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STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT COURT

DOMINICK MORA-SOLIS; GABRIEL MIERA; GERALD WILSON; NARENDRA CHAND; FERNANDO AZOFEIFA; EDWARD CHAVEZ; LEISHA HENDERSON; VINCENT MARTIN; JAMES PEREZ; JACOB PRATT; JOHN RING; JESSICA MELENDREZ; JOSEPH TORREZ; JUSTIN CASEY; LINDA HENNING; MICHAEL ARMENDARIZ; DONNA ROMERO; TERESA KINCAID; and JOHN DOE PLAINTIFFS 1-20,

Plaintiffs,

Case assigned to Mathew, Francis J.

v. No.D-101-CV-2021-01160

STATE OF NEW MEXICO and NEW MEXICO CORRECTIONS DEPARTMENT; ALISHA TAFOYA LUCERO, in her individual and official capacities; WENCE ASONGANYI, in his individual and official capacities; ORION STRADFORD, in his individual and official capacities; STEVE MADRID, in his individual and official capacities; JOHN DOES 1-10 (Employees, Staff and Agents of New Mexico Corrections Department) in their individual and official capacities;

Defendants.

# PETITION FOR DECLARATORY RELIEF AND TEMPORARY RESTARINING ORDER

COMES NOW, PLAINTIFFS by and through their attorneys Collins & Collins, P.C. (Parrish Collins), bring this action for declaratory relief under Declaratory Judgment Act., NMSA 1978 § 44-6-1 et seq. and a preliminary injunctive relief under NMRA, Rule 1-066. For their cause of action state as follows:

Collins & Collins, P.C.

## **I.** PARTIES

## A. PLAINTIFFS

- 1. Dominic Mora Solis is currently in the custody of NMCD and housed at Central New Mexico Correctional Facility (CNMCF) in the Long-Term Care Unit (LTCU).
- 2. Gabriel Miera is currently in the custody of NMCD and housed at Central New Mexico Correctional Facility (CNMCF).
- 3. Gerald Wilson is currently in the custody of NMCD and housed at Northwest New Mexico Correctional Facility (NMMCF).
- 4. Narendra Chand is currently in the custody of NMCD and is housed at Northeast New Mexico Correctional Facility (NENMCF).
- 5. Fernando Azofeifa is currently in the custody of NMCD and housed at Northeast New Mexico Correctional Facility (NENMCF).
- 6. Edward Chavez is currently in the custody of NMCD and housed at Northeast New Mexico Correctional Facility (NENMCF).
- 7. Leisha Henderson is currently in the custody of NMCD and housed at Spring Correctional Center (SCC).
- 8. Vincent Martin is currently in the custody of NMCD and housed at Lea County Correctional Facility (LCCF).
- 9. James Perez is currently in the custody of NMCD and housed at Southern New Mexico Correctional Facility (SNMCF).
- 10. Jacob Pratt is currently in the custody of NMCD and housed at Central New Mexico Correctional Facility (CNMCF) in the Long-Term Care Unit (LTCU).

- 11. John Ring is currently in the custody of NMCD and housed at the Northeast New Mexico Correctional Facility (NENMCF).
- 12. Jessica Melendrez is currently incarcerated at the Springer Correctional Center (SCC).
- 13. Joseph Torrez is currently incarcerated at Northeast New Mexico Correctional Facility (NENMCF).
  - 14. Justin Casey is currently incarcerated at the Southern New Mexico Correctional Facility (SNMCF).
- 15. Linda Henning is currently incarcerated at the Western New Mexico Correctional Facility (WNMCF).
- 16. Michael Armendariz is currently incarcerated at the Central New Mexico Correctional Facility (CNMCF).
- 17. Donna Romero is currently incarcerated at Western New Mexico Correctional Facility (WNMCF).
- 18. Teresa Kincaid is currently incarcerated at Western New Mexico Correctional Facility (WNMCF).

# B. NEW MEXICO CORRECTIONS DEPARTMENT (NMCD)

- 12. DEFENDANTS NEW MEXICO CORRECTIONS DEPARTMENT (NMCD) and all NMCD correctional facilities are entities of the State of New Mexico.
- 13. NMCD retains ultimate authority and responsibility over all NMCD facilities in accordance with NMCD rules, policies, and procedures.
- 14. At all material times, NMCD acted through its respective officers, directors, employees, agents, or apparent agents.

- 15. ALISHA TAFOYA LUCERO is the Secretary of Corrections for the State of New Mexico.
- 16. WENCE ASONGANYI is Health Services Administrator for NMCD and was preceded by DAVID SELVAGE.
- 17. Serving Health Services Administrators maintain direct clinical oversight of independent contractors, ensuring that contractors are providing adequate care to NMCD inmates at all NMCD facilities.
- 18. ORION STRADFORD is the Bureau Chief, Internal Audits and Standards Compliance at State of New Mexico.
- 19. The NMCD Bureau Chiefs are responsible for monitoring the work of independent contractors, including medical contractors, and acts as NMCD's supervisor of these independent contractors.
- 20. STEVE MADRID, Grievance Appeals Manager, was at times relevant to this Complaint, as the individual acting on behalf of NMCD in charge of the NMCD Grievance Process, including the appellate process.
- 21. Individuals in charge of NMCD's Grievance Process serve as gatekeepers between inmates and their access to adequate healthcare.
- 22. As gatekeepers, Mr. Madrid and others overseeing the NMCD grievance process, do not responsibly, fairly, or objectively manage the grievance process.
- 23. Due to the many NMCD abuses and the deliberately obstructive design, implementation and management of the grievance system, inmates have no way of accessing necessary, proper, and competent medical care from NMCD medical contractors or outside medical providers.

# **II. JURISDICTION AND VENUE**

- 24. All acts complained of herein occurred within NMCD facilities throughout the State of New Mexico.
- 25. PLAINTIFFS have exhausted administrative remedies under N.M. Stat. Ann. § 33-2-11.
- 26. Jurisdiction and venue are proper under N.M. Const. art. VI, § 13, N.M. Stat. Ann. § 12-8-8 and N.M. Stat. Ann. § 33-2-11.

## **III.STATEMENT OF FACTS**

## A. NMCD Duties

- 27. NMCD has a duty to provide for the health and safety of NMCD inmates which includes the constitutional duty to provide necessary and proper medical care.
- 28. A proper functional medical grievance process serves the purpose of insuring necessary and proper medical care to NMCD inmates.
- 29. N.M. Stat. Ann. § 33-2-11 requires the exhaustion of administrative remedies which in this case means exhaustion of the medical grievance process.
- 30. The inmate grievance process is set forth in NMCD Policy CD 150500 (PLAINTIFFS' EXHIBIT 1), (PLAINTIFFS' EXHBITS will hereinafter be referred to as PEX), CD 150501 (PEX 2), Form CD-150501.1 (PEX 3), Form CD-150501.2 (PEX 4) and Form CD-150501.3 (PEX 5).
- 31. NMCD Policy CD 150500 applies to all inmate grievances including medical grievances.

- 32. Despite the ruse of a functional grievance process embodied by NMCD Policy CD 150500, there is no functional medical grievance process, making exhaustion of the medical grievance process virtually impossible as will be seen below.
  - 33. NMCD facility grievance officers serve also as facility disciplinary officers.
- 34. Exercise of inmate rights and duties to exhaust the medical grievance process exposes inmates to retaliation and harm at the hands of NMCD and those individuals directly responsible at the facility level for the administration of the medical grievance and disciplinary processes.

## B. Obstruction of The Medical Grievance Process

- 35. NMCD is responsible for contracting of medical services for all NMCD facilities, including NMCD correctional facilities.
- 36. Defendant State of New Mexico by the terms of GENERAL SERVICES CONTRACT #16-770-1300-0097 (CGSC) authorized CENTURION CORRECTIONAL HEALTHCARE OF NEW MEXICO, LLC (CCH) to provide medical care to all inmates housed in all NMCD correctional facilities, for the period of June 2016 to November 2019.
- 37. By the terms of PROFESSIONAL SERVICES CONTRACT # 20-770-1200-0043 (WPSC) Defendant State of New Mexico contracted WEXFORD HEALTH SERVICES, INC. on October 25, 2019 to provide medical care to NMCD inmates.
- 38. NMCD has a duty to ensure that the medical facilities are operated reasonably, safely, and competently, within all NMCD correctional facilities.
  - 39. NMCD maintained authority over its medical contractors.
- 40. NMCD has the authority to terminate contracts with independent contractors with or without cause.

- 41. NMCD can intercede on behalf of NMCD inmates if independent medical contractors are not providing adequate and necessary medical care for NMCD inmates.
- 42. NMCD DEFENDANTS can intercede on behalf of an inmate to act on a medical grievance.
- 43. NMCD has a duty to intercede on behalf of an inmate to properly address medical grievances to protect inmates from medical harm.
- 44. NMCD DEFENDANTS do not intercede to protect inmates from grossly negligent, reckless, and deliberately indifferent failure to provide medical care by its medical contractors.
- 45. Rather, NMCD conspires with its medical contractors to deny proper medical care to NMCD inmates.
- 46. NMCD's deliberately dysfunctional and broken medical grievance system is the conspiratorial means by which NMCD and its medical contractors deny inmates appropriate medical care.
- 47. NMCD's medical grievance system is used not for the protection of inmates' medical rights but as a weapon to prevent inmates from both receiving proper medical care and to deny inmates access to the courts for the consequent medical harm.
  - 48. NMCD is solely responsible for the medical grievance process.
  - 49. NMCD routinely ignores medical grievances.
  - 50. NMCD routinely conceals and/or destroys medical grievances.
  - 51. NMCD routinely fails to process medical grievances correctly.
  - 52. NMCD refuses grievance forms to inmates.

- 53. NMCD refuses copies of grievances to inmates to conceal NMCD's obstruction of the grievance process and the destruction of medical grievances.
- 54. Counsel for PLAINTIFFS filed their first lawsuit against NMCD on January 4, 2018. Two additional medical negligence lawsuits were filed in 2018 and eleven more in 2019 against NMCD and Centurion.
- 55. Prior to filing of these lawsuits, all grievances forms including informal complaints were in triplicate allowing copies to inmates.
- 56. At some time soon after the above-referenced litigation commenced on said lawsuits, the grievance forms were no longer provided in triplicate form. Inmates could no longer keep their triplicate copy of medical grievances.
- 57. Subsequent to the discontinuation of triplicate copies of medical grievances, inmates could no longer obtain copies of their grievances without obtaining copies through NMCD staff and paying for the copies.
  - 58. The inmates are reportedly charged \$.50 (50 cents) per copy.
  - 59. Inmate wages can be as low as \$0.10 (10 cents) per hour.
- 60. It has been reported by inmates that copies of medical grievances have been denied them even when they offer to pay for copies.
- 61. Since that time, NMCD has refused and continues to refuse to provide copies of medical grievances to inmates which then forms the basis for fraudulent pleadings with the courts.
- 62. Once inmates or their estates file medical negligence lawsuits, NMCD and its medical contractors invariably then file motions to dismiss (MTD) and motions for summary judgment (MSJ) alleging failure to exhaust administrative remedies.

