

November 8, 2022

Sent via E-Mail

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

RE: Non-Compliance

Dear Administrator:

On October 12, 2022, the Oklahoma State Department of Health Detention Program conducted an unannounced follow-up inspection and investigations of your facility. Both the follow-up inspection and investigations were conducted to determine your facility's compliance with Title 310, Chapter 670 of the Oklahoma Administrative Code. Detention Program staff identified deficiencies during said follow-up inspection and investigations. Those identified deficiencies are listed on the enclosed Statement of Deficiencies (SOD).

Detention Program staff additionally identified deficiencies which were previously noted and reported to you during the April 18, 2022, inspection. Said REPEAT DEFICIENCIES have been identified as such on the enclosed SOD.

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

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

Sincerely,

Bory Eland

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

Enc. Statement of Deficiencies

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING		R-C 10/12/2022	
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHOM	IA COUNTY DETENTIO	N CENTER	HARTEL OMA CITY, OK 7310	02		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET
{P 000}	INITIAL COMMENTS	8:	{P 000}			
	On October 11, 2022	and October 12, 2022,				
	Oklahoma State Dep	partment of Health staff				
		ounced follow-up inspection tion conducted on April 18,				
	2022. In addition, the					
	investigations were c	conducted:				
	D-2022-014, D-2022	-015, D-2022-017,				
	D-2022-019, D-2022	-023, D-2022-025,				
	D-2022-027 C-2022-066, C-2022	-075 C-2022-074				
	C-2022-000, C-2022					
	C-2022-082, C-2022					
	C-2022-105, C-2022- C-2022-116, C-2022-					
	C-2022-133, C-2022					
	SAS-2022-011, SAS- SIJ-2022-073	-2022-012				
	515-2022-075					
	The census at the tin 1619, and the rated o	ne of the inspection was capacity is 2890.				
	As a result of the follo	ow-up inspection,				
		ed. Based on the violations				
	cited below the facilit compliance.	y is not in substantial				
	The following deficient	nt practice(s) was identified:				
{P5109}	310:670-5-1(5) Deter Inventory	ntion Facilities-New Property	{P5109}			
		ion and release procedures acility shall have written				
	policies and procedu orientation and releas	-				
		l inventory shall be made of of a newly admitted inmate.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (>	(3) DATE SURVEY COMPLETED
					R-C
		DET-090			10/12/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
KLAHON	MA COUNTY DETENTION		OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
{P5109}	Continued From pag	e 1	{P5109}		
	Based on record revi ensure a itemized inv property, of new adm inmate's signature. Finding(s): REPEAT 1) Review of thirty tw for the "Inmate Prope receipt of personal pr inmates into the facil	not met as evidenced by: ew, the facility failed to ventory of all personal hitted inmates contained the DEFICIENCY to (32) inmate booking files erty" form, denoting the roperty form newly admitted ity, revealed eight (8) of the e "Inmate Property" form.		 Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess where the policy was not followed. 2) Ensure the policy reflects the current expected practice and revise as needed 3) If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observation and interviews. 	
{P5201}	of Shift The facility administration implement written po- safety, security and of visitors. Policies and least the following: 	ift change. The inmate count	{P5201}		
		not met as evidenced by: ew and interview, the facility		Pursuant to Title 74, Section 193(B)(1),	

	a State Department of FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
		DET-090	B. WING		R-C 10/12/202	22
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
		201 N SH		,		
JKLAHU		OKLAHO	OMA CITY, OK 7	3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE CO	(X5) MPLET DATE
{P5201}	Continued From page	2	{P5201}			
{P3201}	 failed to conduct an ir of each shift change a Oklahoma County De curriculum approved Department of Health requires the count to Finding(s): REPEAT 1) Review of the Cent 10/01/22, for the two revealed a second co been logged as being 2) Review of the Cent 10/09/22, for the two revealed a second co been logged as being 3) Review of the Cent 10/10/22, for the two revealed a second co been logged as being 3) Review of the Cent 10/10/22, for the two revealed a second co been logged as being 4) Review of the Okla Center count sheets f 10/11/22, revealed 17 took between two (2) complete. Of the seve counts took more that four counts took more complete, three count hours to complete, an than five (5) hours to 5) On 10/11/22, the p counts was requested reported on 10/12/22, 	and accordance with the etention Center training by the Oklahoma State on 01/20-20, which be recorded in the log book. DEFICIENCY tral Control Log, dated (2) required counts, ount at 6:00 p.m. had not or completed. tral Control Log, dated (2) required counts, ount at 6:00 p.m. had not or completed. tral Control Log, dated (2) required counts, ount at 6:00 p.m. had not or completed. tral Control Log, dated (2) required counts, ount at 6:00 p.m. had not or completed. tral Control Log, dated (2) required counts, or completed.	{P3201}	the Department provides the follow proposals for solution: 1) Conduct staff interviews to asset the policy was not followed. 2) Ensure the policy reflects the con- expected practice and revise as ne 3) If the policy is revised or if the assessment determines staff know of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corre- actions as needed based on obser and interviews.	ess why urrent eeded. ledge t ctive	

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 7	3102	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(-)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
{P5201}	Continued From page	e 3	{P5201}		
	was provided.				
{P5202}	310:670-5-2(3) Deter Checks	ntion Facilities-Hourly Sight	{P5202}		
	implement written pol safety, security and c	ator shall develop and licies and procedures for the control of staff, inmates and procedures shall address at			
		least one (1) visual sight ich shall include all areas of ight checks shall be			
	Based on record revie failed to conduct at le check every hour, or inmates whose scree	not met as evidenced by: ew and interview, the facility east one (1) visual sight more frequently for those ning indicates a significant c problem, or may be a		 Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre 	why
	watch, requiring fiftee dated 10/01/22 throug checks were not docu minutes.	s for inmates on suicide en (15) minute sight checks, gh 10/10/22, revealed sight umented every fifteen (15)		 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 knowledge of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observati and interviews. 	ed. ge
	Observation Sheet", r	nree (33) "Male 15 Minute revealed twenty six (26) of g sight checks, ranging from			

6899

STATEMENT	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C			E SURVEY PLETED
AND PLAN (JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		DET-090	B. WING			R-C 1 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		201 N SI	HARTEL			
UKLAHUI		OKLAH	OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P5202}	Continued From page	e 4	{P5202}			
	thirty (30) minutes to the forms did not hav	six (6) hours. Eleven (11) of e a start or end date.				
	Observation Sheet", had missing sight che minutes to two an a h	n (13) "Female 15 Minute revealed two (2) of the forms ecks, ranging from thirty (30) nalf (2.5) hours. One (1) form				
	,	r end date. 15 Minute Observation e (3) inmates in 13 Baker				
		d all three (3) of the forms ecks, ranging from thirty (30) ours.				
	inmates requiring inc (30) minute sight che	s for 13 Adam housing pod reased observation of thirty cks, revealed twenty-five re not documented between thru 10/11/22.				
	4) Reviewed on 10/1 book for 8 Adam hou missing hourly sight o					
		1/12 at 1:53 p.m., the log sing pod, had four (4) checks on 10/11/22.				
	sight checks ranging	ing log books dated 11/22, revealed 1198 missed from one (1) hour to five (5)				
	dated 09/30/22 throu several log entries fo	mate housing log books gh 10/11/22, revealed r reasons sight checks were				
		cited for missed sight ring other Floors, Only licine Pass, Assisting				

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED
		DET-090	B. WING			R-C / 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	MA COUNTY DETENTION	201 N Sł	HARTEL			
		OKLAH	OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5202}	Continued From page	e 5	{P5202}			
	Doing Sight Checks in Count in other Pods, from Pod RECON, Tr Recreation in other P Officer needing Assis other Pod, Escort Ma Court, Serving Paper Translator, Classifica Assisting with anothe With Movement, Pap- Meeting, Policy Meeti Assisting Shift Comm office, Log Book Insp Duties, Platoon Meeti 8) Review of the 12 E dated 10/05/22 throug (30) minute sight che (82) sight checks wer documented as requi 9) Review of the 12 C dated 10/06/22 throug (30) minute sight che sight checks were no documented as requi 10) Review of the 13 dated 10/07/22 throug and 10/12/22, requirin checks, revealed sixty not performed and do 11) Review of the 13 dated 10/08/22 throug	ods, Feeding other Pods, tance, Disruptive Inmate on intenance, Bunk and Junk, s, Chain Pull, Covering for tion, Multiple Releases, r Pod RECON, Assisting erwork, At Line Up, Staff ing, Getting Pass On, hander, Shift Commander ection, Administrative ing, and Missed Check. Baker housing log book gh 10/12/22, requiring thirty cks, revealed eighty-two re not performed and red. Charlie housing log book, gh 10/12/22 requiring thirty cks, revealed sixty-six (66) t performed and				
	dated 10/08/22 throug (15) minute sight che	gh 10/12/22, requiring fifteen cks, revealed one hundred ecks were not performed				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			₹-C // 12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A 201 N SH	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHO	MA COUNTY DETENTION		DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5202}	 12) Review of the Me 10/04/22 and 10/05/2 sight checks, reveale not performed and do 13) Review of the 2 E dated 05/12/22 and 0 hourly sight checks w documented as requi 14) Review of the 2 D dated 07/31/22, reveating checks were not performed required. 15) Review of the 2 C dated 08/24/22, reveating checks were not performed required. 16) Review of the 4 C dated 06/09/22, reveating checks were not performed required. 17) Review of the 4 C dated 09/10/22 and 0 hourly sight checks were documented as requi 18) Review of the 8 E dated 08/18/22, reveating checks were not performed required. 19) Review of the 10 dated 05/19/22, reveating checks were not performed required. 	en's Holding log book, dated 22 requiring thirty (30) minute d ten (10) sight checks were boumented as required. Baker housing log book, 15/13/22, revealed six (6) vere not performed and red. David housing log book, ealed six (6) hourly sight ormed and documented as Charlie housing log book, aled nine (9) hourly sight ormed and documented as Charlie housing log book, aled five (5) hourly sight ormed and documented as Charlie housing log book, aled five (5) hourly sight ormed and documented as	{P5202}			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		DET-090	B. WING		R-C 10/12/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
KLAHON	MA COUNTY DETENTION	N CENTER 201 N SI	HARTEL DMA CITY, OK 73 [,]	102	
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
{P5202}	Continued From page	e 7	{P5202}		
	dated 06/10/22 throug (30) minute sight che sight checks were no documented as requi 21) Review of the 13 dated 06/22/22, requi checks, revealed twe not performed and do 22) On 10/11/22, the	•			
{P5216}	reported on 10/12/22 thumb drive. Review drive revealed no poli was provided.	, it would be included on a of the contents of the thumb icy governing sight checks ention Facilities-Post Orders	{P5216}		
	The facility administra implement written pol safety, security and c visitors. Policies and least the following: 	ator shall develop and licies and procedures for the ontrol of staff, inmates and procedures shall address at II be prepared for each post be performed, and it shall to be followed for			
	Based on record revie ensure staff reviewed	not met as evidenced by: ew, the facility failed to I and acknowledge they es as noted in their post nent.		Pursuant to Title 74, Section 193(B)(the Department provides the followin proposals for solution:	

