STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COWIFLE	ILD
	DET-090 B. WING			R 12/1	1/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SHA	ARTEL MACITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{P 000}	INITIAL COMMENTS	:	{P 000}			
	Oklahoma State Depa	4, December 9, 2024, and December 11, 2024, artment of Health staff nunced annual inspection				
	and investigation(s).  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-2024-094, 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  The census at the time of the inspection was					
	cited. Based on the vi	·				
	The following deficier	t practice(s) was identified:				
{P5109}	310:670-5-1(5) Deten Inventory	tion Facilities-New Property	{P5109}			

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		
		DET-090	B. WING		R 12/11/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SHA			
			MA CITY, OK 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5109}	Continued From page	e 1	{P5109}		
	(5) A written itemized all personal property	inventory shall be made of of a newly admitted inmate.  not met as evidenced by: ew, the facility failed to		Pursuant to Title 74, Section 193(B)(1	),
	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.  Finding(s):  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".			the Department provides the following proposals for solution:  The following admission and release	
				procedures shall be followed. A facility shall have written policies and proced for the reception, orientation and release of inmates.  (5) A written itemized inventory shall made of all personal property of a new admitted inmate.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the curre expected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further corrective actions as needed based on observational and interviews.	ures use be why why ent ed. ge
{P5202}	310:670-5-2(3) Deter Checks	ition Facilities-Hourly Sight	{P5202}		
	implement written pol	ator shall develop and icies and procedures for the ontrol of staff, inmates and			

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 2 of 72

Oklahom	a State Department of	Health			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		B. WING		R	
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	ATE, ZIP CODE	
OKI AHOI	MA COUNTY DETENTION	CENTER 201 N SH	IARTEL		
OKLAHOI	WA COONTI DETENTION	OKLAHO	MA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5202}	Continued From page	e 2	{P5202}		
( )		procedures shall address at			
		east one (1) visual sight ch shall include all areas of ight checks shall be			
	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.  Finding(s):  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.  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.  B. Escorting staff B reported staff are using a combination of the "Female 15 Minute Observation Sheet", the logbook and the			Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  There shall be at least one (1) visual scheck every hour which shall include areas of each cell, and such sight cheshall be documented.  1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observational and interviews.	sight all acks why ent ed. ge
		sted, the Jail Administrator ectronic system for review.			

STATE FORM 6899 G65H16 If continuation sheet 3 of 72

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	DET-090	B. WING		R <b>12/11/2024</b>	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
OKLAHOMA COUNTY DETENTION C	ENTER 201 N SHA	ARTEL MACITY, OK 73	3102		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
a combination of housin sight check forms and the code) to document sight 2) On 12/06/24, a review Observation Sheet" form 13 Charlie housing pod, forms had missing sight fifteen (15) minutes to two 3) Review of the Womel dated 12/08/24, revealed checks, ranging from on hours, were not documed 4) On 12/09/24, at 9:48 escorting staff B, C and Observation Sheet" locatells #3 and #7, requiring checks, were blank with documented.  A. Staff D reported the "Sheets" require thirty (3) and were placed on the beginning of the shift, we should be sooks were several reast were missed; Doors Optorderly on Floor, Door L won't let in. Staff A and Is	r reported staff are using g pod logbooks, door ne electronic system (QR t checks.  W of "Male 15 Minute ns for six (6) inmates in revealed all six (6) of the checks, ranging from wo (2) hours.  In's Holding logbook, d six (6) missing sight ne (1) hour to two (2) ented as required.  a.m., accompanied by D, observed a "Male ated in the Men's Booking, ng thirty (30) minute sight no sight checks  Male Observation  O) minute sight checks cell doors at the hich began at 6:00 a.m.  In (25) inmate housing the through 12/10/24, checks. Noted in the log sons why sight checks en, Residents Out, Locked, Central Control B reported the facility is onduct sight checks, who in inmates, causing sight	{P5202}	DEFICIENCY)		

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 4 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
						R	
		DET-090	B. WING			11/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREI	ET ADDRESS, CITY, STA	TE, ZIP CODE			
OKLAHO	MA COUNTY DETENTION	CENTER	I SHARTEL AHOMA CITY, OK 7	2402			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETE DATE	
{P5202}	Continued From page	: 4	{P5202}				
	logbooks, dated 12/05 revealed seventy-eigh	am and 2 Baker housing 5/24 through 12/10/24, at (78) hourly sight checks and documented as required.					
	12/04/24 through 12/1	ovid housing logbook, dated 10/24, revealed eighty (80) ere not performed and red.					
	logbooks, dated 12/0	lam and 4 Baker housing 5/24 through 12/10/24, courly sight checks were not nented as required.					
	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.						
	12/05/24 through 12/1	urly sight checks were not					
	12/05/24 through 12/0	am housing logbook, dated 09/24, revealed twenty-eight ks were not performed and red.					
	12/05/24 through 12/0	avid housing logbook, dated 09/24, revealed thirty-seven ks were not performed and red.					
	12/05/24 through 12/0	am housing logbook, dated 09/24, revealed forty-one ks were not performed and red.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		DET-090	B. WING		12/11/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
OKI AHOI	MA COUNTY DETENTION	LCENTER 201 N SHA	RTEL			
ORLANO	MA GOOKI I DETENTION	OKLAHON	MA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
{P5202}	Continued From page	÷ 5	{P5202}			
	I. Review of the 8 Ba 12/05/24 through 12/0	ker housing logbook, dated 09/24, revealed twenty-two ks were not performed and				
	12/05/24 through 12/0	arlie housing logbook, dated 09/24, revealed thirty-two eks were not performed and red.				
	12/05/24 through 12/0	avid housing logbook, dated 09/24, revealed twenty (20) here not performed and red.				
	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.					
	dated 12/05/24 throug	Baker housing logbook, gh 12/09/24, revealed sight checks were not nented as required.				
	dated 12/05/24 throug	sight checks were not				
	dated 12/05/24 throug	David housing logbook, gh 12/09/24, revealed sight checks were not nented as required.				
	P. Review of the 13 A logbook, dated 12/02, revealed one hundred sight checks were not documented as required.	/24 through 12/06/24, d ten (110) thirty (30) minute t performed and				

Oklahoma State Department of Health

STATE FORM 6899 If continuation sheet 6 of 72 G65H16

A. BUILDING:	
I I R	
DET-090 B. WING 12/11/2	/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
OKLAHOMA COUNTY DETENTION CENTER  201 N SHARTEL	
OKLAHOMA CITY, OK 73102	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{P5202} Continued From page 6 {P5202}	
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.  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.  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.  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.  6) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (41), occurring on 05/28/24.  7) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (40), occurring on 09/28/24.  8) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (42), occurring on 09/28/24.  9) When requested the Jail Administrator did not provide for review, sight checks for the death of inmate (42), occurring on 03/15/23.	

Oklahoma State Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
					R
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	
OKI AHOI	MA COUNTY DETENTION	LCENTER 201 N S	SHARTEL		
ORLAHOI	WA COUNTY DETERMION	OKLA	IOMA CITY, OK 731	102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{P5202}	Continued From page	÷ 7	{P5202}		
	thirteen (13) of the nir were documented as	neteen (19) sight checks being completed.			
		the Jail Administrator did not ght checks for the death of g on 05/31/24.			
		the Jail Administrator did not ght checks for the death of g on 12/10/24.			
	provide for review, sig	the Jail Administrator did not ght checks for the serious nmate (51), occurring on			
	provide for review, sig	the Jail Administrator did not ght checks for the serious nmate (52), occurring on			
	housing pods, and on 2nd floor housing pod visability obscured, th surface of the window percent (50%) visibilit ability of having "Sigh within close proximity performing "Sight Che also observed to have	ecks". Several cells were e little or no light. Staff B ows are replaced when			
	the cell doors, impedi ensure a positive pres human body. Per the Detention Center trair	e of obscured windows on ng the ability of staff to sence of a living, breathing, Oklahoma County ning curriculum approved by Department of Health on			

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 8 of 72

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		DET-090	B. WING		12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SHA	RTEL IA CITY, OK  7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{P5202}	know how to properly sight checks into Can must be positive they	"Objective 3: Students will conduct, document and call nera Operations. Officers	{P5202}			
{P5216}	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:		{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 it shall specify the procedure to be followed for completing the assignment.  Conduct staff interviews to assess the policy was not followed.  Ensure the policy reflects the current expected practice and revise as need.  If the policy is revised or if the	ch need, ee nt. why	

Oklahoma State Department of Health

STATE FORM 6899 If continuation sheet 9 of 72 G65H16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANC	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED	
	DET-090		B. WING		R 12/11/2024	
					12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ILE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER	A CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{P5216}	Continued From page	9	{P5216}			
				assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiv actions as needed based on observat and interviews.	e	
P5233	310:670-5-2(27)(E) D Facillities-Notification		P5233			
	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:					
	than the next working incidents occur:	shall be notified no later day if any of the following				
	 (E) Death.					
	Based on record revie	not met as evidenced by: ew and interview, the facility lahoma State Department of eath.		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:		
	Finding(s):  1) The facility did not notify OSDH of a death occuring on 05/31/24, for inmate (24).			The Department shall be notified no la than the next working day if any of the following incidents occur: (E) Death.		
	· ·	ecords for Oklahoma nter, revealed no notification th was discovered via news		Conduct staff interviews to assess the policy was not followed.     Ensure the policy reflects the curre		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	AND I EAR OF CONNECTION		A. BUILDING: _		COMPLETED	
		DET-090	B. WING		R <b>12/11/2024</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SHA	RTEL IA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
P5233	Continued From page	e 10	P5233			
	notified OSDH of the	ator reported the facility death via email, however, y of the email for review.		expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiv actions as needed based on observat and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct fur training and/or review, revise the polic and adopt further corrective actions as needed.	ge e ions ther	
{P5301}	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.		{P5301}			
	Based on observation facility failed to provious inmate housing pods, confined in their cells	, nor provide a working ystem in every cell, allowing		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  Staff shall provide twenty-four (24) ho supervision of inmates.  1) Conduct staff interviews to assess the policy was not followed.	ur	

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 11 of 72

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		o.	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, ST	FATE ZIP CODE	,
		;	201 N SHARTEL	,, 005_	
OKLAHOI	MA COUNTY DETENTION	I CENTER	OKLAHOMA CITY, OK	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
{P5301}			{P5301}		
	testing to report an er the phone, located in #2, by dialing zero (0 results. This cell was the time of the test.	staff B and C present, mergency was performed housing pod 12 Baker, c ), which produced negativoccupied by an inmate a	ell ve	<ul> <li>2) Ensure the policy reflects the expected practice and revise as n</li> <li>3) If the policy is revised or if the assessment determines staff know of the policy is incomplete, condutraining of staff on the policy.</li> <li>4) Review and adopt further corrections as needed based on observations.</li> </ul>	wledge ct
	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.  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.		and interviews.  5) Conduct periodic monitoring or correction for compliance, conduct training and/or review, revise the and adopt further corrective action	f the ct further policy	
			s iced	needed.	
	testing to report an er the phone, located in #2; housing pod 10 D zero (0), which produ	4, with staff B, C, D and E present, ort an emergency was performed on ated in Men's Holding, cells #1 and od 10 David, cell #20, by dialing an produced negative results. This bied by inmates at the time of the			
	testing to report an er the phones, located in #25, #28; 4 Charlie, o which produced nega	staff B, C and E present, mergency was performed in housing pods 4 Baker, cell #36, by dialing zero (0 tive results. These cells mates at the time of the te	cell )),		
	dated 12/06/24, for the 6:00 p.m., revealed to being assigned. Two	ent and Inspection Repore e day shift, 6:00 a.m. to velve (12) detention staff (2) staff were assigned a Il pod and the other ten (	s		

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 12 of 72

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		DET-090	E	3. WING		R 12/1	1/2024
NAME OF P	ROVIDER OR SUPPLIER	ST	REET ADDRE	SS, CITY, STAT	E, ZIP CODE	-	
OKLAHO	MA COUNTY DETENTION	CENTER	1 N SHART	EL CITY, OK 73	102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5301}	the seven (7) floors, of (27) housing pods (2) total of 1408 inmates the twenty-seven (27) increased observation supervision with 15-mecks, for inmates pusicide prevention, more strictive housing assigned and oth counts, medication paresponding to emerge 6) The Staff Assignmed dated 12/07/24, for the 6:00 a.m., revealed the assigned as a rover, to (7) floors, consisting of pods (2 pods not occur inmates to supervise. twenty-seven (27) hou increased observation supervision with 15- are for inmates placed on prevention, mental here restrictive housing assigned the supervision with 15- are determined to fill the restrictive housing assigned as a determined to supervision with 15- are for inmates placed on prevention, mental here restrictive housing assigned the supervision of files.	s a rover, to cover each of onsisting of twenty-seven pods not occupied), with a to supervise. Seven (7) of housing pods require in with either direct or indirestinute and 30-minute sight laced on suicide watch, ental health, critically ill, ar signments. (Rover is a is assigned to cover multiper tasks such as feeding, ass, sight checks, and encies).  The ental Inspection Report the night shift, 6:00 p.m. to en (10) detention staff being to cover each of the seven of twenty-seven (27) housing upied), with a total of 1419. Seven (7) of the using pods require in with either direct or indirect ind 30-minute sight checks suicide watch, suicide alth, critically ill, and signments. (Rover is a is assigned to cover multiper tasks such as feeding, ass, sight checks, and	g ng	[P5301}			
{P5302}	310:670-5-3(c) Deten PHYS/CCTV	tion Facilities-Staff Respor	nd {	[P5302}			
	staffed to monitor all i	oosts shall be located and nmate activity either cally and close enough to					

