

**MEETING DATE:** September 16, 2021 **Special Order of Business**

**TO:** BSCC Chair and Members

**FROM:** Allison Ganter, Deputy Director, [Allison.Ganter@bscc.ca.gov](mailto:Allison.Ganter@bscc.ca.gov)  
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**SUBJECT:** **Supplemental Report – (9/15/21)**  
Determination of Suitability –  
Barry J. Nidorf Juvenile Hall, Los Angeles County  
Central Juvenile Hall, Los Angeles County **Requesting Approval**

### Summary

This report provides updated information regarding Agenda Item II, which requests the Board to make a determination suitability within the meaning of Welfare and Institutions Code section 209, subdivision (d) for the Barry J. Nidorf Juvenile Hall and the Central Juvenile Hall in the County of Los Angeles.

### Background

On September 13, 2021, Field Representative Lisa Southwell conducted an additional inspection of Barry J. Nidorf Juvenile Hall and Central Juvenile Hall. The following are updated findings and recommendations for the Board to consider.

### **BARRY J. NIDORF JUVENILE HALL**

#### Item # 1

#### **§ 1313, County Inspection and Evaluation of Building and Grounds**

[...]

*(c) local health officer, inspection in accordance with Health and Safety Code Section 101045;*

**Issue of noncompliance as of 8/19/21:** Outstanding items in 2019 medical/mental health inspection that have not been corrected (*please note, the county public health inspection findings and addendum are listed below each section*):

#### **Item A. §1402. Scope of Health Care:**

**(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.**

PROBATION, Juvenile Court Health Services (JCHS) AND Juvenile Justice Mental Health Services (JJMHS): (Repeat finding since 2019) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided. The electronic medical record system aka Probation Electronic Medical Records System (PEMRS) have issues with capturing the correct admit date, real time medication and Psychotropic Medication Authorization (PMA) status records. The status bar in PEMRS is displaying inaccurate pertinent information for the nurses to properly administer psychotropic medications. The admit date are also inconsistent with actual admission date vs. PEMRS status bar admit date. The admit date found in the PEMRS status bar is unknown. Corrective action plans should include but not limited to correcting the lack of capturing true real time electronic medication, PMA status records and admit date. It was also noted that the lack of capturing real time electronic medication occurs partially because of the juvenile's movement location were not updated in a timely manner within PEMRS. This will be reviewed during the next inspection cycle. (T-1402(b))

ADDENDUM: 8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Capturing the youth location and admit date have been corrected.
- b. Real time medication documentation remains as a deficiency.
- c. Psychotropic PMA status record remains as a deficiency. 9/2/2021, received email from DMH. A ticket was generated with Cerner to correct the psychotropic PMA status record banner. Will review and confirm during next inspection cycle.

#### **Item B. §1432. Health Assessment**

**(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.**

JCHS: (Repeat finding since 2015) Based on a focused medical records review, it was noted that the initial health appraisal was not consistently completed within the set timeframe set forth for initial health appraisals to be done by the physician. A physical examination is expected to be completed within 96 hours from the time of detainment. Corrective action is required. Will verify and confirm via medical record review during the next inspection cycle. NOTE: It was noted that a modified initial admission assessment process was implemented during the COVID-19 pandemic. There were occasions where a delayed initial health appraisal occurred due to the status of juvenile's COVID result. However, those instances were not included in this finding. (T-15-1432)

ADDENDUM:8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Health appraisals were still exceeding the 96 hours requirement.
- b. 9/1/2021, received email from JCHS Medical Director regarding corrective action plans on how to improve the 96 hours health appraisal requirement. JCHS Medical Director has proposed for a mobile health assessment cart that will include but not limited to a laptop with access to PEMRS, medical equipment needed to complete a comprehensive health appraisal, etc. Probation will help obtain all requested items. Will review and confirm through a larger sampling of randomized records during next inspection cycle. Will also observe quarantine area to confirm the changes stated in proposal.

