twenty-four (24) hours a day and is capable of providing an emergency response.</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):</p> <p>1) On 12/06/24, with staff B and C present, testing to report an emergency was performed on the phone, located in housing pod 12 Baker, cell #2, by dialing zero (0), which produced negative results. This cell was occupied by an inmate at the time of the test.</p> <p>A. Observed with staff B and C present, the phone to report an emergency was missing from occupied cell #6, inmate (53) reported he has been assigned to cell #6 for a month without use of a phone.</p>	{P5302}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>Detention Officer posts shall be located and staffed to monitor all inmate activity either physically or electronically and close enough to the living areas to respond immediately to calls for assistance, and respond to emergency situations. A Detention Officer shall be on duty at all times at each location where inmates are confined or the observation shall be conducted by closed circuit TV. The location shall be equipped with an intercommunication system that terminates in a location that is staffed twenty-four (24) hours a day and is capable of providing an emergency response.</p> <p>1) Conduct staff interviews to assess why</p>	
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Oklahoma State Department of Health

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{P5302}	<p>Continued From page 14</p> <p>2) On 12/09/24, with staff B, C and D 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. The cell was occupied by two (2) inmates at the time of the test.</p> <p>3) On 12/09/24, with staff B, C, D and E present, testing to report an emergency was performed on the phone, located in Men's Holding, cells #1 and #2; housing pod 10 David, cell #20, by dialing zero (0), which produced negative results. This cell was occupied by inmates at the time of the test.</p> <p>4) On 12/10/24, with staff B, C and E present, testing to report an emergency was performed on the phones, located in housing pods 4 Baker, cell #25, #28; 4 Charlie, cell #36, by dialing zero (0), which produced negative results. These cells were occupied by inmates at the time of the test.</p> <p>5) The Staff Assignment and Inspection Report dated 12/06/24, for the day shift, 6:00 a.m. to 6:00 p.m., revealed twelve (12) detention staff being assigned. Two (2) staff were assigned as one on one in medical pod and the other ten (10) staff were assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing pods (2 pods not occupied), with a total of 1408 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15-minute 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,</p>	{P5302}	<p>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> <p>5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed.</p>	

Oklahoma State Department of Health

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{P5302}	Continued From page 15 counts, medication pass, sight checks, and responding to emergencies). 6) The Staff Assignment and Inspection Report dated 12/07/24, for the night shift, 6:00 p.m. to 6:00 a.m., revealed ten (10) detention staff being assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing pods (2 pods not occupied), with a total of 1419 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). 7) Staff H reported a camera sweep is performed for all housing pod common areas every thirty (30) minutes, during each shift. The camera sweep is performed for each of the twenty-five (25) occupied housing pods in one and a half (1.5) minutes per housing pod.	{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.	{P5303}		

Oklahoma State Department of Health

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{P5303}	<p>Continued From page 16</p> <p>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.</p> <p>Finding(s):</p> <p>1) The Staff Assignment and Inspection Report dated 12/06/24, for the day shift, 6:00 a.m. to 6:00 p.m., revealed twelve (12) detention staff being assigned. Two (2) staff were assigned as one on one in medical pod and the other ten (10) staff were assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing pods (2 pods not occupied), with a total of 1408 inmates to supervise. Seven (7) of the twenty-five (25) housing pods require increased observation with either direct or indirect supervision with 15-minute 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>2) The Staff Assignment and Inspection Report dated 12/07/24, for the night shift, 6:00 p.m. to 6:00 a.m., revealed ten (10) detention staff being assigned as a rover, to cover each of the seven (7) floors, consisting of twenty-seven (27) housing</p>	{P5303}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>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.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

Oklahoma State Department of Health

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{P5303}	<p>Continued From page 17</p> <p>pods (2 pods not occupied), with a total of 1419 inmates to supervise. Seven (7) of the twenty-five (25) 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>3) Review of the Oklahoma County Detention Center count sheets from 12/06/24 through 12/11/24, revealed of the seven (7) counts taken, all seven (7) counts took between three (3) to nine (9) hours to complete. Of the seven counts, one (1) of the counts took three (3) hours to complete, three (3) counts took more than five (5) hours to complete, two (2) counts took more than six (6) hours to complete, and one (1) count took more than nine (9) hours to complete.</p> <p>4) Review of the Medical "Incident/Unusual Occurrence Report" dated 11/05/24 through 12/09/24, denoted medical procedures and medication administration could not be completed due to a lack of detention staff.</p> <p>A. Record dated 12/01/24, revealed inmates assigned to second floor housing pod did not receive prescribed medication.</p> <p>B. Record dated 12/02/24, revealed inmates assigned to housing pod 13 David did not receive prescribed medication.</p> <p>C. Record dated 12/03/24, revealed inmate assigned to Women ' s Holding did not receive</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 12/11/2024
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{P5303}	<p>Continued From page 18</p> <p>prescribed medication.</p> <p>D. Record dated 12/03/24, revealed inmates assigned to housing pod 12 Charlie did not receive prescribed medication.</p> <p>E. Record dated 11/05/24, 11/18/24, 11/19/24, 11/20/24, 12/02/24, 12/03/24, revealed inmates assigned to Chronic Care did not receive care.</p> <p>F. Record dated 11/06/24, 11/07/24, 11/14/24, 11/15/24, 11/21/24, 11/22/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 12/04/24, 12/05/24, 12/09/24 revealed not all inmates assigned to Chronic Care received care.</p> <p>G. Record dated 11/07/24, 12/04/24, revealed not all inmates assigned to Booking, Men ' s Holding and Women ' s Holding, received prescribed medications.</p> <p>H. Record dated 12/04/24, revealed inmates assigned to the Basement and all housing pods located on the 6th, 8th and 10th floors did not receive prescribed medications.</p> <p>I. Record dated 12/05/24, revealed not all inmates assigned to housing pod 2 Adam received prescribed medication.</p> <p>J. Record dated 12/05/24, revealed not all inmates assigned to housing pods located on the 10th floor received prescribed medication.</p> <p>K. Record dated 11/27/24, 12/08/24, revealed not all inmates assigned to housing pod 13 Charlie received prescribed medication.</p> <p>L. Record dated 12/10/24, revealed inmates assigned to Court Holding did not receive</p>	{P5303}		