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				D MINO		R
		DET-090		B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OKLAHOI	MA COUNTY DETENTION	I CENTER	201 N SHA		2402	
			OKLAHOW	A CITY, OK 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5302}	for assistance, and re situations. A Detentio all times at each local confined or the obser closed circuit TV. The with an intercommuniterminates in a location	pond immediately to caspond to emergency on Officer shall be on dution where inmates are vation shall be conducted location shall be equipation system that on that is staffed twenty is capable of providing	uty at ted by pped y-four	{P5302}		
	Based on observation facility failed to provide intercommunication is activity either physical provide staff close en respond immediately respond to emergence.  1) On 12/06/24, with testing to report an enthe phone, located in #2, by dialing zero (0) results. This cell was the time of the test.  A. Observed with staff phone to report an enoccupied cell #6, inm.	ystem, monitor all inma lly or electronically and ough to the living areas to calls for assistance,	e ate d s to and ed on , cell ative e at		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  Detention Officer posts shall be locate and staffed to monitor all inmate active either physically or electronically and enough to the living areas to respond immediately to calls for assistance, ar respond to emergency situations. A Detention Officer shall be on duty at a times at each location where inmates 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.  1) Conduct staff interviews to assess	ty close d II are

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		DET 000	B. WING		R
		DET-090	] 5:		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREE	TADDRESS, CITY, ST	ATE, ZIP CODE	
OKI AHOI	MA COUNTY DETENTION	CENTER 201 N	SHARTEL		
OKLAHO	WA COUNTY DETERMION	OKLA	HOMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{P5302}	Continued From page	e 14	{P5302}		
	2) On 12/09/24, with a testing to report an er the intercoms, located #1 and #2, by pushing negative results. The inmates at the time of 3) On 12/09/24, with a testing to report an er the phone, located in #2; housing pod 10 D zero (0), which producell was occupied by test.  4) On 12/10/24, with a testing to report an er the phones, located in #25, #28; 4 Charlie, cowhich produced negative report and results which produced negative report and results which produced negative report and results results report and results report report and results report report and results report rep	staff B, C and D present, mergency was performed on d in the court holding cells g the button, which produced cell was occupied by two (2)		the policy was not followed.  2) Ensure the policy reflects the currexpected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further corrective actions as needed based on observal and interviews.  5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policient and adopt further corrective actions an eeded.	ded. dge /e tions erther
	dated 12/06/24, for the 6:00 p.m., revealed to being assigned. Two one on one in medical staff were assigned at the seven (7) floors, of (27) housing pods (2) total of 1408 inmates the twenty-seven (27) increased observation supervision with 15-m checks, for inmates pusicide prevention, more strictive housing as detention officer who	ent and Inspection Report e day shift, 6:00 a.m. to velve (12) detention staff (2) staff were assigned as il pod and the other ten (10) s a rover, to cover each of consisting of twenty-seven pods not occupied), with a to supervise. Seven (7) of housing pods require n with either direct or indirect ninute and 30-minute sight laced on suicide watch, ental health, critically ill, and signments. (Rover is a is assigned to cover multiple ter tasks such as feeding,			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DA' A. BUILDING: CON		
			74. BOILBING.		R	
		DET-090	B. WING		12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	ARTEL MA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{P5302}	dated 12/07/24, for the 6:00 a.m., revealed to assigned as a rover, to (7) floors, consisting to pods (2 pods not occur inmates to supervise. twenty-seven (27) hor increased observation supervision with 15-a for inmates placed on prevention, mental her restrictive housing assigned detention officer who housing pods and oth counts, medication paresponding to emerge 7) Staff H reported a for all housing pod co (30) minutes, during esweep is performed for	enss, sight checks, and encies).  ent and Inspection Report enight shift, 6:00 p.m. to en (10) detention staff being to cover each of the seven of twenty-seven (27) housing upied), with a total of 1419 Seven (7) of the using pods require in with either direct or indirect and 30-minute sight checks, a suicide watch, suicide eath, critically ill, and signments. (Rover is a is assigned to cover multiple er tasks such as feeding, ass, sight checks, and encies).  camera sweep is performed mmon areas every thirty each shift. The camera or each of the twenty-five g pods in one and a half	{P5302}			
{P5303}	310:670-5-3(d) Deten Staffing Perform	tion Facilities-Ample	{P5303}			
	assigned functions re and supervision of inr shall provide for back	ficient staff to perform all lating to security, custody mates. Staff assignments up assistance for all ocations where inmates are				

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 16 of 72

Oklahom	a State Department of	Health					
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN	OF CORRECTION	IDENTIFICATION NUM	IBER:	A. BUILDING: _		COMPLET	ED
						R	
		DET 000		B. WING		1	12024
		DET-090				12/11/	2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			201 N SHAI	RTEL			
OKLAHOI	MA COUNTY DETENTION	I CENTER		A CITY, OK 7	3102		
	0.111.11.41.11.4.11.4.11.4.11.4.11.4.11	ATELIEN					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMA		TAG	CROSS-REFERENCED TO THE APPROPE		DATE
					DEFICIENCY)		
(DE000)				(DE000)			
{P5303}	Continued From page	e 16		{P5303}			
	This STANDARD is r	not met as evidenced	by:				
	Based on observation	n, record review, and			Pursuant to Title 74, Section 193(B)(1	),	
	interview, the facility f	ailed to ensure suffici	ent		the Department provides the following	ı	
	staffing to perform all	assigned functions re	elating		proposals for solution:		
	to security, custody a	nd supervision of inm	ates.				
		•			There shall be sufficient staff to perfor	m all	
	Finding(s):				assigned functions relating to security		
	3( )				custody and supervision of inmates.		
	1) The Staff Assignme	ent and Inspection Re	enort		assignments shall provide for backup		
	dated 12/06/24, for th	•	•		assistance for all employees entering		
	6:00 p.m., revealed tv				locations where inmates are confined		
	being assigned. Two	. ,			locations where inmates are commed		
	one on one in medica				1) Conduct staff interviews to assess	wbv	
	staff were assigned a		• •		the policy was not followed.	vviiy	
						nt	
	the seven (7) floors, o	_			2) Ensure the policy reflects the curre		
	(27) housing pods (2				expected practice and revise as need	ea.	
	total of 1408 inmates		<i>(1)</i> OI		3) If the policy is revised or if the		
	the twenty-five (25) he				assessment determines staff knowled	ge	
	increased observation				of the policy is incomplete, conduct		
	supervision with 15-m		-		training of staff on the policy.		
	checks, for inmates p				4) Review and adopt further corrective		
	suicide prevention, m	_			actions as needed based on observat	ions	
	restrictive housing as				and interviews.		
	detention officer who	is assigned to cover r	nultiple				
	housing pods and oth	er tasks such as feed	ling,				
	counts, medication pa	ass, sight checks, and	I				
	responding to emerge	encies).					
		•					
	2) The Staff Assignme	ent and Inspection Re	port				
	dated 12/07/24, for th						
	6:00 a.m., revealed to						
	assigned as a rover, t						
	(7) floors, consisting of	of twenty-seven (27) h	nousing				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		R	,
		DET-090	B. WING		1	1/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SHA				
		OKLAHOM	IA CITY, OK 7		. 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5303}	Continued From page	e 17	{P5303}			
{P5303}	pods (2 pods not occi inmates to supervise. (25) housing pods rec with either direct or in and 30-minute sight on suicide watch, suichealth, critically ill, an assignments. (Rover assigned to cover muother tasks such as fe pass, sight checks, an emergencies).  3) Review of the Okla Center count sheets for 12/11/24, revealed of all seven (7) counts to nine (9) hours to complete, three (3) control to complete, three (3) control to complete, the six (6) hours to complete, two six (6) hours to complete hours to com	Seven (7) of the twenty-five quire increased observation direct supervision with 15-checks, for inmates placed cide prevention, mental d restrictive housing is a detention officer who is litiple housing pods and redding, counts, medication and responding to  Ahoma County Detention from 12/06/24 through the seven (7) counts taken, rock between three (3) to plete. Of the seven counts, took three (3) hours to rounts took more than five (5) to (2) counts took more than lete, and one (1) count took rounts to complete.  Incident/Unusual lated 11/05/24 through redical procedures and redical procedures and redication could not be completed redication.	{P5303}			
		3/24, revealed inmate s Holding did not receive				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE  A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R 12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE	
OKLAHOI	MA COUNTY DETENTION	LCENTER	SHARTEL HOMA CITY, OK 73	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
{P5303}	Continued From page prescribed medication		{P5303}		
		3/24, revealed inmates ood 12 Charlie did not edication.			
	11/20/24, 12/02/24, 1	5/24, 11/18/24, 11/19/24, 2/03/24, revealed inmates Care did not receive care.			
	11/15/24, 11/21/24, 1 11/27/24, 11/28/24, 1	6/24, 11/07/24, 11/14/24, 1/22/24, 11/25/24, 11/26/24, 2/04/24, 12/05/24, 12/09/24 les assigned to Chronic			
	all inmates assigned	7/24, 12/04/24, revealed not to Booking, Men 's Holding ng, received prescribed			
	assigned to the Base	4/24, revealed inmates ment and all housing pods h and 10th floors did not edications.			
	I. Record dated 12/05 inmates assigned to he received prescribed n	nousing pod 2 Adam			
	J. Record dated 12/09 inmates assigned to he 10th floor received pr	nousing pods located on the			
		7/24, 12/08/24, revealed not to housing pod 13 Charlie nedication.			
	L. Record dated 12/10 assigned to Court Ho	0/24, revealed inmates Iding did not receive			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		DET-090	B. WING		12/11/2024
NAME OF B	ROVIDER OR SUPPLIER	etpeet /	DDRESS, CITY, STA	TE ZIR CODE	
NAIVIE OF F	NOVIDER OR SUPPLIER		HARTEL	TIE, ZIF CODE	
OKLAHO	MA COUNTY DETENTION	N CENTER	DMA CITY, OK 7	3102	
	CLIMMA DV CT				N
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{P5303}	Continued From page	e 19	{P5303}		
	prescribed medication	n.			
	unable to verify SP1 (	01/24, revealed medical (suicide observation) nt with Classification or Shift			
		14/24, revealed inmates housing pods and 4 David, ribed medication.			
		04/24, revealed inmates housing pods, did not edication.			
	P. Record dated 11/05/24, revealed inmates assigned to housing pod and 4 Charlie, did not receive prescribed medication.				
		06/24, revealed inmates cods 8 Charlie and 8 David, ribed medication.			
		04/24, revealed inmates did not receive prescribed			
		3/24, revealed inmates 13th floors, did not receive n.			
		4/24, revealed inmates ng pods, requiring Detox eceive prescribed			
	revealed inmates ass	4/24, 11/15/24, 11/25/24, signed to 8 Charlie and 8 prescribed medication.			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R 12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	CENTER 201 N SH	ARTEL MA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5303}	V. Record dated 11/2 assigned to 12th floor medication.  W. Record dated 11/2 inmates assigned to 8 prescribed medication  5) Review of the "Res Observation Sheet", 0 (25), requiring fifteen revealed sight checks every fifteen (15) minicompleted between 1  6) A review of records watch, requiring fiftee dated 12/06/24 throug checks were not documinutes.  A. A review of four (4) Observation Sheet", of four had missing sight fifteen (15) minutes to hour.  B. Escorting staff B recombination of the "For Observation Sheet", the electronic system (QFor Checks. When requested in the provide the electronic Sheet" for 13 Charlie housing points.	5/24, revealed inmates c, did not receive prescribed 26/24, 11/30/24, revealed 3th floor, did not receive a.  Sident 15 Minute dated 05/28/24, for inmate (15) minute sight checks, a were not documented utes. Sight checks were not 1:46 a.m. and 5:56 p.m.  So for inmates on suicide an (15) minute sight checks, and 12/10/24, revealed sight amented every fifteen (15)  "Female 15 Minute dated 12/06/24, revealed all at checks, ranging from an hour and a half (1.5)  "ported staff are using a emale 15 Minute he logbook and the a code) to document sight sted the Jail Administrator extronic system for review.  Siew of "Male 15 Minute orms for six (6) inmates in ord, revealed all six (6) of the apth checks, ranging from	{P5303}		