- 63. Included among the many MTDs and MSJs filed by NMCD alleging failure to exhaust administrative remedies through the NMCD grievance process is a falsified MSJ filed in the case of *Gerald Wilson v. Centurion Correctional Healthcare*, et al, D-101-CV-2019-00691, alleging Mr. Wilson had not filed medical grievances.
- 64. As a result, Mr. Wilson through counsel was compelled to file a MOTION FOR DEFAULT BASED ON DISCOVERY ABUSE AND RULE 11 VIOLATIONS. (PEX 6)
- 65. Upon being discovered in their fraud on Mr. Wilson and the Court, NMCD filed its NOTICE OF WITHDRAWAL OF THEIR MOTION FOR SUMMARY JUDGMENT BASED ON PLAINTIFF'S FAILURE TO EXHAUST ADMINISTRATIVE REMEDIES. (PEX 7)
- 66. Refusal to provide copies of grievances allows NMCD to ignore, conceal and destroy medical grievances.
- 67. Upon information and belief formed by expansive discovery on the matter, not a single medical grievance was found in favor of a NMCD inmate during the 3-year term of the General Services Contract between CCH and NMCD from June 2016 to November 2019.
- 68. American Correctional Association (ACA) audits show that no grievances were found in favor of inmates for the period from June 2016 to November 2019. (PEX 8)
- 69. There is one aberrant ACA audit from WNMCF showing that 29 of 29 inmate medical grievances were found in favor of inmates. (**PEX 9**). This seems to be an error in reporting, and it is more likely that 29 of 29 were found against inmates.
- 70. Counsel for PLAINTIFFS have issued updated Inspection of Public Records Act (IPRA) requests for ACA audits but has not received them.

- 71. Counsel for PLAINTIFFS was told by NMCD IPRA office that the ACA audits were not done but would be done in a few months.
- 72. NMCD IPRA office requested that Counsel for PLAINTIFFS issue a new IPRA in a few months.
- 73. A new IPRA was issued on March 30, 2021 requesting the ACA audits to determine if any medical grievances had been found in favor of an inmate since the last batch of ACA audits showing that none had been found in favor of an inmate other than the aberrant ACA audit from WNMCF. (PEX 10)
- 74. STEVE MADRID, Grievance Manager Administrator, is not a trained medical professional.
  - 75. At the facility level, medical grievances must be turned in to a grievance officer.
  - 76. Grievance officers have no medical training.
  - 77. Worse, grievance officers serve also as disciplinary officers.
- 78. No medical professionals are involved in the medical grievance procedure at any stage.
- 79. In addition to also serving as disciplinary officers, grievance officers are correctional guards and often have a severely adverse relationship to inmates seeking to utilize the medical grievance process. This is written into the policy:
  - b. The Institution Grievance Officer will log the Inmate Informal Complaint on the Informal Complaint Tracking Log (CD-150501.D) then forward the Inmate Informal Complaint to the Unit Manager, Chief of Security, or Institution's designee in charge of the informal resolution. If the Informal Complaint relates to the actions or decisions of the inmate's Unit Manager, the Informal Complaint is forwarded to another Unit Manager or designee for informal resolution.

**PEX 2**, p. 1,  $\mathbb{P}$  A(1)(b).

# C. Denial of Legal Assistance with Medical Grievances

- 80. Inmates do not have the benefit of legal assistance in the preparation of grievances.
- 81. There is a 5-day deadline on the filing of medical grievances, as with all grievances:
  - a. The inmate shall first file an informal complaint using the Inmate Informal Complaint form (CD-150501.3) within five (5) working days from the date of the incident giving rise to the complaint. The inmate shall explain in detail his or her complaint and address their complaint to the Institution Grievance Officer. NMCD Policy CD-150500 addresses the grievance process.

**PEX 2**, p. 1. P a.

- 82. The 5-day deadline effectively constitutes a 5-day statute of limitations on inmate medical negligence lawsuits, nullifying the New Mexico Tort Claims Act's (TCA) 90-day Tort Claims Notice requirement and the TCA's two-year statute of limitations and the 3-year statute of limitations on civil rights claims under 42 U.S.C. § 1983.
- 83. Due to the procedure for setting up calls with attorneys on secure attorney lines, inmates cannot possibly obtain attorney assistance within the 5-day deadline governing the process.
- 84. Instead, NMCD policy provides that if an inmate needs assistance, the inmate may use another inmate for that assistance.
  - "7. Inmates requiring aid in completing the grievance form may be assisted by another inmate."

**PEX 2**, p. 2, **P** 7.

85. Although there is no prohibition on attorney assistance, NMCD does not allow attorney assistance.

- 86. Instead, NMCD requires that attorneys be present with the inmate at the facility to prepare the grievance which must be, by NMCD's de facto requirements, completed in the inmate's own writing.
- 87. This makes attorney assistance with the medical grievance process virtually impossible which has been exacerbated further by the COVID-19 ban on attorney visitation.
- 88. Counsel for PLAINTIFFS have filed numerous grievances on behalf of inmates both before and after the COVID-19 pandemic began.
- 89. In most cases, NMCD simply does not respond to or even acknowledge medical grievances filed by Counsel for PLAINTIFFS on behalf of inmates.
- 90. In the few cases where NMCD did respond, NMCD flatly refused the grievances, stating that attorney submission of grievances is not allowed.
- 91. In anticipation of NMCD's refusal, Counsel for PLAINTIFFS during phone calls with inmates instructs inmates to file the grievances which is noted in the grievances issued directly to NMCD by Counsel.
- 92. It is anticipated that those grievances filed by inmates upon the instruction of Counsel will be missing from the NMCD grievance files when it comes time for NMCD to file its MTDs and/or MSJs for failure to exhaust administrative remedies.
- 93. In the few cases where the above-mentioned grievances filed by inmates have not been destroyed or otherwise concealed, NMCD undoubtedly will allege the grievances in some were not filed within the 5-day deadline, which of course has been precipitated by the refusal of NMCD to allow secure attorney client calls with the inmates in a timely manner.
- 94. Inmates are not allowed to call attorneys on an attorney line, instead being forced to call on recorded lines to reach an attorney on a call for which the inmates must pay.

- 95. Inmates much choose between giving up their right to counsel completely or waive their attorney client privilege and potentially face retaliation from NMCD staff for discussions on recorded calls to attorneys.
- 96. Upon contact by inmates on the recorded line, Counsel for Plaintiff explains that the calls are recorded, and that Counsel will set up a call to discuss their possible medical negligence claims. Counsel is then forced to wait weeks at a time to get the secure confidential call.
- 97. Calling on recorded lines creates several problems including, but not limited to, potential waiver of attorney client confidentiality, breach of medical privacy, and exposure to retaliation.
- 98. There have been occasions when Counsel for PLAINTIFFS was unable to speak to an inmate for a week or more.
- 99. Inmates are prevented from speaking with attorneys until the 5-day deadline for filing an informal complaint has passed.
- 100. These delays are deliberate and intentional with the purpose of denying inmate's access to the grievance process and ultimately access to the courts.

#### D. Failure to Provide Guidance on Grievance Process

- 101. NMCD routinely refuses to provide guidance on the grievance process and/or provides misleading guidance.
- 102. Instead, NMCD policy provides that an inmate can seek assistance from another inmate which is doubly offensive in light of the aforementioned refusal and obstruction of attorney assistance.

- 103. The grievance officers have a duty to provide information on how to file grievances:
  - H. Grievance Officer Investigation and Report Administrative Responsibilities:
    - 1) Grievance Officers will provide informational assistance to the inmate as to the proper grievance processes.

**PEX 2,** p. 7, **PP** H, H1.

- 104. They often do not provide assistance and when they do provide the assistance, it is almost certainly deliberately wrong or misleading.
- 105. The Legal Access Monitor is supposed to provide assistance to inmates in access to the courts which by the terms of NMCD policies necessitates assistance with the grievance process.
  - 106. There is supposed to be a Legal Access Monitor at each facility.
- 107. Upon information and belief, there are no Legal Access Monitors at any NMCD facility.

## E. NMCD Violations of its Own Grievance Process

- 108. Above and beyond the patent inference with, obstruction of and fraudulent pleadings on the grievance process, and denial of access to legal counsel or other meaningful assistance with the grievance process, NMCD violates numerous other provisions of its own procedure and process.
- 109. CD-150500 states that no employees that are a party to a grievance may participate in the grievance:
  - 3. No inmate or employee who is named in the grievance shall participate in any capacity in the investigation or resolution of the grievance, except as may be required and only to the extent required as the grievant, the subject of a grievance or a witness. Neither the institutional Grievance Officer nor Administrator shall act in such a capacity when they are the subject of a grievance or a witness to an incident resulting in a grievance.

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- 110. This provision, according to many inmates, is routinely violated with the very NMCD staff that are subject to grievances participating in and monitoring the process.
  - 111. This puts inmates at high risk of retaliation for filing grievances.
- 112. Numerous inmates have reported retaliation for filing medical grievances including segregation and assignment to the *Sindicato Nuevo Mexico* (SNM) unit where they have very few rights and little access to the grievance process and/or assistance with compliance with the grievance process requirements.
- 113. This problem is compounded by the fact that the grievance officers also serve as disciplinary officers.
- 114. Correctional guards may also serve as grievance officers while being a subject of the grievances filed by inmates.
- 115. Those same guards may also serve at the same time as disciplinary officers which subjects the grieving inmate to retaliation, which is rather routine according to inmate reporting.
- 116. This NMCD practice is a very strong deterrent to inmates filing medical grievances for fear of retaliation.
- 117. The same pattern illustrated above with potential retaliation has been reported in relation to health service requests (sick calls).

# F. NMCD Violations of Grievance Time Constraints

118. CD-150500 sets forth numerous time constraints upon NMCD in addressing grievances. These time constraints are routinely violated.

## H. Time Constraints:

1. Grievances shall be processed in a timely manner. No more than 90 working days will pass from the filing of a grievance by an inmate to the appeal decision. The exception to this is a PREA grievance. A PREA grievance must be completed

within ninety (90) days of submission. An extension of time may be requested to respond, of up to seventy (70) days, with documentation showing the need if the normal period for response is insufficient to make an appropriate decision. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.

- 2. The time-period will begin when the grievance has been properly filed with the Grievance Officer.
- 3. Responses will be made within fixed time limits at every level of review, as specified in CD- 150501.
- 4. In the event the grievance is not disposed of within the specified time limits, the inmate shall be deemed to have exhausted administrative remedies for that specific complaint. The grievance is not automatically granted.

119. NMCD is equally disdainful of the timelines on appeals:

## D. Appeal Process:

1. If an inmate is not satisfied with the decision of the Warden or his or her designee, the inmate may appeal that decision to the Office of the Secretary of Corrections within five (5) working days of receiving the decision from the Warden or his or her designee.

- 120. Upon information and belief, it is doubtful that NMCD will be able to present a single medical grievance where the deadlines above have been met.
- 121. There are other deadlines that NMCD does not respect and according to inmate reporting are rarely if ever met on medical grievances including the following provisions:

## A. Inmate's Responsibility:

- 1. Before using the formal grievance procedure, an inmate is expected to attempt to resolve the grievance or particular area of concern informally through discussion with the person or persons responsible for the incident, giving rise to the complaint. The agency shall not require an inmate to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.
  - a. The inmate shall first file an informal complaint using the Inmate Informal Complaint form (CD-150501.3) within five (5) working days from the date of the incident giving rise to the complaint. The inmate shall

explain in detail his or her complaint and address their complaint to the Institution Grievance Officer.