DET-090 A. BUILDING: R-C DET-090 B. WING 10/12/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE OKLAHOMA COUNTY DETENTION CENTER 201 N SHARTEL OKLAHOMA CITY, OK 73102 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CC	STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
DET-090 B. WNO 10/12/20 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 2018 SHARTEL OKLAHOMA COUNTY DETENTION CENTER 2018 SHARTEL OKLAHOMA CITY, OK 73102 2010 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY Walls BE PRECIDE BY Full. REGULATORY OR LSC IDENTIFYING INFORMATION) D PRECINC TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY Walls BE PRECIDE BY Full. REGULATORY OR LSC IDENTIFYING INFORMATION) D PRECINC TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY Walls BE PRECIDE BY Full. REGULATORY OR LSC IDENTIFYING INFORMATION) D PRECINC TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY Walls BE PRECIDE BY Full. Review of seventy one (71) Post Orders, revealed all seventy one (71) Post Orders, necessary. In accordance with Oklahoma County Detention Center Post Orders, Review/Revision-The above post order will be reviewed annually by the Jail Administrator or designee and revised as necessary. 1) Conduct staff interviews to assess why the policy was not followed. 2) First the policy was not followed. 2) First was not followed. 2) If the policy is incomplete, conduct training of staff on the policy. 1) A conduct staff interviews to assess why the policy was not followed. 2) Review of the Post Order Acknowledgment forms, revealed not all staff had signed the post order acknowledgment form priot to assuming their current assigned post. In accordance with Oklahoma County Detention Center Post Orders, detention officers and housing monitors, upon assuming this post, with nine (9) of the staff, having signed there Post Order Acknowledgment form for the current assigned post. 1 1				A. BUILDING:			
Description End of the staff Assignment Report dated from the staff, having signed there Post Order Acknowledgment form for the staff Assignment Report dated from the staff, having signed there Post Order Acknowledgment form for their current assigned by the staff, having signed there Post Order Acknowledgment form for their current assigned Description Description Control of the Staff Assignment Report dated from their current assigned Description Description Control of the Staff Assignment Report dated from for their current assigned Description Description Description Control of the Staff Assignment Report dated from for their current assigned Description Description <thdescription< th=""> Description <thdescri< th=""><th></th><th></th><th>DET-090</th><th>B. WING</th><th></th><th></th><th></th></thdescri<></thdescription<>			DET-090	B. WING			
Description CHAHOMA CITY, OK 73102 (M) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREFIX TAG ID PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY NUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREFIX TAG ID PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY IC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY IC CROSSERENCH APPROPRIATE DEFICIENCY	NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
OKLAHOMA CITY, OK 73102 OP(I)D PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRETIX TAG DPRETIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRETIX TAG DPRETIX (EACH CORFECTIVE ACTION BIOLD BE (EACH CORFECTIVE ACTION BIOLD DE (EACH CORFECTIVE ACTION BIOLD DE (EACH CORFECTIVE ACTION BIOLED DE DEFICIENCY) CC (P5216) Continued From page 8 (P5216) (P5216) <th>OKLAHON</th> <th>A COUNTY DETENTION</th> <th>N CENTER</th> <th></th> <th></th> <th></th> <th></th>	OKLAHON	A COUNTY DETENTION	N CENTER				
Prefix TAG PREFIX TAG CEACH CORFECTIVE ACTION PROPRATE DEPRECEDED BY FULL TAG PREFIX TAG CEACH CORFECTIVE ACTION PROPRATE DEFICIENCY TAG CCROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY TAG CCROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY CCROSS-REFERENCE OF THE			OKLAH	OMA CITY, OK			
 Finding(s): REPEAT DEFICIENCY 1) Review of seventy one (71) Post Orders, revealed all seventy one (71) of the Post Orders had not been reviewed annually by the Jail Administrator or designee and revised as necessary. In accordance with Oklahoma County Detention Center Post Orders, Review/Revision-The above post order will be reviewed annually by the Jail Administrator or designee and revised as necessary. 2) Review of the Post Order Acknowledgment forms, revealed not all staff had signed the post order acknowledgment form prior to assuming their current assigned post. In accordance with Oklahoma County Detention Center Post Orders, detention officers and housing monitors, upon assuming this post, shall sign attachment #1 to this post order acknowledging the contents of this post. B. Review of the Staff Assignment Report dated 10/11/22, revealed Inten (15) staff were assigned to night shift posts, with pare (0) of the staff, having signed there Post Order Acknowledgment form for their current assigned post. B. Review of the Staff Assignment Report dated 10/11/22, revealed Inten (15) staff were assigned to night shift posts, with pare (0) of the staff, having signed there Post Order Acknowledgment form for their current assigned 	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
 Finding(s): REPEAT DEFICIENCY 1) Review of seventy one (71) Post Orders, revealed all seventy one (71) of the Post Orders had not been reviewed annually by the Jail Administrator or designee and revised as necessary. In accordance with Oklahoma County Detention Center Post Orders, Review/Revision-The above post order will be reviewed annually by the Jail Administrator or designee and revised as necessary. 2) Review of the Post Order Acknowledgment forms, revealed not all staff had signed the post order acknowledgment form prior to assuming their current assigned post. In accordance with Oklahoma County Detention Center Post Orders, detention officers and housing monitors, upon assuming this post, shall sign attachment #1 to this post order and the duties to be performed. A. Review of the Staff Assignment Report dated 10/11/22, revealed fuent (28) staff were assigned to ally shift posts, with nine (9) of the staff, having signed there Post Order Acknowledgment form for their current assigned post. B. Review of the Staff Assignment Report dated 10/11/22, revealed fifteen (15) staff were assigned to night shift posts, with zero (0) of the staff, having signed there Post Order Acknowledgment form for their current assigned 	{P5216}	Continued From page	e 8	{P5216}			
10/11/22, revealed fifteen (15) staff were assigned to night shift posts, with zero (0) of the staff, having signed there Post Order Acknowledgment form for their current assigned		 Review of seventy revealed all seventy of had not been reviewed Administrator or design necessary. In accord Detention Center Pos Review/Revision-The reviewed annually by designee and revised Review of the Pos forms, revealed not a order acknowledgme their current assigned Oklahoma County De detention officers and assuming this post, s this post order acknow post order and the du Review of the Staf 10/11/22, revealed tw assigned to day shift staff, having signed ti Acknowledgment for 	r one (71) Post Orders, one (71) of the Post Orders ed annually by the Jail gnee and revised as ance with Oklahoma County st Orders, e above post order will be r the Jail Administrator or d as necessary. A Order Acknowledgment all staff had signed the post ent form prior to assuming d post. In accordance with etention Center Post Orders, d housing monitors, upon shall sign attachment #1 to weledging the contents of this uties to be performed. ff Assignment Report dated venty-eight (28) staff were posts, with nine (9) of the here Post Order		 the policy was not followed. 2) Ensure the policy reflects expected practice and revise 3) If the policy is revised or it assessment determines staff of the policy is incomplete, co training of staff on the policy. 4) Review and adopt further actions as needed based on 	the current as needed. f the knowledge onduct corrective	
		10/11/22, revealed fif assigned to night shif staff, having signed t Acknowledgment for	fteen (15) staff were ft posts, with zero (0) of the here Post Order				
{P5301}310:670-5-3(b) Detention Facilities-Staff 24 Hr Supervision{P5301}	{P5301}	()	ntion Facilities-Staff 24 Hr	{P5301}			

STATEMEN	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		
		DET-090	B. WING		R-C 10/12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHO		N CENTER 201 N SI			
			OMA CITY, OK		
(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 COMPLET
{P5301}	Continued From page	e 9	{P5301}		
	Supervision of inmate (b) Staff shall provide supervision of inmate	e twenty-four (24) hour			
	Based on observation facility failed to provid inmate housing pods confined in their cells	, nor provide a working system in every cell, allowing		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the current 	y why
	1) On 10/11/22, with testing to report an el the intercoms, locate	(s): REPEAT DEFICIENCYexpect 3) If the assess to report an emergency was performed on rcoms, located in the court holding cellsof the training 42, by pushing the button, which produced	 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 correctivations as needed based on observational context of the policy of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on observational context of the policy is incompleted based on policy. 	led. Ige /e	
	2) On 10/11/22, testir was performed on the pod 4 Charlie cell #18	ng to report an emergency e phone, located in housing 8, by dialing zero (0), which esults. This cell was occupied e of the test.		 and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct fur training and/or review, revise the policy ar adopt further corrective actions as needed. 	e rther
	dated 10/01/22, for th 6:00 a.m., revealed e assigned. One staff v in medical pod and th assigned as a rover,	ent and Inspection Report ne night shift 6:00 p.m. to hight (8) detention staff being was assigned as one on one ne other seven (7) staff were to cover each of the the sisting of twenty-seven (27)			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		DET-090	B. WING			२-C / 12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	IA COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
{P5301}	Continued From page	e 10	{P5301}			
	supervise. Seven (7) housing pods require either direct or indirec minute sight checks, i suicide watch, suicide critically ill, and restric (Rover is a detention cover multiple housin as feeding, counts, m checks, and respondi 4) The Staff Assignme dated 10/07/22, for th 6:00 a.m., revealed so being assigned as a r the seven (7) floors, c (27) housing pods, wi supervise. Seven (7) housing pods require either direct or indirec minute sight checks, i suicide watch, suicide critically ill, and restric (Rover is a detention	e prevention, mental health, ctive housing assignments. officer who is assigned to g pods and other tasks such edication pass, sight ng to emergencies). ent and Inspection Report e night shift 6:00 p.m. to even (7) detention staff over, to cover each of the consisting of twenty-seven th a total of 1586 inmates to of the twenty-seven (27) increased observation with et supervision with 15 and 30 for inmates placed on e prevention, mental health, ctive housing assignments. officer who is assigned to g pods and other tasks such edication pass, sight				
{P5302}	310:670-5-3(c) Deten PHYS/CCTV	tion Facilities-Staff Respond	{P5302}			
	staffed to monitor all i physically or electron the living areas to res for assistance, and re situations. A Detentio	ically and close enough to pond immediately to calls				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
	MA COUNTY DETENTION	201 N SH	IARTEL		
	MA COUNTY DETENTION	OKLAHO	OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE
{P5302}	Continued From page	e 11	{P5302}		
	closed circuit TV. The with an intercommuni terminates in a locatio	on that is staffed twenty-four is capable of providing an			
	Based on observatior facility failed to provid intercommunication s activity either physica provide staff close en respond immediately respond to emergenc	system, monitor all inmate ally or electronically and ough to the living areas to to calls for assistance, and by situations.		 Pursuant to Title 74, Section 193(B)(the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curr expected practice and revise as need a) If the policy is revised or if the 	s why ent
	testing to report an er the intercoms, located	DEFICIENCY staff A, B and C present, mergency was performed on d in the court holding cells g the button, which produced		 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 observation and interviews. 5) Conduct periodic monitoring of the 	ve tions
	was performed on the pod 4 Charlie cell #18	ng to report an emergency e phone, located in housing 3, by dialing zero (0), which sults. This cell was occupied e of the test.		correction for compliance, conduct fu training and/or review, revise the policy a adopt further corrective actions as needed.	rther
	dated 10/01/22, for th 6:00 a.m., revealed e assigned. One staff w	ent and Inspection Report ie night shift 6:00 p.m. to ight (8) detention staff being vas assigned as one on one ie other seven (7) staff were			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		DENTIFICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING		R-C 10/12/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
KLAHON	A COUNTY DETENTION	N CENTER 201 N SI	HARTEL DMA CITY, OK 731	12		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN (OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE
{P5302}	Continued From page	e 12	{P5302}			
	assigned as a rover, t	to cover each of the the				
	seven (7) floors, consisting of twenty-seven (27)					
	•	total of 1580 inmates to				
		of the twenty-seven (27)				
	• •	increased observation with ct supervision with 15 and 30				
		for inmates placed on				
	5	e prevention, mental health,				
	•	ctive housing assignments.				
	•	officer who is assigned to				
		g pods and other tasks such				
	as feeding, counts, m	· •				
	checks, and respondi	ing to emergencies).				
	4) The Staff Assignme	ent and Inspection Report				
		ie night shift 6:00 p.m. to				
	6:00 a.m., revealed s	even (7) detention staff				
		over, to cover each of the				
		consisting of twenty-seven				
		ith a total of 1586 inmates to				
		of the twenty-seven (27) increased observation with				
	÷ · · ·	t supervision with 15 and 30				
		for inmates placed on				
	5	e prevention, mental health,				
	critically ill, and restric	ctive housing assignments.				
		officer who is assigned to				
		g pods and other tasks such				
	as feeding, counts, m	iedication pass, sight ing to emergencies). *)				
	Review of the Camer					
		ot all of the housing pods are				
		camera sweeps conducted				
	during each of the eig	ht (8) hour shifts. Camera				
	•	nree (3) minutes to fifteen				
		the twenty-eight (28)				
	housing pods.					
	5) The Camera Oper	ations Log for 10/10/22,				
	revealed a camera sv	anono Log 101 10/10/22,	1			

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 10/12/2022	
		DET-090	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 73	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	
{P5302}	was completed in ten 2:06 p.m. and comple 6) The Camera Opera revealed a camera sy eighteen (18) housing	ing pod common areas and (10) minutes, beginning at eted at 2:16 p.m. ations Log for 10/10/22, weep was performed for g pod common areas and ht (8) minutes, beginning at	{P5302}			
{P5303}	Staffing Perform (d) There shall be suf assigned functions re and supervision of in shall provide for back	ficient staff to perform all lating to security, custody mates. Staff assignments	{P5303}			
	Based on observation interview, the facility is staffing to perform all to security, custody a Finding(s): REPEAT 1) Review of the Cen 10/01/22, for the two	failed to ensure sufficient assigned functions relating nd supervision of inmates. DEFICIENCY tral Control Log, dated (2) required counts, punt at 6:00 p.m. had not		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct 	why ent ed.	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R-C	
		DET-090	B. WING			/12/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
KLAHON	A COUNTY DETENTIO	N CENTER 201 N SH				
			OMA CITY, OK 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5303}	Continued From page	e 14	{P5303}			
				training of staff on the polic	۷.	
	2) Review of the Central Control Log, dated 10/09/22, for the two (2) required counts, revealed a second count at 6:00 p.m. had not been logged as being completed.			 Review and adopt further actions as needed based of and interviews. 	er corrective	
	10/10/22, for the two	ount at 6:00 p.m. had not				
	Center count sheets 10/11/22, revealed 1 lasted more than two complete. Of the sev counts took more that took more than three	ahoma County Detention from 09/30/22 through 7 of the 24 counts taken, 6 (2) to five (5) hours to enteen counts, eight of the an two (2) hours, four counts 6 (3) hours, three counts took ours, and two counts took ours to complete.				
	watch, requiring fiftee dated 10/01/22 throu	s for inmates on suicide en (15) minute sight checks, gh 10/10/22, revealed sight umented every fifteen (15)				
	Observation Sheet", the forms had missin thirty (30) minutes to	hree (33) "Male 15 Minute revealed twenty six (26) of g sight checks, ranging from six (6) hours. Eleven (11) of re a start or end date.				
	Observation Sheet", had missing sight che	n (13) "Female 15 Minute revealed two (2) of the forms ecks, ranging from thirty (30) nalf (2.5) hours. One (1) form or end date.				
	6) A review of "Male	15 Minute Observation				