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DET-090  B. WING		FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  OKLAHOMA COUNTY DETENTION CENTER  OKLAHOMA COUNTY DETENTION CENTER  OKLAHOMA CITY, OK 73102   (X4) ID PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  (P5303)  Continued From page 21  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.  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.  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.  10) Review of the 2 Adam and 2 Baker housing						R	
OKLAHOMA COUNTY DETENTION CENTER  201 N SHARTEL OKLAHOMA CITY, OK 73102    C(A4) ID PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX			DET-090	B. WING		12/11/2024	<u>.                                    </u>
OKLAHOMA CITY, OK 73102  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (P5303)  Continued From page 21  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 idh documented as required.  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.  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.  10) Review of the 2 Adam and 2 Baker housing	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (P5303)  (P5303)  Continued From page 21  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.  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.  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.  10) Review of the 2 Adam and 2 Baker housing	OKLAHOI	MA COUNTY DETENTION	I CENTER		3102		
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.  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.  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.  10) Review of the 2 Adam and 2 Baker housing	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMF	PLETE
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.  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.  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.  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	{P5303}	8) Review of the Wondated 12/08/24, requichecks, revealed six (from thirty (30) minuted documented as required ocumented as required ocumented as required staff B, C and D, obsest located in the #7, requiring thirty (30 revealed no sight cheand documented.  A. Staff D reported the Sheets were placed beginning of the shift, 10) Review of the 2 A logbooks, dated 12/08 revealed seventy-eighwere not performed a Several log entries cit sight checks included Control won't let me in 11) Review of the 2 D 12/04/24 through 12/1 hourly sight checks we documented as required 12) Review of the 4 A logbooks, dated 12/08 revealed eighty (80) reperformed and documented 13) Review of the 4 C dated 12/05/24 through 13) Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 13 Review of the 4 C dated 12/05/24 through 14 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 C dated 12/05/24 through 15 Review of the 4 Review of the 4 Review of the 4 Review of	nen's Holding logbook, ring thirty (30) minute sight (6) sight checks, ranging es to two (2) hours, were not red.  48 a.m., accompanied by erved "Male Observation Men's Booking, cells #3 and 0) minute sight checks, cks had been conducted  e "Male Observation on the cell doors at the the shift began at 6:00 a.m.  dam and 2 Baker housing 5/24 through 12/10/24, nt (78) hourly sight checks and documented as required. Led the reason for missed 1, Doors Open and Central nt.  eavid housing logbook, dated 10/24, revealed eighty (80) here not performed and red.  dam and 4 Baker housing 5/24 through 12/10/24, nourly sight checks were not nented as required.	{P5303}			

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STATE FORM 6899 G65H16 If continuation sheet 22 of 72

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R 12/11/2024
NAME OF F	PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	ATE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	LCENTER	N SHARTEL AHOMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{P5303}	14) Review of the 4 D 12/05/24 through 12/7 seventy-three (73) ho performed and docum 15) Review of the 6 A dated 12/05/24 through twenty-eight (28) hour performed and docum 16) Review of the 6 D 12/05/24 through 12/05/24 throu	pavid housing logbook, dated 10/24, revealed urly sight checks were not nented as required.  Idam housing logbook, gh 12/09/24, revealed rly sight checks were not nented as required.  Pavid housing logbook, dated 109/24, revealed thirty-seven red.  Idam housing logbook, dated 109/24, revealed thirty-seven red.  Idam housing logbook, gh 12/09/24, revealed sight checks were not nented as required.  Idah as required.  Idah housing logbook, gh 12/09/24, revealed red.  Idah as required.  Idah housing logbook, gh 12/09/24, revealed red.  Idah housing logbook, gh 12/09/24, revealed red.  Idah housing logbook, dated 109/24, revealed twenty (20) rere not performed and red.  Idah housing logbook, dated 109/24, revealed twenty (20) rere not performed and red.  Idah housing logbook, gh 12/09/24, revealed y sight checks were not performed and red.			

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	FOF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	ATE, ZIP CODE	
OKI AHOI	MA COUNTY DETENTION	I CENTER	SHARTEL		
ONLEATION	IIA GOGNII BETENTION	OKL	AHOMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{P5303}	Continued From page	23	{P5303}		
	dated 12/05/24 through thirty-two (32) hourly sperformed and docum  23) Review of the 10 dated 12/05/24 through thirty-nine (39) hourly performed and docum  24) Review of the 10 dated 12/05/24 through thirty-one (31) hourly performed and docum  25) Review of the 13 logbook, dated 12/02/	sight checks were not nented as required.  Charlie housing logbook, gh 12/09/24, revealed sight checks were not nented as required.  David housing logbook, gh 12/09/24, revealed sight checks were not nented as required.  Adam Large housing /24 through 12/06/24, d ten (110) thirty (30) minute to performed and			
	26) Review of the 13 logbook, dated 12/02/revealed one hundred minute sight checks with documented as required as required? Review of the 13 logbook, dated 12/02/revealed fifty-eight (58 not performed and documented as required? Review of the 13 logbook, dated 12/02/revealed ninety-sever	Adam Small housing /24 through 12/05/24, d twelve (112) thirty (30) were not performed and red.  Charlie Large housing /24 through 12/05/24, 8) hourly sight checks were reumented as required.  Charlie small housing /24 through 12/05/24, n (97) hourly sight checks nd documented as required.			
	logbook, dated 12/03/				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		RED:	X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	В	3. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDRES	SS, CITY, STAT	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	N CENTER	201 N SHART		1102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5303}	required.  30) Review of twenty logbooks dated 12/02 revealed several log checks were missed missed sight checks. Orderly on Floor, Dowon't let in. The Jail reported the facility usight checks. These contact and cannot commates are not securing on 05/28/2  31) When requested provide sight checks occurring on 05/28/2  32) When requested provide sight checks occurring on 09/26/2  33) When requested provide sight checks occurring on 03/15/2  34) When requested provide sight checks occurring on 02/26/2  35) A review of sight inmate (39), occurring thirteen (13) of the per checks were not performed.	reseven (27) inmate hou 2/24 through 12/10/24, entries for reasons sight. The reasons cited for included, Residents Out Locked, Central Contact Administrator and staff I sees contract staff to constaff cannot have inmate onduct a sight check if the Jail Administrator of for death of inmate (40 4). The Jail Administrator of for death of inmate (42 3). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (43 4). The Jail Administrator of for death of inmate (44 5) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (44 6) in the Jail Administrator of for death of inmate (45 6) in the Jail Administrator of for death of inmate (47 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of for death of inmate (48 6) in the Jail Administrator of	d as using  it  it, trol B induct ite  lid not ),  id not ),  id not ),  id not	P5303}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
				B. WING			R
		DET-090		B. WING		12	2/11/2024
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	TE, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	N CENTER	201 N SHA OKLAHON	ARTEL MACITY, OK 7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{P5303}	Continued From page	e 25		{P5303}			
	37) When requested provide sight checks occurring on 12/10/24	for death of inmate 4. 06/24, in the 12th flo	(44), oor				
	housing pods, and or 2nd floor housing pod visability obscured, the surface of the window percent (50%) visibili	ds, cell windows with nat had scratches or vs, allowing less tha	n their n the n 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		sibility were				
	reported the cell wind visibility is below fifty	•	hen				
	39) There is a preser the cell doors, imped ensure a positive pre human body. Per the	ing the ability of staf sence of a living, bro	f to				
	Detention Center trai the Oklahoma State I January 2020, states know how to properly	ning curriculum app Department of Healt "Objective 3: Stude	h on nts will				
	sight checks into Car must be positive they human body (flesh & the inmate".	nera Operations. Of see living, breathin	ficers g,				
	40) The Jail Administ a combination of logb Observation Forms a (QR code) to docume there are inconsisten	pooks, Male/Female and the electronic sy ent sight checks and	stem that				
	41) On 12/06/24, at 1 located in housing po #17 and #22, 13 Cha	ods 12 David cells #2	2, #8,				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING			R	
		DET-090	B. WING		12	/11/2024	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	MA CITY, OK 731	02			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
{P5303}	#12, #18 and #24, repreceived the opportur week and rarely two ( 42) Review of the 13 the week of 12/02/24 inmates were not offethis affects the forty-fithe housing pod. Okla Center (OCDC) Inma Area Hygiene Standa dated 07/20/22, state opportunities for show each inmate at a minicach week when inmadayroom privileges/re 43) On 12/09/24, at 9 located in housing pomper and #37, reported the opportunity to bath 44) On 12/10/24, at 9 located in housing pomper and #31, 2 Charlie center David cells #18, #20, #15, #21, #33 and #3 #37, 4 Charlie cells #1, reported they have on to bathe two (2) times 45) On 12/06/24, 12/0 accompanied by staff observed the vents, flooliets, and showers in Adam, 2 Baker, 4 Charlie, 4 Daker, 4 Ch	corted they have only nity to bathe one (1) time a 2) times a week.  Charlie Small logbook for through 12/06/24, revealed red opportunities to bathe, ve (45) inmates assigned to ahoma County Detention the Housing, Cell, and Living rds, Policy No. 4125.06, in the housing area, wers shall be available to mum of three (3) times are are released for creation.  15 a.m., several inmates ds 10 David cells #17, #20, do they have only received the two (2) times a week.  20 a.m., several inmates ds 2 Baker cells #18, #28 lls #16, #22, #27 and #32, 2 #21 and #44, 4 Adam cells 7, 4 Baker cells #3, #30 and 47, #14, #18, #24, #30 and 47, #14, #18, #24, #30 and 47, #29, #32 and #38, ally received the opportunity is a week.	{P5303}				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		DET-090	B. WING		12	R 2/ <b>11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
OKI AUOI	MA COUNTY DETENTION	201 N S	SHARTEL	,		
OKLAHOI	MA COUNTY DETENTION	OKLAF	IOMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{P5303}	Continued From page	e 27	{P5303}			
		ack residue.				
	accompanied by staff vents, floors, walls, w showers to have a bu used meal containers	f B and C, observed cell vashbasins, toilets and uild-up of dirt, debris, trash, and black residue located dam cells #7, #15, #21, #22,				
	#25, 12 Baker cells # #19, 12 Charlie cells David cells #2, #8, #7	2, #3, #8, #14, #15, #17, #2, #8, #15, #23, #24, 12 17, #22, 13 Baker cells #3, #18, #24, 13 David cells #4,				
	cell vents, floors, wal showers to have a bu used meal containers in housing pods 4 Ad #13, #14, 6 David cel Baker cells #15, #19, Charlie cells #3, #8, # 8 David cells #19, #2	0:24 a.m., while f B, C, D, E, and F, observed ls, washbasins, toilets and uild-up of dirt, debris, trash, is and black residue located am, #12, 6 Adam cells #9, lls #2, #8, #17, #30, #34, 8 #22, #25, #26, #33, #42, 8 #12, #18, #21, #22, #24, #25, 0, #23, #24 10 Adam cells is1, #37, #44, 10 David cells				
	by staff B, C and G, c walls, washbasins, to build-up of dirt, debris in housing pods 2 Ad cells #18, #28, #31, 2 #32, #43, 2 David cel Adam cells #9, #15, # #3, #15, #16, #25, #2	18 a.m., while accompanied observed cell vents, floors, silets and showers to have a sand black residue located am cells #28, #32, 2 Baker 2 Charlie cells #16, #22, #27, lls #18, #20, #21, #41, #47, 4 #21, #33, #37, 4 Baker cells 28, #30, #37, #49, 4 David 2, #38, 4 Charlie cells #1, #2,				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R 12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SI	HARTEL DMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
{P5303}	level measurements voccupied cells located Charlie, 2 David, 4 Ba David, 8 Charlie, 10 E Observed light fixture covered by paper or treported inmates covered arker in the cell or to	0, #34, #36, #49.  09/24 and 12/10/24, B, C, D, E, F and G, light were taken in various d in housing pods 2 Baker, 2 aker, 4 Charlie, 4 David, 6 David and 13 Adam. s to either be damaged or	{P5303}			
{P5601}	Condition  The administrator shapolicies and procedur maintenance of sanita These shall include at (1) The facility shall be consistent with the read.	ation throughout the facility. It least the following:  e kept in a clean condition quirements in Title 57 O.S. §	{P5601}			
		not met as evidenced by: n and interview, the facility acceptable level of		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution:	, ·	
	Finding(s):			The administrator shall develop and		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHOI	MA COUNTY DETENTION	I CENTER	SHARTEL IOMA CITY, OK	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
{P5601}	1) On 12/06/24, 12/09 accompanied by staff other staff D, E, F and various times, observed washbasins, toilets, a located in 2 Adam, 2 Adam, Baker, 4 Charlie, 10 David, 12 Charlie, 10 David, 12 Charlie, 12 David, Mc Women's Holding celdebris, and have a buresidue. Staff B repormade available on the inmates are responsificommon areas, and tocleaned by orderlies.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, with showers to have a buresidue washed by staff vents, floors, walls, with showers to have a buresid meal containers in housing pods 12 Aland #25, 12 Baker cells #3 and #24, 13 David cells #3 and #24.  A. At 11:18 a.m., whill and C, observed the staffor of housing pods 12 Aland C, observed the staffor of housing pods 15 and 16 and 16 and 17 and 18 a.m., whill and C, observed the staffor of housing pods 15 and 16 and 17 and 18 a.m., whill and C, observed the staffor of housing pods 15 and 18 and 18 a.m., whill and C, observed the staffor of housing pods 16 and 18 and	2/24 and 12/10/24, while B and C each day, with d G, accompanying at ed the vents, floors, walls, and showers in housing pods Baker, 2 Charlie, 2 David, 4 lie, 4 David, 6 Adam, 6 vid, 8 Charlie, 10 Adam, 10 Adam, 12 Baker, 12 Adam, 13 Baker, 13 en's Booking cells and ls, to be dirty, littered with aild-up of dirt and black ted cleaning supplies are e housing pods and that ble to clean their cells and he Booking cells are  2:54 a.m., while B and C, observed cell ashbasins, toilets and dild-up of dirt, debris, trash, and black residue located dam cells #7, #15, #21, #22, ells #2, #3, #8, #14, #15, #17 ells #2, #8, #15, #23 and 2, #8, #17 and #22, 13 et accompanied by staff B shower located on the first l3 Charlie, that does not hant dirty water, trash, dirt,	{P5601}	implement policies and procedures if safety and maintenance of sanitation throughout the facility. These shall in at least the following:  (1) The facility shall be kept in a clear condition consistent with the require in Title 57 O.S. § 4.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the cur expected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of jail staff on the policy.  4) Review and adopt further correct actions as needed based on observational interviews.  5) Review the policy on cleaning surdistribution.	n nclude an ments s why rent ded. dge ive ations
	B. At 1:37 p.m., while	accompanied by staff B and			