### **Item C. §1434. Consent and Refusal for Health Care**

#### **(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.**

PROBATION: (Repeat finding since 2019) Based on the medical records review, it was noted that the general consent forms were not consistently uploaded into PEMRS. General consent is required to provide healthcare services to the youth. Because general consents are obtained from Probation, corrective action plan such as training and retraining probation staff should be implemented to prevent this from re-occurring. This will be verified and confirmed during the next year's inspection cycle. (T-15-1434)

#### **ADDENDUM:**

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. General consents are generally not available in PEMRS immediately upon incarceration. It was noted that first attempts were made via mail or court.
- b. Interviewed staff assigned to handle all general consents, attempts to obtain general consents are conducted upon juvenile's admission into juvenile halls. It usually takes several days thereafter to obtain physical copy of general consent.
- c. 9/1/2021, received email from Jose Villar regarding a sampling of juveniles with general consent scanned into PEMRS. Upon review of the documents provided and if this was reviewed under normal routine inspection, it can be viewed as fully compliant. However, because the sampling size provided was approximately 20% of the total population, further review through a larger sampling of randomized records during next inspection cycle will be conducted to confirm this correction.

**Item D. §1438. Pharmaceutical Management**

**For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.**

**(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:**

**(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;**

**(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:**

**(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.**

PROBATION AND JCHS: (Repeat finding since 2017) Based on the medical records review, the administration/delivery of medicines to youth as prescribed were not consistently documented. Missed medications were noted and upper management was informed on-site of the finding. Based on the discussion, it was noted that the missed medications were from a systemic issue (movement control) that have not been corrected for many years. Collaboration between Probation and JCHS is imperative to achieve full compliance in this standard. Probation and JCHS shall be accountable for the evaluation and modification to the current systemic process to bring this standard to full compliance. This will be verified and confirmed during next year's inspection cycle. (T-15-1438)

**ADDENDUM:**

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Missed medications were still noted. Hence, the finding remains as a deficiency.
- b. 9/1/2021, received email from JCHS on Nursing QI studies on medication documentation compliance. Improvement of compliance between 90% to 100% were noted post Title 15 inspection.
- c. 9/3/2021, received email attesting to the PEMRS automated juvenile intra-agency transfer has been fixed effective 8/26/2021. This fix will directly affect the compliance of missed medication documentation. Will review and confirm during the next inspection cycle.

5. JCHS: Per JCHS policy and procedure, it is required for two nurses to conduct shift sign off narcotic count. One nurse conducting the shift sign off narcotic count was observed at the time of shift change. Nurse manager was informed of the finding. Training and retraining of the proper narcotic sign off is recommended as corrective action plan. Will verify and confirm during the next year's inspection cycle. (T-15-1438(b)(2))

**ADDENDUM:**

This deficiency was not reviewed during the 8/31/2021 reinspection cycle.

**Item E. §1439. Psychotropic Medications**

**(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.**

JJMHS: (Repeat finding since 2019) Based on the medical records review, it was noted that: 1) Approved PMAs were not consistently uploaded into PEMRS; 2) No PMA obtained for psychotropics that is being administered to the youth. Review and revise current PMA process to ensure PMA are made available in PEMRS in a timely manner is recommended. In addition, training on the importance of follow through and securing an approved PMA in PEMRS is also recommended. This will be verified and confirmed during next year's inspection cycle. (T-15-1439(b))

**ADDENDUM:**

8/31/2021, Reviewed a small sampling of medical records due to time constraint. The small sampling yielded the following findings:

- a. Inaccurate capturing of psychotropic medication consent remains as a deficiency.
- b. Per interview, realigning the way psychotropic medication consents are being obtained and uploaded into PEMRS is being discussed as part of their corrective action plan. Probation will assist as needed to bring this section up to compliance. Will review and confirm during next year's inspection cycle.

**County Response:** The Probation Department met with DPH, DHS-JCHS, and DMH to address the findings. On August 31, 2021, at the request of the Probation Department, DPH conducted a follow up inspection and will provide an updated Annual Inspection for consideration by the BSCC Inspector.