- b. The Institution Grievance Officer will log the Inmate Informal Complaint on the Informal Complaint Tracking Log (CD-150501.D) then forward the Inmate Informal Complaint to the Unit Manager, Chief of Security, or Institution's designee in charge of the informal resolution. If the Informal Complaint relates to the actions or decisions of the inmate's Unit Manager, the Informal Complaint is forwarded to another Unit Manager or designee for informal resolution.
- 2. The Unit Manager, Chief of Security, or Institution's designee who is designated to respond to the Inmate Informal Complaint will make every effort to resolve the Informal Complaint within five (5) working days from receipt of the Informal Complaint. The response to the Informal Complaint will be documented on the form (CD-150501.3). A copy of the written response is given to the inmate.
- 3. If the inmate is not satisfied with the response to the Informal Complaint, it is the inmate's responsibility to initiate a formal grievance using the Inmate Grievance Form (CD-150501.1) within five (5) working days after receiving response to the Informal Complaint.

122. The routine violation of deadlines coupled with routine failure to respond to medical grievances serves to further confuse and obstruct inmate exercise of their rights and duties to complete the medical grievance process.

# G. Denial of Forms for Inmate Grievances

- 123. One provision that is regularly violated by NMCD is to deny inmates the forms necessary to begin the grievance process.
  - 124. NMCD policy requires that necessary forms be provided to inmates:

**Inmate Grievance** Forms will be readily available to inmates in accessible locations within the institution.

**PEX 2**, p. 1, 
$$\mathbb{P}$$
 3(a).

125. In the case of an inmate with untreated cancer, an NMCD contractor placed her in segregation for complaining about her health and refused to provide grievance forms even after

the inmate was released from segregation providing them only once the 5-day grievance filing deadline had expired. A Tort Claims Notice was issued along with a grievance by Counsel. NMCD did not respond at all.

- 126. Several other inmates were placed in segregation with the inmates suffering cancer. They too reported that they were refused grievance forms while in segregation.
- 127. In addition to the patent violations of the NMCD's own policy, there are traps for inmates every step of the way geared toward the denial of access to the medical grievance process, appropriate medical care, and any legal recourse for failure to provide medical care.
- 128. This includes the provision in CD 15-150501 that requires the inmates to submit grievances to the Institution Grievance officer:
  - c. The Inmate Grievance form (CD-150501.1) is submitted to the Institution Grievance Officer by depositing the form(s) in an institutional mailbox where grievances will be collected on a weekly basis, a designated Grievance Box, or by delivering it in person to the Grievance Officer. Copies of grievances sent to persons other than the Institutional Grievance Officer will be considered informational copies only, not requiring a response.

**PEX 2**, pp. 1-2, 
$$\mathbb{P}$$
 3(c).

- 129. As with all things, NMCD and/or its contractors play games with even this as addressed above with the inmate with untreated cancer.
- 130. In addition, Counsel for PLAINTIFFS visited NWNMCF on January 8, 2020 for the very purpose of assisting inmates with their medical grievances. Grievances were properly prepared and handed to the legal liaison who directed Counsel to give them to him. The grievance officer then refused the grievances from the legal liaison because they were not delivered directly to him or her. (PEX 11)

# H. Deliberately Vague, Confusing and Conflicting Grievance Policies

- 131. NMCD CD 150500, 150501 and the accompanying forms have numerous vague, confusing, and conflicting provisions which serve as traps to inmates. The traps are intentionally designed to prevent inmates from complying with the policy's byzantine and shifting rules.
- 132. For instance, the policy states that if the informal complaint is not answered by NMCD, the inmate "may" file a formal complaint. The language does not say "must" file a formal complaint:
  - 4. If the Inmate has not received a response to the Informal Complaint within ten (10) working days after submitting the Informal Complaint, the inmate <u>may</u> proceed to initiate a formal grievance. In this case, the inmate should state on the Inmate Grievance form that no response to the Informal Complaint was received.

**PEX 2**, p. 2  $\mathbb{P}$  A(4), [emphasis supplied].

- 133. NMCD then takes the position in court that the inmate "must" file the formal complaint.
- 134. CD-150500 (H) states that if the grievance process is not disposed of within the specified times limits, then the inmate has exhausted the process:
  - 4. In the event the grievance is not disposed of within the specified time limits, the inmate shall be deemed to have exhausted administrative remedies for that specific complaint. The grievance is not automatically granted.

**PEX 1**, p. 7, **P** H(4).

135. This provision is particularly problematic since it suggests to inmates, and even to their attorneys if they are allowed to contact one, that the many violations of time constraints by NMCD in the grievance process set forth above would result in a finding of exhaustion of the process for the inmate. However, NMCD takes the exact opposite position once lawsuits are filed.

- 136. In fact, NMCD rarely if ever abides by the time constraints which would suggest by the terms of CD-150500 (H)(4) that every informal complaint that receives no response, including those that are destroyed, has met the exhaustion requirements.
- 137. Yet, NMCD invariably files Motions for Summary Judgment and/or Motions to Dismiss for failure to exhaust the grievance process n every medical negligence case in Counsel for Plaintiff's experience with medical negligence cases against NMCD and its medical contractors.
- 138. The confusion continues through the appellate process requirements which again uses the term "may" and not "must":

# **D. Appeal Process:**

1. If an inmate is not satisfied with the decision of the Warden or his or her designee, the inmate <u>may</u> appeal that decision to the Office of the Secretary of Corrections within five (5) working days of receiving the decision from the Warden or his or her designee.

**PEX 2, p.5** ₱ D, [emphasis supplied].

- 139. In addition to the vague, confusing, poorly written, and presumably intentionally misleading provisions in the grievance policy, the forms themselves are inaccurate, misleading, and contradictory to other provisions in the policy.
- 140. The written instruction for the informal complaint state that the complaint must be turned over to the grievance officer.
  - a. The inmate shall first file an informal complaint using the Inmate Informal Complaint form (CD-150501.3) within five (5) working days from the date of the incident giving rise to the complaint. The inmate shall explain in detail his or her complaint and address their complaint to the Institution Grievance Officer.

**PEX 2**, p. 1,  $\P$ A(1)(a), [emphasis supplied].

141. However, the informal complaint form suggests that the form must be turned into the "Unit Manager/Chief of Security/Designee". **PEX 5**, p. 1.

- 142. In addition, the informal complaint form states, like the policies above, that "If this informal complaint could not be resolved, the inmate <u>may pursue a formal grievance</u> within 5 working days of the date of resolution." **PEX 5**, p. 1 [*emphasis supplied*].
- 143. The informal complaint form does not say that the inmate must file a formal grievance to exhaust.
- 144. In addition to the confusing and misleading substance of the form, the form states that the informal complaint must be turned over to the "Unit Manager/Chief of Security/Designee" which creates substantial risks of retaliation and violates NMCD's policy regarding the confidentiality of grievances.
- 145. Once the Unit Manager, Chief of Security and Designees (which is undefined in the policy) are all aware of the grievance, there is a substantial risk that other staff will learn resulting in risks of retaliation which is routinely suffered by inmates according to inmate reporting.
  - 146. There is also an "Inmate 5-Day Notice of Receipt of Grievance". **PEX 4,** p 1.
- 147. Inmate 5-Day Notice of Receipt of Grievance has no instructions whatsoever. It most definitely does not suggest that a formal grievance must be filed by a particular deadline.
- 148. The formal grievance form **PEX 3,** p. 1 entitled "INMATE GRIEVANCE" is equally problematic.
- 149. The formal grievance form includes "STEP 4 Decision of Warden/Designee". **PEX 3,** p.2.
- 150. The Warden has the option of checking one of these boxes on the formal grievance form: "Denied ( ) Granted ( ) Dismissed ( ) Resolved ( ) Referred ( )".

- 151. The formal grievance form is to be returned to the grievance officer for processing.
- 152. The formal grievance form then has a section entitled "STEP 5 Departmental Appeal". **PEX 3**, p. 2. However, there are no instructions here either that in any way suggest that an inmate must file an appeal, or any deadline related to this requirement.
- 153. The misleading and deceptive instructions in NMCD policy and forms render the medical grievance process de facto unavailable.
- 154. A trained attorney would be hard-pressed to unravel the many contradictory provisions in NMCD while largely uneducated inmates must do so with no legal assistance at all instead relying on a fellow equally uneducated inmate if even this is allowed.
- 155. The intentionally vague, confusing, and contradictory instructions on the grievance process render the medical grievance process unavailable.
- 156. Failure to respond to grievances in a timely way or in most cases at all renders the medical grievance process unavailable.

# I. Avoidance, Refusal and Destruction of Inmate Grievances by Grievance Officers

- 157. The Grievance Officer routinely violates the policy requiring notification of receipt of a grievance.
  - 5. The Grievance Officer shall notify the grievant of receipt of a grievance on an Inmate 5-Day Notice of Receipt of Formal Grievance form (CD-150501.1).

**PEX 2**, p. 2, 
$$\mathbb{P}$$
 A(5).

158. In fact, the Grievance Officers actively avoid receipt of medical grievances even when prepared at the prison facility with the assistance of legal counsel using all the correct NMCD forms and following every instruction to the letter as best as counsel could determine.

- 159. Counsel visited NMNWCF in Grants, NM for the purpose of assisting several inmates with medical grievances.
- 160. Despite the long distance and the many challenges of setting up face to face meetings with clients, this was done due to the pattern of obstruction, destruction, and concealment of grievances by NMCD and its contractors.
- 161. Counsel hand delivered the grievances to Andrew Lucero, who was acting as legal liaison accompanying Counsel through the prison to his office in the interior for the inmate visits.
- 162. Even then, NMCD and/or its contractor refused the grievances because the grievances were not provided directly to the Grievance Officer by counsel but rather to the legal liaison who took the grievances for the purpose of delivering them and did deliver them to the grievance office. (PEX 11).
- 163. The inmate must then use his or her best "legal judgment" without any guidance, legal or otherwise, in preparing the grievance to the arbitrary expectations of NMCD including filing one grievance per issue even when the issues are all interrelated and relevant to the underlying medical negligence and grievance thereon:
  - 8. The inmate must complete a separate grievance form for each issue grieved. The inmate must file an individual grievance even though the problem may be shared with other inmates. A group grievance will be returned to the first name on the list for compliance with this requirement.

**PEX 2**, p. 2, PA(8).

164. Naturally, NMCD policy fails to explain what exactly this provision means or requires on the part of the inmate.

- 165. In fact, medical negligence by its very nature often involves multiple related medical issues. Inmates are compelled to use medical and legal judgment to separate these issues to the satisfaction of non-legal and non-medical NMCD staff, agents and contractors.
- 166. Failure to use proper legal judgment without assistance of counsel in the listing of grievances related to medical negligence will result in denial of the grievance, that is assuming it has not been destroyed:
  - 9. The inmate must state what reasonable relief is being requested as a solution to any grievance. Failure to do so will result in the grievance being returned to the inmate for completion.