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PRINTED: 01/08/2025 FORM APPROVED

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIR CODE	12/11/2024
		201 N SH		11, 211 0001	
OKLAHOI	MA COUNTY DETENTION	CENTER OKLAHO	MA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{P5601}	of housing pod 12 Da filled with stagnant dir and having black residence of mice located in hou David, with evidence paper protruding from frames. Staff C report method to fill the oper nesting in the door fra 3) On 12/09/24, at 10 accompanied by staff cell vents, floors, wall showers to have a buused meal containers in housing pods 4 Ada #9, #13 and #14, 6 Da and #34, 8 Baker cell: #33 and #42, 8 Charli #21, #22, #24 and #2 #23 and #24 10 Adam #31, #37 and #44, 10 #21.  A. At 9:35 a.m., while and E, observed the best and #2, had a build trash on the floor. Corpool of liquid that the	rer located on the first floor vid, that does not drain, ty water, trash, dirt, debris, due.  accompanied by staff B e feces, denoting evidence using pods 12 Adam and 12 of chewed and shredded the cavity of the cell door ed they are working on a nings, to keep mice from the service of the did-up of dirt, debris, trash, and black residue located am cell #12, 6 Adam cells avid cells #2, #8, #17, #30 is #15, #19, #22, #25, #26, is cells #3, #8, #12, #18, is 8 David cells #19, #20, in cells #6, #15, #24, #30, David cells #17, #20 and accompanied by staff B, C booking male holding cells durt holding cell #2 had a inmates reported was urine.	{P5601}	DEFICIENCY)	
	and E, observed the r floor of housing pod 1	e accompanied by staff B, C mop sink, located on the first 0 Adam, to contain stagnant ash, debris and with black			

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STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	` ,	R/SUPPLIER/CLIA ATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION	IDENTIFIE)	ATION NOMBER.	A. BUILDING: _		COMIT LETED	
	DET-09	90	B. WING		R 12/11/2024	
NAME OF PROVIDER OR SUP	PLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHOMA COUNTY DE	TENTION CENTER	201 N SHA OKLAHOM	RTEL IA CITY, OK 73	3102		
PREFIX (EACH I	MMARY STATEMENT OF DEF DEFICIENCY MUST BE PREC TORY OR LSC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
and F, obser floor of hous does not dra trash, dirt, de D. At 1:29 p. and F, obser pods 8 Adam build-up of traces.  4) On 12/10/by staff B, C walls, washbouild-up of din housing por Baker cells ##22, #27, #3 #21, #41 and #33 and #37 #28, #30, #3 #32 and #38 #24, #30, #3  A. At 9:18 a. and G, obser pods 4 Bake build-up of traces.  B. At 12:30 prand G, obser and second fraces and G, obser and second fraces for the control of	m., while accompaniemed the showers locating pods 6 David and an filled with stagnant abris, and with black rem., while accompaniemed mop sinks, located, 8 Charlie and 8 Davash, debris and with b	ed on the first 8 David, that dirty water, esidue.  d by staff B, C d in housing id, to contain a lack residue on accompanied vents, floors, wers to have a esidue, located and #32, 2 harlie cells #16, lls #18, #20, 0, #15, #21, 5, #16, #25, lls #1, #7, #29, 2, #7, #14, #18, d by staff B, C ed in housing id, to contain a cresidue on the led by staff B, C ed on the first 4 Charlie, that dirty water, i.e.	{P5601}			

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STATE FORM 6899 G65H16 If continuation sheet 32 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			(3) DATE SURVEY COMPLETED		
				_		R	·
		DET-090		B. WING		1	1/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	CENTER	201 N SHAI OKLAHOM	RTEL A CITY, OK  7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5601}	Continued From page 32		{P5601}				
	with black residue on	the surfaces.					
	D. At 12:52 p.m., whill and C, observed the resecond floor of housing not drain, filled with stand debris.	mop sink located on ng pod 2 Baker, that	the does				
	5) Inmates in all hous supplies are not acce locked in their cells, o hoarded by inmates when the supplies are pod. Several inmates laundry soap and sha commissary, in an att	ssible, because they r the cleaning supplication of their control of their control of the horizontal of the horizonted having to unpoo, purchased from	y are ies are iells using use om the				
	6) OSDH received wr sanitation, from sever recently being housed Detention Center (OC	n (7) persons who re d at the Oklahoma C	ported				
{P5603}	310:670-5-6(3) Deten Clean/Dry/Clear	tion Facilities-Floors	<b>:</b>	{P5603}			
	The administrator shapolicies and procedur maintenance of sanita These shall include a:	es for the safety and ation throughout the t least the following: ot clean, dry and free	d facility.				

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 33 of 72

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R <b>12/11/2024</b>
	ROVIDER OR SUPPLIER	STREET ADD 201 N SHA	RESS, CITY, STA RTEL A CITY, OK 7:		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P5603}	This STANDARD is r Based on observatior failed to implement po and maintenance of s maintained.  Finding(s):  1) On 12/06/24, 12/09 accompanied by staff other staff D, E, F and various times, observ washbasins, toilets, a located in 2 Adam, 2 Adam, Baker, 4 Charl David, 8 Baker, 8 Dav Charlie, 10 David, 12 Charlie, 12 David, Ma Women's Holding cell debris, and have a bu residue. Staff B repor made available on the inmates are responsil common areas, Book orderlies.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, w showers to have a bu used meal containers in housing pods 12 Ad and #25, 12 Baker ce and #19, 12 Charlie of #24, 12 David cells #3 Baker cells #3 and #2	and interview, the facility olicy to ensure the safety anitation standards were  2/24 and 12/10/24, while B and C each day, with G, accompanying at ed the vents, floors, walls, and showers in housing pods Baker, 2 Charlie, 2 David, 4 ie, 4 David, 6 Adam, 6 vid, 8 Charlie, 10 Adam, 10 Adam, 12 Baker, 12 Adam, 13 Baker, 13 en's Booking cells and is, to be dirty, littered with tild-up of dirt and black ted cleaning supplies are en housing pods and that ole to clean their cells and ing cells are cleaned by	{P5603}	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 safety and maintenance of sanitation throughout the facility. These shall incomplete the following:  (3) Floors shall be kept clean, dry and of hazardous substances.  1) Review the policy and procedures reporting and responding to maintenation and repair needs.  2) Review the process for authorizing repairs.  3) Review the process for monitoring completion of repairs.  4) Identify those steps in the process were not followed and why.  5) Revise and train staff on maintenation procedures as needed.  6) Confirm the repair is scheduled and completed.  7) Conduct periodic monitoring of the correction for compliance.	r the slude I free I for nce I for sthat I fance

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STATE FORM 6899 G65H16 If continuation sheet 34 of 72

DET-090  B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		TE SURVEY MPLETED			
NAME OF PROVIDER OR SUPPLIER  OKLAHOMA COUNTY DETENTION CENTER  (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (P5603) Continued From page 34  STREET ADDRESS, CITY, STATE, ZIP CODE  201 N SHARTEL OKLAHOMA CITY, OK 73102  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)  (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)					DET-090		B. WING			
OKLAHOMA COUNTY DETENTION CENTER  201 N SHARTEL OKLAHOMA CITY, OK 73102  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (P5603) Continued From page 34  201 N SHARTEL OKLAHOMA CITY, OK 73102  (ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (P5603)	NAME OF PROVIDER OF	OD OUDDUIED	IAME OF PROV	(IDED OD OLIDDI IED	DE1-030	070557 400		TE 710 000E		2/11/2024
OKLAHOMA COUNTY DETENTION CENTER  OKLAHOMA CITY, OK 73102  (X4) ID	NAME OF PROVIDER OR	OR SUPPLIER	IAME OF PROV	ADER OR SUPPLIER				TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTIC TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC TAG (EACH CORRECTIVE T	OKLAHOMA COUNT	NTY DETENTION	OKLAHOMA	COUNTY DETENTION	CENTER			3102		
	PREFIX (E/	(EACH DEFICIENCY	PREFIX	(EACH DEFICIENC	/ MUST BE PRECEDED BY FL		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE ) THE APPROPRIATE	COMPLETE
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.  4) On 12/09/24, at 10:24 a.m., while accompanied by staff B, C and E, 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, 6 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.  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.  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.  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	3) On 12 by staff E buildup of the floor, Staff E recells. Innocleaned. 4) On 12 accompacell vents showers used me in housin #9, #13 a and #34, #33 and #21, #22 #23 and #31, #37 #21. 5) On 12 by staff of the stear substrate pest hard have not 6) On 12 by staff E cells #1 a and trash that the i	12/09/24, at 9:3 ff B, C and E, ol p of dirt, debris, or, located in m E reported the o Inmates reporte ed.  12/09/24, at 10: npanied by staff ents, floors, walle ers to have a bu meal containers sing pods 4 Ada 3 and #14, 6 Da 34, 8 Baker cells nd #42, 8 Charli £22, #24 and #25 nd #24, 10 Adar £37 and #44, 10  12/09/24, at 3:2 ff C, observed the eam kettles to be eate below, creat arborage area. not been repaire  12/09/24, at 9:3 ff B, C and E, ol e1 and #2, had a ash on the floor ue inmates repoil  12/10/24, at 9:1 ff B, C and G, o washbasins, toi up of dirt, debris	3) by bith S cold 4, and cold silver in # # # # # # # # # # # # # # # # # #	On 12/09/24, at 9:3 y staff B, C and E, ouildup of dirt, debrishe floor, located in material E reported the cells. Inmates reported eaned.  On 12/09/24, at 10 ccompanied by staffell vents, floors, wall howers to have a bused meal containers housing pods 4 Ad 9, #13 and #14, 6 D and #34, 8 Baker cell 33 and #42, 8 Charl 21, #22, #24 and #223 and #24, 10 Ada 31, #37 and #44, 10 21.  On 12/09/24, at 3:3 y staff C, observed the steam kettles to bubstrate below, creates tharborage area. The average area are not been repaired by staff B, C and E, outlined the inmates reported	s5 a.m., while accompanies between the floors to hat trash and uneaten foo ale holding cells #1 and rederlies would clean the difference would clear the difference would clear the difference would be with the difference with the difference would be with the difference with the diffe	ave a od on d #2. e ern  erved and ash, ated ells #30 #26, 8, 20, 30, and  anied round g the and bors  anied ing s, dirt iquid  anied ors, ave a cated	{P5603}			

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 35 of 72

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 501251110		R	
		DET-090	B. WING		12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SHAI	RTEL A CITY, OK  7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{P5603}	#22, #27, #32 and #4 #21, #41 and #47, 4 # #33 and #37, 4 Baker #28, #30, #37 and #4 #32 and #38, 4 Charli #24, #30, #34, #36 ar  8) On 12/10/24, while and G, observed the s pods 2 Adam, 2 Bake	and #31, 2 Charlie cells #16, 3, 2 David cells #18, #20, Adam cells #9, #15, #21, cells #3, #15, #16, #25, 9, 4 David cells #1, #7, #29, re cells #1, #2, #7, #14, #18, and #49.  accompanied by staff B, C shower floors in housing r, 2 Charlie, 2 David, 4 vid, to have a buildup of dirt, ck residue.	{P5603}			
	The administrator shapolicies and procedur maintenance of sanita These shall include a:	ation throughout the facility. It least the following: Provided with materials and sufficient to maintain clean and toilets.  The facility that is a suite of the facility of		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 safety and maintenance of sanitation		

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PRINTED: 01/08/2025 FORM APPROVED