Probation has a role in two of the five DPH-related findings and expects to be in compliance by mid-September 2021 with:

- Updating PEMRS to fix system interface issues between PCMS and PEMRS, which relates to admission date and youth location.
- Ensuring Signed Medical Consents for youth detained are current and uploaded in PEMRS.

DHS-Juvenile Court Health Services

Juvenile Court Health Services submitted a Corrective Action Plan to the Department of Public Health committing to have all newly admitted youth receive a full physical examination within 96 hours of admission, even during the COVID Pandemic. The Probation Department will assist in providing system access to an attending physician for use in the Quarantine/Isolation Units at BJN and at CJH where newly admitted youth await their COVID test result. Juvenile Court Health Services submitted a Quality Assurance Study to DPH to address DPH's initial findings that administration/delivery of medication to youth, as prescribed, were not consistently documented in PEMRS. DPH will consider this study in their follow up inspection report anticipated to be completed by mid-September 2021.

Department of Mental Health

The Department of Mental Health submitted a Corrective Action Plan to DPH to ensure that the Psychotropic Medication Authorization information in PEMRS is accurate. This requires a system update in PEMRS that we anticipate completing by mid-September 2021. We will continue working closely with DPH, DHS-JCHS, and DMH to resolve any remaining non-compliant issues.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed the 8/31/21 addendum to the 2021 Medical/Mental Health inspection report and finds that the regulations identified above remain out of compliance.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency noncompliant in these five regulations:

- Item A. §1402. Scope of Health Care**
- Item B. §1432. Health Assessment**
- Item C. §1434. Consent and Refusal for Health Care**
- Item D. §1438. Pharmaceutical Management**
- Item E. §1439. Psychotropic Medications**

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**Item # 2****§ 1352, Classification**

***(d) provide for periodic classification reviews, including provisions that consider the level of supervision and the youth's behavior while in custody.***

**Issue of noncompliance as of 8/19/21:** No documentation of periodic reviews provided; this indicates that periodic classification reviews of youth are not occurring.

**Information needed to determine compliance:** Classification paperwork since 7/12/21 that demonstrates that reviews of classification occur on a periodic basis.

**County Response:** The Probation Department updated the Juvenile Hall Initial Assessment and Plan Periodic Review Form and included a section for reviewing the Unit

Classification form. The updated form was operationalized on August 23, 2021. Daily audits are now conducted to ensure proper completion of the updated form.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed periodic classification reviews conducted between the dates of 8/23/2021 and 9/10/2021. Documentation was found to be compliant.

**Staff Recommendation:** BSCC staff recommends that the Board find the agency compliant with this regulation.

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### Item # 3

#### § 1353, Orientation

***The facility administrator shall develop and implement written policies and procedures to orient a youth prior to placement in a living area. Both written and verbal information shall be provided and supplemented with video orientation if feasible. Provision shall be made to provide accessible orientation information to all detained youth including those with disabilities, limited literacy, or English language learners.***

**Issue of noncompliance as of 8/19/21:** Based upon a review of sample of orientation packets, orientations of youth are not being completed prior to placement in a living unit.

**Information needed to determine compliance:** Confirmation that orientation is taking place prior to housing, documentation of this action combined with interviews with youth to verify the action.

**County Response:** The Probation Department updated its procedures to ensure that orientations are conducted at Movement and Control prior to their transfer to the Receiving Unit. Daily audits have been incorporated to the quality assurance process to ensure proper completion of the Orientation form at Movement and Control.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed documentation containing youth's signature acknowledging receipt of orientation where admission staff complete the initial orientation. Documentation was reviewed between the dates of 08/20/2021 and 9/10/2021. BSCC interviewed youth and staff to confirm that orientation was occurring prior to housing. BSCC staff were able to verify compliance through documentation review and interviews.