Oklahoma State Department of Health

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{P5303}	<p>Continued From page 19</p> <p>prescribed medication.</p> <p>M. Record dated 11/01/24, revealed medical unable to verify SP1 (suicide observation) status/cell assignment with Classification or Shift Commander.</p> <p>N. Record dated 11/04/24, revealed inmates assigned to 2nd floor housing pods and 4 David, did not receive prescribed medication.</p> <p>O. Record dated 11/04/24, revealed inmates assigned to 4th floor housing pods, did not receive prescribed medication.</p> <p>P. Record dated 11/05/24, revealed inmates assigned to housing pod and 4 Charlie, did not receive prescribed medication.</p> <p>Q. Record dated 11/06/24, revealed inmates assigned to housing pods 8 Charlie and 8 David, did not receive prescribed medication.</p> <p>R. Record dated 11/04/24, revealed inmates assigned to Booking, did not receive prescribed medication.</p> <p>S. Record dated 11/13/24, revealed inmates assigned to 10th and 13th floors, did not receive prescribed medication.</p> <p>T. Record dated 11/14/24, revealed inmates assigned to all housing pods, requiring Detox medication, did not receive prescribed medication.</p> <p>U. Record dated 11/14/24, 11/15/24, 11/25/24, revealed inmates assigned to 8 Charlie and 8 David, did not receive prescribed medication.</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 12/11/2024
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{P5303}	<p>Continued From page 20</p> <p>V. Record dated 11/25/24, revealed inmates assigned to 12th floor, did not receive prescribed medication.</p> <p>W. Record dated 11/26/24, 11/30/24, revealed inmates assigned to 8th floor, did not receive prescribed medication.</p> <p>5) Review of the "Resident 15 Minute Observation Sheet", dated 05/28/24, for inmate (25), requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes. Sight checks were not completed between 11:46 a.m. and 5:56 p.m.</p> <p>6) A review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 12/06/24 through 12/10/24, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>A. A review of four (4) "Female 15 Minute Observation Sheet", dated 12/06/24, revealed all four had missing sight checks, ranging from fifteen (15) minutes to an hour and a half (1.5) hour.</p> <p>B. Escorting staff B reported staff are using a combination of the "Female 15 Minute Observation Sheet", the logbook and the electronic system (QR code) to document sight checks. When requested the Jail Administrator did not provide the electronic system for review.</p> <p>7) On 12/06/24, a review of "Male 15 Minute Observation Sheet" forms for six (6) inmates in 13 Charlie housing pod, revealed all six (6) of the forms had missing sight checks, ranging from fifteen (15) minutes to two (2) hours.</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 12/11/2024
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{P5303}	<p>Continued From page 21</p> <p>8) Review of the Women's Holding logbook, dated 12/08/24, requiring thirty (30) minute sight checks, revealed six (6) sight checks, ranging from thirty (30) minutes to two (2) hours, were not documented as required.</p> <p>9) On 12/09/24, at 9:48 a.m., accompanied by staff B, C and D, observed "Male Observation Sheet" located in the Men's Booking, cells #3 and #7, requiring thirty (30) minute sight checks, revealed no sight checks had been conducted and documented.</p> <p>A. Staff D reported the "Male Observation Sheets" were placed on the cell doors at the beginning of the shift, the shift began at 6:00 a.m.</p> <p>10) Review of the 2 Adam and 2 Baker housing logbooks, dated 12/05/24 through 12/10/24, revealed seventy-eight (78) hourly sight checks were not performed and documented as required. Several log entries cited the reason for missed sight checks included, Doors Open and Central Control won't let me in.</p> <p>11) Review of the 2 David housing logbook, dated 12/04/24 through 12/10/24, revealed eighty (80) hourly sight checks were not performed and documented as required.</p> <p>12) Review of the 4 Adam and 4 Baker housing logbooks, dated 12/05/24 through 12/10/24, revealed eighty (80) hourly sight checks were not performed and documented as required.</p> <p>13) Review of the 4 Charlie housing logbook, dated 12/05/24 through 12/10/24, revealed ninety-eight (98) 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 12/11/2024
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{P5303}	<p>Continued From page 22</p> <p>14) Review of the 4 David housing logbook, dated 12/05/24 through 12/10/24, revealed seventy-three (73) hourly sight checks were not performed and documented as required.</p> <p>15) Review of the 6 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed twenty-eight (28) hourly sight checks were not performed and documented as required.</p> <p>16) Review of the 6 David housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-seven (37) hourly sight checks were not performed and documented as required.</p> <p>17) Review of the 8 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed forty-one (41) hourly sight checks were not performed and documented as required.</p> <p>18) Review of the 8 Baker housing logbook, dated 12/05/24 through 12/09/24, revealed twenty-two (22) hourly sight checks were not performed and documented as required.</p> <p>19) Review of the 8 Charlie housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-two (32) hourly sight checks were not performed and documented as required.</p> <p>20) Review of the 8 David housing logbook, dated 12/05/24 through 12/09/24, revealed twenty (20) hourly sight checks were not performed and documented as required.</p> <p>21) Review of the 10 Adam housing logbook, dated 12/05/24 through 12/09/24, revealed forty-seven (47) 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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5303}	<p>Continued From page 23</p> <p>22) Review of the 10 Baker housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-two (32) hourly sight checks were not performed and documented as required.</p> <p>23) Review of the 10 Charlie housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-nine (39) hourly sight checks were not performed and documented as required.</p> <p>24) Review of the 10 David housing logbook, dated 12/05/24 through 12/09/24, revealed thirty-one (31) hourly sight checks were not performed and documented as required.</p> <p>25) Review of the 13 Adam Large housing logbook, dated 12/02/24 through 12/06/24, revealed one hundred ten (110) thirty (30) minute sight checks were not performed and documented as required.</p> <p>26) Review of the 13 Adam Small housing logbook, dated 12/02/24 through 12/05/24, revealed one hundred twelve (112) thirty (30) minute sight checks were not performed and documented as required.</p> <p>27) Review of the 13 Charlie Large housing logbook, dated 12/02/24 through 12/05/24, revealed fifty-eight (58) hourly sight checks were not performed and documented as required.</p> <p>28) Review of the 13 Charlie small housing logbook, dated 12/02/24 through 12/05/24, revealed ninety-seven (97) hourly sight checks were not performed and documented as required.</p> <p>29) Review of the Men's Holding housing logbook, dated 12/03/24 through 12/07/24, revealed one hundred thirty-two (132) hourly sight</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 12/11/2024
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{P5303}	<p>Continued From page 24</p> <p>checks were not performed and documented as required.</p> <p>30) Review of twenty-seven (27) inmate housing logbooks dated 12/02/24 through 12/10/24, revealed several log entries for reasons sight checks were missed. The reasons cited for missed sight checks included, Residents Out, Orderly on Floor, Door Locked, Central Control won't let in. The Jail Administrator and staff B reported the facility uses contract staff to conduct sight checks. These staff cannot have inmate contact and cannot conduct a sight check if inmates are not secured in their cells.</p> <p>31) When requested the Jail Administrator did not provide sight checks for death of inmate (41), occurring on 05/28/24.</p> <p>32) When requested the Jail Administrator did not provide sight checks for death of inmate (40), occurring on 09/26/24.</p> <p>33) When requested the Jail Administrator did not provide sight checks for death of inmate (42), occurring on 03/15/23.</p> <p>34) When requested the Jail Administrator did not provide sight checks for death of inmate (43), occurring on 02/26/24.</p> <p>35) A review of sight checks for the death of inmate (39), occurring on 09/20/23, revealed thirteen (13) of the possible nineteen (19) sight checks were not performed and documented as required.</p> <p>36) When requested the Jail Administrator did not provide sight checks for death of inmate (24), occurring on 05/31/24.</p>	{P5303}		

Oklahoma State Department of Health

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{P5303}	<p>Continued From page 25</p> <p>37) When requested the Jail Administrator did not provide sight checks for death of inmate (44), occurring on 12/10/24.</p> <p>38) Observed on 12/06/24, in the 12th floor housing pods, and on 12/09/24, in the 10th and 2nd floor housing pods, cell windows with their visibility obscured, that had scratches on the surface of the windows, allowing less than fifty percent (50%) visibility. Thus, obstructing the ability of having "Sight Contact" - clear visibility within close proximity of the inmate while performing "Sight Checks". Several cells were also observed to have little or no light. Staff B reported the cell windows are replaced when visibility is below fifty percent (50%).</p> <p>39) There is a presence of obscured windows on the cell doors, impeding the ability of staff to ensure a positive presence of a living, breathing, human body. Per the Oklahoma County Detention Center training curriculum approved by the Oklahoma State Department of Health on January 2020, states "Objective 3: Students will know how to properly conduct, document and call sight checks into Camera Operations. Officers must be positive they see living, breathing, human body (flesh & movement) before counting the inmate".</p> <p>40) The Jail Administrator reported staff are using a combination of logbooks, Male/Female Observation Forms and the electronic system (QR code) to document sight checks and that there are inconsistencies in documentation.</p> <p>41) On 12/06/24, at 10:38 a.m., several inmates located in housing pods 12 David cells #2, #8, #17 and #22, 13 Charlie cells, #5, #8, #10, #11,</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 12/11/2024
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{P5303}	<p>Continued From page 26</p> <p>#12, #18 and #24, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week.</p> <p>42) Review of the 13 Charlie Small logbook for the week of 12/02/24 through 12/06/24, revealed inmates were not offered opportunities to bathe, this affects the forty-five (45) 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, 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>43) On 12/09/24, at 9:15 a.m., several inmates located in housing pods 10 David cells #17, #20, #21 and #37, reported they have only received the opportunity to bathe two (2) times a week.</p> <p>44) On 12/10/24, at 9:20 a.m., several inmates located in housing pods 2 Baker cells #18, #28 and #31, 2 Charlie cells #16, #22, #27 and #32, 2 David cells #18, #20, #21 and #44, 4 Adam cells #15, #21, #33 and #37, 4 Baker cells #3, #30 and #37, 4 Charlie cells #7, #14, #18, #24, #30 and #34, 4 David cells #1, #7, #29, #32 and #38, reported they have only received the opportunity to bathe two (2) times a week.</p> <p>45) On 12/06/24, 12/09/24 and 12/10/24, while accompanied by staff B, C, D, E, F and G, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Adam, 2 Baker, 2 Charlie, 2 David, 4 Adam, Baker, 4 Charlie, 4 David, 6 Adam, 6 David, 8 Baker, 8 David, 8 Charlie, 10 Adam, 10 Charlie, 10 David, 12 Adam, 12 Baker, 12 Charlie, 12</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 12/11/2024
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{P5303}	<p>Continued From page 27</p> <p>David, 13 Adam, 13 Baker, 13 Charlie, 13 David, Men's Booking cells and Women's Holding cells, to be dirty, littered with debris, and have a build-up of dirt and black residue.</p> <p>A. On 12/06/24, at 10:54 a.m., while accompanied by staff B and C, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 12 Adam cells #7, #15, #21, #22, #25, 12 Baker cells #2, #3, #8, #14, #15, #17, #19, 12 Charlie cells #2, #8, #15, #23, #24, 12 David cells #2, #8, #17, #22, 13 Baker cells #3, #24, 13 Charlie cells #18, #24, 13 David cells #4, #5, #8, #10, #11, #12, #15, #18, #24.</p> <p>B. On 12/09/24, at 10:24 a.m., while accompanied by staff B, C, D, E, and F, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 4 Adam, #12, 6 Adam cells #9, #13, #14, 6 David cells #2, #8, #17, #30, #34, 8 Baker cells #15, #19, #22, #25, #26, #33, #42, 8 Charlie cells #3, #8, #12, #18, #21, #22, #24, #25, 8 David cells #19, #20, #23, #24 10 Adam cells #6, #15, #24, #30, #31, #37, #44, 10 David cells #17, #20, #21.</p> <p>C. On 12/10/24, at 9:18 a.m., while accompanied by staff B, C and G, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris and black residue located in housing pods 2 Adam cells #28, #32, 2 Baker cells #18, #28, #31, 2 Charlie cells #16, #22, #27, #32, #43, 2 David cells #18, #20, #21, #41, #47, 4 Adam cells #9, #15, #21, #33, #37, 4 Baker cells #3, #15, #16, #25, #28, #30, #37, #49, 4 David cells #1, #7, #29, #32, #38, 4 Charlie cells #1, #2,</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 12/11/2024
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{P5303}	Continued From page 28 #7, #14, #18, #24, #30, #34, #36, #49. 46) On 12/06/24, 12/09/24 and 12/10/24, accompanied by staff B, C, D, E, F and G, light level measurements were taken in various occupied cells located in housing pods 2 Baker, 2 Charlie, 2 David, 4 Baker, 4 Charlie, 4 David, 6 David, 8 Charlie, 10 David and 13 Adam. Observed light fixtures to either be damaged or covered by paper or torn blankets. Staff B reported inmates cover/damage lights to make it darker in the cell or to gain access to the wiring.	{P5303}		
{P5601}	310:670-5-6(1) Detention Facilities-Kept Clean Condition The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (1) The facility shall be kept in a clean condition consistent with the requirements in Title 57 O.S. § 4. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain an acceptable level of sanitation. Finding(s):	{P5601}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: The administrator shall develop and	