**PEX 2**, p. 2,  $\mathbb{P}A(9)$ .

- 167. The inmate must also ask for remedies such as financial compensation which cannot be addressed through the grievance process.
- 168. Many inmates do not realize that the Prison Litigation Reform Act requires not just a request for financial relief but that the amount requested is the maximum that may ever be recovered in the event a lawsuit is filed and won.
- 169. This leads to the absurd result that Counsel has taken to advising inmates to ask for \$20 million dollars for each and every grievance no matter how trivial, in an abundance of caution.
- 170. This caution is made necessary by the fact that even something trivial like a minor infection can and has turned tragic, severe, and even deadly under the watch of NMCD and its medical contractors.

## J. NMCD Refusal to Provide Grievance Forms

171. NMCD often refuses to provide grievance forms to inmates.

- 172. As in the case of the inmate mentioned above with cancer, NMCD will go so far as to place an inmate in segregation to deny access to the medical grievance process.
- 173. While in segregation, the inmate is denied access to grievance forms and access generally to the medical grievance process.
- 174. Inmate reporting suggests that inmates are also denied access to counsel when placed in segregation.
  - 175. Refusal of grievance forms renders the medical grievance process unavailable.
- 176. NMCD takes advantage of the exhaustion requirement under the Prison Litigation Reform Act and its New Mexico counterpart N.M. Stat. Ann. § 33-2-11.
- 177. NMCD engages in misconduct to deny inmates access to the medical grievance process.
- 178. NMCD does this for the very purpose of then filing fraudulent MSJs and MTDs for failure to exhaust.

## K. Retaliation for Filing Medical Grievances

179. One area of critical concern which severely impacts the rights and duties of inmates to file grievances is the routine retaliation against inmates for filing grievances which is strictly forbidden:

A. Inmates shall not be subject to retaliation, reprisal or discipline for the legitimate use of the grievance procedure.

180. Counsel for PLAINTIFFS have heard numerous reports of inmates who have been retaliated against for filing medical grievances including two clients in active litigation. Both clients, while in active litigation, were placed in segregation. One of the inmates was placed in segregation for over one month and the other for 2 weeks for filing medical grievances.

- 181. Another client was placed in segregation for filing medical grievances for untreated cancer for which she was denied access to her UNMH oncologist from May 2020 to her release date on February 1, 2021. In addition, her incarceration was extended unlawfully numerous times all the while denying medical care because she was to be released soon.
  - 182. Inmates are under the threat of retaliation based upon subjective criteria:
    - 16. Inmates filing a false complaint will be subject to disciplinary action consistent with current disciplinary policy provisions.

**PEX 2**, p. 3, 
$$\mathbb{P}$$
 A(16).

- 183. The determination of whether an inmate has filed a false medical grievance is made by non-medical personnel who are completely unqualified for such determinations and worse, often have conflicts of interest as the medical grievances implicate them.
- 184. The determination of whether an inmate has filed a false medical grievance is made by grievance officers, who serve also disciplinary officers and guards.
- 185. This is seen again in determinations of whether the inmate has misused or abused the grievance process:

#### E. Misuse/Abuse of the Grievance Procedure:

Inmates are prohibited from the misuse/abuse of the grievance system such as frivolous or multiple grievances. Inmates are not to use this procedure as a form of harassment against staff. Such grievances will be denied.

Inmates using the grievance procedures to perpetrate the commission of a purposeful misconduct will be subject to disciplinary action consistent with current disciplinary policy provisions.

**PEX 2**, p. 6, 
$$\mathbb{P}$$
 (A).

- 186. Thus, retaliation against inmates is included in written policy.
- 187. For instance, the inmate with untreated cancer, filed grievances under the instruction of Counsel for many months in an attempt to obtain cancer treatment.

- 188. In the case of another inmate, Counsel likewise instructed her to continue to file medical grievances due to the failure to provide medical care for her worsening and poorly managed diabetes which has led to diabetic retinopathy, blindness and most recently, kidney failure.
- attempting to obtain care for both inmates via NMCD's legal department. (PEX 12) (collected DIL letters to NMCD). These letters were met with the same indifference shown by the correctional staff and medical providers. In short, no response was received from NMCD at all on these grievances. Instead, the inmates were placed in segregation presumably for abuse of the grievance process.
- 190. Inmates are also placed in segregation upon filing medical grievances under the pretense of protecting the inmate:
  - 15. Inmates shall be protected during the course of the grievance investigation, and may be placed in protective custody or transferred to any other facility per the inmate's request or as deemed appropriate by the Administration.

**PEX 2**, p. 3, 
$$\mathbb{P}$$
 A(15).

- 191. The 2 previous paragraphs reference grievances for sexual misconduct by staff. However, this provision seems to be utilized primarily to retaliate against inmates for filing medical grievances.
- 192. This was the case with one inmate who had suffered severe spinal osteomyelitis and sepsis as a result of the gross medical neglect of Centurion Correctional Healthcare and NMCD. Upon discharge from Christus St. Vincent Hospital after a 33-day hospital stay, the inmate was placed on shovel duty which caused him severe pain due to his permanently damaged spine. Upon filing a grievance requesting that he be taken off hard labor and returned

to his previous position in the kitchen, the inmate was placed in segregation for 4 weeks. **(PEX 13)** 

## L. Relocation of Inmates to Other Facilities

- 193. Numerous inmates have reported the practice of NMCD of transferring inmates to another NMCD facility upon the filing of grievances, including medical grievances.
- 194. The transfer of inmates to other facilities severely impairs the ability of the inmate to complete the grievance process.
- 195. The transfer of inmates following the filing of a grievance is intended to deny inmates access to the grievance system.
- 196. The transfer of inmates following the filing of a grievance is intended to deny inmates access to the courts on medical malpractice claims related to those medical grievances.

## M. Retaliation Renders the Grievance Process Unavailable

- 197. Numerous inmates have reported fear of retaliation for filing grievances, including medical grievances.
- 198. The retaliation has become so predictable and routine that Counsel for PLAINTIFFS has been compelled to inform inmates that the inmate may suffer retaliation for filing grievances and for even contacting Counsel. This is done on the first calls with inmates as a matter of professional responsibility.
- 199. In fact, Counsel for PLAINTIFFS were compelled to warn PLAINTIFFS in this case that there was a risk of retaliation for joining in this lawsuit. (PEX 14).
- 200. There are many inmates that are in such dire need of medical attention that they are willing to take the risks of retaliation for filing medical grievances.

- 201. It is not known how many inmates do not file legitimate and medically necessary medical grievances due to fear of retaliation.
  - 202. This places the health and safety of inmates in severe jeopardy.
- 203. In fact, the fear of filing a medical grievance leads to delayed filing of medical grievances which, in the unlikely event that NMCD would actually handle the grievances appropriately, undoubtedly has severe health consequences for those that fail to exercise their rights the medical grievance process.
- 204. Retaliation against inmates for filing grievances, and the fear thereof, renders the grievance system unavailable.

# N. Near Universal Denial of Medical Grievances

- 205. There is near universal denial of medical grievances.
- 206. The term "near" is used not because of evidence to the contrary that suggests that any medical grievances have been found in favor of an inmate since June 2016 but the entertainment of the possibility that a grievance might have been found in favor of an inmate.
- 207. Counsel for PLAINTIFFS has been unable to identify one nor has NMCD during the course of expansive discovery on numerous filed medical negligence cases or through the IPRA process.
- 208. When medical grievances are addressed, NMCD routinely and without medical justification, finds against inmates filing medical grievances.
- 209. No medical justification can be given because there are no medical professionals involved in the medical grievance process.
- 210. NMCD does not consult with objective medical experts in the review of medical grievances.

- 211. The decision of whether to substantiate a medical grievance is made by non-medical NMCD personnel.
- 212. From January 2016 through October 2018, according to American Correctional Association (ACA) audits which is the last data Counsel has in their possession, NMCD did not find in favor of a single NMCD inmate housed in any NMCD correctional facility. (**PEX 8**)
- 213. There were no medical grievances found in favor of inmates despite the fact that there were 72 medical deaths at NMCD facilities from January 1, 2016 to December 31, 2019.
- 214. This number does not reflect the total number of medically related deaths because it includes only those deaths that occurred at NMCD facilities.
- 215. The 72-figure does not include medically related inmate deaths that occur after transfer to an outside medical facility or upon release from prison in critical medical conditions and without access to medical care.
- 216. Counsel for PLAINTIFFS alone have filed 17 lawsuits for gross medical negligence, recklessness and deliberately indifferent refusal of basic medical care to inmates including nine cases of spinal sepsis and/or osteomyelitis, two cases involving severe diabetic neglect leading to amputations, two for failure to provide Hepatitis C or Hepatitis B treatment leading to cirrhosis.
  - 217. All of these filed cases involved transfer to outside hospitals.
  - 218. Four of the cases lead to the death of the inmate.
  - 219. None of the four inmate deaths are included in the 72-figure above.
- 220. Among those lawsuits filed, NMCD has filed MTDs or MSJs on every single one except for the deaths, which are outside both the PLRA and N.M. Stat. Ann. § 33-2-11 including

the aforementioned fraudulent MSJ upon which they were exposed, and their fraud reported to the Court.

- 221. The "near" universal failure to find in favor of an inmate on a medical grievance is arbitrary and capricious.
- 222. The "near" universal failure to find in favor of an inmate on a medical grievance renders the medical grievance process unavailable.

## O. NMCD Administrative Personnel are at the Root of NMCD Grievances Abuses

- 223. DEFENDANT STEVE MADRID is instrumental in the denial of medical grievances.
- 224. NMCD's medical grievance abuses outlined above lead directly to the gross and reckless medical neglect of inmates, including PLAINTIFFS.
- 225. NMCD's medical grievance abuses create an unsafe environment at NMCD facilities for inmates who cannot obtain necessary and timely medical care through the medical grievance process or otherwise, which has led to innumerable serious and avoidable injuries to inmates and in far too many cases, to the death of inmates.
- 226. NMCD, by and through its employees, staff and agents, know of the grave and dangerous medical conditions suffered by the inmates who have attempted to utilize the medical grievance process.
- 227. NMCD, by and through its employees, staff and agents, know of unanswered medical grievances.
  - 228. NMCD is responsible for unanswered medical grievances.

- 229. NMCD, by and through its employees, staff, and agents, know of the destruction and concealment of medical grievances. In fact, the destruction and concealment of medical grievances serves the purpose of allowing the aforementioned fraudulent MSJs and MTDs,
- 230. STEVE MADRID, Grievance Manager Administrator and WENCE ASONGANYI, Health Services Administrator (or his predecessor David Selvage) knew of the illnesses suffered by each of the Plaintiff's upon which lawsuits have been filed by Counsel for PLAINTIFFS.
- 231. STEVE MADRID, Grievance Manager Administrator and WENCE ASONGANYI, Health Services Administrator (or his predecessor David Selvage) knew of countless grievances filed and attempted by those inmates and other inmates who are unable to obtain critical medical care.
- 232. STEVE MADRID, Grievance Manager Administrator and WENCE ASONGANYI, Health Services Administrator (or his predecessor David Selvage) knew and know now that no medical grievances were found in favor an inmate during the period June 2016 to November 2019.
- 233. Although Counsel for Plaintiff has requested updated ACA audits on the matter, none have been received.
- 234. However, it is fully expected that it will be found that no medical grievances have been found in favor of inmate since November 2019.
- 235. Severe harm or death to the inmates could have been avoided through basic medical care which should have been addressed through the medical grievance process.
- 236. The medical grievance process is intended to ensure proper medical care but is instead used as a tool to deny it and then to deny inmates access to the courts in the aftermath.