**Staff Recommendation:** BSCC staff recommends that the Board find the agency compliant with this regulation.

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**Item # 4****§ 1354.5, Room Confinement**

***(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.***

**Issue of noncompliance as of 8/19/21:** The documentation reviewed did not indicate the need for the youth to be placed in room confinement consistent with the regulation's requirements.

**Information needed to determine compliance:** Room confinement documentation that clearly outlines the reasons for placement in room confinement that do not include punishment, coercion, convenience, or retaliation by staff. Documentation of individualized plans for goals and objectives to be met to reintegrate youth into general population.

**County Response:** Daily audits are now conducted to ensure proper documentation is sufficient to ensure Room Confinement is within Title 15 requirements.

**Supplemental 9/13/2021 Inspection:** BSCC staff confirmed that the agency has updated policy and trained staff to be compliant with this regulation. However, there have not been uses of room confinement since 8/12/21. We are unable to determine compliance due to lack of documentation.

**Staff Recommendation: Hold Open.** Further request that when there is a use of restraints, the agency submits all related documentation to BSCC staff for determination of compliance.

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**Item # 5****§ 1355, Institutional Assessment and Plan**

***(a) Assessment: The assessment is based on information collected during the admission process with periodic review, which includes the youth's risk factors, needs and strengths including, but not limited to, identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of known history of trauma, and family strengths and needs.***

***[...]***

***(b)(2)(B) a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented;***



**Issue of noncompliance as of 8/19/21:** The assessments and case plans provided for our review were incomplete and did not contain the elements required by this section of the regulation.

**Information needed to determine compliance:** Production of assessments and case plans that satisfy the above requirements.

**County Response:** Daily audits are now conducted to ensure that Institutional Assessments and related Plans are properly completed in their entirety.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed Initial Assessments and Case Plans completed between the dates of 8/20/21 and 9/10/21. Documentation revealed compliance with this regulation.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant with this regulation.

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**Item #6:**

**§ 1358, Use of Physical Restraints**

**Issue of noncompliance as of 8/19/21: None.** However, prior to 8/19/2021 the county had not properly adopted policies and procedures that conformed with section 1358.

**County Response: N/A**

**Supplemental 9/13/2021 Inspection:** BSCC staff confirmed that the agency has updated policy and trained staff to be compliant with this regulation. However, there have not been uses of restraints at the facility since May 2021. We remain unable to determine compliance due to lack of documentation.

**Staff Recommendation: Hold Open.** Further request that when there is a use of restraints, the agency submits all related documentation to BSCC staff for determination of compliance.

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**Item #7**

**§ 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility**

[...]

**(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives,**

**consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.**

**Issue of noncompliance as of 8/19/21:** Documentation did not indicate justification to place youth in restraints for transportation.

**Information needed to determine compliance:** Documentation that an individual assessment of the need to apply restraints for movement or transportation was completed.

**County Response:** Daily audits are conducted to ensure that there is sufficient documentation in Physical Intervention Reports, Supplemental Reports, and/or Special Incident Reports when moving youth in mechanical restraints within a facility.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed incident reports in which restraints were used for movement within the facility between the dates of 08/20/2021 and 9/10/2021. Documentation reviewed was found to be overall compliant; however, due to the small amount of documentation available, we recommend ongoing inspection and follow up to ensure continued compliance.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant with this regulation.

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## Item #8

### § 1371, Programs, Recreation, and Exercise

[...]

*(a) Programs. All youth shall be provided with the opportunity for at least one hour of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro-social interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff.*

**Issue of noncompliance as of 8/19/21:** Several units did not provide documentation of programs being provided.

**Information needed to determine compliance:** Documentation or other proof that programs are being offered in accordance with section 1371.

**County Response:** Daily audits are now conducted to ensure that there is specific

information on what Social Awareness or Rehabilitation Programming was provided to the youth.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed Programs, Recreation and Exercise logs for each unit between the dates of 08/20/2021 and 9/10/2021.

Documentation reveals that programming is occurring in accordance with the regulation.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant with this regulation.