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		DET-090	B. WING		1	1/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
טאו אווט	MA COUNTY DETENTION	201 N SHA	RTEL			
UKLAHU	WIA COUNTY DETENTION	OKLAHOM	A CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5604}	Continued From page	e 36	{P5604}			
{F3004}	1) Staff B reported cleavailable on the house are responsible to cleareas, Booking cells a However, on 12/06/24 while accompanied be with other staff D, E, various times, observed washbasins, toilets, a located in 2 Adam, 2 Adam, Baker, 4 Charn David, 8 Baker, 8 David, 8 Baker, 8 David, 12 Charlie, 10 David, 12 Charlie, 12 David, 13 Charlie, 13 David, Me Women's Holding celdebris, and have a buresidue.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  2) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  4) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  4) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  4) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  4) On 12/06/24, at 10 accompanied by staff vents, floors, walls, we showers to have a buresidue.  4) And #25, 12 Baker ce and #19, 12 Charlie of #24, 13 David cells ##15, #18 and #24.  A. At 11:18 a.m., while and C, observed the floor of housing pod 10 drain, filled with stagr debris, with black results.	eaning supplies are made ing pods and that inmates can their cells and common care cleaned by orderlies. 4, 12/09/24 and 12/10/24, y staff B and C each day, F and G, accompanying at ed the vents, floors, walls, and showers in housing pods Baker, 2 Charlie, 2 David, 4 lie, 4 David, 6 Adam, 6 vid, 8 Charlie, 10 Adam, 10 Adam, 12 Baker, 12 Adam, 13 Baker, 13 en's Booking cells and ls, to be dirty, littered with aild-up of dirt, with black  :54 a.m., while B and C, observed cell cashbasins, toilets and did-up of dirt, debris, trash, and black residue located dam cells #7, #15, #21, #22, ells #2, #3, #8, #14, #15, #17 ells #2, #8, #15, #23 and 2, #8, #17 and #22, 13 et a. 13 Charlie cells #18 and 4, #5, #8, #10, #11, #12,  e accompanied by staff B mop sink located on the first 13 Charlie, that does not thant dirty water, trash, dirt,	{F3004}	throughout the facility. These shall incat least the following:  (4) Inmates shall be provided with materials and supplies on a routine sufficient to maintain clean showers, washbasins and toilets.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the currexpected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of jail staff on the policy.  4) Review and adopt further correctivactions as needed based on observat and interviews.  5) Review the policy on cleaning supplies the policy of the policy on cleaning supplies the policy of the poli	s why ent ed. ge ve ions	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:		SURVEY PLETED	
		DET-090	B. WING		12	R / <b>11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	•	-
OKLAHOI	MA COUNTY DETENTION	I CENTER 201 N SH				
	T	OKLAHO	OMA CITY, OK 73			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{P5604}	Continued From page	e 37	{P5604}			
	of housing pod 12 Da filled with stagnant dir with black residue.  C. At 2:30 p.m., while and C, observed evid housing pods 12 Adarchewed and shredded cavity of the cell door are working on a metikeep mice from nesting.  3) On 12/09/24, at 10 accompanied by staff cell vents, floors, wall showers to have a burused meal containers in housing pods 4 Adargo, #13 and #14, 6 Darand #34, 8 Baker cell: #33 and #42, 8 Charli #21, #22, #24 and #2 #23 and #24 10 Adam #31, #37 and #44, 10 #21.	vid, that does not drain, rty water, trash, dirt, debris, accompanied by staff B ence of mice located in m and 12 David, feces, d paper protruding from the stops. Staff C reported they hod to fill the openings, to ng in the door frames.				
	trash on the floor. Co	d-up of food debris, dirt and urt holding cell #2 had a				
	pool of liquid that the	inmates reported was urine.				
	and E, observed the r floor of housing pod 1	e accompanied by staff B, C mop sink, located on the first 0 Adam, to contain stagnant ash, debris, with black				
		accompanied by staff B, C				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	ΓE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER	HARTEL OMA CITY, OK 73	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P5604}	floor of housing pods does not drain, filled watersh, dirt, debris, with D. At 1:29 p.m., while and F, observed moppods 8 Adam, 8 Charbuild-up of trash, deb surfaces.  4) On 12/10/24, at 9:4 by staff B, C and G, owalls, washbasins, to build-up of dirt, debris in housing pods 2 Ada Baker cells #18, #28 #22, #27, #32 and #4 #21, #41 and #47, 4 #33 and #37, 4 Baker #28, #30, #37 and #4 #32 and #38, 4 Charli #24, #30, #34, #36 ar A. At 9:18 a.m., while and G, observed moppods 4 Baker, 4 Charbuild-up of trash, deb surfaces.  B. At 12:30 p.m., while and second floors of I does not drain, filled watersh, dirt, debris, with C. At 12:36 p.m., while and C, observed show the second second floors of I does not drain, filled watersh, dirt, debris, with C. At 12:36 p.m., while and C, observed show the second s	6 David and 8 David, that with stagnant dirty water, in black residue.  2 accompanied by staff B, C sinks, located in housing lie and 8 David, to contain a ris, with black residue on the lies and showers to have a stand black residue located am cells #28 and #32, 2 and #31, 2 Charlie cells #16, 3, 2 David cells #18, #20, Adam cells #9, #15, #21, rocells #3, #15, #16, #25, 9, 4 David cells #1, #7, #29, ite cells #1, #2, #7, #14, #18, and #49.  2 accompanied by staff B, C or sinks, located in housing lie and 4 David, to contain a ris, with black residue on the lie accompanied by staff B, C or shower located on the first housing pod 4 Charlie, that with stagnant dirty water, in black residue.  See accompanied by staff B wers located in housing pod build-up of trash, debris,	{P5604}		

Oklahoma State Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		R
		DET-090	B. WING		12/11/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER	SHARTEL IOMA CITY, OK 73	102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
{P5604}	and C, observed the resecond floor of housing not drain, filled with standard and debris.  5) Inmates in all hous supplies are not accellocked in their cells, of hoarded by inmates when the supplies are pod. Several inmates laundry soap and share	e accompanied by staff B mop sink located on the ng pod 2 Baker, that does tagnant dirty water, trash, ing pods, reported cleaning ssible, because they are or the cleaning supplies are who are out of their cells a delivered to the housing reported having to use mpoo, purchased from the	{P5604}		
{P5606}	commissary, in an attempt to clean their cells.  310:670-5-6(6) Detention Facilities-ADMIN Hygene 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:		{P5606}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ´	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	ATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
OKLAHOI	MA COUNTY DETENTION	I CENTER	N SHARTEL		
	T	OKL	_AHOMA CITY, OK 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5606}	Continued From page	e 40	{P5606}		
	Based on observation failed to collect razors Finding(s):  1) On 12/06/24, acco observed a razor blad located in the mental pod, on the floor betw Jail Administrator and	mot met as evidenced by: and interview, the facility is immediately after use.  Impanied by Staff B and C, de, separated from the razor health 12 Baker housing ween cells #2 and #3. The is staff B reported razors he facility in July of 2022.		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 safety and maintenance of sanitation throughout the facility. These shall indicat least the following:  (6) Upon admission or after commitment by the court, each inmate shall be issipersonal hygiene items to include so towel, toilet paper, toothbrush and toothpaste. Feminine hygiene articles be provided upon request. Razors are issued to each inmate consistent with facility policy, and collected immediate after use and disposed of or stored as specified by facility policy and proced 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 facil.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the currexpected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.	or the clude ent ued ap, shall elely sures. he elely se ures.

Oklahoma State Department of Health

STATE FORM 6899 G65H16 If continuation sheet 41 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R <b>12/11/2024</b>
					12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST.	ATE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	ARTEL MA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P5606}	Continued From page	÷ 41	{P5606}	Review and adopt further corrective actions as needed based on observational interviews.	
{P5608}	policies and procedur maintenance of sanita These shall include at	all develop and implement res for the safety and ation throughout the facility.	{P5608}		
	Based on observation interview, the facility fare confined overnight issue of bedding to incleanable surface. Thinmates are assigned assigned bed after classification of the confined processing the	not met as evidenced by: n, record review and failed to ensure inmates who nt, were issued a standard clude a mattress with a ne facility failed to ensure to a housing pod with an assification, as specified by cedure. Oklahoma County CDC) Classification upon 109.5, dated 02/22/2024.		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  Clean bedding shall be issued to each inmate who is confined overnight in th facility except where indicated by circumstances defined in the facility's policy. A standard issue of bedding shinclude:  (A) A mattress with a cleanable surfaction of the facility of th	all ee.

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STATE FORM 6899 G65H16 If continuation sheet 42 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING: _		COMPLETED
	DET-0	90	B. WING		R <b>12/11/2024</b>
NAME OF PROVIDER OR SUPPLI	I		RESS, CITY, STA	TE ZIR CODE	1 12/11/2021
NAIVIE OF FROVIDER OR SOFFLI	EN.	201 N SHA	, ,	(IE, ZIF GODE	
OKLAHOMA COUNTY DETE	NTION CENTER		A CITY, OK 7	3102	
(VA) ID SLIMM	ARY STATEMENT OF DE		· ·	PROVIDER'S PLAN OF CORRECTION	J (VE)
PREFIX (EACH DEF	ICIENCY MUST BE PRE RY OR LSC IDENTIFYING	CEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5608} Continued From	n page 42		{P5608}		
1) On 12/06/24 staff B, and C, housing pods 1 #11, 12 Charlie mattresses that could be cleaned infestation. Man cracked, torn, mimpermeable to contaminates.  2) On 12/09/24 staff B, C, E and housing pods 1 Baker cells #6 and David cell #21, #37, #38 and #22, #26, #33 and #22, #26, #33 and #32, #12, #18, #22 and #33 and #34 and #35 a	at 1:59 p.m., according to the covers we also and the surfluids, parasites, at 10:19 a.m., according to the covers we also and the surfluids, parasites, at 10:19 a.m., according to the covers we also and the surfluids, parasites, at 10:19 a.m., according to the covers we also and the surfluids, parasites, at 10:19 a.m., according to the covers we also and the surfluids, parasites, at 10:42, 8 Charlie and #42, 8 Charlie and #42, 8 Charlie and #42, 8 Charlie and #42, with mattress are that could be covered inmated at 10:53 a.m., according to the covered inmated at 10:54 a.m., according to the covered	ocated in #23, #13, and cell #22, with surface that illowing for pest are either face was not and other  companied by ates located in 24 and #31, 10 ate cell #19, 10 ate, #25, #36, 1, #15, #19, cells #3, #8, cells #3 and ates that did not be and and athe covers were the surface was as, and other  companied by as located in ates that did not and and athe covers were ates, and other  companied by as located in ates and #45, at and #45,	{P5608}	the policy was not followed.  2) Ensure the policy reflects the currexpected practice and revise as need  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further corrective actions as needed based on observational interviews.	ge /e
contaminates.  A. Observed ar	e to fluids, parasite inmate, located in who did not have a	housing pod 2			

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STATE FORM 6899 G65H16 If continuation sheet 43 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		DET-090	B. WING		12	R 2 <b>/11/2024</b>
	ROVIDER OR SUPPLIER	I CENTER 201 N S	ADDRESS, CITY, STATE SHARTEL IOMA CITY, OK 731			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
{P5608}	was admitted to the fareported that a mattre freported that a mattre fareported that a mattre fareported that a mattre fareported that a mattre fareported that a mattre fare classification and were not moved after classification and mattress.  A. Inmate (30) booke (26) booked on 12/05 booking to a housing fareported from booking to a housing fareported from booking fareported from bookin	2/09/24 denotes inmate (23) acility on 11/17/24. Staff B ess will be issued.  one (21) inmate booking files for inmates (26, 27, 28, 1 in booking over 24 hours to more permanent housing d provided bedding and a d on 12/04/24 and inmate 6/24, not moved from pod until 12/09/24.  9) booked on 12/06/24, not to a housing pod until d on 12/06/24, not moved using pod until 12/10/24.  Policy 509, Oklahoma onter, Custody Policy Manual, 1, 509.5  PON HOUSING, Once it has the person arrested will not tody on bail or O.R., a more	{P5608}			
{P5615}	310:670-5-6(13) Dete Clothing Issue	ention Facilities-Document	{P5615}			
	The administrator sha	all develop and implement				

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STATE FORM G6591 G65H16 If continuation sheet 44 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D WING		R
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER OKLAHOM	RTEL A CITY, OK 7:	3102	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	I (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5615}	Continued From page	2 44	{P5615}		
	These shall include a	othing and bedding shall be ates shall be held			
	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.  Finding(s):  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.			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 fo safety and maintenance of sanitation throughout the facility. These shall incat least the following: (13) Issuance of all clothing and bedd shall be documented and inmates shaheld accountable for these items.  1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the currexpected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correcting actions as needed based on observational and interviews.	the lude ng II be why ent ed. ge
{P5618}	310:670-5-6(16) Dete x3/Daily Food SVC	ention Facilities-Shower	{P5618}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090		B. WING		R 12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
			201 N SHA	RTEL		
OKLAHOI	MA COUNTY DETENTION	N CENTER		A CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5618}	5618} Continued From page 45			{P5618}		
	The administrator shapolicies and procedur maintenance of sanita. These shall include a	res for the safety an ation throughout the t least the following:  rs shall be provided the inmates the oppose (3) times each week	d facility. : in ortunity ek.			
	This STANDARD is a Based on record revirfailed to provide inma at least three (3) time County Detention Ce Housing, Cell, and Listandards, Policy No Finding(s):  1) On 12/06/24, at 10 located in housing power and #22, 13 Cha #12, #18 and #24, repreceived the opporture week and rarely two (County Detention Ce Housing, Cell, and Listandards, Policy No the housing area, oppower be available to each in three (3) times each in three (4) times each in three (4) times each in three (5) times each in three (6) times each in three (6) times each in three (7) times each in three (8) ti	ew and interview, thates the opportunity is each week. Oklahater (OCDC) Inmater ving Area Hygiene. 4125.06, dated 07.  2:38 a.m., several interview in the cells, #5, #8, #10 ported they have on ity to bathe one (1) (2) times a week. Olymer (OCDC) Inmaterving Area Hygiene. 4125.06, dated 07, portunities for shower mate at a minimum.	e facility to bathe noma  /20/22.  mates 2, #8, 0, #11, ly time a klahoma  /20/22, in ers shall n of		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 fo safety and maintenance of sanitation throughout the facility. These shall incat least the following: (16) Sufficient showers shall be provide in housing units to provide inmates the opportunity to bathe at least three (3) times each week. Inmates working in service shall be required to bathe dail  1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the currexpected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled.	r the clude ded e food y.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7.0.12 . 27.0.1	0. 002011011	.52.****		A. BUILDING:		00 22.25	
		DET-090		B. WING		R 12/11/2024	,
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			201 N SHA	RTEL			
OKLAHO	MA COUNTY DETENTION	N CENTER	OKLAHON	A CITY, OK 7	3102		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICI	ENCIES	ID	PROVIDER'S PLAN OF CORRECTION	۱ (xs	5)
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		
{P5618}	Continued From page	e 46		{P5618}			
	2) Review of the 13 C week of 12/02/24 thro inmates were not offe bathe, this affects the assigned to the housi Detention Center (OC and Living Area Hygie 4125.06, dated 07/20 area, opportunities fo to each inmate at a meach week when inm dayroom privileges/re	Charlie Small log ough 12/06/24, rered any opportu- e forty-five (45) in ing pod. Oklahor CDC) Inmate Ho ene Standards, in in/22, states in the r showers shall ninimum of three ate are released ecreation.	evealed Inity to Inmates Inmat		training of staff on the policy. 4) Review and adopt further correcti actions as needed based on observat and interviews.		
	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.		ls #17, #20, v received a a week. OCDC) a Hygiene I 07/20/22, in howers shall mum of ate are				
	4) On 12/10/24, at 9:2 located in housing po and #31, 2 Charlie ce David cells #18, #20, #15, #21, #33 and #3 #37, 4 Charlie cells # reported they have or to bathe two (2) times Detention Center (OC and Living Area Hygid 4125.06, dated 07/20 opportunities for show each inmate at a min	ds 2 Baker cells ells #16, #22, #2' #21 and #44, 4 47, 4 Baker cells 7, #14, #18, #24 , #7, #29, #32 and received the s a week. Oklaho CDC) Inmate Ho ene Standards, 1 /22, in the housivers shall be ava	#18, #28 7 and #32, 2 Adam cells #3, #30 and h, #30 and hd #38, opportunity oma County ousing, Cell, Policy No. ing area, ailable to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101244	or contraction	ibertii ie, trieit trembert.	A. BUILDING: _			
		DET-090	B. WING		R <b>12/11/2024</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHO	IA COUNTY DETENTION	I CENTER 201 N SHA	RTEL A CITY, OK  7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
{P5618}	Continued From page each week when inmadayroom privileges/re	ate are released for	{P5618}			
{P5621}	310:670-5-6(19) Deter Pests/Control  The administrator sharp policies and procedur maintenance of sanita. These shall include at	antion Facilities-Eliminate  all develop and implement tes for the safety and ation throughout the facility. It least the following:  anducive to harboring or tents or other vermin shall be ly. Licensed pest control te contracted to perform pest d basis specified in the	{P5621}			
	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			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 safety and maintenance of sanitation throughout the facility. These shall incat least the following: (19) Any condition conducive to harbor or breeding insects, rodents or other vermin shall be eliminated immediatel Licensed pest control professionals shall be contracted to perform pest control	r the lude ring y. nall	