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
				A. BOILDING.		R-C	
		DET-090	B. WING			10/12/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	A COUNTY DETENTION	N CENTER 201 N S	HARTEL				
		OKLAH	OMA CITY, OK 731	02			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{P5303}	Continued From page	e 15	{P5303}				
	housing pod, reveale	e (3) inmates in 13 Baker d all three (3) of the forms ecks, ranging from thirty (30) ours.					
	inmates requiring inc (30) minute sight che	s for 13 Adam housing pod reased observation of thirty ecks, revealed twenty-five re not documented between 2 thru 10/11/22.					
		1/12 at 1:34 p.m., the log sing pod, had five (5) checks on 10/11/22.					
		1/12 at 1:53 p.m., the log sing pod, had four (4) checks on 10/11/22.					
	09/30/22 through 10/	using log books dated 11/22, revealed 1198 missed from one (1) hour to five (5)					
	dated 09/30/22 throu several log entries fo missed. The reasons	nmate housing log books gh 10/11/22, revealed r reasons sight checks were cited for missed sight <i>r</i> ing other Floors, Only					
	Medical, Medical Em Doing Sight Checks i	ergency, Medical on Floor, n other Pods, Conducting Looking for missing inmates					
	Recreation in other P Officer needing Assis other Pod, Escort Ma	Pods, Feeding other Pods, stance, Disruptive Inmate on intenance, Bunk and Junk, rs, Chain Pull, Covering for					
	Translator, Classifica	tion, Multiple Releases, Pod RECON, Assisting					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		DET-090	B. WING			R-C 10/12/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
OKLAHOI	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
{P5303}	With Movement, Pape Meeting, Policy Meeti Assisting Shift Comm office, Log Book Inspe Duties, Platoon Meeti 12) Review of the 12 dated 10/05/22 throug (30) minute sight check (82) sight checks wer documented as requir 13) Review of the 12 dated 10/06/22 throug (30) minute sight check sight checks were not documented as requir 14) Review of the 13 dated 10/07/22 throug and 10/12/22, requirir checks, revealed sixty not performed and do 15) Review of the 13 dated 10/08/22 throug (15) minute sight check fifty-six (156) sight check and documented as re 16) Review of the Me 10/04/22 and 10/05/2 sight checks, revealed not performed and do 17) Review of the 2 B dated 05/12/22 and 0	erwork, At Line Up, Staff ng, Getting Pass On, ander, Shift Commander ection, Administrative ng, and Missed Check. Baker housing log book gh 10/12/22, requiring thirty cks, revealed eighty-two e not performed and red. Charlie housing log book, gh 10/12/22 requiring thirty cks, revealed sixty-six (66) t performed and red. David housing log book, gh 10/09/22 and 10/11/22 ng thirty (30) minute sight y-two (62) sight checks were boumented as required. Baker housing log book, gh 10/12/22, requiring fifteen cks, revealed one hundred ecks were not performed equired. n's Holding log book, dated 2 requiring thirty (30) minute d ten (10) sight checks were boumented as required.	{P5303}				

STATEMEN	a State Department of T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		DET-090	B. WING			R-C 10/12/2022	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
	ROVIDER OR SUFFLIER		HARTEL	, ZIF CODE			
OKLAHO	MA COUNTY DETENTIO	N CENTER	OMA CITY, OK 731	02			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET DATE	
{P5303}	Continued From page	e 17	{P5303}				
	dated 07/31/22, reve	David housing log book, ealed six (6) hourly sight formed and documented as					
	dated 08/24/22, reve	Charlie housing log book, aled nine (9) hourly sight formed and documented as					
	dated 06/09/22, reve	Charlie housing log book, aled five (5) hourly sight formed and documented as					
	dated 09/10/22 and 0	Charlie housing log book, 09/11/22, revealed seven (7) vere not performed and ired.					
	dated 08/18/22, reve	Baker housing log book, aled eight (8) hourly sight formed and documented as					
	dated 05/19/22, reve	Adam housing log book, aled seven (7) hourly sight formed and documented as					
	dated 06/10/22 throu	•					
	dated 06/22/22, requ checks, revealed twe	Baker housing log book, iring fifteen (15) minute sight lve (12) sight checks were ocumented as required.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
IND PLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		DET-090	B. WING			R-C 10/12/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	A COUNTY DETENTION	201 N SI	HARTEL				
		OKLAH	OMA CITY, OK 731	02			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
{P5303}	Continued From page	e 18	{P5303}				
	26) The Staff Assignment and Inspection Report dated 10/01/22, for the night shift 6:00 p.m. to 6:00 a.m., revealed eight (8) detention staff being assigned. One staff was assigned as one on one in medical pod and the other seven (7) staff were assigned as a rover, to cover each of the the seven (7) floors, consisting of twenty-seven (27) housing pods, with a total of 1580 inmates to supervise. Seven (7) of the twenty-seven (27) housing pods require increased observation with either direct or indirect supervision with 15 and 30 minute sight checks, for inmates placed on suicide watch, suicide prevention, mental health, critically ill, and restrictive housing assignments. (Rover is a detention officer who is assigned to cover multiple housing pods and other tasks such as feeding, counts, medication pass, sight checks, and responding to emergencies).						
	dated 10/07/22, for th 6:00 a.m., revealed s being assigned as a r the seven (7) floors, o (27) housing pods, wi supervise. Seven (7) housing pods require either direct or indirec minute sight checks, suicide watch, suicide critically ill, and restric (Rover is a detention cover multiple housin as feeding, counts, m checks, and respondi	ng to emergencies).					
	Center (OCDC) Repo	oma County Detention orts dated 07/19/22, revealed urred between a male					

TATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		DET-090	B. WING			R-C 10/12/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
KLAHON	A COUNTY DETENTION	CENTER 201 N SH					
04015			DMA CITY, OK 731	PROVIDER'S PLAN O		0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
{P5303}	Continued From page	e 19	{P5303}				
	inmate #239 and fem the old medical area i	ale inmate #238, located in in booking.					
	29) Review of OCDC Reports, revealed a sexual incident occurred on 10/05/22, between a female						
		e (3) male inmates #241,					
	#242, and #243, location press release from O	ted near the booking area. A					
	confirmed this incider						
	30) On 10/11/22, at 1	1:10 a.m., several inmates					
	located in housing po	ds 2 Charlie cells #12, #41,					
		Baker cells #4, #30, #36 and 6, #12, #18 and #19, 4					
	David cells #37, #44,	#46 and #50, 6 Baker cells					
	#30, #49 and #50, 8 / #24, 8 David cells #28	Adam cells #19, #22 and 8 #33 #42 and #49					
	reported they have or	nly received the opportunity					
	to bathe one (1) time times a week.	a week and rarely two (2)					
		narlie logbook for the week					
	of 10/03/22 through 1 were offered two opp	0/07/22, revealed inmates					
		2, for a period of three (3)					
		30) inmates assigned to the					
	• •	ma County Detention Center sing, Cell, and Living Area					
	Hygiene Standards, F	Policy No. 4125.06, dated					
	07/20/2022, states in	the housing area, vers shall be available to					
		imum of three (3) times					
	each week when inm						
	dayroom privileges/re						
		aker logbook for the week of 07/22, revealed inmates					
	were offered two opp						
	10/03/22 and 10/07/2	2, for a period of three (3)					
	hours each day, for th te Department of Health	ne eighty-three (83) inmates					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		DET-090	B. WING		R-C 10/12/2022	
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
KLAHON	IA COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
PREFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
{P5303}	Continued From page	e 20	{P5303}			
	assigned to the housi	ng pod. Oklahoma County				
		CDC) Inmate Housing, Cell,				
	and Living Area Hygie	ene Standards, Policy No.				
		/2022, in the housing area,				
		vers shall be available to				
		imum of three (3) times				
	each week when inm					
	dayroom privileges/re					
	C. Review of the 4 Cł	narlie logbook for the week				
		0/07/22, revealed a limited				
		ere offered an opportunity to				
		ells #5, #6, #7 and #9,				
	10/04/22, cells #3, #4					
		#5, #6, #7 #8 and #9. The				
	U	(43) cells were let out one				
	-	on 10/07/22, when the				
	•	d an opportunity to bathe. etention Center (OCDC)				
	-	I, and Living Area Hygiene				
	•	. 4125.06, dated 07/20/2022,				
		opportunities for showers				
	-	each inmate at a minimum of				
	three (3) times each v	week when inmate are				
	released for dayroom	privileges/recreation.				
	D. Review of the 6 Ba	aker logbook for the week of				
		07/22, revealed inmates				
	were offered two opp					
	10/04/22 and 10/07/2	2, for a period of less than				
		ay, for the sixty (60) inmates				
	-	ng pod. Oklahoma County				
		CDC) Inmate Housing, Cell,				
		ene Standards, Policy No.				
		/2022, in the housing area, vers shall be available to				
		mum of three (3) times				
	each week when inm					
	dayroom privileges/re		1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		DET-090	B. WING			R-C 10/12/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
KLAHON			HARTEL OMA CITY, OK 731	02			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (OF CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE	
{P5303}	Continued From page	e 21	{P5303}				
	E. Review of the 8 Da	avid logbook for the week of					
	10/03/22 through 10/	07/22, revealed inmates					
	were offered two opp						
		2, for a period of less than					
		ay, for the sixty-four (64) the housing pod. Oklahoma					
	County Detention Ce						
	Housing, Cell, and Li	,					
		. 4125.06, dated 07/20/2022,					
	in the housing area, o	opportunities for showers					
		each inmate at a minimum of					
		week when inmate are					
	released for dayroom	n privileges/recreation.					
	31) On 10/12/22 at 1	0:10 a.m., several inmates					
	,	ods 10 Baker cells #10, #13					
	• •	ells #17, #19 and #25, 12					
		#7 and #22, 13 Baker cell					
	#25, reported they ha						
		one (1) time a week and					
	rarely two (2) times a	Week.					
	A. Review of the 10 E	Baker logbook for the week					
	-	0/07/22, revealed inmates					
		ortunities to bathe on					
		2, for a period of one (1)					
		l one and a half (1.5) hours ne ninety-four (94) inmates					
	•	ing pod. Oklahoma County					
		CDC) Inmate Housing, Cell,					
	•	ene Standards, Policy No.					
	4125.06, dated 07/20)/2022, in the housing area,					
		wers shall be available to					
		imum of three (3) times					
	each week when inm dayroom privileges/re						
	aayrooni priviloges/re						
	B. Review of the 12 E	Baker logbook for the week					
	of 10/03/22 through 1	0/07/22, revealed inmates					
	were offered two opp	ortunities to bathe on					

	OF DEFICIENCIES DF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		DET-090	B. WING			R-C 10/12/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
OKLAHON	A COUNTY DETENTION	N CENTER 201 N SH	HARTEL DMA CITY, OK 731	02			
04015				PROVIDER'S PLAN O		0/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
{P5303}	Continued From page	e 22	{P5303}				
	10/04/22 and 10/07/2	2 for a period ranging from					
		o thirty (30) minutes each					
		x (26) inmates assigned to					
		ahoma County Detention					
	Center (OCDC) Inma	te Housing, Cell, and Living					
	,,	rds, Policy No. 4125.06,					
		e housing area, opportunities					
		available to each inmate at a					
		times each week when					
	inmate are released f	or dayroom					
	privileges/recreation.						
	C Review of the 12 (Charlie logbook for the week					
		0/07/22, revealed inmates					
	were offered two opp						
		2 for a period ranging from					
		o thirty (30) minutes each					
	day, for the twenty-th	ree (23) inmates assigned to					
		ahoma County Detention					
	. ,	te Housing, Cell, and Living					
		rds, Policy No. 4125.06,					
		housing area, opportunities					
		available to each inmate at a					
	inmate are released f	times each week when					
	privileges/recreation.	or dayroom					
	r						
	D. Review of the 13 E	Baker logbook for the week					
	of 10/03/22 through 1	0/07/22, revealed one group					
		ed two opportunities to					
		d 10/06/22, and another					
	•	e offered two opportunities					
		and 10/07/22, for a period					
		20) minutes to thirty (30)					
	-	^r the eighteen (18) inmates ng pod. Oklahoma County					
		DC) Inmate Housing, Cell,					
		ene Standards, Policy No.					
	• • •	/22, in the housing area,					
	opportunities for show		1				

	a State Department of OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		DET-090	B. WING			R-C 10/12/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
OKLAHON	MA COUNTY DETENTION						
			OMA CITY, OK 731	PROVIDER'S PLAN C		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE	
{P5303}	Continued From page	23	{P5303}				
	each inmate at a mini each week when inma dayroom privileges/re						
	the week of 09/29/22 the two (2) inmates as were not offered an o the ten (10) day perio Detention Center (OC and Living Area Hygie 4125.06, dated 07/20 opportunities for show	CDC) Inmate Housing, Cell, ene Standards, Policy No. /22, in the housing area, vers shall be available to imum of three (3) times ate are released for					
	the vents, floors, wall showers in housing p David, 4 Baker, 4 Cha Adam, 8 Charlie, 8 Da 10 David, 12 Baker, 1 Baker, 13 Charlie, an littered with debris, ar and black residue. M doors contained graff (pictures, drawings, to toothpaste, etc.) attact assigned staff are res	A, B, C, E, and G, observed s, washbasins, toilets, and ods located in 2 Charlie, 2 arlie, 4 David, 6 Baker, 8 avid, 10 Baker, 10 Charlie, 2 Charlie, 13 Adam, 13 d 13 David, to be dirty, nd have a build-up of lint, dirt lany of the cell walls and iti and had other items orn linen, toilet paper, ched. Staff C reported that					
	accompanied by staff holding cells #1 and # debris and uneaten fo	#2, with a buildup of dirt, bod on the floor. Staff C would clean the cells.					