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**CENTRAL JUVENILE HALL****Item # 1****§ 1313, County Inspection and Evaluation of Building and Grounds**

[...]

*(c) local health officer, inspection in accordance with Health and Safety Code Section 101045;*

**Issue of noncompliance as of 8/19/21:** Outstanding items in 2019 medical/mental health inspection that have not been corrected:

**Item A. §1402. Scope of Health Care:**

**(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.**

PROBATION, Juvenile Court Health Services (JCHS) AND Juvenile Justice Mental Health Services (JJMHS): (Repeat finding since 2019) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided. The electronic medical record system aka Probation Electronic Medical Records System (PEMRS) have issues with capturing the correct admit date, real time medication and Psychotropic Medication Authorization (PMA) status records. The status bar in PEMRS is displaying inaccurate pertinent information for the nurses to properly administer psychotropic medications. The admit date are also inconsistent with actual admission date vs. PEMRS status bar admit date. The admit date found in the PEMRS status bar is unknown. Corrective action plans should include but not limited to correcting the lack of capturing true real time electronic medication, PMA status records and admit date. It was also noted that the lack of capturing real time electronic medication occurs partially because of the juvenile's movement location were not updated in a timely manner within PEMRS. This will be reviewed during the next inspection cycle. **(T-1402(b))**

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- a. Capturing the youth location and admit date have been corrected.
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#### **Item B. §1432. Health Assessment**

**(a) The health assessment shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.**

JCHS: (Repeat finding since 2015) Based on a focused medical records review, it was noted that the initial health appraisal was not consistently completed within the set timeframe set forth for initial health appraisals to be done by the physician. A physical examination is expected to be completed within 96 hours from the time of detainment. Corrective action is required. Will verify and confirm via medical record review during the next inspection cycle. NOTE: It was noted that a modified initial admission assessment process was implemented during the COVID-19 pandemic. There were occasions where a delayed initial health appraisal occurred due to the status of juvenile's COVID result. However, those instances were not included in this finding. (T-15-1432)

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- a. Health appraisals were still exceeding the 96 hours requirement.
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**Item C. §1434. Consent and Refusal for Health Care**

**(a) All immunizations, examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.**

PROBATION: (Repeat finding since 2019) Based on the medical records review, it was noted that the general consent forms were not consistently uploaded into PEMRS. General consent is required to provide healthcare services to the youth. Because general consents are obtained from Probation, corrective action plan such as training and retraining probation staff should be implemented to prevent this from re-occurring. This will be verified and confirmed during the next year's inspection cycle. (T-15-1434)

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**(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:**

**(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;**

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**ADDENDUM:**

This deficiency was not reviewed during the 8/31/2021 reinspection cycle.

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**(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.**

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**County Response:** The Probation Department met with DPH, DHS-JCHS, and DMH to address the findings. On August 31, 2021, at the request of the Probation Department, DPH conducted a follow up inspection and will provide an updated Annual Inspection for consideration by the BSCC Inspector.

Probation has a role in two of the five DPH-related findings and expects to be in compliance by mid-September 2021 with:

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**Staff Recommendation:** BSCC staff recommend that the Board find the agency noncompliant with these five regulations:

- Item A. §1402. Scope of Health Care**
  - Item B. §1432. Health Assessment**
  - Item C. §1434. Consent and Refusal for Health Care**
  - Item D. §1438. Pharmaceutical Management**
  - Item E. §1439. Psychotropic Medications**
- 

**Item # 2****§ 1321, Staffing**

*(a) have an adequate number of personnel sufficient to carry out the overall facility operation and its programming, to provide for safety and security of youth and staff, and meet established standards and regulations;*

**Issue of noncompliance as of 8/19/21:** The staffing schedules reviewed were not completed consistently; we were unable to determine if staffing was adequate.

**County Response:** Daily audits have been implemented as part of the quality assurance process to ensure proper completion of the staff schedules. Specific staff are assigned to collect and review the Staffing Schedules from the morning (6 a.m. – 2 p.m.), afternoon (2 p.m. - 10 p.m.), and overnight shifts (10 p.m. - 6 a.m.).