237. The continuing abuse of the medical grievance process will lead to many additional severe injuries and death to inmates.

# P. Osteomyelitis Epidemic in NMCD Facilities

- 238. There is an epidemic of osteomyelitis in NMCD facilities.
- 239. Nine of the cases filed by Counsel for PLAINTIFFS involve osteomyelitis and/or sepsis.
  - 240. Several of the filed cases involve spinal osteomyelitis.
- 241. Others involve osteomyelitis in the extremities of inmates resulting from neglect of diabetic care. These unfortunately have led to amputations to inmates' extremities.
- 242. In fact, inmates who have developed osteomyelitis have reported that medical providers and NMCD staff trivialize their emergent infections over weeks, and in some cases months, of increasingly desperate requests for medical care and medical grievances with numerous inmates unable to walk or get out of bed for many days or weeks before they are finally transferred to the hospital.
- 243. The deliberate delays in treatment and the abuses of the medical grievance process in those cases filed have led to severe spinal osteomyelitis and sepsis, all leading to weeks and months of avoidable hospitalization ending with severe permanent spinal damage or death.
- 244. The delays are deliberate and result from the contracts entered between NMCD and its medical contractors that allow the contractors to escape any financial liability for inmates who are admitted to the hospital for at least 24 hours.
- 245. Osteomyelitis and sepsis have been and remain at epidemic levels in NMCD facilities.

- 246. NMCD is well aware of the problem and yet allows the practice to continue to this day which has resulted in the first lawsuits filed by Counsel for PLAINTIFFS against the new medical contractor, Wexford Health Services, Inc., for grossly negligent, reckless and deliberate delays in treatment for what begin as minor infections.
- 247. The inexcusable delays in referring inmates to specialist for care of these emergent infections suggests conspiracy between NMCD and its medical contractors to deny inmate care due to financial considerations.

# Q. Knowledge and Deliberate Indifference of NMCD to Grievance Process Abuses and Medical Consequences Therefrom

- 248. NMCD, STEVE MADRID, and WENCE ASONGANYI, Health Services Administrator (and his predecessor David Selvage) understand and recognize that failure to treat osteomyelitis, HCV, diabetes, and other severe illness constitutes recklessness under New Mexico law.
- 249. NMCD, STEVE MADRID, and WENCE ASONGANYI, Health Services Administrator (and his predecessor David Selvage) understand and recognize that failure to treat s osteomyelitis, HCV, diabetes, and other severe illness constitutes deliberate indifference under federal law.
- 250. NMCD, STEVE MADRID, and WENCE ASONGANYI, Health Services Administrator (and his predecessor David Selvage) know that osteomyelitis, HCV, and diabetes are very prominent in correctional facilities.
- 251. The State of New Mexico allocates extraordinary financial budgets to NMCD for the medical care of inmates.
  - 252. NMCD had full authority over the medical grievance process.

- 253. NMCD, through the grievance process, can control the manner in which its medical contractors perform their duties.
- 254. NMCD, through the terms of the terms of the contract with Centurion (CGSC), could during the term of the GSC control the manner Centurion performed perform its duties of medical care to NMCD inmates.
- 255. NMCD, through the terms of the contract with Wexford (WPSC), can control the manner Wexford performs its duties of medical care to NMCD inmates.
- 256. NMCD has the authority to terminate the contracts with its medical providers at will, with or without cause.
- 257. Despite the many options available to NMCD to ensure that constitutionally adequate healthcare is provided to inmates, NMCD has taken none of the action available to it to ensure proper healthcare for inmates.
- 258. Instead, NMCD has, in violation of the New Mexico Constitution, other New Mexico laws, and its own policies used the vague and byzantine grievance process maze to ensure that inmates do not receive constitutionally adequate healthcare. NMCD has as shown above has done this through:
  - a. Refusal to provide inmates with adequate guidance on how to complete the grievance process.
  - b. Denial of attorney assistance with the grievance process.
  - c. Failure to sanction a single medical provider for deliberate medical neglect from June 2016 to November 2019, which is the latest information possessed by Counsel.
  - d. Failure to find in favor of a single inmate on a medical grievance since over the entire 3-year contract with Centurion (GSC). It is not yet known but expected that the

pattern will hold true for Wexford as well putting additional inmates at risk of severe harm or death.

- 259. NMCD recklessly chose not to exercise any control over the manner of its medical contractors, leading to an epidemic of osteomyelitis in its facilities, an epidemic of poorly treated diabetes in its facilities, and ongoing failure to provide HCV treatment despite \$30,000,000 allocated by the State of New Mexico for these purposes. These are only the cases of which Counsel for PLAINTIFFS is aware. There are undoubtedly other critical and chronic illnesses that are being recklessly neglected.
- NMCD's grievance process is written and implemented with the intention of both denying inmates constitutionally adequate medical care, and denial of their due process right of access to the courts when harmed or killed by grossly negligent, reckless, and deliberately indifferent refusal to provide even routine and fully State funded medical care.
- 261. The weapon of the medical grievance process enables and perpetuates gross, reckless, and intentional medical neglect of inmate health conditions.
- 262. In so doing, NMCD has not only created a patently unconstitutional grievance process but have essentially nullified numerous other New Mexico Statutes including the Tort Claims Act deadlines, statutes of limitations and N.M. Stat. Ann. § 33-2-11.

## R. Intentional, Callous and Malicious Denial of Access to Medical Grievance System

263. NMCD intentionally denied and continues to deny inmates proper and necessary medical care for both minor and severe illness, the denial of which has resulted in lifelong injuries along lifelong costs to New Mexico Taxpayers, and in several deaths in cases upon which lawsuits have been filed by Counsel for PLAINTIFFS.

- 264. The denial of medical care is then met with a grievance process that cannot be completed as written or implemented.
- 265. NMCD cruelly and with malice regularly denies medical care to inmates and regularly denies access to the grievance process for the purpose of denying inmates access to the courts.
- 266. The refusal of medical care and the concomitant abuses of the medical grievance process are intentionally cruel and inhumane with the purpose of inflicting pain, including emotional harm, on inmates.
- 267. This is done in collusion and conspiracy with NMCD medical contractors at great costs to the State of New Mexico.
- 268. As it stands, NMD is free to inflict such pain as a result of its unconstitutionally written and implemented grievance process.

#### S. Constitutional Violations

- 269. The actions and inactions of NMCD outlined above violate the due process rights of inmates.
- 270. The actions and inactions of NMCD prevent inmates from compliance with N.M. Stat. Ann. § 33-2-11.
- 271. The actions and inactions of NMCD outlined above constitute cruel and unusual punishment.
- 272. NMCD grievances policies and procedures are violative of due process on their face.
- 273. NMCD grievances policies and procedures are violative of due process in their implementation and operation, and obstruction thereof.

274. NMCD grievances policies and procedures along with the obstruction thereof routinely leads to severe and permanent physical injuries and death to inmates.

# T. Violation of Purposes of NMCD Grievance Policy, CD 150550

275. The stated purpose of the inmate grievance Policy CD 150550 is:

To establish an administrative means for the expression and/or the efficient and fair resolution of legitimate inmate grievances and provide for an appeal process; to provide a regularly available channel for hearing and resolving concerns of inmates; to provide a mechanism to help keep managers informed and better able to carry out the Department's mission; and to meet national standards.

- 276. There is no possibility of obtaining a hearing on an inmate medical grievance.
- 277. This is a violation of both NMCD CD 150550 and the New Mexico Administrative Procedures Act.

#### IV. INDIVIDUAL INMATE FACTS

- 278. Each of the named PLAINTIFFS has been harmed by one or more of the abovenoted abuses of the medical grievance process.
- 279. Each of the named PLAINTIFFS stands ready to provide affidavits and testimony on the many abuses of the medical grievance process by NMCD, its employees, staff, contractors and agents.
- 280. The named PLAINTIFFS seek protection from the court against retaliation for providing the affidavits and participating in these proceedings.
- 281. The named PLAINTIFFS will need assistance from the Court in providing the affidavits due to obstruction of the attorney client relationship.
- 282. A number of named PLAINTIFFS suffered avoidable and extensive hospital stays.
  - 283. A number of the PLAINTIFFS have suffered severe and permanent injuries as a

result of NMCD's many abuses of the medical grievance process.

284. Additional inmates will be added but due to the COVID-19 Pandemic, the process for obtaining representation agreements for participation in this action has been severely hampered and delayed.

285. In addition, inmates have reported sending statements and representation agreements as legal mail that Counsel for Plaintiff has never received.

## V. VIOLATIONS OF NEW MEXICO'S CONSTITUTION

#### COUNT I: VIOLATION OF N.M. CONST. ART. II, § 18

286. N.M. CONST. ART. II, §18 states:

No person shall be deprived of life, liberty or property without due process of law; nor shall any person be denied equal protection of the laws. Equality of rights under law shall not be denied on account of the sex of any person. The effective date of this amendment shall be July 1, 1973.

- 287. NMCD medical grievance policy procedure, on its face and its implementation violates PLAINTIFFS' due process rights under N.M. CONST. ART. II, §18.
- 288. NMCD medical grievance policy procedure, on its face and its implementation violates both substantive and procedural due process in violation of N.M. CONST. ART. II, §18.

#### COUNT II: CRUEL AND UNUSUAL PUNISHMENT UNDER N.M. CONST. ART. II, § 13.

289. N.M. CONST. ART. II, § 13. Bail; excessive fines; cruel and unusual punishment states:

All persons shall, before conviction, be bailable by sufficient sureties, except for capital offenses when the proof is evident or the presumption great and in situations in which bail is specifically prohibited by this section. Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishment inflicted.

N.M. Const. art. II, § 13

- 290. The behavior of NMCD and CENTURION NMCD set forth in the statement of facts and the counts above constitute cruel and unusual punishment under N.M. CONST. ART. II, § 13.
- 291. As a result of the medical abuses made possible by obstruction of the medical grievance process, inmates suffer severe physical and emotional injuries and/or death.
- 313. NMCD's gross obstruction and abuse of the medical grievance process results in cruel and unusual punishment under N.M. CONST. ART. II, § 13.
- 314. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. CONST. ART. II, § 13.

# COUNT III: Violation of Equal Protection Under Law N.M. Const. art. II, § 4

315. N.M. Const. art. II, § 4 states:

All persons are born equally free, and have certain natural, inherent and inalienable rights, among which are the rights of enjoying and defending life and liberty, of acquiring, possessing and protecting property, and of seeking and obtaining safety and happiness.

N.M. Const. art. II, § 4

- 316. NMCD's gross obstruction and abuse of the medical grievance process deprives NMCD inmates of equal protection under law.
- 317. NMCD's gross obstruction and abuse of the medical grievance process denies NMCD inmates the right to access to administrative remedies provided by NMCD policy in violation of N.M. Const. art. II, § 4.
- 318. NMCD's gross obstruction and abuse of the medical grievance process denies NMCD inmates the ability to meet their duties set forth by NMCD policy for exhaustion of the administrative remedies in violation of N.M. Const. art. II, § 4.