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 12/11/2024
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{P5601}	<p>Continued From page 29</p> <p>1) On 12/06/24, 12/09/24 and 12/10/24, while accompanied by staff B and C each day, with other staff D, E, F and G, accompanying at various times, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Adam, 2 Baker, 2 Charlie, 2 David, 4 Adam, Baker, 4 Charlie, 4 David, 6 Adam, 6 David, 8 Baker, 8 David, 8 Charlie, 10 Adam, 10 Charlie, 10 David, 12 Adam, 12 Baker, 12 Charlie, 12 David, 13 Adam, 13 Baker, 13 Charlie, 13 David, Men's Booking cells and Women's Holding cells, to be dirty, littered with debris, and have a build-up of dirt and black residue. Staff B reported cleaning supplies are made available on the housing pods and that inmates are responsible to clean their cells and common areas, and the Booking cells are cleaned by orderlies.</p> <p>2) On 12/06/24, at 10:54 a.m., while accompanied by staff B and C, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 12 Adam cells #7, #15, #21, #22, and #25, 12 Baker cells #2, #3, #8, #14, #15, #17 and #19, 12 Charlie cells #2, #8, #15, #23 and #24, 12 David cells #2, #8, #17 and #22, 13 Baker cells #3 and #24, 13 Charlie cells #18 and #24, 13 David cells #4, #5, #8, #10, #11, #12, #15, #18 and #24.</p> <p>A. At 11:18 a.m., while accompanied by staff B and C, observed the shower located on the first floor of housing pod 13 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and having black residue.</p> <p>B. At 1:37 p.m., while accompanied by staff B and</p>	{P5601}	<p>implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following:</p> <p>(1) The facility shall be kept in a clean condition consistent with the requirements in Title 57 O.S. § 4.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of 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.</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5601}	<p>Continued From page 30</p> <p>C, observed the shower located on the first floor of housing pod 12 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and having black residue.</p> <p>C. At 2:30 p.m., while accompanied by staff B and C, observed mice feces, denoting evidence of mice located in housing pods 12 Adam and 12 David, with evidence of chewed and shredded paper protruding from the cavity of the cell door frames. Staff C reported they are working on a method to fill the openings, to keep mice from nesting in the door frames.</p> <p>3) On 12/09/24, at 10:24 a.m., while accompanied by staff B, C, D, E, and F, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 4 Adam cell #12, 6 Adam cells #9, #13 and #14, 6 David cells #2, #8, #17, #30 and #34, 8 Baker cells #15, #19, #22, #25, #26, #33 and #42, 8 Charlie cells #3, #8, #12, #18, #21, #22, #24 and #25, 8 David cells #19, #20, #23 and #24 10 Adam cells #6, #15, #24, #30, #31, #37 and #44, 10 David cells #17, #20 and #21.</p> <p>A. At 9:35 a.m., while accompanied by staff B, C and E, observed the booking male holding cells #1 and #2, had a build-up of food debris, dirt and trash on the floor. Court holding cell #2 had a pool of liquid that the inmates reported was urine.</p> <p>B. At 11:40 a.m., while accompanied by staff B, C and E, observed the mop sink, located on the first floor of housing pod 10 Adam, to contain stagnant water, a build-up of trash, debris and with black residue.</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 12/11/2024
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{P5601}	<p>Continued From page 31</p> <p>C. At 1:29 p.m., while accompanied by staff B, C and F, observed the showers located on the first floor of housing pods 6 David and 8 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, and with black residue.</p> <p>D. At 1:29 p.m., while accompanied by staff B, C and F, observed mop sinks, located in housing pods 8 Adam, 8 Charlie and 8 David, to contain a build-up of trash, debris and with black residue on the surfaces.</p> <p>4) On 12/10/24, at 9:18 a.m., while accompanied by staff B, C and G, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, with black residue, located in housing pods 2 Adam cells #28 and #32, 2 Baker cells #18, #28 and #31, 2 Charlie cells #16, #22, #27, #32 and #43, 2 David cells #18, #20, #21, #41 and #47, 4 Adam cells #9, #15, #21, #33 and #37, 4 Baker cells #3, #15, #16, #25, #28, #30, #37 and #49, 4 David cells #1, #7, #29, #32 and #38, 4 Charlie cells #1, #2, #7, #14, #18, #24, #30, #34, #36 and #49.</p> <p>A. At 9:18 a.m., while accompanied by staff B, C and G, observed mop sinks, located in housing pods 4 Baker, 4 Charlie and 4 David, to contain a build-up of trash, debris, with black residue on the surfaces.</p> <p>B. At 12:30 p.m., while accompanied by staff B, C and G, observed the shower located on the first and second floors of housing pod 4 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, with black residue.</p> <p>C. At 12:36 p.m., while accompanied by staff B and C, observed showers located in housing pod 2 Baker, to contain a build-up of trash, debris,</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5601}	Continued From page 32 with black residue on the surfaces. D. At 12:52 p.m., while accompanied by staff B and C, observed the mop sink located on the second floor of housing pod 2 Baker, that does not drain, filled with stagnant dirty water, trash, dirt and debris. 5) Inmates in all 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, in an attempt to clean their cells. 6) OSDH received written complaints concerning sanitation, from seven (7) persons who reported recently being housed at the Oklahoma County Detention Center (OCDK).	{P5601}		
{P5603}	310:670-5-6(3) Detention Facilities-Floors Clean/Dry/Clear The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (3) Floors shall be kept clean, dry and free of hazardous substances.	{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 12/11/2024
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{P5603}	<p>Continued From page 33</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):</p> <p>1) On 12/06/24, 12/09/24 and 12/10/24, while accompanied by staff B and C each day, with other staff D, E, F and G, accompanying at various times, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Adam, 2 Baker, 2 Charlie, 2 David, 4 Adam, Baker, 4 Charlie, 4 David, 6 Adam, 6 David, 8 Baker, 8 David, 8 Charlie, 10 Adam, 10 Charlie, 10 David, 12 Adam, 12 Baker, 12 Charlie, 12 David, 13 Adam, 13 Baker, 13 Charlie, 13 David, Men's Booking cells and Women's Holding cells, to be dirty, littered with debris, and have a build-up of dirt and black residue. Staff B reported cleaning supplies are made available on the housing pods and that inmates are responsible to clean their cells and common areas, Booking cells are cleaned by orderlies.</p> <p>2) On 12/06/24, at 10:54 a.m., while accompanied by staff B and C, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 12 Adam cells #7, #15, #21, #22, and #25, 12 Baker cells #2, #3, #8, #14, #15, #17 and #19, 12 Charlie cells #2, #8, #15, #23 and #24, 12 David cells #2, #8, #17 and #22, 13 Baker cells #3 and #24, 13 Charlie cells #18 and #24, 13 David cells #4, #5, #8, #10, #11, #12, #15, #18 and #24.</p>	{P5603}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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>(3) Floors shall be kept clean, dry and free of hazardous substances.</p> <p>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.</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5603}	<p>Continued From page 34</p> <p>3) On 12/09/24, at 9:35 a.m., while accompanied by staff B, C and E, observed the floors to have a buildup of dirt, debris, trash and uneaten food on the floor, located in male holding cells #1 and #2. Staff E reported the orderlies would clean the cells. Inmates reported the cells had not been cleaned.</p> <p>4) On 12/09/24, at 10:24 a.m., while accompanied by staff B, C, D, E, and F, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 4 Adam cell #12, 6 Adam cells #9, #13 and #14, 6 David cells #2, #8, #17, #30 and #34, 8 Baker cells #15, #19, #22, #25, #26, #33 and #42, 8 Charlie cells #3, #8, #12, #18, #21, #22, #24 and #25, 8 David cells #19, #20, #23 and #24, 10 Adam cells #6, #15, #24, #30, #31, #37 and #44, 10 David cells #17, #20 and #21.</p> <p>5) On 12/09/24, at 3:28 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 the floors have not been repaired.</p> <p>6) On 12/09/24, at 9:35 a.m., while accompanied by staff B, C and E, observed the court holding cells #1 and #2, had a build-up of food debris, dirt and trash on the floor, cell #2 had a pool of liquid that the inmates reported to be urine.</p> <p>7) On 12/10/24, at 9:18 a.m., while accompanied by staff B, C and G, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, with black residue, located in housing pods 2 Adam cells #28 and #32, 2</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 12/11/2024
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{P5603}	Continued From page 35 Baker cells #18, #28 and #31, 2 Charlie cells #16, #22, #27, #32 and #43, 2 David cells #18, #20, #21, #41 and #47, 4 Adam cells #9, #15, #21, #33 and #37, 4 Baker cells #3, #15, #16, #25, #28, #30, #37 and #49, 4 David cells #1, #7, #29, #32 and #38, 4 Charlie cells #1, #2, #7, #14, #18, #24, #30, #34, #36 and #49. 8) On 12/10/24, while accompanied by staff B, C and G, observed the shower floors in housing pods 2 Adam, 2 Baker, 2 Charlie, 2 David, 4 Adam, 4 Baker, 4 David, to have a buildup of dirt, debris, trash, with black residue.	{P5603}		
{P5604}	310:670-5-6(4) Detention Facilities-Routine Cleaning Supply The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide inmates with materials and supplies to maintain clean cells, showers, washbasins and toilets. Finding(s):	{P5604}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation	