STATE FORM

	OF DEFICIENCIES F CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
	DET-090		B. WING			0/12/2022
IAME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL	2		
			OMA CITY, OK 7310	PROVIDER'S PLAN ((1/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
{P5303}	Continued From page	e 24	{P5303}			
	accompanied by staff C, observed cell vents,					
		sins, and toilets to have a				
	-	s and black residue located				
	•	arlie cells #12, #44, #46, s #18, 4 Charlie cells #6,				
		David cells #44, #46 and				
		0, #49 and #50, 8 Adam				
		David cells #28, #33, #42,				
	and #49.					
	36) On 10/12/22 whi	le accompanied by staff C,				
	,	ed cell vents, floors, walls,				
	washbasins, toilets a					
	-	s and black residue located				
	• •	aker cells #10, #13, #15,) Charlie cells #7, #14 and				
		17, #19, #21, #23 and #25;				
		#19, #21, #33 and #25; 13				
		nd #14; 13 Charlie cell #9,				
	13 David cells #1, #2	2 and #25.				
	37) On 10/12/22, at 1	2:32 p.m., accompanied by				
		occupied cell in housing pod				
		th a five inch diameter hole,				
		jacent to the plumbing				
	chase. Stall C acknow	wledged the hole in the wall.				
	38) On 10/11/22, at 1	2:53 p.m., accompanied by				
		ousing pod 4 Charlie cell #1,				
	a used food package	-				
		ensil for heating food over an sil had signs of recent				
	exposure to an open					
	covering the outside.					
	39) On 10/11/22 at 1	:13 p.m., accompanied by				
		light fixtures located in				
		cells #14, #21, and #25,				
	having been damage	d to allow access to the s for the means of starting a				
						1

STATEMENT	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		DET-090	B. WING			/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
KLAHO	MA COUNTY DETENTION	N CENTER 201 N SI		00		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLET DATE
{P5303}	Continued From page	e 25	{P5303}			
	fire. The light fixtures and black soot.	show signs of burn marks				
		:35 p.m., accompanied by				
	-	light fixtures located in e cells #17 and #22, with				
		ght fixtures in cells #21, #25, om inmates gaining access				
	to the electrical comp	oonents for the means of				
	starting a fire. The lig burn marks and black	ht fixtures show signs of < soot.				
		46 p.m., accompanied by				
		t fixtures located in housing 9, and 8 David cells #28,				
	#42, #49, and #50 da	maged from inmates				
	gaining access to the the means of starting	electrical components for a fire.				
		:53 p.m., accompanied by				
		ousing pod 8 Charlie cell kage, being utilized as a				
	makeshift cooking ute	ensil for heating food over an				
	-	isil had signs of recent flame with black soot				
	covering the outside.					
	43) On 10/12/22 at 12	2:32 p.m., accompanied by				
		t fixture located in housing				
	inmates gaining acce	22, had been damaged from ess to the electrical				
		neans of starting a fire.				
		2:53 p.m., accompanied by ousing pod 4 Charlie cell #1,				
	a used food package	, being utilized as a				
		ensil for heating food over an Isil had signs of recent				
	exposure to an open	flame with black soot				
	covering the outside. te Department of Health					

	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING		R-C)/ 12/2022	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7310	02		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET
{P5303}	Continued From page	≥ 26	{P5303}			
	45) On 10/11/22, at 1	:13 p.m., accompanied by				
		light fixtures located in				
		cells #14, #21, and #25, d to allow access to the				
	electrical components	s for the means of starting a				
	fire. The light fixtures and black soot.	show signs of burn marks				
	46) On 10/11/22, at 1:35 p.m., accompanied by					
		light fixtures located in				
	housing pod 8 Charlie cells #17 and #22, with exposed wires, and light fixtures in cells #21, #25,					
	and #27, damaged from inmates gaining access					
	-	onents for the means of				
	starting a fire. The lig burn marks and black	ht fixtures show signs of a soot.				
		46 p.m., accompanied by				
	•	t fixtures located in housing), and 8 David cells #28,				
	#42, #49, and #50 da					
	č	electrical components for				
	the means of starting	a fire.				
	-	nkey Incident/Unusual				
	Occurrence Reports					
	completed due to a la	cation pass could not be ack of detention staff.				
		4/22, revealed inmates				
		ood 10 David did not receive				
	prescribed medication B. Record dated 05/0	n. 7/22, revealed inmates				
		ood 6 David did not receive				
	prescribed medication					
	C. Record dated 05/2 assigned to the 13 th	9/22, revealed inmates				
	medically ordered fing					
	D. Record dated 06/1					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
OKLAHON	A COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	
{P5303}	Continued From page	27	{P5303}		
	prescribed medication E. Record dated 07/1 assigned to housing p Charlie and 2 Echo di medication. F. Record dated 10/0 assigned to housing p 4 Charlie did not rece G. Record dated 10/1	bod 8th Floor did not receive n. 8/22, revealed inmates bods 2 Adam, 2 Baker, 2 id not receive prescribed 6/22, revealed inmates bods 4 Adam, 4 Baker and vive prescribed medication. 0/22, revealed inmates in Detox medications did not			
{P5501}	Housing REQ The facility administratimplement written policlassification and seg classification plan shatinmates and staff. The ensure an adequate of reclassification system (1) Inmates of opposi separated living areas substantial architectur permit no sustained sinmates with mixed ge	icies and procedures for the iregation of inmates. The all ensure the safety of e following criteria shall classification and	{P5501}		
	Based on observatior	not met as evidenced by: n, record review and failed to provide substantial		Pursuant to Title 74, Section 193(B)(1) he Department provides the following	,

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL DMA 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE
{P5501}	Continued From page	28	{P5501}		
		on of male and female no sustained sight contact.		proposals for solution: 1) Conduct staff interviews to assess	why
	Finding(s): REPEAT DEFICIENCY			the policy was not followed.2) Ensure the policy reflects the current of the policy reflects t	ent
	(OCDC) Reports date sexual incident occur	ma County Detention Center ed 07/19/22, revealed a rred between a male inmate nate #238, located in the old .ing.		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.	lge
	incident occurred on inmate #240 and thre			 Review and adopt further corrective actions as needed based on observational and interviews. Develop a separation of substantial architectural design in accordance with standards. Put in place a barrier separating 	tions al th
	present, observed inn being housed in the V a female inmate #2, v	:44 a.m., with staff B and C nate #1, a male inmate, Vomen's Holding cell #3 with vho is housed in an adjacent inmate #1 was transgender.		inmates of opposite sex from sustaine sight contact.	
{P5601}	310:670-5-6(1) Deten Condition	tion Facilities-Kept Clean	{P5601}		
	policies and procedur	ation throughout the facility.			
	. ,	e kept in a clean condition quirements in Title 57 O.S. §			

ND PLAN C	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		DET-090			R-C	
			DDRESS, CITY, ST		10/12/2022	
	ROVIDER OR SUPPLIER	201 N SI		ATE, ZIP CODE		
KLAHON	IA COUNTY DETENTIO		DMA CITY, OK	73102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	
{P5601}	Continued From pag	e 29	{P5601}			
	Based on observatio failed to maintain an sanitation. Observed uncleanliness, build-	visible signs of up of dirt, debris, black n floors in the inmate living		 Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as needed 	why	
	1) On 10/11/22 and 1 by staff A, B, C, E, ar floors, walls, washba housing pods located Baker, 4 Charlie, 4 D Charlie, 8 David, 10 12 Baker, 12 Charlie Charlie, and 13 David debris, and have a b residue. Many of the contained graffiti and drawings, torn linen, attached. Staff C rep	10/12/22, while accompanied nd G, observed the vents, sins, toilets, and showers in d in 2 Charlie, 2 David, 4 pavid, 6 Baker, 8 Adam, 8 Baker, 10 Charlie, 10 David, , 13 Adam, 13 Baker, 13 d, to be dirty, littered with uild-up of lint, dirt and black		 3) If the policy is revised or if the assessment determines staff knowledg of the policy is incomplete, conduct training of jail staff on the policy. 4) Review and adopt further corrective actions as needed based on observati and interviews. 5) Review the policy on cleaning suppr distribution. 	ge e ons	
	by staff C, the bookir #2, had a buildup of Upon seeing the con reported he would ha cells.	0:38 a.m., while accompanied ng male holding cells #1 and dirt and trash on the floor. dition of the cells, staff C ave the orderlies clean the				
	by staff C, observed washbasins, and toile	:27 a.m., while accompanied cell vents, floors, walls, ets to have a build-up of dirt, due located in housing pods				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		A. BUILDING:				R-C	
		DET-090	B. WING)/12/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE			
OKLAHON	IA COUNTY DETENTIO		HARTEL OMA CITY, OK 7310	02			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE	
{P5601}	Continued From pag	e 30	{P5601}				
	cells #18, 4 Charlie o David cells #44, #46	#44, #46, and #47, 2 David cells #6, #12, #18 and #19, 4 and #50, 6 Baker cells #30, n cells #22 and #24, 8 David and #49.					
	observed the mop si housing pod 2 David with stagnant dirty w black residue around	ile accompanied by staff C, nk located on the first floor of l, that does not drain, filled ater, trash, dirt, debris, and d the sink. Staff C reported o dump dirty mop bucket					
	observed the mop si floor of housing pod drain, filled with stag	ile accompanied by staff C, nk located on the second 4 Charlie, that does not nant dirty water, trash, dirt, sidue around the sink.					
	observed the mop si floor of housing pod	e accompanied by staff C, nk, located on the second 8 Adam, to contain a buildup the drain, and had black ces of the sink.					
	observed the mop si floor of housing pod laundry bag, buildup	e accompanied by staff C, nk located on the second 8 David, to contain a mesh of trash, debris in the basin, n the surfaces of the sink.					
	10:10 a.m., observed washbasins, toilets a build-up of dirt, debri in housing pods 10 E #20, #23, and #25; 1	e accompanied by staff C, at d cell vents, floors, walls, and showers to have a is and black residue located Baker cells #10, #13, #15, 0 Charlie cells #7, #14 and #17, #19, #21, #23 and #25;					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			२-C / 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	I CENTER 201 N SI OKLAHO	HARTEL DMA CITY, OK 7310	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
{P5601}	Continued From page	e 31	{P5601}			
	Adam cells #8, #12 a 13 David cells #1, #2	nd #14; 13 Charlie cell #9, 2 and #25.				
	by staff C, observed i have approximately,	0 p.m., while accompanied n housing pod 10 David to 15 cell windows covered and into the cell during the				
	observed the drain in second floor of housi	is and had black residue on				
	housing pod 13 Bake styrofoam food conta meals), trash, and foo floor in cell #14. Staff have mental health is	le accompanied by staff K, in r, observed fifteen (15) iners (five (5) days worth of od debris, strewn about the K reported the inmate to isues, and would not return when requested by staff.				
	cleaning supplies are they are locked in the supplies are hoarded their cells when the s housing pod. Several	e housing pods, reported not accessible, because sir cells, or the cleaning by inmates who are out of upplies are delivered to the inmates reported having to a shampoo, purchased from ean their cells.				
{P5603}	310:670-5-6(3) Deter Clean/Dry/Clear	ntion Facilities-Floors	{P5603}			
	policies and procedur	ation throughout the facility.				

Oklahoma State Department of Hea STATE FORM

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STATEMENT	a State Department of OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		201 N SI			
OKLAHON	MA COUNTY DETENTION		OMA CITY, OK 7	/3102	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
{P5603}	Continued From page	e 32	{P5603}		
	 (3) Floors shall be ke hazardous substance	pt clean, dry and free of es.			
	Based on observatior failed to implement pe and maintenance of s maintained.	not met as evidenced by: n and interview, the facility olicy to ensure the safety sanitation standards were		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Review the policy and procedures	for
	by staff A, B, C, E, an and showers in housi 2 David, 4 Baker, 4 C Adam, 8 Charlie, 8 D 10 David, 12 Baker, 1 Baker, 13 Charlie, an littered with debris, an and black residue. St staff are responsible maintained in the hou	0/12/22, while accompanied ad G, observed the floors, ing pods located in 2 Charlie, Charlie, 4 David, 6 Baker, 8 avid, 10 Baker, 10 Charlie, 12 Charlie, 13 Adam, 13 ad 13 David, to be dirty, and have a build-up of lint, dirt caff C reported that assigned for ensuring sanitation is using area.		 reporting and responding to maintenant 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 maintenant procedures as needed. 6) Confirm the repair is scheduled and completed. 7) Conduct periodic monitoring of the correction for compliance. 	for that nce d
	accompanied by staff holding cells #1 and # debris and uneaten fo	1/22, at 10:38 a.m., while f C, the booking male #2, with a buildup of dirt, bod on the floor. Staff C s would clean the cells.			
	by staff C, observed t of dirt, and debris, lo Charlie cells #12, #44 cells #18, 4 Charlie c	:27 a.m., while accompanied the floors to have a build-up cated in housing pods 2 4, #46, and #47, 2 David ells #6, #12, #18 and #19, 4 and #50, 6 Baker cells #30,			