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l R	
- · · · · · ·	/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
OKLAHOMA COUNTY DETENTION CENTER  201 N SHARTEL  OKLAHOMA CITY, OK 73102	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(P5621)  Continued From page 48 inmates displayed for the facility staff and inspectors, both dead and live bed bugs, and bed bug bites on their person.  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).  3) On 12/06/24, at 1:59 p.m., accompanied by staff B, and C, observed immates 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.  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.  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.  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.	

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PRINTED: 01/08/2025 FORM APPROVED

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE  A. BUILDING: _	CONSTRUCTION	(X3) DATE SI COMPLE	
						R	
		DET-090		B. WING		12/1	1/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	CENTER	201 N SHA	RTEL A CITY, OK  7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM/	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5621}	Continued From page staff B, C, E and F, of housing pods 10 Adai Baker cells #6 and #1 David cell #21, 8 Adai #37, #38 and #41, 8 E #22, #26, #33 and #4 #12, #18, #22 and #2 #23, 6 David cell #2, provide a surface that sanitized after each u either cracked, torn, not impermeable to flucontaminates.  8) On 12/10/24, at 10 staff B, C, and G, obshousing pods 4 Adam Baker cells #15, #30, #2, #10, #18, #20, #3 cells #22, #29 and #4 not provide a surface sanitized after each u either cracked, torn, not impermeable to flucontaminates.	oserved inmates local m cells #6, #24 and #4, 10 Charlie cell #19 m cells #6, #14, #25, Baker cells #1, #15, #2, 8 Charlie cells #3, 5, 8 David cells #19 a with mattresses that a could be cleaned ar se. Many of the covenissing and the surfauids, parasites, and cells #33, #43 and #37 and #40, 4 Chardon, #33 and #49, 2 Chardon, #33 and #49, 2 Chardon, #33 and #49, 2 Chardon, #34 and #45, and and #45, and and #45, and and #45, and	#31, 10 9, 10 #36, #19, #8, and did not nd ers were ce was other  ed by ed in #45, 4 -lie cells narlie eat did d and ers were ce was other	{P5621}	DEPICIENCI)		
	between 07/23/24 and and 13th floor housing reoccurring bed bug, the 2nd and 4th floors reoccurring bed bug a	g pods, were treated roach and mice infes were treated for	for tations,				
{P5623}	310:670-5-6(21) Dete Prevention	ntion Facilities-Safet	y Fire	{P5623}			
	The administrator sha policies and procedur maintenance of sanita	es for the safety and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		DET-090		B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	
			201 N SHAR			
OKLAHOI	MA COUNTY DETENTION	I CENTER	OKLAHOMA	CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5623}	procedures shall ensinmates and visitors arequirements of the C Marshal, as provided seq. These shall incluadequate fire protecti inspection and testing documentation on a vavilability of fire hose appropriate locations facility shall have an a heat and smoke dete	prevention policies and ure the safety of staff, and shall conform to the oklahoma State Fire in Title 74 O.S. § 317 e ude, but not be limited to on service; a system of g of equipment and veekly basis; and the es or extinguishers at throughout the facility. The automatic fire alarm and ction system approved before the same approved the system	t o an fire	{P5623}		
	Based on observation failed to maintain the heat and smoke dete the Fire Safety complemaintained in accordance State Fire Marshal, a 317 et seq. This has	ance with the Oklahoma s provided in Title 74 O. the potential to affect the occupants housed in th	ity d ure s. §		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 safety and maintenance of sanitation throughout the facility. These shall incompare the following: (21) The facility's fire prevention policiand procedures shall ensure the safet staff, inmates and visitors and shall	r the lude es
	1) On 12/06/24, at 1:0	08 p.m., accompanied b	y		conform to the requirements of the	

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		_
		DET-090	B. WING		R 12/11/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
OKI VHOI	MA COUNTY DETENTION	201 N SHA	ARTEL		
UKLAHUI	MA COUNTY DETENTION	OKLAHOI	MA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5623}	Continued From page	÷ 51	{P5623}		
{P5623}	staff C, observed a "F" "Trouble Code" and a automatic fire alarm a detection panel, locat The Safety Officer reprodes, that it was due on the HVAC system and heat and smoke to be checked by a licer determine why the syproperly and make not allow the State dated 12/10/24, denois not clear of trouble alarms, 3 duct detects month".  2) When requested for did not provide the quaccordance with the C Marshal, as provided seq.  A. The Safety Officer approval from the State yearly fire drills, hower provided for this approvided for this approvided 12/10/24, denois not clear of trouble alarms, 3 duct detects month".	rire Alarm Notification", a n "Alarm Silenced" on the and heat and smoke ed in the Control Center. For order the was aware of the eto work being performed. The automatic fire alarm detection system needs to use professional to stem is not functioning ecessary repairs.  The Fire Marshal Inspection eted "The fire alarm system signals and or active ors are being replaced this or review, the Safety Officer earterly fire drills in Oklahoma State Fire in Title 74 O.S. § 317 et	{P5623}	Oklahoma State Fire Marshal, as provin Title 74 O.S. § 317 et seq. These slinclude, but not be limited to an adequire protection service; a system of fire inspection and testing of equipment at documentation on a weekly basis; and availability of fire hoses or extinguishe appropriate locations throughout the facility. The facility shall have an autorifire alarm and heat and smoke detecti system approved by the Oklahoma St Fire Marshal, as provided in Title 74 C§ 317 et seq.  1) Conduct staff interviews to assess why the policy was not followed. 2) Ensure the policy reflects the cur expected practice and revise as need. 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of Detention Facility staff on the policy. 4) Review and adopt further correct actions as needed based on observat and interviews. 5) Review the procedures for fire compliance and reporting and respond to maintenance needs. 6) Review the actions taken to iden and report repairs. 7) Review the process for authorizing repairs. 8) Review the process for monitoring completion of repairs. 9) Identify those steps in the process that were not followed and why.	nall pate end d the ers at matic on ate D.S. es rrent ed. ge tive ions ode ding tify ng
	B. Review of the State dated 12/10/24, deno drills to be (Group I-3.	oval. e Fire Marshal Inspection tes the frequency of fire		<ul><li>5) Review the procedures for fire compliance and reporting and respond to maintenance needs.</li><li>6) Review the actions taken to iden and report repairs.</li></ul>	tify
	empioyees).			repairs.  8) Review the process for monitorir completion of repairs.  9) Identify those steps in the proces	ng for

Oklahoma State Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
		DET-090		B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER	201 N SHA	RTEL A CITY, OK  7:	2402	
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	OKLAHOW	ID ID	PROVIDER'S PLAN OF CORRECTION	J (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P5623}	Continued From page	÷ 52		{P5623}	11) Confirm the repair is scheduled a completed.	and
{P5626}	310:670-5-6(24) Dete Compliance	ntion Facilities-Materia	l Fire	{P5626}		
	policies and procedur maintenance of sanita These shall include a: 	ation throughout the fac	cility. loors ne re			
	Based on observation maintain for safety an meet the code require State Fire Marshal. C were found not being prevent the spread ar smoke, to other areas emergency.  Finding(s):  1) On 12/06/24, 12/09 with staff B, C, E, F ar pod and corridor wind 8th, 10th, 12th, and 1	ad provide materials that ements of the Oklahom eilings, walls and windom maintained in order to and migration of fire and in the event of a fire and G, many interior hollows on the 2nd, 4th, 6th	erved using th,		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 safety and maintenance of sanitation throughout the facility. These shall incat least the following: (24) Facility furnishings, walls, ceilings floors shall be constructed of material meets the code requirements of the Oklahoma State Fire Marshal, as provin Title 74 O.S. § 317 et seq.  1) Conduct staff interviews to assess	the lude s and that ided

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		DET-090	B. WING		12/1	1/2024
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	N CENTER 201 N SHAI	RTEL A CITY, OK  7:	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{P5626}	Continued From page	e 53	{P5626}			
	the smoke proof enclintegral part of the en The broken/cracked vcreate a potential safe	osure, fire barrier and are an ergency egress system. windows obscure visibility, ety, security hazard, and protection rating of fixed fire		the policy was not followed.  2) Ensure the policy reflects the curre expected practice and revise as need.  3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further correctiv actions as needed based on observat and interviews.  5) Review the procedures for fire cod compliance and reporting and respond to maintenance needs.  6) Review the actions taken to identifiand report repairs.  7) Review the process for authorizing repairs.  8) Confirm the repair is scheduled an completed.	ed. ge e ions e ding	
P5627	The administrator shapolicies and procedur maintenance of sanita. These shall include a	ation throughout the facility. t least the following: shall be capable of ature of at least sixty-five neit. Open-faced or	P5627			
		not met as evidenced by: n and interview, the facility		Pursuant to Title 74, Section 193(B)(1	),	

Oklahoma State Department of Health

STATE FORM 6899 If continuation sheet 54 of 72 G65H16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R 12/11/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, ST.	ATE, ZIP CODE	12/11/2024
OKI AHON	MA COUNTY DETENTION	LCENTER 201 N SH	IARTEL		
OKLAHON	WA COURT DETERMION	OKLAHO	MA CITY, OK 7	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
P5627	Continued From page	e 54	P5627		
	procedures for the sa sanitation throughout shall be capable of m at least sixty-five (65) Temperatures were ta Instruments Infrared Trinding(s):  1) On 12/09/24, at 1:2 staff B, C and E, temptaken in housing pod A. Temperature readimeasured 61.3- degree B. Temperature readimeasured with te 57.3-and 59.8-degree C. Inmates assigned	Aken using the REED Thermometer.  24 p.m., accompanied by perature readings were 8 Adam.  Ing taken in the dayroom, ees Fahrenheit.  Ing taken in cells #14 and emperatures ranging from es Fahrenheit.		the Department provides the following proposals for solution:  The administrator shall develop and implement policies and procedures for safety and maintenance of sanitation throughout the facility. These shall incat least the following:  (25) Heating systems shall be capable maintaining a temperature of at least sixty-five (65) degrees Fahrenheit.  Open-faced or un-vented heaters are permitted.  1) Review the policy and procedures reporting and responding to maintenation and repair needs.  2) Review the process for authorizing repairs.  3) Review the process for monitoring completion of repairs.  4) Identify those steps in the process were not followed and why.  5) Revise and train staff on maintenations procedures as needed.  6) Confirm the repair is scheduled and completed.  7) Conduct periodic monitoring of the	r the clude e of not for nce g g for s that ance
P5700	310:670-5-7(a) Deten Meals/2 Hot	ition Facilities-24 hr 3	P5700	correction for compliance.	
	(3) meals each twenty the national recomme nutrition. At least two provided daily. There	be provided at least three y-four (24) hours that meet ended allowance for basic (2) hot meals shall be shall not be more than etween the breakfast and			