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 12/11/2024
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{P5604}	<p>Continued From page 36</p> <p>1) Staff B reported cleaning supplies are made available on the housing pods and that inmates are responsible to clean their cells and common areas, Booking cells are cleaned by orderlies. However, on 12/06/24, 12/09/24 and 12/10/24, while accompanied by staff B and C each day, with other staff D, E, F and G, accompanying at various times, observed the vents, floors, walls, washbasins, toilets, and showers in housing pods located in 2 Adam, 2 Baker, 2 Charlie, 2 David, 4 Adam, Baker, 4 Charlie, 4 David, 6 Adam, 6 David, 8 Baker, 8 David, 8 Charlie, 10 Adam, 10 Charlie, 10 David, 12 Adam, 12 Baker, 12 Charlie, 12 David, 13 Adam, 13 Baker, 13 Charlie, 13 David, Men's Booking cells and Women's Holding cells, to be dirty, littered with debris, and have a build-up of dirt, with black residue.</p> <p>2) On 12/06/24, at 10:54 a.m., while accompanied by staff B and C, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 12 Adam cells #7, #15, #21, #22, and #25, 12 Baker cells #2, #3, #8, #14, #15, #17 and #19, 12 Charlie cells #2, #8, #15, #23 and #24, 12 David cells #2, #8, #17 and #22, 13 Baker cells #3 and #24, 13 Charlie cells #18 and #24, 13 David cells #4, #5, #8, #10, #11, #12, #15, #18 and #24.</p> <p>A. At 11:18 a.m., while accompanied by staff B and C, observed the mop sink located on the first floor of housing pod 13 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, with black residue around the sink.</p> <p>B. At 1:37 p.m., while accompanied by staff B and C, observed the shower located on the first floor</p>	{P5604}	<p>throughout the facility. These shall include at least the following:</p> <p>(4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of 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.</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 12/11/2024
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{P5604}	<p>Continued From page 37</p> <p>of housing pod 12 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, with black residue.</p> <p>C. At 2:30 p.m., while accompanied by staff B and C, observed evidence of mice located in housing pods 12 Adam and 12 David, feces, chewed and shredded paper protruding from the cavity of the cell door stops. Staff C reported they are working on a method to fill the openings, to keep mice from nesting in the door frames.</p> <p>3) On 12/09/24, at 10:24 a.m., while accompanied by staff B, C, D, E, and F, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris, trash, used meal containers and black residue located in housing pods 4 Adam cell #12, 6 Adam cells #9, #13 and #14, 6 David cells #2, #8, #17, #30 and #34, 8 Baker cells #15, #19, #22, #25, #26, #33 and #42, 8 Charlie cells #3, #8, #12, #18, #21, #22, #24 and #25, 8 David cells #19, #20, #23 and #24 10 Adam cells #6, #15, #24, #30, #31, #37 and #44, 10 David cells #17, #20 and #21.</p> <p>A. At 9:35 a.m., while accompanied by staff B, C and E, observed the booking male holding cells #1 and #2, had a build-up of food debris, dirt and trash on the floor. Court holding cell #2 had a pool of liquid that the inmates reported was urine.</p> <p>B. At 11:40 a.m., while accompanied by staff B, C and E, observed the mop sink, located on the first floor of housing pod 10 Adam, to contain stagnant water, a build-up of trash, debris, with black residue.</p> <p>C. At 1:29 p.m., while accompanied by staff B, C and F, observed the showers located on the first</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 12/11/2024
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{P5604}	<p>Continued From page 38</p> <p>floor of housing pods 6 David and 8 David, that does not drain, filled with stagnant dirty water, trash, dirt, debris, with black residue.</p> <p>D. At 1:29 p.m., while accompanied by staff B, C and F, observed mop sinks, located in housing pods 8 Adam, 8 Charlie and 8 David, to contain a build-up of trash, debris, with black residue on the surfaces.</p> <p>4) On 12/10/24, at 9:18 a.m., while accompanied by staff B, C and G, observed cell vents, floors, walls, washbasins, toilets and showers to have a build-up of dirt, debris and black residue located in housing pods 2 Adam cells #28 and #32, 2 Baker cells #18, #28 and #31, 2 Charlie cells #16, #22, #27, #32 and #43, 2 David cells #18, #20, #21, #41 and #47, 4 Adam cells #9, #15, #21, #33 and #37, 4 Baker cells #3, #15, #16, #25, #28, #30, #37 and #49, 4 David cells #1, #7, #29, #32 and #38, 4 Charlie cells #1, #2, #7, #14, #18, #24, #30, #34, #36 and #49.</p> <p>A. At 9:18 a.m., while accompanied by staff B, C and G, observed mop sinks, located in housing pods 4 Baker, 4 Charlie and 4 David, to contain a build-up of trash, debris, with black residue on the surfaces.</p> <p>B. At 12:30 p.m., while accompanied by staff B, C and G, observed the shower located on the first and second floors of housing pod 4 Charlie, that does not drain, filled with stagnant dirty water, trash, dirt, debris, with black residue.</p> <p>C. At 12:36 p.m., while accompanied by staff B and C, observed showers located in housing pod 2 Baker, to contain a build-up of trash, debris, with black residue on the surfaces.</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 12/11/2024
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{P5604}	Continued From page 39 D. At 12:52 p.m., while accompanied by staff B and C, observed the mop sink located on the second floor of housing pod 2 Baker, that does not drain, filled with stagnant dirty water, trash, dirt and debris. 5) Inmates in all 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, in an attempt to clean their cells.	{P5604}		
{P5606}	310:670-5-6(6) Detention Facilities-ADMIN Hygiene Issue The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (6) Upon admission or after commitment by the court, each inmate shall be issued personal hygiene items to include soap, towel, toilet paper, toothbrush and toothpaste. Feminine hygiene articles shall be provided upon request. Razors are issued to each inmate consistent with facility policy, and collected immediately after use and disposed of or stored as specified by facility policy and procedures. Inmates shall not share razors. With the exception of toilet paper and feminine hygiene items, inmates who are not indigent and have funds in their inmate account may be required to purchase hygiene items from the detention facility.	{P5606}		