**Information needed to determine compliance:** Recently completed staffing schedules for the facility that include information that demonstrates adequate staffing.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed staffing schedules between 8/20/2021 and 9/10/2021. The documentation contained the information required to verify that the facility is providing adequate staffing.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant in this regulation.

**Item # 3****§ 1352, Classification**

***(d) provide for periodic classification reviews, including provisions that consider the level of supervision and the youth's behavior while in custody.***

**Issue of noncompliance as of 8/19/21:** No documentation of periodic reviews provided; this indicates that periodic classification reviews of youth are not occurring.

**Information needed to determine compliance:** Classification paperwork since 7/12/21 that demonstrates that reviews of classification occur on a periodic basis.

**County Response:** The Probation Department updated the Juvenile Hall Initial Assessment and Plan Periodic Review Form and included a section for reviewing the Unit Classification form. The updated form was operationalized on August 23, 2021. Daily audits are now conducted to ensure proper completion of the updated form.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed periodic classification reviews conducted between the dates of 08/20/2021 and 9/10/2021. Documentation was found to be compliant.

**Staff Recommendation:** BSCC staff recommends that the Board find the agency compliant with this regulation.

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**Item # 4****§ 1354.5, Room Confinement**

***(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.***

***(B) Develop an individualized plan that includes the goals and objectives to be met in order to integrate the youth to general population.***

**Issue of noncompliance as of 8/19/21:** The documentation reviewed did not indicate the need for the youth to be placed in room confinement consistent with the regulation's requirements. The documentation also did not provide enough information about the individualized plan and was not consistent with regulatory requirements.

**Information needed to determine compliance:** Room confinement documentation that clearly outlines the reasons for placement in room confinement that do not include punishment, coercion, convenience, or retaliation by staff. Documentation of individualized plans for goals and objectives to be met to reintegrate youth into general population.

**County Response:** Daily audits are now conducted to ensure proper documentation is sufficient to ensure Room Confinement is within Title 15 requirements.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed instances of room confinement at the facility between 8/20/2021 and 9/10/2021; the documentation continues to lack clarity for placing the youth in a locked room at the actual time of placement does not indicate compliance with the regulation.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency noncompliant with this regulation.

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**Item # 5****§ 1355, Institutional Assessment and Plan**

*(a) Assessment: The assessment is based on information collected during the admission process with periodic review, which includes the youth's risk factors, needs and strengths including, but not limited to, identification of substance abuse history, educational, vocational, counseling, behavioral health, consideration of known history of trauma, and family strengths and needs.*

*[...]*

*(b)(2)(B) a plan for meeting the objectives that includes a description of program resources needed and individuals responsible for assuring that the plan is implemented;*

**Issue of noncompliance as of 8/19/21:** The assessments and case plans provided for our review were incomplete and did not contain the elements required by this section of the regulation.

**Information needed to determine compliance:** Production of assessments and case plans that satisfy the above requirements.

**County Response:** Daily audits are now conducted to ensure that Institutional Assessments and related Plans are properly completed in their entirety.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed Initial Assessments and Case Plans completed between the dates of 8/20/21 and 9/10/21. Documentation revealed that the elements required by regulation are contained in the paperwork, including a plan for meeting objectives, and demonstrate compliance with this regulation.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant with this regulation.

**Item #6****§ 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility**

[...]

(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.

**Issue of noncompliance as of 8/19/21:** Documentation did not indicate justification to place youth in restraints for transportation.

**Information needed to determine compliance:** Documentation that an individual assessment of the need to apply restraints for movement or transportation was completed.