- 319. NMCD's gross obstruction and abuse of the medical grievance process denies NMCD inmates the right to necessary and adequate medical care in violation of N.M. Const. art. II, § 4.
- 320. NMCD's gross obstruction and abuse of the medical grievance process has led to grave injuries and death to NMCD inmates.
- 321. NMCD's gross obstruction and abuse of the medical grievance process will lead to many more grave injuries and/or death to NMCD inmates.
- 322. NMCD's gross obstruction and abuse of the medical grievance process denies NMCD inmates the right to access to the courts in violation of N.M. Const. art. II, § 4.

#### COUNT IV: VIOLATIONS OF NEW MEXICO ADMINISTRATIVE PROCEDURES ACT

323. NMCD's gross obstruction and abuse of the medical grievance process violates NMSA § 12-8-3 (A). Rulemaking requirements sets forth the requirements for administrative rulemaking which states as follows:

adopt rules of practice setting forth the nature and requirements of all formal and informal procedures available;

- 324. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-3(C) which states as follows::
  - C. provide written statements of the general course and method by which its functions are channeled and determined, as well as make available all required or suggested forms, together with proper instructions pertaining thereto; and make available for public inspection all rules and other written statements of policy or written interpretations formulated, adopted or used by the agency in the discharge of its functions;
- 325. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-3(E) which states as follows:
  - E. provide a reasonable manner at a reasonable cost for interested persons to obtain copies of items set forth in this section; and

326. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-3(F) which states as follows:

F. not act in any manner or in any matter except in strict conformity with the rules and other written statements or items required in this section, and no person shall in any manner be required to resort to any procedure or be otherwise affected by any agency action not in strict conformity with the requirements of this section.

N.M. Stat. Ann. § 12-8-3(A)

327. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-8 (West) which states as follows:

In adjudicatory proceedings:

F. any party may be represented by counsel licensed to practice law in the state or by any other person authorized by law;

328. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-11 which states as follows:

A. The agency conducting proceedings under the Administrative Procedures Act may, subject to rules of privilege and confidentiality recognized by law, require the furnishing of information, the attendance of witnesses and the production of books, records, papers or other objects necessary and proper for the purposes of the proceeding. The agency, in any proceeding, or any party to an adjudicatory proceeding before it, may take the depositions of witnesses, including parties, within or without the state, in the same manner as provided by law for the taking of depositions in civil actions in the district court, and they may be used in the same manner and to the same extent as permitted in the district court.

329. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-15(D) which states as follows:

D. Any party to an adjudicatory proceeding is entitled as of right to the issue of subpoenas in the name of the agency conducting the proceeding. Upon written application to the agency, it shall forthwith issue the subpoenas requested. However issued, the subpoena shall show upon its face the name and address of the party at whose request the subpoena was issued. Unless otherwise provided by any law, the agency need not pay fees for attendance and travel to witnesses summoned by a party.

- 330. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-15(G) which states as follows:
  - G. Agency files and records, including but not limited to investigation reports, statements, memoranda, correspondence or other data pertaining to the matter under consideration scheduled for hearing or other agency action, shall be available for inspection and copying by any party of interest or other person affected by the pending matter, at all reasonable times prior to, during or after any hearing, proceeding or other proposed agency action. If the agency or any party asserts that any such information contained in the agency files and records should not be made available for any reason of confidentiality or privilege recognized by law, the question shall be determined by the district court of the county in which the requesting party resides, upon application by the party requesting the information and after hearing thereon following reasonable notice to the party asserting confidentiality or privilege.
- 331. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-15(H) which states as follows:
  - H. No officer, employee or agent engaged in the performance of investigative or prosecuting functions for any agency in any case shall, in that or a factually related case, participate or advise in the decision, recommended decision or agency review except as a witness or counsel in a public proceeding. Additionally, any hearing examiner, member of a review board or agency member shall withdraw from any proceedings in which he cannot accord a fair and impartial hearing or consideration. Any party may request a disqualification of any hearing examiner, member of a review board or agency member on the grounds of the person's inability to be fair and impartial by filing an affidavit promptly upon the discovery of the alleged grounds for disqualification, stating with particularity the grounds upon which it is claimed that the person cannot be fair and impartial. The disqualification shall be mandatory if sufficient factual basis is set forth in the affidavit of disqualification. The agency shall, by rule, provide for the appointment of a fair and impartial replacement for the person disqualified. If the replacement is disqualified, or in any case not otherwise provided for, a replacement shall be appointed by a justice of the supreme court.
  - 332. NMCD's gross obstruction and abuse of the medical grievance process violates

N.M. Stat. Ann. § 12-8-16 which states as follows:

Any party who has exhausted all administrative remedies available within the agency and who is adversely affected by a final order or decision in an

- adjudicatory proceeding may appeal pursuant to the provisions of Section 39-3-1.1 NMSA 1978.
- 333. NMCD's gross obstruction and abuse of the medical grievance process violates N.M. Stat. Ann. § 12-8-25 which states as follows:

The legislature expressly declares its purpose in enacting the Administrative Procedures Act is to promote uniformity with respect to administrative procedures and judicial review of administrative decisions, and the Administrative Procedures Act shall be liberally construed to carry out its purpose.

#### COUNT V: UNLAWFUL NULLIFCATION OF OTHER STATUTES

- 334. NMCD's gross obstruction and abuse of the medical grievance process effectively nullifies other New Mexico Statutes.
- 335. NMCD's gross obstruction and abuse of the medical grievance process effectively nullifies N.M. Stat. Ann. § 33-2-11 which states as follows:
  - "B. No court of this state shall acquire subject-matter jurisdiction over any complaint, petition, grievance or civil action filed by any inmate of the corrections department with regard to any cause of action pursuant to state law that is substantially related to the inmate's incarceration by the corrections department until the inmate exhausts the corrections department's internal grievance procedure. Upon exhaustion of this administrative remedy, the first judicial proceeding shall be a de novo hearing, unless otherwise provided by law."
- 336. NMCD, through its practices above, have made compliance with N.M. Stat. Ann. § 33-2-11 practically impossible.
- 337. NMCD's unconstitutional design and implementation of the grievance process is an affront to the legislature in enacting N.M. Stat. Ann. § 33-2-11 which could not possibly have conceived of the fraud that would ensue in NMCD's attempts to obstruct and prevent exhaustion of administrative remedies by inmates.
- 338. NMCD's gross obstruction and abuse of the medical grievance process results in the nullification of N.M. Stat. Ann. § 33-2-11.

- 339. NMCD's gross obstruction and abuse of the medical grievance process effectively nullifies the Tort Claims Notice requirement and 2-year statute of Limitations under the New Mexico Tort Claims Act.
- 340. MCD's gross obstruction and abuse of the medical grievance process will in the very near future begin to immediately nullify the New Mexico Civil Rights Act.

# **WHEREFORE**, PLAINTIFF requests judgment as follows:

- A. That Declaratory Judgment be entered under NMSA 1978 § 44-6-1 et seq. declaring the NMCD grievance process unconstitutional as drafted.
- B. That Declaratory Judgment be entered under NMSA 1978 § 44-6-1 et seq. declaring the NMCD grievance process unconstitutional as implemented.
- C. That preliminary injunctive relief be granted under NMRA, Rule 1-066 suspending any requirements that inmates exhaust administrative remedies through the NMCD grievance process pending trial on the merits under NMSA 1978 § 44-6-1 et seq. and NMRA, Rule 1-066.
- D. Declare that any breach of the grievance process, procedure and deadlines by NMCD in the grievance process nullify any further exhaustion responsibilities on the part of inmates.

#### E. Issue an Order that will:

- a. Allow attorneys to submit grievances on behalf of inmates.
- b. Conform the grievance deadlines to the Tort Claims Notice requirement, allowing a minimum of 90 days to submit informal complaints to begin the grievance process.
- c. Compel NMCD to cooperate with and respond to attorney filed

grievances.

- F. That all costs and attorneys' fees be awarded against DEFENDANTS under NMSA 1978 § 44-6-1 et seq.
  - G. Such other and further relief as the Court deems just and proper.

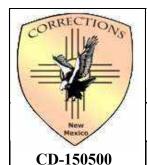
Respectfully Submitted: COLLINS & COLLINS, P.C.

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# NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

ISSUE DATE: 09/01/90 REVIEWED: 06/14/18 EFFECTIVE DATE: 09/01/90 REVISED: 06/14/18

**TITLE:** Inmate Grievances

#### **AUTHORITY:**

- A. NMSA 1978, Section 33-1-6 as amended.
- B. Policy CD-010100.
- C. Civil Rights of Institutionalized Persons Act of 1980, Public L. 96-247, 94 Stat. 349 (42 U.S.C. 1997).
- D. Prison Rape Elimination Act Standards 115.52
- E. NMSA 1978 §32-2-11.
- F. 42 U.S.C. Section 1997e.

#### REFERENCES:

- A. ACA Standard 2-CO-3C-01, Standards for the Administration of Correctional Agencies, 2<sup>nd</sup> Edition.
- B. ACA Standards 4-4284, 4-4344, 4-4394, 4-4410, 4-4429, and 4-4446; *Standards for Adult Correctional Institutions*, 4<sup>th</sup> Edition.
- C. ACA Standard 2-CI-5A-7, Standards for Correctional Industries, 2<sup>nd</sup> Edition.
- D. Prison Rape Elimination Act Standards 115.52

#### **PURPOSE:**

To establish an administrative means for the expression and/or the efficient and fair resolution of legitimate inmate grievances and provide for an appeal process; to provide a regularly available channel for hearing and resolving concerns of inmates; to provide a mechanism to help keep managers informed and better able to carry out the Department's mission; and to meet national standards. [2-CO-3C-01] [2-CI-5A-7]

#### APPLICABILITY:

All inmates incarcerated in the New Mexico Corrections Department, employees, volunteers, consultants and contract persons or entities employed on behalf of the Department in connection with the incarceration of or provision of services to New Mexico state inmates.