STATE FORM

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
DET-090		DET-090	B. WING		10/12/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
KLAHON	MA COUNTY DETENTIO	N CENTER	HARTEL	2 2		
	SUMMARY S		OMA CITY, OK 731	PROVIDER'S PLAN OF CORREC	CTION (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLET	
{P5603}	Continued From pag	e 33	{P5603}			
	#49 and #50, 8 Adan cells #28, #33, #42, a	n cells #22 and #24, 8 David and #49.				
	, .	e accompanied by staff C, at				
		d the floors, and showers to rt, and debris, located in				
	housing pods 10 Bal	ker cells #10, #13, #15, #20,				
		arlie cells #7, #14 and #20;				
		#19, #21, #23 and #25; 12 9, #21, #33 and #25; 13				
	Adam cells #8, #12 a	and #14; 13 Charlie cell #9,				
	13 David cells #1, #2	22 and #25.				
		ile accompanied by staff K, in				
		er, observed fifteen (15)				
	•	ainers (five (5) days worth of od debris, strewn about the				
	-	f K reported the inmate to				
		ssues, and would not return when requested by staff.				
		1:02 p.m., while accompanied				
		the kitchen floor area around				
		be missing tile, exposing the ating a tripping hazard and				
	pest harborage area	. Staff C reported bids to				
	repair the flooring ha	ive been acquired.				
	7) On 10/11/22, obse	erved with staff A, B, C, E,				
		oors in housing pods 2				
		aker, 4 Charlie, 4 David, 6 narlie, 8 David, 10 Baker, 10				
		2 Baker, 12 Charlie, 13				
		Charlie, and 13 David, to				
	have a buildup of dir	t, and trash.				
{P5604}	310:670-5-6(4) Dete Cleaning Supply	ntion Facilities-Routine	{P5604}			
home St-	to Doportmont of Lloott					
TE FORM	te Department of Health		⁶⁸⁹⁹ G6	5H15	If continuation sheet 34	
			Gu	01110		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 10/12/2022	
		DET-090	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		201 N SI	HARTEL			
	MA COUNTY DETENTION	OKLAH	OMA CITY, OK	/3102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLE ⁻ DATE
{P5604}	Continued From page	e 34	{P5604}			
	policies and procedu	ation throughout the facility.				
		provided with materials and sufficient to maintain clean and toilets.				
	Based on observation			Pursuant to Title 74, Section 193(B) the Department provides the followi proposals for solution: 1) Conduct staff interviews to asse	ng	
	by staff A, B, C, E, ar floors, walls, washbar housing pods located Baker, 4 Charlie, 4 D Charlie, 8 David, 10 E 12 Baker, 12 Charlie, Charlie, and 13 David debris, and have a bu residue. Many of the contained graffiti and drawings, torn linen, attached. Staff C repo	0/12/22, while accompanied ad G, observed the vents, sins, toilets, and showers in I in 2 Charlie, 2 David, 4 avid, 6 Baker, 8 Adam, 8 Baker, 10 Charlie, 10 David, , 13 Adam, 13 Baker, 13 d, to be dirty, littered with uild-up of lint, dirt and black		 the policy was not followed. 2) Ensure the policy reflects the cuexpected practice and revise as need. 3) If the policy is revised or if the assessment determines staff knowle of the policy is incomplete, conduct training of jail staff on the policy. 4) Review and adopt further correct actions as needed based on observand interviews. 5) Review the policy on cleaning s distribution. 	edge etive etions	
	accompanied by staff	1/22, at 10:38 a.m., while f C, the booking male #2, with a buildup of dirt,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		DET-090	B. WING			R-C // 12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
OKLAHON			HARTEL OMA CITY, OK 731	02		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
{P5604}	Continued From page	e 35	{P5604}			
		ood on the floor. Staff C s would clean the cells.				
	3) On 10/11/22, at 11	:27 a.m., while accompanied				
		cell vents, floors, walls, ets to have a build-up of dirt,				
	•	due located in housing pods				
		44, #46, and #47, 2 David				
		ells #6, #12, #18 and #19, 4 and #50, 6 Baker cells #30,				
		n cells #22 and #24, 8 David				
	cells #28, #33, #42, a	and #49.				
		e accompanied by staff C,				
	-	nk located on the first floor of that does not drain, filled				
		ater, trash, dirt, debris, and				
		the sink. Staff C reported				
	the orderlies use it to water.	dump dirty mop bucket				
	•	le accompanied by staff C,				
		hk located on the second				
		4 Charlie, that does not nant dirty water, trash, dirt,				
	debris, and black resi	-				
	C. At 1:36 p.m., while	e accompanied by staff C,				
		nk, located on the second				
	•.	3 Adam, to contain a buildup he drain, and had black				
	residue on the surfac					
		accompanied by staff C,				
		nk located on the second 3 David, to contain a mesh				
		of trash, debris in the basin,				
		the surfaces of the sink.				
	4) On 10/12/22, while	e accompanied by staff C, at				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			₹-C // 12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
OKLAHON	A COUNTY DETENTION	N CENTER 201 N SH	HARTEL DMA CITY, OK 7310	02		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI
{P5604}	Continued From page	e 36	{P5604}			
	10:10 a.m., observed	cell vents, floors, walls,				
	washbasins, toilets a					
		s and black residue located				
		aker cells #10, #13, #15,				
	#20, #23, and #25; 10) Charlie cells #7, #14 and				
	•	17, #19, #21, #23 and #25;				
		#19, #21, #33 and #25; 13				
		nd #14; 13 Charlie cell #9,				
	13 David cells #1, #2	2 and #25.				
	A On 10/12/22 at 1.1	0 p.m., while accompanied				
		n housing pod 10 David to				
	-	15 cell windows covered and				
		into the cell during the				
	inspection.	J. J				
	B. At 11:20 a.m., whil	e accompanied by staff C,				
		the mop sink located on the				
	second floor of housi					
	contained trash, debr	is and had black residue on				
	the surfaces of the sir	nk.				
	C. At 10:50 a.m., whi	le accompanied by staff K, in				
	housing pod 13 Bake	r, observed fifteen (15)				
	-	iners (five (5) days worth of				
		od debris, strewn about the				
		K reported the inmate to				
		sues, and would not return				
	the used containers v	vhen requested by staff.				
	5) Inmates in all of the	e housing pods, reported				
		not accessible, because				
	• • • •	ir cells, or the cleaning				
		by inmates who are out of				
		upplies are delivered to the				
		inmates reported having to				
		l shampoo, purchased from				
	the commissary, to cl	ean their cells.				

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
OKLAHON	IA COUNTY DETENTION		HARTEL OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET
{P5606}	Continued From page	e 37	{P5606}		
{P5606}	310:670-5-6(6) Deter Hygene Issue	tion Facilities-ADMIN	{P5606}		
	policies and procedur	ation throughout the facility.			
	court, each inmate sh hygiene items to inclu toothbrush and tooth articles shall be provi are issued to each im policy, and collected disposed of or stored policy and procedures razors. With the exce feminine hygiene item indigent and have fur	ar after commitment by the nall be issued personal ude soap, towel, toilet paper, paste. Feminine hygiene ded upon request. Razors mate consistent with facility immediately after use and as specified by facility s. Inmates shall not share ption of toilet paper and ns, inmates who are not adds in their inmate account urchase hygiene items from			
	Based on observation interview, the facility f accordance with this and collecting razors dispose of, or store ra policy and procedure. Detention Center (OC and Living Area Hygie 4125.06, dated 07/20	ailed to issue razors in standard, by the issuance immediately after use, and azors as specified by facility Oklahoma County CDC) Inmate Housing, Cell, ene Standards, Policy No. /2022.		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curr expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled 	s why ent ed.
	Finding(s): REPEAT I	DEFICIENCY		of the policy is incomplete, conduct training of staff on the policy.	-

6899

	a State Department of OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		DET-090	B. WING			R-C 1/12/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	•	
		201 N S	HARTEL			
JKLAHON	MA COUNTY DETENTION	OKLAH	ОМА СІТҮ, ОК	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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
{P5606}	Continued From page	e 38	{P5606}			
	located in 13 Baker of razors were removed in July of 2022, and of issued razors. OCDC Living Area Hygiene S 4125.06, dated 07/20 used and immediately All razors shall be acc issue and collection. If the razor, the cell sha 2) On 10/12/22, obse possession of a razor #2 and #4. Staff C rep from all male housing only female inmates a Inmate Housing, Cel Standards, Policy No The razor will be used to the pod officer. All for to include the issue	ate in possession of a razor, ell #2. Staff C reported from all male housing pods inly female inmates are Inmate Housing, Cell, and Standards, Policy No. /2022, The razor will be y returned to the pod officer. counted for to include the If the inmate does not return		4) Review and adopt furthe actions as needed based on and interviews.		
	razors issued on 10/1 that the razors where Housing, Cell, and Lin Standards, Policy No The razor will be used to the pod officer. All for to include the issue	denoted two (2) of two (2) 0/22, had no documentation returned. OCDC Inmate				
		or Log for 10/11/22, for the ing pods, revealed five (5)				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			R-C / 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON		N CENTER 201 N SI OKLAHO	HARTEL DMA CITY, OK 7310	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
{P5606}	Continued From page	e 39	{P5606}			
	denoting the existence when the razor was re The log was a printee have a distributing off distribution, or the time razor as required faci 4125.06, Dated 07/2 specialized logbook se distributing razor, Time of collection of razor. 5) Review of the Raze housing pod 4 Adam, (6) razors issued on 0	ne of the collection of the lity policy. OCDC Policy No. 0/22, Documentation in a shall include: Name of officer ne of Distribution, and Time				
	housing pod 10 Adan eighteen (18) razors i	or Log dated 05/16/22, for n, revealed twelve (12) out of issued on 05/16/22, were not t have any follow-up notation ind.				
	Incident Notification freported inmate (244 4 Adam cell #28, atter at 1:35 a.m., by cuttir	na County Detention Center orm, dated 05/11/22, 4), assigned to housing pod mpted suicide on 05/10/22 ng his left wrist with a razor port to outside hospital for				
{P5608}	310:670-5-6(7)(A) De Cleanable Mattress	etention Facilities-Issue	{P5608}			
	policies and procedur	ation throughout the facility.				

STATE FORM

	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
KLAHON	A COUNTY DETENTION	N CENTER 201 N SH	IARTEL 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 APPROPR DEFICIENCY)	BE COMPLE
{P5608}	who is confined over where indicated by ci facility's policy. A star include:	e 40 all be issued to each inmate night in the facility except rcumstances defined in the ndard issue of bedding shall cleanable surface; and	{P5608}		
	Based on observation failed to ensure inma overnight, were issue	ed a standard issue of mattress with a cleanable		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the current 	why
	staff C, observed sew housing pods 2 Char Charlie cells #3 and # #37, #40, #43 and #4 cells # 22 and #24; 6 David cell #42; 8 Ada #24, with mattresses surface that could be each use. Many of th cracked, torn, missing	40 p.m., accompanied by reral inmates, located in lie cells #12 and #41, 4 #19, 4 Baker cells #26, #28, 45; 4 David cell #19; 6 Baker Charlie cell #36 and #44; 6 am cell #25; 8 Charlie cell that did not provide a cleaned and sanitized after e covers were either g and the surface was not s, parasites, and other		 expected practice and revise as needed 3) If the policy is revised or if the assessment determines staff knowledged of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrective actions as needed based on observationand interviews. 	ge /e
	housing pod 4 Charli	mpanied by staff C, 24 through #28), located in e cells #26 through #30, who ess. Staff C said staff will get			
ahoma Stat TE FORM	te Department of Health		6899	G65H15	If continuation sheet 41

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			3) DATE SURVEY COMPLETED
		DEITH IO/TION HOMBEN.	A. BUILDING:		R-C
		DET-090	B. WING		R-C 10/12/2022
AME OF PF	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATI	E, ZIP CODE	
KLAHON	IA COUNTY DETENTIO	N CENTER 201 N SI	HARTEL		
		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET DATE
{P5608}	Continued From page	e 41	{P5608}		
	staff C, observed inm 10 Baker cells #10, # cells #5, #14 and #15 not provide a surface sanitized after each u either cracked, torn, n not impermeable to fl contaminates. 4) On 10/12/22, obse housing pod 13 Davia a mattress. The inma	40 p.m., accompanied by nates located in housing pod 426, #36, and #42, 10 Charlie 5, with mattresses that did 4 that could be cleaned and use. Many of the covers were missing and the surface was luids, parasites, and other erved an inmate, located in d cell #25, who did not have ate roster dated 10/12/22) was admitted to the facility			
{P5612}	310:670-5-6(10) Dete Bedding/Towels	ention Facilities-Clean	{P5612}		
	policies and procedu maintenance of sanit These shall include a	ation throughout the facility. It least the following: Ind towels shall be offered at			
	Based on record revi			Pursuant to Title 74, Section 193(B)(1), the Department provides the following proposals for solution: 1) Conduct staff interviews to assess w	hy

OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
	DET-090	B. WING			२-C / 12/2022
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE		
	201 N SI				
	OKLAH	ОМА СІТҮ, ОК	/3102		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 42	{P5612}			
05/11/22, states in "C inmate shall receive a clothes and linen at le a scheduled basis". H Laundry Exchange ar staff J who confirmed with the "Inmate Hand and laundry exchange week for all of the hor exchange of oranges	lothing and Laundry", "each a complete change of east two times each week on lowever, the Clothing and ad Schedule provided by to it being used, conflicts dbook" and denotes clothing e to occur one time each using pod, to include for all inmates, blanket		 Ensure the policy reflect expected practice and revisions If the policy is revised or assessment determines state of the policy is incomplete, or training of staff on the policy 4. 	ts the current e as needed. r if the ff knowledge conduct olicy. er corrective	
 #207177572, dated 1 requesting a change clothing for two month 3) An inmate reported #179305252, dated 0 sheets on 05/18/22 a 	0/12/22, they have been of bedding, towels and ns. d in review of grievance 5/18/22, they requested				
310:670-5-6(13) Dete Clothing Issue		{P5615}			
policies and procedur maintenance of sanita	es for the safety and ation throughout the facility.				
documented and inm	ates shall be held				
	A COUNTY DETENTION SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page 1) Review of the "Inm 05/11/22, states in "C inmate shall receive a clothes and linen at le a scheduled basis". H Laundry Exchange ar staff J who confirmed with the "Inmate Hand and laundry exchange week for all of the hou exchange of oranges exchange and offer o laundered. 2) An inmate reported #207177572, dated 1 requesting a change clothing for two month 3) An inmate reported #179305252, dated 0 sheets on 05/18/22 a 05/23/22. 310:670-5-6(13) Dete Clothing Issue The administrator sha policies and procedur maintenance of sanita These shall include a 	ROVIDER OR SUPPLIER STREET / AA COUNTY DETENTION CENTER 201 N SI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 1) Review of the "Inmate Handbook", dated 05/11/22, states in "Clothing and Laundry", "each inmate shall receive a complete change of clothes and linen at least two times each week on a scheduled basis". However, the Clothing and Laundry Exchange and Schedule provided by staff J who confirmed to it being used, conflicts with the "Inmate Handbook" and denotes clothing and laundry exchange to occur one time each week for all of the housing pod, to include exchange of oranges for all inmates, blanket exchange and offer of whites in laundry bag to be laundered. 2) An inmate reported in review of grievance #207177572, dated 10/12/22, they have been requesting a change of bedding, towels and clothing for two months. 3) An inmate reported in review of grievance #179305252, dated 05/18/22, they requested sheets on 05/18/22 and it was not processed until 05/23/22. 310:670-5-6(13) Detention Facilities-Document	DET-090 B. WING	DET-990 B. WING NOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NA COUNTY DETENTION CENTER 201 N SHARTEL OKLAHOMA CITY, OK 73102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC Continued From page 42 (P5612) the policy was not followed. 2) Ensure the policy reflect expected practice and revised o assessment determines state of the policy is incomplete, othraine of a scheduled basis". However, the Clothing and Laundry Exchange and Schedule provided by staff who confirmed to it being used, conflicts week for all of the housing pod, to include exchange of oranges for all inmates, blanket exchange of oranges for all inmates, blanket exchange of oranges for all inmates, blanket exchange and offer of whites in laundry bag to be laundered. 4) Review and adopt furth actions as needed based or and interviews. 2) An inmate reported in review of grievance #179306252, dated 05/18/22, they requested sheets on 05/18/22 and it was not processed until 05/23/22. (P5615) 3) An inmate reported in review of grievance #179306252, dated 05/18/22, they requested sheets on 05/18/22 and it was not processed until 05/23/22. (P5615) 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: 	DET-090 B. WING Image: City, STATE, ZP CODE ACOUNTY DETENTION CENTER ZOIN SHARTEL OKLAHOMA CITY, OK 73102 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTIONS OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH OEPICIENCY MIST ERRECTEDED DE Y FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) ID (EACH CORRECTIVE ACTIONS OF DEFICIENCIES (EACH OEPICIENCY MIST ERRECTEDED DE Y FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) ID (EACH CORRECTIVE ACTIONS OF DEFICIENCIES (EACH OEPICIENCY MIST ERRECTEDED DE Y FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) ID (EACH CORRECTIVE ACTIONS OF DEFICIENCIES (EACH OEPICIENCY MIST ERRECTEDED TO THE ACTION OF DEFICIENCIES IN CORRECTION (EACH CORRECTIVE ACTIONS OF DATA (EACH OEPICIENCY MIST ERRECTEDED TO THE ACTION OF DATA (EACH OEPICIES ACTIONS OF DATA (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACTIONS OF ACTIONS OF ACTIONS (EACH OEPICIES ACT