**County Response:** Daily audits are conducted to ensure that there is sufficient documentation in Physical Intervention Reports, Supplemental Reports, and/or Special Incident Reports when moving youth in mechanical restraints within a facility.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed incident reports in which restraints were used for movement within the facility between the dates of 08/20/2021 and 9/10/2021. The documentation reviewed does not contain the specific detail for BSCC staff to identify regulatory requirements. Facility staff must consider the youth's known medical or mental health issues and consider trauma informed approaches before placing them in restraints for movement or transportation; this intent is not captured in the documentation.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency noncompliant with this regulation.

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**Item #7****§ 1371, Programs, Recreation, and Exercise**

[...]

*(a) Programs. All youth shall be provided with the opportunity for at least one hour of daily programming to include, but not be limited to, trauma focused, cognitive, evidence-based, best practice interventions that are culturally relevant and linguistically appropriate, or pro-social interventions and activities designed to reduce recidivism. These programs should be based on the youth's individual needs as required by Sections 1355 and 1356. Such programs may be provided under the direction of the Chief Probation Officer or the County Office of Education and can be*

*administered by county partners such as mental health agencies, community based organizations, faith-based organizations or Probation staff.*

**Issue of noncompliance as of 8/19/21:** Several units did not provide documentation of programs being provided.

**Information needed to determine compliance:** Documentation or other proof that programs are being offered in accordance with section 1371.

**County Response:** Daily audits are now conducted to ensure that there is specific information on what Social Awareness or Rehabilitation Programming was provided to the youth.

**Supplemental 9/13/2021 Inspection:** BSCC staff reviewed Programs, Recreation and Exercise logs for each unit between the dates of 08/20/2021 and 9/10/2021. Documentation reveals that programming as required by the regulation is occurring.

**Staff Recommendation:** BSCC staff recommend that the Board find the agency compliant with this regulation.

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### Recommendation/Action Needed

Staff recommends that the Board:

1. Find the Los Angeles County Department of Probation Barry J. Nidorf facility compliant with the following regulations:
  - Item # 2. § 1352, Classification
  - Item # 3. § 1353, Orientation
  - Item # 5. § 1355, Institutional Assessment and Plan
  - Item #7. § 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility
  - Item #8. § 1371, Programs, Recreation, and Exercise
2. Hold open the following regulations at the Los Angeles County Department of Probation Barry J. Nidorf facility:
  - Item # 4. § 1354.5, Room Confinement
  - Item #6. § 1358, Use of Physical Restraints
3. Find the Los Angeles County Department of Probation Barry J. Nidorf facility noncompliant with the following regulations:
  - Item 1.A.§1402. Scope of Health Care
  - Item 1.B.§1432. Health Assessment
  - Item 1.C.§1434. Consent and Refusal for Health Care
  - Item 1.D.§1438. Pharmaceutical Management
  - Item 1.E. §1439. Psychotropic Medications

4. Find the Los Angeles County Department of Probation Central Juvenile Hall compliant with the following regulations:
  - Item # 2. § 1321, Staffing
  - Item # 3. § 1352, Classification
  - Item # 5. § 1355, Institutional Assessment and Plan
  - Item #7. § 1371, Programs, Recreation, and Exercise
  
5. Find the Los Angeles County Department of Probation Central Juvenile Hall noncompliant with the following regulations:
  - Item # 1.A.§1402. Scope of Health Care
  - Item # 1.B.§1432. Health Assessment
  - Item # 1.C.§1434. Consent and Refusal for Health Care
  - Item # 1.D.§1438. Pharmaceutical Management
  - Item # 1.E. §1439. Psychotropic Medications
  - Item # 4. § 1354.5, Room Confinement
  - Item #6. § 1358.5, Use of Restraint Devices for Movement and Transportation within the Facility
  
6. Make a determination of suitability within the meaning of Welfare and Institutions Code section 209, subdivision (d), for the following facilities:
  - Barry J. Nidorf, Los Angeles County
  - Central Juvenile Hall, Los Angeles County

### **Attachments**

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Supplemental - 1: Barry J Nidorf Medical Mental Health Report Addendum - 8/31/21

Supplemental - 2: Central Juvenile Hall Medical Mental Health Report Addendum – 8/31/21