### **FORMS:**

- A. Inmate Grievance form (CD-150501.1) (2 pages)
- B. Inmate 5-Day Notice of Receipt of Formal Grievance form (CD-150501.2)
- C. Inmate Informal Complaint form (CD-150501.3)

#### **ATTACHMENTS:**

- A. Emergency Grievance Status Log Attachment (CD-150501.A)
- B. Miscellaneous Grievance Status Log Attachment (CD-150501.B)

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- C. Grievance Monthly Statistic Log Attachment (CD-150501.C)
- D. Informal Complaint Tracking Log Attachment (CD-150501.D)

#### **DEFINITIONS:**

- A. <u>Department</u>: The New Mexico Corrections Department and contract employees.
- B. <u>Emergency Grievance</u>: The Warden or a designee may implement emergency grievance procedures when there are indications of potential and substantial risk to the life or safety of the individual or when irreparable harm to the individual's health is imminent.
- C. <u>Exhaustion of Administrative Remedies</u>: The completion of the grievance process through the Department-level appeal.
- D. <u>Frivolous or Multiple Grievances</u>: The filing of repetitive grievances addressing the same issue where sufficient time for a response has not elapsed or where a valid response has been provided, unless there are continuing grievous violations of the same type or unless any relief granted on a prior grievance has not been provided within a reasonable period of time.
- E. <u>Grievance</u>: A written complaint by an inmate on the inmate's own behalf or by a constituent on an inmate's behalf regarding a policy applicable within an institution, a condition in an institution, or an incident occurring within an institution. The written complaint must be submitted on the grievance form provided with this Inmate Grievance policy, and must otherwise comply with the provisions of this policy. Any complaint or written complaint that does not utilize the approved grievance form, may initiate an investigation and response, but will not be deemed a grievance within the meaning of this policy.
- F. <u>Grievance Manager Administrator</u>: A Manager Administrator who is responsible for processing Grievance/Disciplinary appeals made to the Secretary and Director of Adult Prisons. The Grievance Manager Administrator shall not be an employee of, nor subject to, control of, an institution or prison; and should normally be an employee from Central Office.
- G. <u>Grievance Officer</u>: The person or persons at each institution designated to receive formal grievances from inmates and to investigate, resolve and/or recommend disposition to the Warden. The grievance officers assigned to the specific facilities (4) will be supervised by the facility warden or his designee and they are employees of the respective public facilities (4). Primary duties will assist the Warden or his designee in the grievance process and recommendations made. The statewide grievance/disciplinary appeals manager will provide training, guidance and oversight for grievance officers.
- H. *Informal Resolution*: A resolution reached by the grieving inmate and staff without going through formal grievance procedures.
- I. <u>Inmate</u>: A person incarcerated within the New Mexico Corrections Department penal system regardless of whether the person was convicted in New Mexico or is in New Mexico pursuant to an interstate compact agreement.
- J. <u>Negligence</u>: Any action which demonstrates unintentional or intentional negligence or misconduct by an employee and their actions which adversely affects New Mexico Correction Department policies or procedures or adversely affect the employee's ability to perform his or her duties include, but are not

NUMBER: CD-150500 REVIEWED: 06/14/18 REVISED: 06/14/18 PAGE: 3 limited to: failing to comply with CD policies or facility post order procedures to properly conduct and document property inventory transfers, or perform all assigned duties as required.

- K. Remedy: A meaningful response, action, restitution or redress for the successful inmate grievant.
- L. <u>Reprisal</u>: Any action or threat of action against anyone for the good faith participation in the grievance procedure.
- M. Secretary: The Cabinet Secretary of the Corrections Department.
- N. <u>Sexual Misconduct</u>: Any behavior and/or act of a sexual nature directed towards an offender by another offender, a Department employee, contractor, volunteer, visitor or Department representative. This includes acts or attempts to commit acts including, but not limited to, sexual assault, sexual abuse, sexual harassment, sexual contact, conduct of a sexual nature or implication, kissing, hugging, sexual gratification of any party, obscenity or unreasonable invasion of privacy by the act of observing, attempting to observe, or interfering in an offender's personal, intimate routines unrelated to the necessary performance of required job duties. Sexual misconduct also includes, but is not limited to, conversations or correspondence of a romantic or sexual nature between an offender and any Department employee, contractor, volunteer, visitor, or Department representative.
- O. <u>Prison Rape Elimination Act (PREA):</u> A federal act which sets guidelines and standards for states to implement in order to prevent incidents of sexual violence in prison. These standards insure corrections agencies and corrections facilities will have policies in place to deal with incidents pertaining to sexual violence and prison rape.

#### **POLICY:**

All management shall stress the importance of treating all inmate grievances as serious.

#### A. Communication of Procedures:

- 1. Under no circumstances will an inmate be denied the right to file an Informal complaint/grievance.
- 2. A written copy and oral summary of this policy and procedure will be provided to each inmate during orientation at the Reception and Diagnostic Centers (RDC and NMWCF) and thereafter upon reasonable request at the expense of the inmate. Staff will be provided a copy of this policy and procedure during their orientation process, as well as an oral summary of its contents. Copies of all policies and procedures regarding inmate grievances will be maintained at each institution and will be made available for review upon request by inmates or employees.
- 3. Upon arriving at the Reception and Diagnostic Center, inmates will be presented with written notification of the inmate grievance procedure. Notification will be provided in both English and Spanish; special provisions shall be made for sight-impaired or mentally disabled inmates. Written notification will include the following information:
  - a. A list of matters that are grievable and non-grievable;
  - b. Description of grievance forms and location where the forms can be obtained;
  - c. Description of grievance process, including time limits at each level;
  - d. Description of steps taken to assure confidentiality;

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- e. Description of what constitutes abuse/misuse of the grievance procedure; and
- f. Location of policies and procedures concerning inmate grievances.
- 4. In addition to written notification, inmates will receive a detailed oral explanation of the inmate grievance procedure if the inmate requests it. A copy of this policyshall be given to each inmate during orientation at Reception and Diagnostic Center (RDC). Provisions will be made for those not speaking English, as well as for the impaired or handicapped.
- 5. Institutional personnel, including those under private contract with the New Mexico Corrections Department, will receive a copy of all instructional materials on the inmate grievance procedure during the employee orientation.

#### **B.** Accessibility:

Each inmate will be entitled to invoke the grievance procedure regardless of classification level. This procedure will be made accessible to all impaired or handicapped inmates. [4-4429]

#### **C.** Administrative Provisions:

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- 1. The institutional Grievance Officer will assist the respective warden or designee of their assigned facility. The statewide grievance / disciplinary appeals manager will provide training, guidance and oversight for grievance officers. These individuals shall be responsible for carrying out the duties outlined herein.
- 2. The Statewide Grievance/Disciplinary Appeals Manager (Administrative Law Judge-Advanced) who reports to the Adult Prisons Director will be the designated Program Manager/Administrator. Any such person shall be responsible for the duties outlined herein.
- 3. No inmate or employee who is named in the grievance shall participate in any capacity in the investigation or resolution of the grievance, except as may be required and only to the extent required as the grievant, the subject of a grievance or a witness. Neither the institutional Grievance Officer nor Administrator shall act in such a capacity when they are the subject of a grievance or a witness to an incident resulting in a grievance.
- 4. The Warden at Level II, Level II, and Level III and Level IV institutions shall place a "*Grievance*" mailbox in a designated area in general population. The "*Grievance*" mailbox shall be accessible to all inmates in general population.
- 5. Wardens shall also place a "*Grievance*" mailbox in each segregated housing unit pod, at all facilities.
- 6. The *Grievance* mailboxes shall be secured at all times. The Grievance Officer shall be the only staff member with a key, and shall be the only staff member authorized to retrieve the grievances.
- 7. The Grievance Officer shall be required to check each "Grievance" mailbox on a weekly basis, excluding weekends and holidays.
- 8. Grievances are legal/privileged correspondence and shall be handled in accordance with CD-

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9. Inmates may continue to use general mailboxes to forward their grievances. The grievances shall be sealed and marked "legal mail", and must be sent directly to the Institutional Grievance Officers for processing.

- 10. Staff members will not accept inmate grievances and it is the responsibility of the inmate to seal and mark the envelope as "legal mail", and mail it to the Institutional Grievance Officer.
- 11. Inmates who choose to use the general mailboxes to submit grievances shall not be charged postage.

## D. Facility Grievance Officer Responsibilities:

It is the main responsibility of the Facility Grievance Officer to resolve the Formal Grievance if an
informal complaint cannot be resolved. Pursuant to CD-150501 (Section A, for further details on
responsibilities).

#### E. Grievability:

- 1. Except as provided below in E.2, the following matters are grievable by inmates:
  - a. The substance, interpretation and application of policies, rules and procedures of the institution or Department including, but not limited to, decisions regarding mail, visitation, staff treatment, negligence as to lost property or medical/mental health care excluding security issues. [4-4344] [4-4394] [4-4410]
  - b. Individual employee actions.
  - c. Perceived reprisal for use of, or participation in, the grievance process.
  - d. Any other matter relating to conditions of care or supervision within the authority of the New Mexico Corrections Department or its contractors, except as noted herein.
  - e. Department personnel sexual misconduct. This also includes any Prison Rape and Elimination Act, (PREA). Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse or sexual harassment, and shall also be permitted to file such requests on behalf of the inmates. (115.52)
  - f. If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (115.52) PREA Grievances may be filed on behalf of a third party in regards to an alleged victim. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.
- 2. The following matters are not grievable by inmates:

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a. Any matter over which the Corrections Department has no control, for example: parole decisions, sentences, and claims regarding inmate compensation which is regulated by statute.

- b. Matters involving the loss or delay of mail by the U.S. Postal Service or other carriers, e.g. UPS, Federal Express, etc.
- c. Any matter involving disciplinary procedure and findings. A separate appeal process is provided by Department policy for disciplinary actions.
- d. Any matter involving a classification decision. A separate appeal process is provided by Department policy for classification actions or placement in Special Management.
- e. Any matter involving predatory behavioral management program, special management program, or drug suppression program decisions. A separate appeal process is provides for these decisions.
- f. Complaints on behalf of other inmates.
- g. The subject of any prior grievance on which a final determination has been made or which is currently under review.
- h. Other matters beyond the control of the Department.
- 3. If a grievance is ruled non-grievable at any level, that decision may not be appealed through the remaining levels of the grievance procedure.

#### F. Informal Resolution:

It is the policy of the Department to resolve grievances at the lowest possible level. Informal resolution is used and required in the grievance process. The exception is any PREA grievances. This will not be subject to this standard and must be treated as emergency formal grievances.

#### G. Remedies:

If a grievance is decided in favor of an inmate, appropriate relief shall be provided to the inmate and the Department may, at its discretion, authorize one or more of the following remedies:

- 1. If the grievance involves loss of or damage to personal property, the remedy may be restoration of the property involved or payment of fair market value not to exceed \$50.00 for any one item at the discretion of NMCD, if the loss is determined to be the fault of the institution. The exception to this will be electronic devices which will be replaced with a comparable replacement or value of the electronic devices. In no event will replacement or monetary compensation be awarded without a showing of negligence or willful misconduct on the part of institutional employees.
- 2. Change of policies, procedures or practices.
- 3. Correction of departmental records.

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4. Other remedies as appropriate.

#### **H.** Time Constraints:

- 1. Grievances shall be processed in a timely manner. No more than 90 working days will pass from the filing of a grievance by an inmate to the appeal decision. The exception to this is a PREA grievance. A PREA grievance must be completed within ninety (90) days of submission. An extension of time may be requested to respond, of up to seventy (70) days, with documentation showing the need if the normal period for response is insufficient to make an appropriate decision. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.
- 2. The time period will begin when the grievance has been properly filed with the Grievance Officer.
- 3. Responses will be made within fixed time limits at every level of review, as specified in *CD-150501*.
- 4. In the event the grievance is not disposed of within the specified time limits, the inmate shall be deemed to have exhausted administrative remedies for that specific complaint. The grievance is not automatically granted.