STATE FORM

	OF DEFICIENCIES F CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•
		201 N SI	HARTEL		
KLAHOM	IA COUNTY DETENTION	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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLE
{P5615}	Continued From page	9 43	{P5615}		
	Based on record revie inmates accountable clothing and bedding standard and facility p Finding(s): REPEAT 1) Review of thirty two packets, denoting the clothing and hygiene of the booking packet forms. Review of the 05/11/22, states in "C Issuance of clothing a documented and eacl accountable for the co item. If items are not a inmate will then be ch bedding and clothing. 2) On 10/11/22 and 10 pods 2 Baker, 4 Adam Baker, 8 Adam, 8 Bał Charlie, 13 Adam, 13 reported via the kiosk (i.e., socks, underwea and bra) via . Staff rea requests took up to te subsequently were clo inmates "Submit requ Review of the "Inmate 05/11/22, states in Re Grievances will be su machine located in th the portable machine form.	DEFICIENCY o (32) inmate booking issuance of bedding, items, revealed fifteen (15) is were missing the issuance "Inmate Handbook", dated lothing and Laundry", and bedding will be h inmate shall be ondition and return of each returned or damaged, the harged for the damaged 0/12/22, inmates in housing n, 4 Baker, 4 David, 6 ker, 8 Charlie, 10 Baker, 10 Charlie and 13 David, t, that they needed clothing ar, panties, undergarments sponse to the submitted en (10) days and osed, with a response to the lest to your floor clerical". e Handbook", dated equests to Staff and bmitted on the kiosk e day room, by asking for or by a Request to Staff		 Pursuant to Title 74, Section 193(B), the Department provides the following proposals for solution: 1) Conduct staff interviews to assert the policy was not followed. 2) Ensure the policy reflects the curve 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 observationand interviews. 	ig ss why rrent ded. idge tive
	A. Review of Request e Department of Health	ts and Grievance forms			

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL DMA 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET
{P5615}	seventy-nine (79) of t	gh 10/12/22, revealed	{P5615}		
{P5618}	x3/Daily Food SVC The administrator sha policies and procedur maintenance of sanita These shall include a 	ation throughout the facility.	{P5618}		
	Based on record revie failed to provide inma at least three (3) time County Detention Cell Housing, Cell, and Liv Standards, Policy No Finding(s): REPEAT 1) On 10/11/22, at 11 located in housing po #33, #46 and #47, 4 ff #38, 4 Charlie cells # David cells #37, #44,	ving Area Hygiene . 4125.06, dated 07/20/22.		 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curr 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 correctinactions as needed based on observat and interviews. 	s why ent ed. ge

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		DET-090	B. WING			R-C)/ 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	MA COUNTY DETENTION		HARTEL OMA CITY, OK 731	02		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET DATE
{P5618}	Continued From page	e 45	{P5618}			
	to bathe one (1) time times a week. Staff C	8, #33, #42 and #49, hly received the opportunity a week and rarely two (2) reported inmates are by to bathe three (3) times a				
	of 10/03/22 through 1 were offered two opp 10/03/22 and 10/06/2 hours for the eighty (& housing pod. Oklahor (OCDC) Inmate Hous Hygiene Standards, F 07/20/22, states in the opportunities for show	2, for a period of three (3) 30) inmates assigned to the ma County Detention Center sing, Cell, and Living Area Policy No. 4125.06, dated e housing area, vers shall be available to imum of three (3) times ate are released for				
	10/03/22 through 10/0 were offered two opp 10/03/22 and 10/07/2 hours each day, for th assigned to the housi Detention Center (OC and Living Area Hygie 4125.06, dated 07/20 opportunities for show	2, for a period of three (3) ne eighty-three (83) inmates ng pod. Oklahoma County CDC) Inmate Housing, Cell, ene Standards, Policy No. /22, in the housing area, vers shall be available to imum of three (3) times ate are released for				
	of 10/03/22 through 1 number of inmates w	narlie logbook for the week 0/07/22, revealed a limited ere offered an opportunity to ells #5, #6, #7 and #9, #5, #6, and #9, and				

Oklahoma State Department of Hea STATE FORM

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		DET-090	B. WING			२-C / /12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	IA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5618}	remaining forty-three time during this week entire pod was offered Oklahoma County De Inmate Housing, Cell Standards, Policy No the housing area, opp be available to each i three (3) times each w released for dayroom D. Review of the 6 Ba 10/03/22 through 10/0 were offered two opp 10/04/22 and 10/07/2 two (2) hours each da assigned to the housi Detention Center (OC and Living Area Hygie 4125.06, dated 07/20 opportunities for show	 #5, #6, #7 #8 and #9. The (43) cells were let out one on 10/07/22, when the d an opportunity to bathe. tention Center (OCDC) and Living Area Hygiene 4125.06, dated 07/20/22, in bortunities for showers shall nmate at a minimum of week when inmate are privileges/recreation. aker logbook for the week of 07/22, revealed inmates ortunities to bathe on for a period of less than ay, for the sixty (60) inmates ng pod. Oklahoma County CDC) Inmate Housing, Cell, ene Standards, Policy No. in the housing area, vers shall be available to mum of three (3) times ate are released for 	{P5618}			
	10/03/22 through 10/0 were offered two oppo 10/04/22 and 10/05/2 two (2) hours each da inmates assigned to t County Detention Cer Housing, Cell, and Lin Standards, Policy No	2, for a period of less than ay, for the sixty-four (64) he housing pod. Oklahoma nter (OCDC) Inmate ving Area Hygiene . 4125.06, dated 07/20/22, in				
	be available to each i	oortunities for showers shall nmate at a minimum of week when inmate are privileges/recreation.				

TATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		DET-090	B. WING			R-C)/ 12/2022
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			1/12/2022
		201 N S	HARTEL			
KLAHON	A COUNTY DETENTION	OKLAH	OMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
{P5618}	Continued From page	9 47	{P5618}			
	located in housing po and #20, 12 Baker ce Charlie cells #4, #5, # #25, reported they ha	one (1) time a week and				
	of 10/03/22 through 1 were offered two opp 10/03/22 and 10/04/2 hour the first day and the second day, for th assigned to the housi Detention Center (OC and Living Area Hygie 4125.06, dated 07/20 opportunities for show	2, for a period of one (1) one and a half (1.5) hours ne ninety-four (94) inmates ng pod. Oklahoma County CDC) Inmate Housing, Cell, ene Standards, Policy No. /22, in the housing area, vers shall be available to imum of three (3) times ate are released for				
	of 10/03/22 through 1 were offered two opp 10/04/22 and 10/07/2 twenty (20) minutes to day, for the twenty-six the housing pod. Okla Center (OCDC) Inma Area Hygiene Standa dated 07/20/22, in the for showers shall be a	2 for a period ranging from o thirty (30) minutes each x (26) inmates assigned to ahoma County Detention te Housing, Cell, and Living ards, Policy No. 4125.06, e housing area, opportunities available to each inmate at a times each week when				
		Charlie logbook for the week 0/07/22, revealed inmates				

	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	
		DET-090	B. WING			२-C / 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
		201 N SI	HARTEL			
	A COUNTY DETENTION	OKLAH	OMA CITY, OK 731	02		
(X4) ID			ID	PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5) COMPLETI
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
{P5618}	Continued From page	e 48	{P5618}			
	were offered two opp	ortunities to bathe on				
	10/03/22 and 10/07/2	2 for a period ranging from				
		o thirty (30) minutes each				
		ree (23) inmates assigned to				
	• •	ahoma County Detention				
	()	te Housing, Cell, and Living				
		ards, Policy No. 4125.06,				
	dated 07/20/22, in the housing area, opportunities for showers shall be available to each inmate at a					
		times each week when				
	inmate are released f					
	privileges/recreation.	•				
		Baker logbook for the week				
	-	10/07/22, revealed one group				
		red two opportunities to nd 10/06/22, and another				
		re offered two opportunities				
	•	and 10/07/22, for a period				
		(20) minutes to thirty (30)				
	minutes each day, fo	r the eighteen (18) inmates				
	-	ing pod. Oklahoma County				
		CDC) Inmate Housing, Cell,				
		ene Standards, Policy No.				
)/22, in the housing area,				
		wers shall be available to imum of three (3) times				
	each week when inm					
	dayroom privileges/re					
		nen's Holding logbook, for				
		through 10/08/22, revealed				
		ssigned to the housing pod,				
		opportunity to bathe during				
	the ten (10) day perio	CDC) Inmate Housing, Cell,				
		ene Standards, Policy No.				
)/22, in the housing area,				
		wers shall be available to				
	each inmate at a min					

	T OF DEFICIENCIES DF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C
		DET-090	B. WING		10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	MA COUNTY DETENTION	N CENTER 201 N SH OKLAHO	IARTEL MA CITY, OK 7	/3102	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
{P5618}	Continued From page	e 49	{P5618}		
	each week when inm dayroom privileges/re				
{P5621}	310:670-5-6(19) Dete Pests/Control	ention Facilities-Eliminate	{P5621}		
	policies and procedur	ation throughout the facility.			
	breeding insects, rod eliminated immediate professionals shall be	nducive to harboring or ents or other vermin shall be ely. Licensed pest control e contracted to perform pest ed basis specified in the cedure.			
	Based on observatior	not met as evidenced by: n and interview, it was y failed to maintain a facility		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution:),
	Finding(s): REPEAT	DEFICIENCY		 Conduct staff interviews to assess the policy was not followed. 	why
	pods on 10/11/22 and staff B, C, D, E, G, ar voiced complaints of cell, on their person, Several of the inmate	es displayed for the facility both dead and live bed bugs,		 Ensure the policy reflects the currer expected practice and revise as needed Conduct staff interviews to assess knowledge of the policy and the practice for pest control extermination. If the policy is revised or if the assessment determines staff knowledge of the policy is incomplete, conduct training of jail staff on the policy. 	ed. ce

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R-C 10/12/2022	
		DET-090	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{P5621}	 2) On 10/11/22, at 1:4 by staff C, D, E, G, ar inmates, located in he #12 and #41, 4 Charl cells #26, #28, #37, # cell #19; 6 Baker cells cell #36 and #44; 6 D #25; 8 Charlie cell #2 not provide a surface sanitized, and allowin of the covers were eit and the surface was r parasites, and other of 3) On 10/12/22, at 1:4 staff C, observed imm 10 Baker cells #10, # cells #5, #14 and #15 not provide a surface sanitized, and allowin of the covers were eit and the surface was r parasites, and other of 3) On 10/12/22, at 1:4 staff C, observed imm 10 Baker cells #10, # cells #5, #14 and #15 not provide a surface sanitized, and allowin of the covers were eit and the surface was r parasites, and other of 4) On 10/11/22, at 2:4 was observed crawlin located on the second David. 5) On 10/12/22, at 12 observed crawling on inmate (#56), located cell #13. 6) Received a written bugs from inmate (32 the Oklahoma County) 	40 p.m., while accompanied and H, observed several busing pods 2 Charlie cells ie cells #3 and #19, 4 Baker 40, #43 and #45; 4 David is # 22 and #24; 6 Charlie avid cell #42; 8 Adam cell 4, with mattresses that did that could be cleaned, g for pest infestation. Many ther cracked, torn, missing not impermeable to fluids, contaminates. 40 p.m., accompanied by ates located in housing pod 26, #36, and #42, 10 Charlie , with mattresses that did that could be cleaned, g for pest infestation. Many ther cracked, torn, missing not impermeable to fluids, contaminates. 41 p.m., a live cockroach g on a shower curtain, d floor of housing pod 8 :40 p.m., live bed bugs were a mattress assigned to in housing pod 10 Baker complaint concerning bed), who is being housed at / Detention Center (OCDC).	{P5621}			