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5606}	<p>Continued From page 40</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to collect razors immediately after use.</p> <p>Finding(s):</p> <p>1) On 12/06/24, accompanied by Staff B and C, observed a razor blade, separated from the razor, located in the mental health 12 Baker housing pod, on the floor between cells #2 and #3. The Jail Administrator and staff B reported razors were removed from the facility in July of 2022.</p>	{P5606}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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>(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>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.</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 12/11/2024
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{P5606}	Continued From page 41	{P5606}	4) Review and adopt further corrective actions as needed based on observations and interviews.	
{P5608}	<p>310:670-5-6(7)(A) Detention Facilities-Issue Cleanable Mattress</p> <p>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (7) Clean bedding shall be issued to each inmate who is confined overnight in the facility except where indicated by circumstances defined in the facility's policy. A standard issue of bedding shall include: (A) A mattress with a cleanable surface; and</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review 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. The facility failed to ensure inmates are assigned to a housing pod with an assigned bed after classification, as specified by facility policy and procedure. Oklahoma County Detention Center (OCDK) Classification upon Housing, Policy No. 509.5, dated 02/22/2024.</p> <p>Finding(s):</p>	{P5608}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>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: (A) A mattress with a cleanable surface.</p> <p>1) Conduct staff interviews to assess why</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5608}	<p>Continued From page 42</p> <p>1) On 12/06/24, at 1:59 p.m., accompanied by staff B, and C, observed inmates located in housing pods 12 Baker cells #20, #23, #13, and #11, 12 Charlie cell #8, 12 David cell #22, 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>2) On 12/09/24, at 10:19 a.m., accompanied by staff B, C, E and F, observed inmates located in housing pods 10 Adam cells #6, #24 and #31, 10 Baker cells #6 and #14, 10 Charlie cell #19, 10 David cell #21, 8 Adam cells #6, #14, #25, #36, #37, #38 and #41, 8 Baker cells #1, #15, #19, #22, #26, #33 and #42, 8 Charlie cells #3, #8, #12, #18, #22 and #25, 8 David cells #19 and #23, 6 David cell #2, 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>3) On 12/10/24, at 10:53 a.m., accompanied by staff B, C, and G, observed inmates located in housing pods 4 Adam cells #33, #43 and #45, 4 Baker cells #15, #30, #37 and #40, 4 Charlie cells #2, #10, #18, #20, #30, #33 and #49, 2 Charlie cells #22, #29 and #43, 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>A. Observed an inmate, located in housing pod 2 David cell #47, who did not have a mattress. The</p>	{P5608}	<p>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>	

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5608}	Continued From page 43 inmate roster dated 12/09/24 denotes inmate (23) was admitted to the facility on 11/17/24. Staff B reported that a mattress will be issued. 4) Review of twenty-one (21) inmate booking files, revealed six (6) files for inmates (26, 27, 28, 29, 30, 31), remained in booking over 24 hours and were not moved to more permanent housing after classification and provided bedding and a mattress. A. Inmate (30) booked on 12/04/24 and inmate (26) booked on 12/05/24, not moved from booking to a housing pod until 12/09/24. B. Inmates (27, 28, 29) booked on 12/06/24, not moved from booking to a housing pod until 12/09/24. C. Inmate (31) booked on 12/06/24, not moved from booking to a housing pod until 12/10/24. 5) In accordance with Policy 509, Oklahoma County Detention Center, Custody Policy Manual, Inmate Classification - 1, 509.5 CLASSIFICATION UPON HOUSING, Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate ' s arrival at the facility, after which the inmate will be moved to more permanent housing.	{P5608}		
{P5615}	310:670-5-6(13) Detention Facilities-Document Clothing Issue The administrator shall develop and implement policies and procedures for the safety and	{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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5615}	<p>Continued From page 44</p> <p>maintenance of sanitation throughout the facility. These shall include at least the following: (13) Issuance of all clothing and bedding shall be documented and inmates shall be held accountable for these items.</p> <p>This STANDARD is not met as evidenced by: Based on record review, 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):</p> <p>1) Review of forty-one (41) inmate booking files, denoting the issuance of bedding, clothing and hygiene items, revealed nineteen (19) of the booking packets were missing the issuance forms. Review of the "Inmate Handbook", dated 01/01/24, states in "Clothing and Laundry", Issuing of clothing and bedding will be documented, and each resident shall be held accountable for the condition and return of each item. If items are damaged and not returned, the resident will then be charged for the missing or damaged bedding and clothing. Residents are responsible for notifying the officer immediately of any damaged clothing or linens to avoid being charged for the damage.</p>	{P5615}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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: (13) Issuance of all clothing and bedding shall be documented and inmates shall be held accountable for these items.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	
{P5618}	310:670-5-6(16) Detention Facilities-Shower x3/Daily Food SVC	{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 12/11/2024
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{P5618}	<p>Continued From page 45</p> <p>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (16) Sufficient showers shall be provided in housing units to provide inmates the opportunity to bathe at least three (3) times each week. Inmates working in food service shall be required to bathe daily.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide inmates the opportunity to bathe at least three (3) times each week. Oklahoma County Detention Center (OCDC) Inmate Housing, Cell, and Living Area Hygiene Standards, Policy No. 4125.06, dated 07/20/22.</p> <p>Finding(s):</p> <p>1) On 12/06/24, at 10:38 a.m., several inmates located in housing pods 12 David cells #2, #8, #17 and #22, 13 Charlie cells, #5, #8, #10, #11, #12, #18 and #24, reported they have only received the opportunity to bathe one (1) time a week and rarely two (2) times a week. 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>	{P5618}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These shall include at least the following: (16) Sufficient showers shall be provided in housing units to provide inmates the opportunity to bathe at least three (3) times each week. Inmates working in food service shall be required to bathe daily.</p> <p>1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct</p>	

Oklahoma State Department of Health

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{P5618}	<p>Continued From page 46</p> <p>2) Review of the 13 Charlie Small logbook for the week of 12/02/24 through 12/06/24, revealed inmates were not offered any opportunity to bathe, this affects the forty-five (45) 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, 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>3) On 12/09/24, at 9:15 a.m., several inmates located in housing pods 10 David cells #17, #20, #21 and #37, reported they have only received the opportunity to bathe two (2) times a week. 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>4) On 12/10/24, at 9:20 a.m., several inmates located in housing pods 2 Baker cells #18, #28 and #31, 2 Charlie cells #16, #22, #27 and #32, 2 David cells #18, #20, #21 and #44, 4 Adam cells #15, #21, #33 and #37, 4 Baker cells #3, #30 and #37, 4 Charlie cells #7, #14, #18, #24, #30 and #34, 4 David cells #1, #7, #29, #32 and #38, reported they have only received the opportunity to bathe two (2) times a week. 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</p>	{P5618}	<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 12/11/2024
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{P5618}	Continued From page 47 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): 1) During the inspection of twenty-five (25) housing pods, Men's Holding and Women's Holding on 12/06/24, 12/09/24 and 12/10/24, while accompanied by staff B and C each day, with other staff D, E, F and G, accompanying at various times, fifty-four (54) inmates voiced complaints of bed bug infestation in their cell, on their person, clothing and bedding. Several of the	{P5621}	Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 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	