Oklahoma State Department of Health

STATE FORM G6591 G65H16 If continuation sheet 55 of 72

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		R	
		DET-090	B. WING		12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SH				
		OKLAHO	MA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
P5700	Continued From page	e 55	P5700			
	evening meals.					
		not met as evidenced by:				
	Based on observation	n, record review and failed to provide at least two		Pursuant to Title 74, Section 193(B)(1 the Department provides the following		
		emperatures were taken of		proposals for solution:	'	
	food carts upon arriva	al to the housing unit.				
	Temperatures were ta			Each inmate shall be provided at leas	t	
		Thermometer. "Hot meal" ard as a measure of food		three (3) meals each twenty-four (24) hours that meet the national		
		one sitting prepared in		recommended allowance for basic		
	accordance with and	•		nutrition. At least two (2) hot meals sh		
	-	110° - 120° F. (43.3° - 48.8°		be provided daily. There shall not be i	more	
	C.).			than fourteen (14) hours between the breakfast and evening meals.		
	Finding(s):			2. Sandot and Svering modis.		
	staff B and C, observed food trays ready for d Adam. The cart was respect to time, and temperature taken of the food on staff.	e:50 a.m., accompanied by ed a food cart loaded with elivery to housing pod 13 missing the information date, meal, housing pod, e. Temperature readings several food trays, had een 105-and 108-degrees		<ol> <li>Conduct staff interviews to assess the policy was not followed.</li> <li>Ensure the policy reflects the currexpected practice and revise as need</li> <li>If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.</li> <li>Review and adopt further correcting actions as needed based on observational and interviews.</li> </ol>	ent ed. ge	
	staff B and C, observe	:09 a.m., accompanied by		and filter views.		
		elivery to housing pods 10				
	Charlie and 10 David	. The cart was dated Charlie and 10 David, time				
	10:17 a.m. and a tem	perature of 152-degrees ature reading taken of a				

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Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		DET-090	B. WING		12/11/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	CENTER 201 N SHA	RTEL A CITY, OK 7:	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
P5700	81-degrees Fahrenhee  3) On 12/10/24, at 10 staff B and C, observe food trays ready for d Charlie. The cart was Charlie, time 9:37 a.m documented. Temper food on several food of between 98.9- and 11 310:670-5-8(2) Deten MED/PSY Risk  "Adequate medical cafacility. The administration implement written pol complete emergency services. Policies and least the following:	revealed a temperature of it.  210 a.m., accompanied by ed a food cart loaded with elivery to housing pod 4 dated 12/09/24, Lunch, 4 a. and had no temperature ature readings taken of the trays, had measurements 2.7-degrees Fahrenheit.  2.7-degrees Fahrenheit.  2.8 tion Facilities-Observtion  2.9 tion Facilities-Observtion  2.10 tion Facilities-Observtion  3.11 tion Facilities-Observtion  3.12 tion Facilities-Observtion  4.13 tion Facilities-Observtion  4.14 tion Facilities-Observtion  4.15 tion Facilities-Observtion  4.16 tion Facilities-Observtion  5.17 tion Facilities-Observtion  6.18 tion Facilities-Observtion  6.19 tion Facilities-Observtion  6.19 tion Facilities-Observtion  6.10	P5700	DEFICIENCY)	