	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE	
OKLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 73 [,]	102	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
{P5623}	Continued From page	e 51	{P5623}		
{P5623}	310:670-5-6(21) Dete Prevention	ention Facilities-Safety Fire	{P5623}		
	policies and procedu	ation throughout the facility.			
	procedures shall ensi- inmates and visitors a requirements of the C Marshal, as provided seq. These shall inclu- adequate fire protecti- inspection and testing documentation on a availability of fire hos appropriate locations facility shall have an heat and smoke dete	in Title 74 O.S. § 317 et ude, but not be limited to an ion service; a system of fire g of equipment and weekly basis; and the es or extinguishers at throughout the facility. The automatic fire alarm and ction system approved by Fire Marshal, as provided in			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST/	ATE, ZIP CODE	
OKLAHO	MA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	IARTEL 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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE
{P5623}	Continued From page	e 52	{P5623}		
	staff E, observed in h a used food package, makeshift cooking ute open flame. The uten exposure to an open covering the outside. 2) On 10/11/22, at 1:1 staff E, observed the housing pod 6 Baker, having been damager electrical components fire. The light fixtures and black soot. 3) On 10/11/22, at 1:3 staff E, observed the housing pod 8 Charlie exposed wires, and lig and #27, damaged fro to the electrical comp starting a fire. The ligh burn marks and black 4) On 10/11/22 at 1:4 staff C, observed ligh pods 8 Adam cell #19 #42, #49, and #50 da gaining access to the the means of starting 5) On 10/11/22, at 1:5 staff E, observed in h #27, a used food pack makeshift cooking ute	ensil for heating food over an sil had signs of recent flame with black soot 13 p.m., accompanied by light fixtures located in cells #14, #21, and #25, d to allow access to the s for the means of starting a show signs of burn marks 35 p.m., accompanied by light fixtures located in e cells #17 and #22, with ght fixtures in cells #21, #25, om inmates gaining access onents for the means of ht fixtures show signs of a soot. 6 p.m., accompanied by t fixtures located in housing 9, and 8 David cells #28, maged from inmates electrical components for a fire. 53 p.m., accompanied by ousing pod 8 Charlie cell kage, being utilized as a ensil for heating food over an sil had signs of recent		 If the policy is revised or if the assessment determines staff knowledg of the policy is incomplete, conduct training of Detention Facility staff on the policy. Review and adopt further correct actions as needed based on observati and interviews. Review the procedures for fire concompliance and reporting and respond to maintenance needs. Review the actions taken to identiand report repairs. Review the process for monitorin completion of repairs. Review the process for monitorin completion of repairs. Identify those steps in the process that were not followed and why. Revise and train staff on maintenance procedures as needed. Confirm the repair is scheduled at completed. 	ie ive ons de ling ify ig g for s

FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	PLETED
	DET-090	B. WING			R-C / 12/2022
ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
MA COUNTY DETENTION			02		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	53	{P5623}			
staff C, observed a tri fire alarm and heat ar located in the Control Safety Officer was awai bad sensor. The auto and smoke detection checked by a license why the system is not make necessary repared 7) On 10/12/22 at 12: staff G, observed ligh pod 12 Charlie cell #2 inmates gaining acce components for the m 8) On 10/12/22, at 2: staff C, observed mis the plenum area, located area, located in housi missing ceiling tiles w and smoke to spread in the event of a fire e 310:670-5-6(24) Detector	buble code on the automatic ind smoke detection panel Center. When asked if the vare of the trouble code, he re and said it was due to a matic fire alarm and heat system needs to be professional to determine t functioning properly and tirs. 32 p.m., accompanied by t fixture located in housing 22, had been damaged from ss to the electrical heans of starting a fire. 38 p.m., accompanied by sing ceiling tiles, exposing ated on 2nd floor shower ing pod 10 David. The vill allow the migration of fire easily into the plenum area emergency.	{P5626}			
maintenance of sanita These shall include a 	ation throughout the facility. t least the following: gs, walls, ceilings and floors				
	ROVIDER OR SUPPLIER MA COUNTY DETENTION SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page 6) On 10/11/22, at 2:2 staff C, observed a tra- fire alarm and heat ar located in the Control Safety Officer was awar bad sensor. The auto and smoke detection checked by a license why the system is not make necessary reparance 7) On 10/12/22 at 12: staff G, observed ligh pod 12 Charlie cell #2 inmates gaining acce components for the m 8) On 10/12/22, at 2:3 staff C, observed mist the plenum area, locat area, located in houst missing ceiling tiles w and smoke to spread in the event of a fire e 310:670-5-6(24) Detect Compliance The administrator shar policies and procedur maintenance of sanita These shall include a 	DET-090 STREET A A COUNTY DETENTION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 53 6) On 10/11/22, at 2:21 p.m., accompanied by staff C, observed a trouble code on the automatic fire alarm and heat and smoke detection panel located in the Control Center. When asked if the Safety Officer was aware of the trouble code, he reported he was aware and said it was due to a bad sensor. The automatic fire alarm and heat and smoke detection system needs to be checked by a license professional to determine why the system is not functioning properly and make necessary repairs. 7) On 10/12/22 at 12:32 p.m., accompanied by staff G, observed light fixture located in housing pod 12 Charlie cell #22, had been damaged from inmates gaining access to the electrical components for the means of starting a fire. 8) On 10/12/22, at 2:38 p.m., accompanied by staff C, observed missing ceiling tiles, exposing the plenum area, located on 2nd floor shower area, located in housing pod 10 David. The missing ceiling tiles will allow the migration of fire and smoke to spread easily into the plenum area in the event of a fire emergency. 310:670-5-6(24) Detention Facilities-Material Fire	DET-090 B. WING BOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE COLLAHOMA CITY, OK 731 COLLAHOMA CITY, OK 731 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 53 (P5623) 6) On 10/11/22, at 2:21 p.m., accompanied by staff C, observed a trouble code on the automatic fire alarm and heat and smoke detection panel located in the Control Center. When asked if the Safety Officer was aware of the trouble code, he reported he was aware and said it was due to a bad sensor. The automatic fire alarm and heat and smoke detection system needs to be checked by a license professional to determine why the system is not functioning properly and make necessary repairs. 7) On 10/12/22 at 12:32 p.m., accompanied by staff G, observed light fixture located in housing pod 12 Charlie cell #22, had been damaged from inmates gaining access to the electrical components for the means of starting a fire. 8) On 10/12/22, at 2:38 p.m., accompanied by staff C, observed missing ceiling tiles, exposing the plenum area, located on 2nd floor shower area, located in housing pod 10 David. The missing ceiling tiles will allow the migration of fire and smoke to spread easily into the plenum area in the event of a fire emergency. 310:670-5-6(24) Detention Facilities-Material Fire Compliance maintenance of sanitation	DET-090 B. WING Continues STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP PREFX TAG PROVIDER'S PLAN OI (EACH CORRECTVE AC CROSS-REFERENCED TO DEFICIEN Continued From page 53 (P5623) 6) On 10/11/22, at 2:21 p.m., accompanied by staff C, observed a trouble code on the automatic fire alarm and heat and smoke detection panel located in the Control Center. When asked if the Safety Officer was aware of the trouble code, he reported he was aware and said it was due to a bad sensor. The automatic fire alarm and heat and smoke detection system needs to be checked by a license professional to determine why the system is not functioning properly and make necessary repairs. 7) On 10/12/22 at 12:32 p.m., accompanied by staff C, observed light fixture located in housing pod 12 Charlie cell #22, had been damaged from inmates gaining access to the electrical components for the means of starting a fire. 8) On 10/12/22, at 2:38 p.m., accompanied by staff C, observed missing celling tiles, exposing the plenum area, located on 2nd floor shower area, located in housing pod 10 David. The missing celling tile will allow the migration of fire and smoke to spread easily into the plenum area in the event of a fire emergency. 310:670-5-6(24) Detention Facilities-Material Fire Compliance The administrator shall develop and implement policies and procedures for the safety and maintenance of sanitation throughout the facility. These	DET-090 B. WING F00 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 201 N SHARTEL OKLAHOMA CITY, OK 73102 AC COUNTY DETENTION CENTER 201 N SHARTEL OKLAHOMA CITY, OK 73102 EAR COUNTY DETENTION CENTER 201 N SHARTEL SUMMARY STATEMENT OF DEFICIENCIES Image: Control of the control of t

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6899

Oklahom	a State Department of	Health			
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
	ROVIDER OR SUPPLIER	QTDEET	ADDRESS, CITY, ST		•
	KONDER OR SOLT EIER		SHARTEL		
OKLAHO	A COUNTY DETENTION		IOMA 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{P5626}	Based on observation maintain for safety an meet the code require State Fire Marshal. C were found not being prevent the spread an smoke, to other areas emergency. Finding(s): REPEAT 1) On 10/11/22 and 1 A, C, E, G, and I, man corridor windows on t 12th, and 13th floors The corridor windows enclosure, fire barrier the emergency egres broken/cracked window a potential safety, sec	not met as evidenced by: n, the facility failed to nd provide materials that ements of the Oklahoma reilings, walls and windows maintained in order to nd migration of fire and is in the event of a fire DEFICIENCY 0/12/22, observed with staff ny interior housing pod and the 2nd, 4th, 6th, 8th, 10th, that are broken/cracked. is are part of the smoke proof and are an integral part of is system. The bows obscure visibility, create	{P5626}	 Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution: 1) Conduct staff interviews to assess the policy was not followed. 2) Ensure the policy reflects the curre expected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further correctiv actions as needed based on observat and interviews. 5) Review the procedures for fire cod compliance and reporting and respon- to maintenance needs. 6) Review the actions taken to identifi and report repairs. 7) Review the process for authorizing repairs. 	why ent ed. ge e ions e ding y
	staff C, observed an of 10 Baker cell #22, wit located in the wall adj chase. Staff C acknow	2:32 p.m., accompanied by occupied cell in housing pod th a five inch diameter hole, jacent to the plumbing wledged the hole in the wall a plumbing chase and not		8) Confirm the repair is scheduled an completed.	a
Oklahoma Sta	3) On 10/12/22, at 2:3	38 p.m., accompanied by sing ceiling tiles, exposing			

	OF DEFICIENCIES	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
	ST CONNECTION	DENTRIORTION NOMBER.	A. BUILDING:		
		DET-090	B. WING		R-C 10/12/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
KLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 731	02	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	
{P5626}	Continued From page	e 55	{P5626}		
	area, located in hous missing ceiling tiles w	ated on 2nd floor shower ing pod 10 David. The /ill allow the migration of fire lenum area in the event of a			
{P5801}	310:670-5-8(2) Deter MED/PSY Risk	tion Facilities-Observtion	{P5801}		
	facility. The administr implement written pol complete emergency	are shall be provided in a ator shall develop and licies and procedures for medical and health care I procedures shall include at			
	inmates immediately facility and before bei population or housing screening indicates a psychiatric problem, or risk, shall be observe consistent with the fa- identified need until the evaluation has been of evaluation, these inm	shall be performed on all upon admission to the ing placed in the general garea. An inmate whose significant medical or or who may be a suicide d frequently by the staff cility's policy and the ne appropriate medical completed. After medical nates may be assigned to ith the medical evaluation.			
		not met as evidenced by: ew, the facility failed to		Pursuant to Title 74, Section 193(B)(1)	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST		10/12/2022
		201 N S	HARTEL		
KLAHON	MA COUNTY DETENTION	OKLAH	OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLE
{P5801}	Continued From page	e 56	{P5801}		
{F3001}	frequently observe the screening indicates a psychiatric problem, of accordance with the f Findings(s): REPEAT 1) A review of records watch, requiring fiftee dated 10/01/22 throug checks were not docu- minutes. A. A review of thirty th Observation Sheet", r the forms had missing thirty (30) minutes to the forms did not have B. A review of thirteer Observation Sheet", r had missing sight che minutes to two an a h did not have a start of 2) A review of "Male 1 Sheet" forms for three housing pod, revealed had missing sight che minutes to four (4) ho 3) A review of records inmates requiring incr (30) minute sight check (25) sight checks wer the dates of 10/08/22	ose inmates whose significant medical or or may be a suicide risk, in acilities policy. T DEFICIENCY a for inmates on suicide n (15) minute sight checks, gh 10/10/22, revealed sight umented every fifteen (15) aree (33) "Male 15 Minute revealed twenty six (26) of g sight checks, ranging from six (6) hours. Eleven (11) of e a start or end date. n (13) "Female 15 Minute revealed two (2) of the forms ecks, ranging from thirty (30) alf (2.5) hours. One (1) form r end date. 15 Minute Observation e (3) inmates in 13 Baker d all three (3) of the forms ecks, ranging from thirty (30) urs. a for 13 Adam housing pod reased observation of thirty cks, revealed twenty-five e not documented between		 the Department provides the follow proposals for solution: 1) Conduct staff interviews to asset the policy was not followed. 2) Ensure the policy reflects the of expected practice and revise as not 3) If the policy is revised or if the assessment determines staff know of the policy is incomplete, conduct training of staff on the policy. 4) Review and adopt further corrections as needed based on observations as needed based on observations as needed based on observations for compliance, conduct training and/or review, revise the pand adopt further correction for compliance, conduct training and/or review, revise the pand adopt further correction needed. 	sess why current eeded. /ledge ct ective rvations the t further policy
	through 10/11/22, rev	g books dated 09/30/22 ealed several log entries for were missed. The reasons			

TATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		DENTRICATION NOMBER.	A. BUILDING:			
		DET-090	B. WING			R-C)/ 12/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
KLAHON		N CENTER 201 N SI	HARTEL OMA CITY, OK 7310)2		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET DATE
{P5801}	Continued From page	e 57	{P5801}			
		checks included; Roving				
	-	over, At Clinic, Medicine				
		cal, Medical Emergency, ing Sight Checks in other				
		ount in other Pods, Looking				
	for missing inmates fi	rom Pod RECON, Trash				
	•	ation in other Pods, Feeding				
	other Pods, Officer needing Assistance, Disruptive Inmate on other Pod, Escort					
		nd Junk, Court, Serving				
		Covering for Translator,				
	Classification, Multiple Releases, Assisting with					
	another Pod RECON, Assisting With Movement,					
	Paperwork, At Line Up, Staff Meeting, Policy Meeting, Getting Pass On, Assisting Shift					
		ommander office, Log Book				
	Inspection, Administra					
	Meeting, and Missed	Check.				
	5) Review of the 12 E	Baker housing log book				
		gh 10/12/22, requiring thirty				
		cks, revealed eighty-two				
	(82) sight checks wer documented as requi	•				
	6) Review of the 12 C	Charlie housing log book,				
		gh 10/12/22 requiring thirty				
	(30) minute sight che sight checks were no	cks, revealed sixty-six (66)				
	documented as requi	•				
	7) Review of the 13 D	David housing log book,				
		gh 10/09/22 and 10/11/22				
		ng thirty (30) minute sight				
		y-two (62) sight checks were ocumented as required.				
	8) Review of the 13 E	Baker housing log book,				
	dated 10/08/22 through	gh 10/12/22, requiring fifteen				
	(15) minute eight che	cks, revealed one hundred	1			1