Oklahoma State Department of Health

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{P5621}	<p>Continued From page 48</p> <p>inmates displayed for the facility staff and inspectors, both dead and live bed bugs, and bed bug bites on their person.</p> <p>2) Received written complaints concerning bed bugs, bed bug bites, roaches, mice and a mouse bite, from fifteen (15) persons who reported being housed at the Oklahoma County Detention Center (OCDC).</p> <p>3) On 12/06/24, at 1:59 p.m., accompanied by staff B, and C, observed inmates located in housing pods 12 Baker cells #20, #23, #13, and #11, 12 Charlie cell #8, 12 David cell #22, 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) At 2:30 p.m., while accompanied by staff B and C, observed mice feces, denoting evidence of mice located in housing pods 12 Adam and 12 David, with evidence of chewed and shredded paper protruding from the cavity of the cell door frames. Staff C reported they are working on a method to fill the openings, to keep mice from nesting in the door frames.</p> <p>5) On 12/09/24, at 10:29 a.m., while accompanied by staff B, C and E, observed a live bedbug located in housing pod 10 Adam cell #15.</p> <p>6) On 12/09/24, at 9:49 a.m., while accompanied by staff B, C and G, observed a live roach moving along the baseboard between cell #8, and #9, located in housing pod 4 Baker.</p> <p>7) On 12/09/24, at 10:19 a.m., accompanied by</p>	{P5621}	<p>scheduled basis specified in the facility policy and procedure.</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) Conduct staff interviews to assess knowledge of the policy and the practice for pest control extermination. 4) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy. 	

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 12/11/2024
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{P5621}	<p>Continued From page 49</p> <p>staff B, C, E and F, observed inmates located in housing pods 10 Adam cells #6, #24 and #31, 10 Baker cells #6 and #14, 10 Charlie cell #19, 10 David cell #21, 8 Adam cells #6, #14, #25, #36, #37, #38 and #41, 8 Baker cells #1, #15, #19, #22, #26, #33 and #42, 8 Charlie cells #3, #8, #12, #18, #22 and #25, 8 David cells #19 and #23, 6 David cell #2, 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>8) On 12/10/24, at 10:53 a.m., accompanied by staff B, C, and G, observed inmates located in housing pods 4 Adam cells #33, #43 and #45, 4 Baker cells #15, #30, #37 and #40, 4 Charlie cells #2, #10, #18, #20, #30, #33 and #49, 2 Charlie cells #22, #29 and #43, 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>9) Review of pest control application revealed between 07/23/24 and 12/04/24, the 10th, 12th and 13th floor housing pods, were treated for reoccurring bed bug, roach and mice infestations, the 2nd and 4th floors were treated for reoccurring bed bug and roach infestations.</p>	{P5621}		
{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.</p>	{P5623}		

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 12/11/2024
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{P5623}	<p>Continued From page 50</p> <p>These shall include at least the following: (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 maintain the automatic fire alarm and heat and smoke detection system and to ensure the Fire Safety compliance standards are maintained in accordance with the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq. This has the potential to affect the safety and lives of all occupants housed in this facility in the event of a fire emergency.</p> <p>Finding(s):</p> <p>1) On 12/06/24, at 1:08 p.m., accompanied by</p>	{P5623}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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: (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</p>	
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Oklahoma State Department of Health

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{P5623}	<p>Continued From page 51</p> <p>staff C, observed a "Fire Alarm Notification", a "Trouble Code" and an "Alarm Silenced" on the automatic fire alarm and heat and smoke detection panel, located in the Control Center. The Safety Officer reported he was aware of the codes, that it was due to work being performed on the HVAC system. 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.</p> <p>A. Review of the State Fire Marshal Inspection dated 12/10/24, denoted "The fire alarm system is not clear of trouble signals and or active alarms, 3 duct detectors are being replaced this month".</p> <p>2) When requested for review, the Safety Officer did not provide the quarterly fire drills in accordance with the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.</p> <p>A. The Safety Officer reported the facility had approval from the State Fire Marshal to perform yearly fire drills, however, no documentation was provided for this approval.</p> <p>B. Review of the State Fire Marshal Inspection dated 12/10/24, denotes the frequency of fire drills to be (Group 1-3/Quarterly on each shift/All employees).</p>	{P5623}	<p>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> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of Detention Facility staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review the procedures for fire code compliance and reporting and responding to maintenance needs. 6) Review the actions taken to identify and report repairs. 7) Review the process for authorizing repairs. 8) Review the process for monitoring for completion of repairs. 9) Identify those steps in the process that were not followed and why. 10) Revise and train staff on maintenance procedures as needed. 	
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Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DET-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5623}	Continued From page 52	{P5623}	11) Confirm the repair is scheduled and completed.	
{P5626}	<p>310:670-5-6(24) Detention Facilities-Material Fire Compliance</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: (24) Facility furnishings, walls, ceilings and floors shall be constructed of material that meets the code requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain for safety and provide materials that meet the code requirements of the Oklahoma State Fire Marshal. 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):</p> <p>1) On 12/06/24, 12/09/24 and 12/10/24, observed with staff B, C, E, F and G, 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</p>	{P5626}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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: (24) Facility furnishings, walls, ceilings and floors shall be constructed of material that meets the code requirements of the Oklahoma State Fire Marshal, as provided in Title 74 O.S. § 317 et seq.</p> <p>1) Conduct staff interviews to assess why</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5626}	Continued From page 53 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.	{P5626}	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.	
P5627	310:670-5-6(25) Detention Facilities-Heating Min 65 Degree 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: (25) Heating systems shall be capable of maintaining a temperature of at least sixty-five (65) degrees Fahrenheit. Open-faced or un-vented heaters are not permitted. This STANDARD is not met as evidenced by: Based on observation and interview, the facility	P5627	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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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P5627	<p>Continued From page 54</p> <p>failed to develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. Heating systems shall be capable of maintaining a temperature of at least sixty-five (65) degrees Fahrenheit. Temperatures were taken using the REED Instruments Infrared Thermometer.</p> <p>Finding(s):</p> <p>1) On 12/09/24, at 1:24 p.m., accompanied by staff B, C and E, temperature readings were taken in housing pod 8 Adam.</p> <p>A. Temperature reading taken in the dayroom, measured 61.3- degrees Fahrenheit.</p> <p>B. Temperature reading taken in cells #14 and #24, measured with temperatures ranging from 57.3-and 59.8-degrees Fahrenheit.</p> <p>C. Inmates assigned to cells #14 and #24, reported it has been cold in their cell for several days.</p>	P5627	<p>the Department provides the following proposals for solution:</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>(25) Heating systems shall be capable of maintaining a temperature of at least sixty-five (65) degrees Fahrenheit. Open-faced or un-vented heaters are not permitted.</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. 	
P5700	<p>310:670-5-7(a) Detention Facilities-24 hr 3 Meals/2 Hot</p> <p>(a) Each inmate shall be provided at least three (3) meals each twenty-four (24) hours that meet the national recommended allowance for basic nutrition. At least two (2) hot meals shall be provided daily. There shall not be more than fourteen (14) hours between the breakfast and</p>	P5700		

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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P5700	<p>Continued From page 55</p> <p>evening meals.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide at least two (2) hot meals daily. Temperatures were taken of food carts upon arrival to the housing unit. Temperatures were taken using the REED Instruments Infrared Thermometer. "Hot meal" defined by the standard as a measure of food served and eaten at one sitting prepared in accordance with and served at a palatable temperature range of 110° - 120° F. (43.3° - 48.8° C.).</p> <p>Finding(s):</p> <p>1) On 12/06/24, at 10:50 a.m., accompanied by staff B and C, observed a food cart loaded with food trays ready for delivery to housing pod 13 Adam. The cart was missing the information sheet containing the date, meal, housing pod, time, and temperature. Temperature readings taken of the food on several food trays, had measurements between 105-and 108-degrees Fahrenheit.</p> <p>2) On 12/09/24, at 11:09 a.m., accompanied by staff B and C, observed a food cart loaded with food trays ready for delivery to housing pods 10 Charlie and 10 David. The cart was dated 12/09/24, Lunch, 10 Charlie and 10 David, time 10:17 a.m. and a temperature of 152-degrees Fahrenheit. A temperature reading taken of a</p>	P5700	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>Each inmate shall be provided at least three (3) meals each twenty-four (24) hours that meet the national recommended allowance for basic nutrition. At least two (2) hot meals shall be provided daily. There shall not be more than fourteen (14) hours between the breakfast and evening meals.</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