Oklahoma State Department of Health

STATE FORM 6899 If continuation sheet 57 of 72 G65H16

Oklahom	a State Department of	Health				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SI	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
					_	
			D WING		R	
		DET-090	B. WING		12/1	1/2024
NAME OF D	DOVIDED OD SUDDUED	STDE	ET ADDDESS CITY ST	ATE ZID CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, ST	ATE, ZIP CODE		
OKI AHOI	MA COUNTY DETENTION	I CENTER	N SHARTEL			
ONLAHOI	IIA GOOKI I BETEKNION	OKL	AHOMA CITY, OK 7	3102		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
{P5801}	Continued From page	. F.7	{P5801}			
{F3601}	Continued From page	9 57	{F3601}			
	This STANDARD is r	not met as evidenced by:				
	Based on record review	ew, the facility failed to		Pursuant to Title 74, Section 193(B)(1	),	
	frequently observe the	ose inmates whose		the Department provides the following	í l	
		significant medical or		proposals for solution:		
	•	or may be a suicide risk, in		proposale lei seiallein		
	accordance with the f			Intake screening shall be performed o	n all	
	accordance with the i	acilities policy.		- ·		
	<b>F</b> : '' / \			inmates immediately upon admission		
	Findings(s):			the facility and before being placed in		
				general population or housing area. A	n	
		mpanied by staff B and C, a		inmate whose screening indicates a		
	review of records for i	inmates on suicide watch,		significant medical or psychiatric prob	lem,	
	requiring fifteen (15) r	minute sight checks, dated		or who may be a suicide risk, shall be		
	12/06/24 through 12/2	10/24, revealed sight checks		observed frequently by the staff consist	stent	
		l every fifteen (15) minutes.		with the facility's policy and the identif		
				need until the appropriate medical		
	B. A review of four (4)	\ "Female 15 Minute		evaluation has been completed. After		
	Observation Sheet" for			1		
				medical evaluation , these inmates ma	-	
	revealed all four had i			assigned to housing consistent with th	ie	
		15) minutes to an hour and a		medical evaluation.		
	half (1.5) hour.					
				Conduct staff interviews to assess	s why	
	C. Escorting staff B re	eported staff are using a		the policy was not followed.		
	combination of the "F	emale 15 Minute		2) Ensure the policy reflects the curre	ent	
	Observation Sheet", t	he logbook and the		expected practice and revise as need	ed.	
		R code) to document sight		3) If the policy is revised or if the		
	checks.	t code) to decament eight		assessment determines staff knowled	ne	
	3.10010.			of the policy is incomplete, conduct	97	
	2) A ravious of "Mala 1	15 Minute Observation				
	,	15 Minute Observation		training of staff on the policy.		
		6/24, for inmates (14, 15,		4) Review and adopt further corrective		
	, , ,	ned to housing pod 13		actions as needed based on observat	ions	
	Charlie and inmates (	(33, 34, 35, 36, 37, 38)		and interviews.		
	assigned to housing p	ood 13 Baker, revealed all		5) Conduct periodic monitoring of the		
	twelve (12) of the form			correction for compliance, conduct fur		
		fifteen (15) minutes to two		training		
		,,	1	ı <del>ə</del>	l l	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE  A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090		B. WING		R 12/11/2024
NAME OF D	ROVIDER OR SUPPLIER	22. 000	STREET ADD	RESS, CITY, STA	TE ZID CODE	12/11/2024
			201 N SHA		(I.E., ZII GODE	
OKLAHO	MA COUNTY DETENTION	I CENTER		A CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E .SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{P5801}	Continued From page	÷ 58		{P5801}		
	(2) hours.  3) Review of the Wondated 12/08/24, requirevealed six (6) sight (1) hour to two (2) hours being performed.  4) On 12/09/24, at 9:4	nen's Holding logboring hourly sight ch checks, ranging frours, were not docur	ecks, m one nented ed by		and/or review, revise the policy ar adopt further corrective actions as needed.	od .
	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.		Booking, ite sight			
	5) A review of "Male 1 Sheet" for inmate (25 housing pod, revealed missing sight checks, minutes to five (5) hou	), assigned to 13 C d all five (5) of the f ranging from fiftee	harlie orms had			
	6) Review of the 12 A dated 12/01/24 throug (30) minute sight chec (76) sight checks wer performed.	gh 12/06/24, requiri cks, revealed sever	ng thirty nty-sixty			
	7) Logbook for 12 Bal available for inspector staff are using the ele document sight check When requested, the provide the electronic	rs to review, staff B ectronic system (QF ks and activities in t Jail Administrator c	reported R code) to he pod. lid not			
	8) Review of the 12 C dated 12/01/24 throug (30) minute sight chec (38) sight checks wer performed.	gh 12/06/24, requiri cks, revealed thirty-	ng thirty eight			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
						R
		DET-090	B. WING		12	/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, ST	ATE, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	I CENTER	N SHARTEL _AHOMA CITY, OK	72402		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
{P5801}	Continued From page	e 59	{P5801}			
	12/01/24 through 12/0 minute sight checks,	David housing logbook, dated 06/24, requiring thirty (30) revealed eighty (80) hourly t documented as being	d			
	,	/24 through 12/06/24, inute sight checks, revealed )) sight checks were not	ı			
	Sheet" form dated 10 Serious Attempted Su	rty (40) 15 minute sight				
	Sheet" form dated Ju Serious Attempted Su	15 Minute Observation ne 2024, for inmate (50) uicide occurring on 06/19/24 1) 15 minute sight checks I as being performed.	,			
	not provide sight ched	the Jail Administrator did cks for the death of inmate (29/24, requiring thirty (30)				
	(25), requiring fifteen revealed sight checks every fifteen (15) min completed between 1 15) When requested,	dated 05/28/24, for inmate (15) minute sight checks, were not documented utes. Sight checks were not 1:46 a.m. and 5:56 p.m. the Jail Administrator did				
		cks for the death of inmate /28/24, requiring thirty (30)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
						R
		DET-090		B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER	201 N SHA			
			OKLAHOM	A CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDED .SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRING DEFICIENCY)	BE COMPLETE
{P5801}	Continued From page	e 60		{P5801}		
	minute sight checks.					
{P5802}	310:670-5-8(2)(A) De Facilities-Prescription			{P5802}		
	Adequate medical car facility. The administration implement written pole complete emergency services. Policies and least the following:	ator shall develop icies and procedur medical and healt! I procedures shall shall be performed upon admission to	and res for h care include at on all the			
	facility and before bei population or housing screening indicates a psychiatric problem, or risk, shall be observe consistent with the far identified need until the evaluation has been of evaluation, these intro- housing consistent with	area. An inmate v significant medica or who may be a su d frequently by the cility's policy and the appropriate med completed. After mates may be assig	vhose I or Licide Staff The Licide Staff S			
	(A) Medications in the at the time of the bool over-the-counter shall secured. Prescription provided to the [inmat physician or designate [inmate] shall be obsetakes the medication. designated medical a aware through his or opiate or methadone may occur in regard to health of the [inmate]. authority shall prescri	king, whether pres I be logged, counted medications shall tell as directed by a led medical authorier wed to ensure the The physician or uthority shall be particularly as the first training of the lewithdrawal symptoto the mental and potential and potent	cription or ed and be a ty. The e prisoner  articularly impact of oms that ohysical medical			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		DET-090	B. WING		12/11/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
OKLAHOI	MA COUNTY DETENTION	I CENTER 201 N SH				
		OKLAHOI	MA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{P5802}	to Section 5-204 of Ti Statutes as the medic appropriate to address prescription nor overshall be kept by [an ir exception of prescribe prescription inhalers. medications shall not physician's approval medications [57 O.S. to allow certain medic require a facility to all where inmate safety i medication is docume over-the-counter medications.	ons to the [inmate] pursuant tle 43A of the Oklahoma cal authority deems is those symptoms. Neither the-counter medications in a cell with the end nitroglycerin tablets and Over-the-counter be administered without a cunless using prepackaged § 4.1(1)]. This authorization cations in a cell does not ow the medications in a cell is threatened or abuse of the cented. Prepackaged	{P5802}			
	Based on observation facility failed to ensure prescribed medication nor over-the-counter inmate in a cell.  Finding(s):  1) On 12/06/24, at 11 staff, B and C, observed package to contain a assorted medications. Adam, occupied cell #	n, and neither prescription medications are kept by an :04 a.m., accompanied by yed a used earplug plastic oproximately fifteen (15), located in housing pod 13		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  (A) Medications in the possession of tinmate at the time of the booking, whe prescription or over-the-counter shall logged, counted and secured. Prescrimedications shall be provided to the [inmate] as directed by a physician or designated medical authority. The [install be observed to ensure the prison takes the medication. The physician of designated medical authority shall be particularly aware through his or her	he ether be ption mate]	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
DET-090		B. WING		R <b>12/11/2024</b>		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE ZIP CODE	1 12/11/2027	
TW WIL OF FI	.S.IDER OR OUT FIER	201 N SHA		, 0052		
OKLAHON	MA COUNTY DETENTION	I CENTER	MA CITY, OK 7	3102		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{P5802}	Continued From page	e 62	{P5802}			
{P5802}	staff B and C, observed the dayroom floor, be located in housing porton to cell #2, reported his medication is dropped another.  3) On 12/09/24, accorposerved inmates in plocated in housing porton and #34, 8 Adam cell #9.  4) On 12/10/24, accorposerved inmates in plocated in housing porton cell #38, 4 David cell #38, 4 David cell plocated in housing porton dated 11/02/24 medication pass, the was administered to incomplete the was administered and incomplete the was administered to incomplete the was administer	ed two (2) medications on tween cells #2, and #3, d 12 baker. Inmate assigned is hands shake and if a d, the nurse just gives him impanied by staff B and C, possession of medications, ds 10 Baker cells #4, #27, #14, 6 Adam cells #2 and impanied by staff B and C, possession of medications, ds 4 Adam cells #2 and impanied by staff B and C, possession of medications, ds 4 Adam cell #12, 4 Baker #32, 2 Charlie cell #22. Ident/Unusual Occurrence 44, denoted during impanied (46). Ident/Unusual Occurrence 45, denoted, during attes (47, 48) were de dose of the prescribed iff not being aware the	{P5802}	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 over-the-counter medications shall be by [an inmate] in a cell with the except 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 Odult]. This authorization to allow cermedications in a cell does not require 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.  1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curred expected practice and revise as needications in the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctivations are easiered based on observations and the policy and adopt further correctivations are easiered based on observations and adopt further correctivations are easiered.	o ss nor kept tion r s.S. § tain a ell ed. swhy ent ed. ge	
				<ul><li>and interviews.</li><li>5) Conduct periodic monitoring of the correction for compliance, conduct fur</li></ul>		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND I EAR OF GOTTLESTICK		A. BUILDING: _		COMPLETED	
		DET 000	B. WING		R
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SHA	RTEL A CITY, OK  7:	3102	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P5802}	Continued From page	e 63	{P5802}		
				training and/or review, revise the polic and adopt further corrective actions as needed.	
P5821	310:670-5-8(11)(B)(i) Facilities-Document F		P5821		
	facility. The administration implement written pol complete emergency	re shall be provided in a ator shall develop and icies and procedures for medical and health care I procedures shall include at			
	date, time and place of be documented.	on of medications, and the of medical encounters shall			
		ntain nonprescription drugs common or bulk supply if all ccomplished:			
	policy and procedure	mentation of medications			
	Based on record revie failed to log, provide a prescription medication	not met as evidenced by: ew and interview, the facility and administer appropriate ons to the inmate as directed ignated medical authority.		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  Adequate medical care shall be provided.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		DET-090		B. WING		R 12/11/2024
NAME OF B	ROVIDER OR SUPPLIER	22. 000	STREET ADI	DRESS, CITY, STA	ATE ZIR CODE	12/11/2024
NAME OF F	NOVIDER OR SUFFLIER		201 N SHA		ATE, ZIF CODE	
OKLAHOI	MA COUNTY DETENTION	N CENTER		IA CITY, OK 7	<b>'3102</b>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICI Y MUST BE PRECED LSC IDENTIFYING INI	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLITION DEFICIENCY)	) BE COMPLETE
P5821	Continued From page	e 64		P5821		
P5821	Finding(s):  1) Inmate (45) report breathing treatments When medical docum review, the Jail Admin provide any medical (45).  2) Review of the Incide Report dated 11/02/2 medication pass, the was administered to  3) Review of the Incide Report dated 11/04/2 medication pass, inmadministered a double medication due to stapatient had received  4) Review of the Medication administred and determined to a lack of dete	ed he is not rece as needed or properties of the pro- nentation was re- nistrator and staff documentation for the pro- dent/Unusual Octa, denoted durin wrong medication inmate (46). In the pro- dent/Unusual Octa, denoted, durin attes (47, 48) were affected for the pro- affected for the pro- deficial "Incident/Undated 11/05/24 the dical procedure ation could not be notion staff.  101/24, revealed in the pro- dedication.  102/24, revealed in pro- dedication.  103/24, revealed in the pro- dedication.	escribed. quested for f J, did not or inmate  currence g on strength  currence ng are escribed are the ourt.  ausual arough as and e completed  mmates d not receive	P5821	in a facility. The administrator shall develop and implement written policic and procedures for complete emerge medical and health care services. Por and procedures shall include at least following:  (11) The administration of medication and the date, time and place of medice encounters shall be documented.  (B) A facility may maintain nonpresor drugs for dispensing from a common bulk supply if all of the following are accomplished:  (i) The facility must have and follow a written policy and procedure to assur safety in dispensing and documentat medications given to each resident.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the cure expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further correct actions as needed based on observational interviews.	ency licies the es, cal iption or ee ion of s why rent ded. dge
	prescribed medicatio  D. Record dated 12/0		nmates			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		E SURVEY PLETED	
		DET-090	B. WING		12	R 2/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
OKI AHOI	MA COUNTY DETENTION	LCENTER 201 N	I SHARTEL			
OKLAHO	WA COUNTY DETENTION	OKLA	AHOMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
P5821	Continued From page	e 65	P5821			
	assigned to housing preceive prescribed m	ood 12 Charlie did not edication.				
	11/20/24, 12/02/24, 1	5/24, 11/18/24, 11/19/24, 2/03/24, revealed inmates Care did not receive care.				
	11/15/24, 11/21/24, 1 11/27/24, 11/28/24, 1	6/24, 11/07/24, 11/14/24, 1/22/24, 11/25/24, 11/26/24, 2/04/24, 12/05/24, 12/09/24 tes assigned to Chronic				
	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.					
	assigned to the Base	4/24, revealed inmates ment and all housing pods h and 10th floors did not edications.				
	Record dated 12/05 inmates assigned to I received prescribed r	nousing pod 2 Adam				
	J. Record dated 12/0 inmates assigned to I 10th floor received pr	nousing pods located on the				
		7/24, 12/08/24, revealed not to housing pod 13 Charlie nedication.				
	L. Record dated 12/1 assigned to Court Ho prescribed medication	•				
	M. Record dated 11/0	01/24, revealed medical				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R 12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	I CENTER	HARTEL OMA CITY, OK 73	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
P5821	N. Record dated 11/0 assigned to 2nd floor did not receive prescribed metasigned to 4th floor receive prescribed metasigned to 4th floor receive prescribed metasigned to housing preceive prescribed medication.  S. Record dated 11/0 assigned to Booking, medication.  S. Record dated 11/1 assigned to 10th and prescribed medication.  T. Record dated 11/1 assigned to all housin medication, did not remedication.  U. Record dated 11/1 revealed inmates ass David, did not received.	suicide observation) It with Classification or Shift  4/24, revealed inmates housing pods and 4 David, iibed medication.  4/24, revealed inmates housing pods, did not edication.  5/24, revealed inmates ood and 4 Charlie, did not edication.  6/24, revealed inmates oods 8 Charlie and 8 David, iibed medication.  4/24, revealed inmates did not receive prescribed  3/24, revealed inmates 13th floors, did not receive n.  4/24, revealed inmates 13th floors, did not receive n.	P5821		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R		
		DET-090	B. WING		12/11/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SHA		2400		
	CLIMMADY CT		A CITY, OK 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
P5821	Continued From page	e 67	P5821			
		26/24, 11/30/24, revealed 8th floor, did not receive n.				
{P6103}	310:670-5-11(a)(4)(A) MIN 20 Ft Candles	) Detention Facilities-Light	{P6103}			
	(a) Existing facilities.					
	(4) The housing and a at least the following:	activity areas shall provide,				
	(A) Lighting of at leas	t twenty (20) foot candles;				
	Based on observation failed to provide the mat least twenty (20) for areas. Measurements using the REED Light model R1930.  Finding(s):  1) On 12/06/24, 12/09 accompanied by staff other staff D, E, F and various times, light letaken in various occupods 2 Baker, 2 Charlie, 4 David, 6 David,	not met as evidenced by: a and interview, the facility ninimum required lighting of not candles in the housing s of light levels were taken Meter, Compact Series  2/24 and 12/10/24, while B and C each day, with d G, accompanying at wel measurements were pied cells located in housing lie, 2 David, 4 Baker, 4 avid, 8 Charlie, 10 David and ht readings below twenty		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  Existing facilities.  (4) The housing and activity areas shaprovide, at least the following:  (A) Lighting of at least twenty (20) foo candles.  1) Review the policy and procedures reporting and responding to maintena and repair needs.  2) Review the process for authorizing repairs.  3) Review the process for monitoring completion of repairs.  4) Identify those steps in the process were not followed and why.	for nce	
	A. Light reading of tw	o (2) foot candles was		5) Revise and train staff on maintena	ince	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		71. BOILBING		R	
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SHAI	RTEL A CITY, OK  7:	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P6103}	(7) foot candles was r B. Light reading of two measured in housing C. Light reading of on measured in housing D. Light reading of two measured in housing E. Light reading of on measured in housing (2) foot candles was r F. Light reading of on measured in housing (2) foot candles was r G. Light reading of on measured in housing (2) foot candles was r G. Light reading of on measured in housing (2) foot candles was r and #34. H. Light reading of ze measured in housing I. Housing pod 10 Dar #49 light readings we security level and as of J. Light reading of two measured in housing 2) Observed light fixtu covered with paper or reported inmates cove	pod 2 Baker cell #18, seven measured in cell #31. o (2) foot candles was pod 2 Charlie cell #16. e (1) foot candles was pod 2 David cell #31. o (2) foot candles was pod 4 Baker cell #16. e (1) foot candles was pod 4 Charlie cell #1, two measured in cell #49. e (1) foot candles was pod 4 David cell #35, two measured in cell #32. e (1) foot candles was pod 6 David cell #34, two measured in cells #9, #17, ro (0) foot candles was pod 8 Charlie cell #25. vid cells #33, #42, #43, and re not taken due to inmate directed by staff B. o (2) foot candles was	{P6103}	procedures as needed. 6) Confirm the repair is scheduled an completed. 7) Conduct periodic monitoring of the correction for compliance.	
{P6218}	310:670-5-11(b)(6)(B) Facilities-Bunks/Stora		{P6218}		
	facilities (after Januar construction of a new remodeling of an exis	y 1, 1992). Plans for the facility or the substantial			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		o.   ` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R <b>12/11/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, ST	ATE. ZIP CODE	•
		;	201 N SHARTEL	, 0001	
OKLAHOI	MA COUNTY DETENTION	N CENTER	OKLAHOMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P6218}	approval. Detention f submit plans to the D re-modeling or repair substantial remodelir standards are met	acilities are encouraged tepartment for any that does not meet the general threshold to ensure ention room shall have at the feet of floor space for the least twenty (20) square the additional inmate	eet		
	Based on observation facility failed to provide each inmate.  Finding(s):  1) Observed on 12/00 Charlie cells #18 and #8, #10, #11, #12, #1 inmates occupying a with the third inmate  A. Review of the "Ok	not met as evidenced by: a and record review, the de bunks and storage for 6/24, housing pods 13 #24, 13 David cells #5, # 5, #18 and #24, three (3) cell having one double be having to sleep on the flo dahoma County Cell Block d 12/06/24, revealed three	unk, or.	Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:  New facilities and substantial remodel of facilities (after January 1, 1992). Please for the construction of a new facility or 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 an re-modeling or repair that does not methe substantial remodeling threshold to	ing ans the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		R	
		DET-090	B. WING		12/11/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHOI	MA COUNTY DETENTION	I CENTER	HARTEL		
		OKLAH	OMA CITY, OK	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{P6218}	Continued From page	e 70	{P6218}		
{P0218}	(3) inmates assigned cells #18 and #24, 13 #11, #12, #15, #18 and bunk, with the third in floor.  2) Observed on 12/06 cell #11, two (2) inmates and the inmates assigned to he inmates assigned to he inmate having to slee  3) Observed on 12/06 cells #1 and #2, 13 Ad #12 and #8, revealed a cell having one dou inmate having to slee  A. Review of the "Okl Reconciliation", dated a cell having one dou inmate having to slee  A. Review of the "Okl Reconciliation", dated (3) inmates assigned cells #1 and #2, 13 Ad #12 and #8, having one third inmate having to third inmate having to cell #8, four (4) inmate one double bunk, with inmates having to slee  A. Review of the "Okl Reconciliation", dated one double bunk, with inmates having to slee  A. Review of the "Okl Reconciliation", dated	to housing pods 13 Charlie David cells #5, #7, #8, #10, and #24, having one double mate having to sleep on the  3/24, housing pod 13 Charlie tes occupying a cell having he second inmate having to  ahoma County Cell Block 112/06/24, revealed two (2) housing pod 13 Charlie cell he bed, with the second p on the floor.  3/24, housing pods 13 Baker dam cell #8, 12 Adam cells three (3) inmates occupying ble bunk, with the third p on the floor.  ahoma County Cell Block 112/06/24, revealed three to housing pods 13 Baker dam cell #8, 12 Adam cells he double bunk, with the o sleep on the floor.  3/24, housing pods 13 Baker dam cell #8, 12 Adam cells he double bunk, with the o sleep on the floor.  3/24, housing pods 13 Baker dam cell #8, 12 Adam cells he sleep on the floor.  3/24, housing pods 13 Baker he soccupying a cell having he the remaining two (2) he on the floor.	{P6218}	ensure standards are met.  (6) Each cell and detention room shall have at least forty (40) square feet of fi space for the initial inmate, and at least twenty (20) square feet of floor space each additional inmate occupying the same cell. Double-celling is permitted there is at least sixty (60) square feet of floor space for two (2) persons. Each room or cell shall have:  (B) Bunks and storage as indicated by square feet.  1) Conduct staff interviews to assess the policy was not followed.  2) Ensure the policy reflects the curre expected practice and revise as needed.  3) If the policy is revised or if the assessment determines staff knowledg of the policy is incomplete, conduct training of staff on the policy.  4) Review and adopt further corrective actions as needed based on observational interviews.  5) Review current practice for transfet to the Department of Corrections for the inmates having been judged and sentenced to DOC custody.  6) Review for ability to reduce overcrowding by transferring inmates another county jail, if possible, use of ankle bracelets, bond reductions and early release programs.	riction state of the state of t
	A. Review of the "Okl Reconciliation", dated inmates assigned to h	ep on the floor.  ahoma County Cell Block I 12/06/24, revealed four (4) housing pod 13 Baker cell bunk, with the third and		-	

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PRINTED: 01/08/2025 FORM APPROVED Oklahoma State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ R B. WING \_ **DET-090** 12/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **201 N SHARTEL OKLAHOMA COUNTY DETENTION CENTER** OKLAHOMA CITY, OK 73102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

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