STATEMENT	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	
		DET-090	B. WING			R-C / 12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	MA COUNTY DETENTION	N CENTER 201 N SH	HARTEL DMA CITY, OK 731	02		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF	- CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET
{P5801}	Continued From page	e 58	{P5801}			
	fifty-six (156) sight ch and documented as r	ecks were not performed equired.				
	10/04/22 and 10/05/2 sight checks, reveale	's Holding log book, dated 2 requiring thirty (30) minute d ten (10) sight checks were ocumented as required.				
	dated 06/10/22 throug	-				
	dated 06/22/22, requi checks, revealed twe	Baker housing log book, iring fifteen (15) minute sight lve (12) sight checks were ocumented as required.				
	checks was requester reported on 10/12/22, thumb drive. Review drive revealed no	policy governing sight d from staff C. Staff C , it would be included on a of the contents of the thumb t checks was provided.				
{P5802}	310:670-5-8(2)(A) De Facilities-Prescription		{P5802}			
	facility. The administr implement written pol complete emergency	re shall be provided in a ator shall develop and icies and procedures for medical and health care a procedures shall include at				
	inmates immediately	shall be performed on all upon admission to the ing placed in the general				

Oklahoma State Department of Health STATE FORM

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G65H15

If continuation sheet 59 of 68

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		COM	SURVEY PLETED
		DET-090	B. WING			२-C / 12/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
KLAHO	A COUNTY DETENTION	N CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P5802}	Continued From page	e 59	{P5802}			
	population or housing	g area. An inmate whose				
		significant medical or				
	-	or who may be a suicide				
		d frequently by the staff				
	consistent with the fa					
	identified need until th	he appropriate medical				
		completed. After medical				
		nates may be assigned to				
	housing consistent w	ith the medical evaluation.				
	(A) Medications in the	e possession of the inmate				
	at the time of the boo	king, whether prescription or				
	over-the-counter shal	ll be logged, counted and				
		medications shall be				
	provided to the [inma					
		ed medical authority. The				
		erved to ensure the prisoner				
	takes the medication.					
	-	uthority shall be particularly her training of the impact of				
	-	withdrawal symptoms that				
		to the mental and physical				
		. The physician or medical				
	authority shall prescri					
	appropriate medication	ons to the [inmate] pursuant				
	to Section 5-204 of T	itle 43A of the Oklahoma				
	Statutes as the medic	cal authority deems				
		ss those symptoms. Neither				
		the-counter medications				
		nmate] in a cell with the				
	prescription of prescription	ed nitroglycerin tablets and				
		be administered without a				
		unless using prepackaged				
		§ 4.1(1)]. This authorization				
	-	cations in a cell does not				
		low the medications in a cell				
		is threatened or abuse of the				
	medication is docume		1			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		DET-090	B. WING		10/12/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	ATE, ZIP CODE	
KLAHO	MA COUNTY DETENTIO		HARTEL OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
{P5802}	Continued From page	e 60	{P5802}		
	over-the-counter med medications provided	dications are those I in single-dose packaging.			
	Based on observation facility failed to ensur medication, and neith	not met as evidenced by: n and record review, the re the prisoner takes the ner prescription nor dications are kept by an		Pursuant to Title 74, Section 193(B)(1) the Department provides the following proposals for solution: 1) Conduct staff interviews to assess	
	Finding(s): REPEAT 1) Observed on 10/1 possession of medica 2 Charlie cell #41.			 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. 	d.
	medication, located in cells #33, #38 and #4 Charlie cell #11. Staf medications in housin #38 and #42 instructed	f C, inmates in possession of n housing pods 10 Baker 42, 13 Baker cell #2, and 13 f C upon observing ng pod 10 Baker cells #33, ed the inmates to ingest verification of inmate's name		 4) Review and adopt further corrective actions as needed based on observation and interviews. 5) Conduct periodic monitoring of the correction for compliance, conduct further training and/or review, revise the policy and adopt further corrective actions as needed. 	her
	medications from inm the Oklahoma Count	a complaint concerning nate (32), who is housed at y Detention Center (OCDC). ned a clear bag with eleven ns.			
	Occurrence Report d	nkey Incident/Unusual lated 04/23/22, reported ss in housing pod 4 Charlie,			

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
		DET-090	B. WING		R-0 10/12	C 2/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE		
OKLAHON	MA COUNTY DETENTION		HARTEL OMA CITY, OK 73	3102		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLE ⁻ DATE
{P5802}	Continued From page	e 61	{P5802}			
	an inmate #245 gave medications, that had possession.	the nurse eighteen (18) I been in the inmate's				
	Occurrence Report da during medication pas	as administered to a wrong				
{P6101}	310:670-5-11(a)(2) D Cell Min 60sq ft	etention Facilities-Double	{P6101}			
	(a) Existing facilities.					
	forty (40) square feet inmate and at least tw floor space for each a the same cell. Double	t least sixty (60) square feet				
	Based on observation interview, the facility f (40) square feet of flo inmate and at least tw	failed to have at least forty oor space for the initial venty (20) square feet of additional inmate occupying DEFICIENCY		 Pursuant to Title 74, Section 193(B) the Department provides the followin proposals for solution: 1) Conduct staff interviews to asset the policy was not followed. 2) Ensure the policy reflects the curexpected practice and revise as need 3) If the policy is revised or if the assessment determines staff knowled 	ss why rrent eded.	

STATE FORM

	a State Department of				I	
	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
		DET-090	B. WING			२-C / 12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		201 N SH	ARTEL			
OKLAHON	IA COUNTY DETENTION	N CENTER OKLAHO	MA CITY, OK	73102		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
{P6101}	Continued From page	e 62	{P6101}			
		ing a single bed, located in d cell #36 and 4 Baker cell		of the policy is incomplete, of training of staff on the policy		
		ıred 8' 3" x 9' (74.7 sq. ft.), 8" x 6' 6" (17 sq. ft.). A		4) Review and adopt furthe actions as needed based on		
		asured 18" x 30" (3.75 sq. easured 3' x 1'5" (4.5 sq. ft.).		and interviews.		
	The calculated availa	ble floor space was (74.7 ′5 sq. ft 4.5 sq. ft.) = 49.45				
	sq. ft. Subtracting 40) sq. ft. for first inmate leaves . Based on the usable floor				
	space available, the	capacity of the cell is 1				
		n the cell at the time of the				
	inspection was 2. Sta inmate out of the cell	aff C said staff will move an				
		1/22, three (3) inmates				
	•	ated in housing pod 4 1, and 4 David cells #37 and				
		1 8' 3" x 9' (74.7 sq. ft.). A				
		x 6' 6" (17 sq. ft.). A combo				
		18" x 30" (3.75 sq. ft.). A				
		ed 3' x 1'5" (4.5 sq. ft.). The				
		loor space was (74.7 sq. ft				
		- 4.5 sq. ft.) = 49.45 sq. ft.				
	÷ .	for first inmate leaves 9.45 ed on the usable floor space				
		y of the cell is 1 person. The				
		he time of the inspection				
	was 3.	·				
	3) Observed on 10/12					
		aving a single bed, located in				
	01	er cells #36 and #42, 12 7, 13 Baker cells #2 and #6,				
		ch cell measured 8' 3" x 9'				
		bed measured 2' 8" x 6' 6"				
		toilet/sink measured 18" x				
		ble combo measured 3' x				
		calculated available floor				
	space was (74.7 sq. 1	ft 17 sq. ft 3.75 sq. ft				

TATEMENT	a State Department of	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY
ND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		DET-090	B. WING			R-C 1/ 12/2022
ame of Pf	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
KLAHON	A COUNTY DETENTION	201 N SH				
	SUMMARY ST		DMA CITY, OK 731	PROVIDER'S PLAN ((¥5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
[P6101}	Continued From page	9 63	{P6101}			
	first inmate leaves 9.4 on the usable floor sp of the cell is 1 person the time of the inspec 4) Observed on 10/12	. ft. Subtracting 40 sq. ft. for 45 sq. ft. remaining. Based bace available, the capacity . The census in the cell at tion was 2. 2/22, three (3) inmates ated in housing pod 13				
	Charlie cells #17 and x 9' (74.7 sq. ft.). A but (17 sq. ft.). A combot 30" (3.75 sq. ft.). A ta 1'5" (4.5 sq. ft.). The space was (74.7 sq. ft 4.5 sq. ft.) = 49.45 sq first inmate leaves 9.4 on the usable floor sp	#25, which measured 8' 3" unk measured 2' 8" x 6' 6" toilet/sink measured 18" x ble combo measured 3' x calculated available floor ft 17 sq. ft 3.75 sq. ft . ft. Subtracting 40 sq. ft. for 45 sq.ft. remaining. Based bace available, the capacity . The census in the cell at				
	Reconciliation", dated (2) cells reflected the observed in the fiftee	ahoma County Cell Block 1 10/11/22, revealed only two actual number of occupants n (15) cells identified to have available floor space.				
	Reconciliation", dated housing pods, revealed	ahoma County Cell Block d 10/11/22, for the 4th floor ed three (3) inmates ated in housing pod 4 David,				
	Reconciliation", dated housing pods, revealed	ahoma County Cell Block 1 10/11/22, for the 10th floor ed two (2) inmates assigned using pod 10 Baker, cell				
ahoma Stat	te Department of Health					

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		DET-090	B. WING		R-C 10/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION	N CENTER 201 N SI OKLAHO	HARTEL OMA CITY, OK 7	3102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
{P6103}	Continued From page	e 64	{P6103}		
{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 observatior	not met as evidenced by: n, the facility failed to provide d lighting of at least twenty ne housing areas.		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:	
	Finding(s): REPEAT	DEFICIENCY		 Review the policy and procedures reporting and responding to maintenal 	
	staff C, light level me various cells located i Measurements of ligh	31 p.m., accompanied by asurements were taken in in the housing pods. nt levels were taken using r, Compact Series model		 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 	for
	measured in housing B. Light reading of eig measured in housing C. Light reading of tel measured in housing D. Light reading of tw	teen (15) foot candles was pod 8 Charlie cell #17. ght (8) foot candles was pod 8 Charlie cell #18. n (10) foot candles was pod 8 Charlie cell #23. relve (12) foot candles was		 were not followed and why. 5) Revise and train staff on maintena procedures as needed. 6) Confirm the repair is scheduled ar completed. 7) Conduct periodic monitoring of the correction for compliance. 	ıd
	E. Light reading of six measured in housing F. Light reading of ter measured in housing G. Light reading of fiv	pod 8 Charlie cell #25. (6) foot candles was pod 8 David cell #28. (10) foot candles was pod 8 David cell #33. (e (5) foot candles was pod 8 David cell #42.			

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		DET-090	B. WING			R-C 1/12/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OKLAHON	IA COUNTY DETENTION	I CENTER 201 N SH OKLAHO	HARTEL DMA CITY, OK 731	02		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{P6103}	Continued From page	9 65	{P6103}			
	H. Light reading of nir measured in housing	ne (9) foot candles was pod 8 David cell #49.				
	in housing pod 8 Dav three (3) foot candles levels were taken usin Compact Series mode 3) On 10/12/22, at 1:3	ken in the day room, located id, that had a light reading of . Measurements of light ng the REED Light Meter, el R1930. 31 p.m., accompanied by asurements were taken in				
	Measurements of ligh	r, Compact Series model				
	measured in housing 12 Charlie cell #22. S enter the cell #22 and fixture, and reported t the light fixture. B. Light reading of the	ro (0) foot candles was pods 10 Baker cell #22 and staff C used a flashlight to d visually check the light the inmates have damaged ree (3) foot candles was pod 13 Baker cells #2, #6,				
{P6218}	310:670-5-11(b)(6)(B Facilities-Bunks/Stora		{P6218}			
	facilities (after Januar construction of a new remodeling of an exis submitted to the Depa approval. Detention fa submit plans to the D	artment for review and acilities are encouraged to epartment for any that does not meet the				

Oklahoma State Department of Health STATE FORM

6899

If continuation sheet 66 of 68

STATEMENT	a State Department of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R-C
		DET-090	B. WING		10/12/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE	
OKLAHON	A COUNTY DETENTION		HARTEL OMA CITY, OK 7	73102	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
	Continued From page 66		{P6218}		
	standards are met.				
	least forty (40) squar initial inmate, and at of floor space for eac occupying the same permitted if there is a	ention room shall have at e feet of floor space for the least twenty (20) square feet ch additional inmate cell. Double-celling is tt least sixty (60) square feet (2) persons. Each room or			
	(B) Bunks and storag	je as indicated by square			
	Based on observatio	not met as evidenced by: n and record review, the de bunks and storage for		Pursuant to Title 74, Section 193(B)(1 the Department provides the following proposals for solution:	
	cell #36, 4 Baker cell assigned to a cell ha	DEFICIENCY 1/22, housing pods 2 David #36, two (2) inmates ving one single bed, with the g to sleep on the floor.		 Conduct staff interviews to assess the policy was not followed. Ensure the policy reflects the curre expected practice and revise as needed If the policy is revised or if the assessment determines staff knowledge 	ent ed.
	cells ##28, #31, 4 Da (3) inmates assigned bunk, with the third in floor.	1/22, housing pods 4 Charlie avid cells #37 and #44, three to a cell having one double mate having to sleep on the		 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 transfer to the Department of Corrections for the inmates having been judged and 	ers
	cells #36 and #42, 12	2/22, housing pod 10 Baker 2 Baker cells #1 and #7, 13 6, 13 David cell #11, two (2)		inmates having been judged and sentenced to DOC custody.6) Review for ability to reduce	

NUMPEND OF CONTECTION DELTIFICATION MANDER. A BUILDING: Control is an intermediate in the second inmate having to sleep on the floor. (M) D SUMMARY STATEMENT OF DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE 201 N SHARTEL OKLAHOMA COVINY DETENTION CENTER 201 N SHARTEL OKLAHOMA CITY, OK 73102 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE A	ND PLAN (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURV COMPLETE	
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