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P5700	Continued From page 56 food tray on this cart, revealed a temperature of 81-degrees Fahrenheit. 3) On 12/10/24, at 10:10 a.m., accompanied by staff B and C, observed a food cart loaded with food trays ready for delivery to housing pod 4 Charlie. The cart was dated 12/09/24, Lunch, 4 Charlie, time 9:37 a.m. and had no temperature documented. Temperature readings taken of the food on several food trays, had measurements between 98.9- and 112.7-degrees Fahrenheit.	P5700		
{P5801}	310:670-5-8(2) Detention Facilities-Observtion MED/PSY Risk "Adequate medical care shall be provided in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following: (2) Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation , these inmates may be assigned to housing consistent with the medical evaluation.	{P5801}		

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 12/11/2024
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{P5801}	<p>Continued From page 57</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to 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):</p> <p>1) On 12/06/24, accompanied by staff B and C, a review of records for inmates on suicide watch, requiring fifteen (15) minute sight checks, dated 12/06/24 through 12/10/24, revealed sight checks were not documented every fifteen (15) minutes.</p> <p>B. A review of four (4) "Female 15 Minute Observation Sheet" forms, dated 12/06/24, revealed all four had missing sight checks, ranging from fifteen (15) minutes to an hour and a half (1.5) hour.</p> <p>C. Escorting staff B reported staff are using a combination of the "Female 15 Minute Observation Sheet", the logbook and the electronic system (QR code) to document sight checks.</p> <p>2) A review of "Male 15 Minute Observation Sheet" forms on 12/06/24, for inmates (14, 15, 16, 17, 18, 32) assigned to housing pod 13 Charlie and inmates (33, 34, 35, 36, 37, 38) assigned to housing pod 13 Baker, revealed all twelve (12) of the forms had missing sight checks, ranging from fifteen (15) minutes to two</p>	{P5801}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>Intake screening shall be performed on all inmates immediately upon admission to the facility and before being placed in the general population or housing area. An inmate whose screening indicates a significant medical or psychiatric problem, or who may be a suicide risk, shall be observed frequently by the staff consistent with the facility's policy and the identified need until the appropriate medical evaluation has been completed. After medical evaluation, these inmates may be assigned to housing consistent with the medical evaluation.</p> <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 	

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5801}	<p>Continued From page 58</p> <p>(2) hours.</p> <p>3) Review of the Women's Holding logbook, dated 12/08/24, requiring hourly sight checks, revealed six (6) sight checks, ranging from one (1) hour to two (2) hours, were not documented as being performed.</p> <p>4) On 12/09/24, at 9:48 a.m., accompanied by escorting staff B, C and D, observed "Male Observation Sheet" located in the Men's Booking, cells #3 and #7, requiring thirty (30) minute sight checks, had not been documented as being performed.</p> <p>5) A review of "Male 15 Minute Observation Sheet" for inmate (25), assigned to 13 Charlie housing pod, revealed all five (5) of the forms had missing sight checks, ranging from fifteen (15) minutes to five (5) hours.</p> <p>6) Review of the 12 Adam housing logbook, dated 12/01/24 through 12/06/24, requiring thirty (30) minute sight checks, revealed seventy-sixty (76) sight checks were not documented as being performed.</p> <p>7) Logbook for 12 Baker housing pod, was not available for inspectors to review, staff B reported staff are using the electronic system (QR code) to document sight checks and activities in the pod. When requested, the Jail Administrator did not provide the electronic system for review.</p> <p>8) Review of the 12 Charlie housing logbook, dated 12/01/24 through 12/06/24, requiring thirty (30) minute sight checks, revealed thirty-eight (38) sight checks were not documented as being performed.</p>	{P5801}	<p>and/or review, revise the policy and adopt further corrective actions as needed.</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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5801}	<p>Continued From page 59</p> <p>9) Review of the 12 David housing logbook, dated 12/01/24 through 12/06/24, requiring thirty (30) minute sight checks, revealed eighty (80) hourly sight checks were not documented as being performed.</p> <p>10) Review of the 13 Adam Large housing logbook, dated 12/02/24 through 12/06/24, requiring thirty (30) minute sight checks, revealed one hundred ten (110) sight checks were not documented as being performed.</p> <p>11) A review of "Male 15 Minute Observation Sheet" form dated 10/27/23, for inmate (49) Serious Attempted Suicide, occurring on 10/27/23, revealed forty (40) 15 minute sight checks were not documented as being performed.</p> <p>12) A review of "Male 15 Minute Observation Sheet" form dated June 2024, for inmate (50) Serious Attempted Suicide occurring on 06/19/24, revealed forty-one (41) 15 minute sight checks were not documented as being performed.</p> <p>13) When requested, the Jail Administrator did not provide sight checks for the death of inmate (25), occurring on 07/29/24, requiring thirty (30) minute sight checks.</p> <p>14) Review of the "Resident 15 Minute Observation Sheet", dated 05/28/24, for inmate (25), requiring fifteen (15) minute sight checks, revealed sight checks were not documented every fifteen (15) minutes. Sight checks were not completed between 11:46 a.m. and 5:56 p.m.</p> <p>15) When requested, the Jail Administrator did not provide sight checks for the death of inmate (41), occurring on 05/28/24, requiring thirty (30)</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 12/11/2024
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{P5801}	Continued From page 60 minute sight checks.	{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 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. (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	{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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5802}	<p>Continued From page 61</p> <p>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 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 prescribed medication, and neither prescription nor over-the-counter medications are kept by an inmate in a cell.</p> <p>Finding(s):</p> <p>1) On 12/06/24, at 11:04 a.m., accompanied by staff, B and C, observed a used earplug plastic package to contain approximately fifteen (15) assorted medications, located in housing pod 13 Adam, occupied cell #8, on the desk.</p> <p>2) On 12/06/24, at 2:45 p.m., accompanied by</p>	{P5802}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</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</p>	
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Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5802}	<p>Continued From page 62</p> <p>staff B and C, observed two (2) medications on the dayroom floor, between cells #2, and #3, located in housing pod 12 baker. Inmate assigned to cell #2, reported his hands shake and if a medication is dropped, the nurse just gives him another.</p> <p>3) On 12/09/24, accompanied by staff B and C, observed inmates in possession of medications, located in housing pods 10 Baker cells #4, #27, and #34, 8 Adam cell #14, 6 Adam cells #2 and #9.</p> <p>4) On 12/10/24, accompanied by staff B and C, observed inmates in possession of medications, located in housing pods 4 Adam cell #12, 4 Baker cell #38, 4 David cell #32, 2 Charlie cell #22.</p> <p>5) Review of the Incident/Unusual Occurrence Report dated 11/02/24, denoted during medication pass, the wrong medication strength was administered to inmate (46).</p> <p>6) Review of the Incident/Unusual Occurrence Report dated 11/04/24, denoted, during medication pass, inmates (47, 48) were administered a double dose of the prescribed medication due to staff not being aware the patient had received medications at court.</p> <p>7) Review of the Incident/Unusual Occurrence Reports dated 11/08/24, denoted medication found adjacent to 6 Adam cell #10, an envelope of medications were found in the dayroom of 10 Charlie when medical was exiting the area.</p>	{P5802}	<p>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 over-the-counter medications are those medications provided in single-dose packaging.</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 	

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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{P5802}	Continued From page 63 P5821 310:670-5-8(11)(B)(i) Detention Facilities-Document RX Dispensing 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: (11) The administration of medications, and the date, time and place of medical encounters shall be documented. (B) A facility may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished: (i) The facility must have and follow a written policy and procedure to assure safety in dispensing and documentation of medications given to each resident. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to log, provide and administer appropriate prescription medications to the inmate as directed by a physician or designated medical authority.	{P5802}	training and/or review, revise the policy and adopt further corrective actions as needed. Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: Adequate medical care shall be provided	

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 12/11/2024
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P5821	<p>Continued From page 64</p> <p>Finding(s):</p> <p>1) Inmate (45) reported he is not receiving breathing treatments as needed or prescribed. When medical documentation was requested for review, the Jail Administrator and staff J, did not provide any medical documentation for inmate (45).</p> <p>2) Review of the Incident/Unusual Occurrence Report dated 11/02/24, denoted during medication pass, the wrong medication strength was administered to inmate (46).</p> <p>3) Review of the Incident/Unusual Occurrence Report dated 11/04/24, denoted, during medication pass, inmates (47, 48) were administered a double dose of the prescribed medication due to staff not being aware the patient had received medications at court.</p> <p>4) Review of the Medical "Incident/Unusual Occurrence Report" dated 11/05/24 through 12/09/24, denoted medical procedures and medication administration could not be completed due to a lack of detention staff.</p> <p>A. Record dated 12/01/24, revealed inmates assigned to second floor housing pod did not receive prescribed medication.</p> <p>B. Record dated 12/02/24, revealed inmates assigned to housing pod 13 David did not receive prescribed medication.</p> <p>C. Record dated 12/03/24, revealed inmate assigned to Women ' s Holding did not receive prescribed medication.</p> <p>D. Record dated 12/03/24, revealed inmates</p>	P5821	<p>in a facility. The administrator shall develop and implement written policies and procedures for complete emergency medical and health care services. Policies and procedures shall include at least the following:</p> <p>(11) The administration of medications, and the date, time and place of medical encounters shall be documented.</p> <p>(B) A facility may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished:</p> <p>(i) The facility must have and follow a written policy and procedure to assure safety in dispensing and documentation of medications given to each resident.</p> <p>1) Conduct staff interviews to assess why the policy was not followed.</p> <p>2) Ensure the policy reflects the current expected practice and revise as needed.</p> <p>3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy.</p> <p>4) Review and adopt further corrective actions as needed based on observations and interviews.</p>	

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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P5821	<p>Continued From page 65</p> <p>assigned to housing pod 12 Charlie did not receive prescribed medication.</p> <p>E. Record dated 11/05/24, 11/18/24, 11/19/24, 11/20/24, 12/02/24, 12/03/24, revealed inmates assigned to Chronic Care did not receive care.</p> <p>F. Record dated 11/06/24, 11/07/24, 11/14/24, 11/15/24, 11/21/24, 11/22/24, 11/25/24, 11/26/24, 11/27/24, 11/28/24, 12/04/24, 12/05/24, 12/09/24 revealed not all inmates assigned to Chronic Care received care.</p> <p>G. Record dated 11/07/24, 12/04/24, revealed not all inmates assigned to Booking, Men ' s Holding and Women ' s Holding, received prescribed medications.</p> <p>H. Record dated 12/04/24, revealed inmates assigned to the Basement and all housing pods located on the 6th, 8th and 10th floors did not receive prescribed medications.</p> <p>I. Record dated 12/05/24, revealed not all inmates assigned to housing pod 2 Adam received prescribed medication.</p> <p>J. Record dated 12/05/24, revealed not all inmates assigned to housing pods located on the 10th floor received prescribed medication.</p> <p>K. Record dated 11/27/24, 12/08/24, revealed not all inmates assigned to housing pod 13 Charlie received prescribed medication.</p> <p>L. Record dated 12/10/24, revealed inmates assigned to Court Holding did not receive prescribed medication.</p> <p>M. Record dated 11/01/24, revealed medical</p>	P5821		

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 12/11/2024
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NAME OF PROVIDER OR SUPPLIER OKLAHOMA COUNTY DETENTION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102
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P5821	<p>Continued From page 66</p> <p>unable to verify SP1 (suicide observation) status/cell assignment with Classification or Shift Commander.</p> <p>N. Record dated 11/04/24, revealed inmates assigned to 2nd floor housing pods and 4 David, did not receive prescribed medication.</p> <p>O. Record dated 11/04/24, revealed inmates assigned to 4th floor housing pods, did not receive prescribed medication.</p> <p>P. Record dated 11/05/24, revealed inmates assigned to housing pod and 4 Charlie, did not receive prescribed medication.</p> <p>Q. Record dated 11/06/24, revealed inmates assigned to housing pods 8 Charlie and 8 David, did not receive prescribed medication.</p> <p>R. Record dated 11/04/24, revealed inmates assigned to Booking, did not receive prescribed medication.</p> <p>S. Record dated 11/13/24, revealed inmates assigned to 10th and 13th floors, did not receive prescribed medication.</p> <p>T. Record dated 11/14/24, revealed inmates assigned to all housing pods, requiring Detox medication, did not receive prescribed medication.</p> <p>U. Record dated 11/14/24, 11/15/24, 11/25/24, revealed inmates assigned to 8 Charlie and 8 David, did not receive prescribed medication.</p> <p>V. Record dated 11/25/24, revealed inmates assigned to 12th floor, did not receive prescribed medication.</p>	P5821		

Oklahoma State Department of Health

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{P6103}	Continued From page 68 measured in housing pod 2 Baker cell #18, seven (7) foot candles was measured in cell #31. B. Light reading of two (2) foot candles was measured in housing pod 2 Charlie cell #16. C. Light reading of one (1) foot candles was measured in housing pod 2 David cell #31. D. Light reading of two (2) foot candles was measured in housing pod 4 Baker cell #16. E. Light reading of one (1) foot candles was measured in housing pod 4 Charlie cell #1, two (2) foot candles was measured in cell # 49. F. Light reading of one (1) foot candles was measured in housing pod 4 David cell #35, two (2) foot candles was measured in cell #32. G. Light reading of one (1) foot candles was measured in housing pod 6 David cell #34, two (2) foot candles was measured in cells #9, #17, and #34. H. Light reading of zero (0) foot candles was measured in housing pod 8 Charlie cell #25. I. Housing pod 10 David cells #33, #42, #43, and #49 light readings were not taken due to inmate security level and as directed by staff B. J. Light reading of two (2) foot candles was measured in housing pod 13 Adam cell #8. 2) Observed light fixtures to either be damaged or covered with paper or torn blankets. Staff B reported inmates cover/damage lights to make it darker in the cell or to gain access to the wiring.	{P6103}	procedures as needed. 6) Confirm the repair is scheduled and completed. 7) Conduct periodic monitoring of the correction for compliance.	
{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	{P6218}		

Oklahoma State Department of Health

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{P6218}	<p>Continued From page 69</p> <p>approval. Detention facilities are encouraged to submit plans to the Department for any re-modeling or repair that does not meet the substantial remodeling threshold to ensure standards are met.</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):</p> <p>1) Observed on 12/06/24, housing pods 13 Charlie cells #18 and #24, 13 David cells #5, #7, #8, #10, #11, #12, #15, #18 and #24, three (3) inmates occupying a cell having one double bunk, with the third inmate having to sleep on the floor.</p> <p>A. Review of the "Oklahoma County Cell Block Reconciliation", dated 12/06/24, revealed three</p>	{P6218}	<p>Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution:</p> <p>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</p>	

Oklahoma State Department of Health

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{P6218}	<p>Continued From page 70</p> <p>(3) inmates assigned to housing pods 13 Charlie cells #18 and #24, 13 David cells #5, #7, #8, #10, #11, #12, #15, #18 and #24, having one double bunk, with the third inmate having to sleep on the floor.</p> <p>2) Observed on 12/06/24, housing pod 13 Charlie cell #11, two (2) inmates occupying a cell having one single bed, with the second inmate having to sleep on the floor.</p> <p>A. Review of the "Oklahoma County Cell Block Reconciliation", dated 12/06/24, revealed two (2) inmates assigned to housing pod 13 Charlie cell #11, having one single bed, with the second inmate having to sleep on the floor.</p> <p>3) Observed on 12/06/24, housing pods 13 Baker cells #1 and #2, 13 Adam cell #8, 12 Adam cells #12 and #8, revealed three (3) inmates occupying a cell having one double bunk, with the third inmate having to sleep on the floor.</p> <p>A. Review of the "Oklahoma County Cell Block Reconciliation", dated 12/06/24, revealed three (3) inmates assigned to housing pods 13 Baker cells #1 and #2, 13 Adam cell #8, 12 Adam cells #12 and #8, having one double bunk, with the third inmate having to sleep on the floor.</p> <p>4) Observed on 12/06/24, housing pods 13 Baker cell #8, four (4) inmates occupying a cell having one double bunk, with the remaining two (2) inmates having to sleep on the floor.</p> <p>A. Review of the "Oklahoma County Cell Block Reconciliation", dated 12/06/24, revealed four (4) inmates assigned to housing pod 13 Baker cell #8, having one double bunk, with the third and fourth inmates having to sleep on the floor.</p>	{P6218}	<p>ensure standards are met.</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>(B) Bunks and storage as indicated by square feet.</p> <ol style="list-style-type: none"> 1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed. 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observations and interviews. 5) Review current practice for transfers to the Department of Corrections for those inmates having been judged and sentenced to DOC custody. 6) Review for ability to reduce overcrowding by transferring inmates to another county jail, if possible, use of ankle bracelets, bond reductions and early release programs. 	

Oklahoma State Department of Health

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