# I. Emergency Procedures:

- 1. An emergency grievance shall be given priority. It is the responsibility of the inmate to designate the grievance as an emergency on the **Inmate Grievance** form (CD-150501.1) and to demonstrate the factors creating a risk that serious harm may result if the emergency grievance is processed according to standard time limits.
- 2. It is the responsibility of the Grievance Officer to determine, through investigation, if the inmate's grievance is, in fact, an emergency grievance. All PREA related grievances shall be considered an emergency grievance.
- 3. Once it is determined that such factor exists, the grievance will be deemed an emergency grievance and it shall be forwarded without substantive review immediately to the Warden to correcting the situation. Emergency grievances may be immediately appealed to the State wide Grievance/Disciplinary Appeals Manager if the emergency grievance after investigation and Warden's review cannot resolve the issues presented at their facility level. Documentation must be attached to verify the inability for resolution.
- 4. Emergency grievances shall receive an expedited response at every level as appropriate to the needs of the emergency situation, but in no event will the time for response exceed three (3) working days from the time the grievance is received by the Grievance Officer. The exceptions are PREA grievances responses which will be completed within forty-eight (48) hours of receipt of the grievance.

Inmates filing grievances for Department personnel sexual misconduct must mark the grievance form as "Emergency". All grievances for Department personnel sexual misconduct will be completed in an expedited manner with fairness and consistency. The Grievance Officer will notify the Warden or his

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- NUMBER: **CD-150500** REVIEWED: **06/14/18** REVISED: **06/14/18** PAGE: **8** or her designee within one (1) working day of the verifiable emergency grievance. The Warden shall complete a referral for an OPS investigation on all PREA related grievances. The grievance officer will immediately respond to the inmate with "this grievance has been referred for investigation to Office of Professional Standards. The investigation will be handled by an investigator that has completed special training for sexual assault cases.
  - 5. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges their substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response with 48 hours, and shall issue a final agency decision with 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the actions taken in response to the emergency grievance.

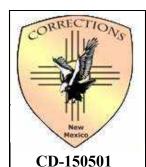
# J. Reprisals:

- A. Inmates shall not be subject to retaliation, reprisal or discipline for the legitimate use of the grievance procedure.
- B. Retaliation for use of this policy may be the subject of a grievance under this policy. Employees engaging in reprisals against inmates for good faith use of, or participation in, the grievance procedure shall be subject to disciplinary action.
- C. Inmates using the grievance procedures to perpetrate the commission of a purposeful serious misconduct will be subject to disciplinary action consistent with current disciplinary policy provisions.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

D11.9/

06/14/18 Date



# NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

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ISSUE DATE: 09/01/90 REVIEWED: 06/14/18 EFFECTIVE DATE: 09/01/90 REVISED: 06/14/18

**TITLE:** Inmate Grievances

#### **AUTHORITY:**

Policy CD-150500

PROCEDURES: [2-CI-5A-7] [4-4344] [4-4394] [2-CO-3C-01]

## A. Inmate's Responsibility:

- 1. Before using the formal grievance procedure, an inmate is expected to attempt to resolve the grievance or particular area of concern informally through discussion with the person or persons responsible for the incident, giving rise to the complaint. The agency shall not require an inmate to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.
  - a. The inmate shall first file an informal complaint using the Inmate Informal Complaint form (CD-150501.3) within five (5) working days from the date of the incident giving rise to the complaint. The inmate shall explain in detail his or her complaint and address their complaint to the Institution Grievance Officer.
  - b. The Institution Grievance Officer will log the Inmate Informal Complaint on the Informal Complaint Tracking Log (CD-150501.D) then forward the Inmate Informal Complaint to the Unit Manager, Chief of Security, or Institution's designee in charge of the informal resolution. If the Informal Complaint relates to the actions or decisions of the inmate's Unit Manager, the Informal Complaint is forwarded to another Unit Manager or designee for informal resolution.
- 2. The Unit Manager, Chief of Security, or Institution's designee who is designated to respond to the Inmate Informal Complaint will make every effort to resolve the Informal Complaint within five (5) working days from receipt of the Informal Complaint. The response to the Informal Complaint will be documented on the form (CD-150501.3). A copy of the written response is given to the inmate.
- 3. If the inmate is not satisfied with the response to the Informal Complaint, it is the inmate's responsibility to initiate a formal grievance using the Inmate Grievance Form (CD-150501.1) within five (5) working days after receiving response to the Informal Complaint.
  - a. **Inmate Grievance** Forms will be readily available to inmates in accessible locations within the institution.
  - b. All grievances must be signed by the grievant when filing an inmate grievance.
  - c. The Inmate Grievance form (CD-150501.1) is submitted to the Institution Grievance Officer by depositing the form(s) in an office of the Institution Grievance on a

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weekly basis, a designated Grievance Box, or by delivering it in person to the Grievance Officer. Copies of grievances sent to persons other than the Institutional Grievance Officer will be considered informational copies only, not requiring a response.

- d. The inmate should attach the response to the Informal Complaint when filing an inmate grievance.
- 4. If the Inmate has not received a response to the Informal Complaint within ten (10) working days after submitting the Informal Complaint, the inmate may proceed to initiate a formal grievance. In this case, the inmate should state on the Inmate Grievance form that no response to the Informal Complaint was received.
- 5. The Grievance Officer shall notify the grievant of receipt of a grievance on an Inmate 5-Day Notice of Receipt of Formal Grievance form (CD-150501.1).
- 6. Inmates filing an emergency grievance shall be answered within three (3) working days from the date of receipt if the grievance is a verifiable emergency. PREA grievance responses will be completed within forty-eight (48) hours (CD-150500) to comply with the PREA standards.
- 7. Inmates requiring aid in completing the grievance form may be assisted by another inmate. The form will be used to briefly summarize the complaint; additional information should be attached and mailed to the Grievance Officer. Appropriate language will be used; obscenities will not be allowed unless determined relevant to the grievance.
- 8. The inmate must complete a separate grievance form for each issue grieved. The inmate must file an individual grievance even though the problem may be shared with other inmates. A group grievance will be returned to the first name on the list for compliance with this requirement.
- 9. The inmate must state what reasonable relief is being requested as a solution to any grievance. Failure to do so will result in the grievance being returned to the inmate for completion.
- 10. If the grievance relates directly to actions of the Grievance Officer, the inmate will send the completed Inmate Grievance Form directly to the Warden. The Warden will appoint a person who is not involved with the matter of the grievance to serve as Grievance Officer for that particular grievance.
- 11. Grievances are considered confidential communications. Sealed letters will not be opened for inspection by mailroom personnel if the letter is labeled "Grievance" and addressed to the Grievance Officer, Deputy Warden or Warden.
- 12. In a case where a grievance has not been resolved at the time the grievant is released from custody, efforts to resolve the grievance will be completed and maintained in the archives. If the grievance was filed as a result of court action requiring exhaustion of administrative remedies and the grievant wishes to pursue resolution, it is the grievant's responsibility to notify the Grievance Officer of that intention and to provide an address and telephone number at which he or she may be contacted and other pertinent information requested by the Grievance Officer. [4-4446]

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13. Inmates filing grievances alleging staff sexual misconduct will have the ability to complain confidentially by filing an Inmate Grievance form (CD-150501.1). Inmates may use a general mailbox, grievance mailboxes, or submit to staff members. Such grievances will be considered an "Emergency"; therefore, inmates shall expect to be contacted expediently.

- 14. Inmates filing grievances for alleged staff sexual misconduct shall not be subject to retaliation, reprisal or discipline for the legitimate use of filing.
- 15. Inmates shall be protected during the course of the grievance investigation and may be placed in protective custody or transferred to any other facility per the inmate's request or as deemed appropriate by the Administration.
- 16. Inmates filing a false complaint will be subject to disciplinary action consistent with current disciplinary policy provisions. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.
- 17. In the event of a transfer, an inmate will be able to file any grievance directly with the Grievance Officer at the appropriate facility.
- 18. There is no time limits imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate who files a grievance relating to sexual abuse shall not be required to use any informal process or otherwise be required to attempt to resolve this matter with staff.

#### B. Grievance Officer's Review:

- 1. The Grievance Officer will note the date the grievance was received and enter into CMIS, assign a CMIS number to the grievance to include the institution, year and number of the grievance. The Grievance Officer will ensure all grievance information is entered and tracked by using CD-150501.A and CD-150501.B. On a monthly basis, these reports will be completed and the completed copies will be placed in the respective J or Z Drive locations depending on the institution's status as a state operated institution (J: Drive) or privately operated institution (Z: Drive) by the 10th day of the next month.
- 2. The Grievance Officer will review all grievances for proper time limits and necessaryinformation. A grievance that is untimely, incomplete or otherwise improperly submitted will be returned to the inmate with an explanation of why it is being returned. In case of returning the grievance for valid concerns to the inmate for corrections or explanation, the grievance will still be reviewed per the grievance process to the extent possible based on information provided.
- 3. The main responsibility of the Institution Grievance Officer is to resolve formal grievances at the local facility level, if the inmate pursues a formal grievance indicating that the informal grievance remains unresolved. The Grievance Officer is to:
  - a. Conduct an investigation to include all parties involved in the grievance at the local level or when requested at other locations. This may include assisting in requested audits from Central

NUMBER: **CD-150501** REVIEWED: **06/14/18** REVISED: **06/14/18** PAGE: **4** Office. All NMCD staff is required to cooperate fully with the Grievance Officer's investigation to include providing any statement as to the issues surrounding the grievance.

- b. Document and resolve the recommended resolution (if possible, with the agreement of the inmate) at the local level.
- c. Complete the Grievance Officer's report portion of the Inmate Grievance form.
- d. Conduct follow-up reviews on resolutions/findings to ensure the verification of good time reinstatement, reimbursement or property loss and other issues.
- e. Review Medical Informal complaints to ensure resolution can be made at the institution level.
- f. Contact/consult Health Services Bureau (Central Office) for recommendations and resolution of medical issues.
- g. Provide informational assistance to the inmate as to the proper grievance process.
- 4. If a Grievance Officer receives a grievance that should be resolved at a different facility, the Grievance Officer shall track and forward the grievance to the appropriate facility electronically (email). The Grievance Officer will notify the inmate of the transfer of the grievance to the designated facility within five (5) working days of receipt of the grievance. It is the responsibility of the respective Institutional Grievance Officer where the incident occurred to investigate and complete the grievance process.
- 5. The investigation by the Grievance Office and his or her report and recommendation will be completed and delivered to the Warden for review within fifteen (15) working days from receipt of the inmate's grievance. The Grievance Officer is expected to work with the Warden or his or her designee in a non-adversarial manner and as the subject matter expert in regards to the NMCD policies and procedures.

#### C. Warden's Decision:

- 1. The Warden or his or her designee will note the date of receipt of all grievances on the grievance form
- 2. Any disposition recommended by the Grievance Officer may be approved, disapproved or modified by the Warden or his or her designee.
- 3. Upon receipt of the grievance, the Warden or his or her designee shall determine if the grievance is one that challenges a general policy or procedure of the institution or the Department as a whole or the effectiveness or credibility of the grievance procedure.
- 4. The Warden or his or her designee will review the grievance, along with any comments from inmates and staff, and make a decision within fifteen (15) working days of receipt of the grievance by the Warden.
- 5. The Warden or his or her designee may, but is not required to, meet with the grievant prior to

NUMBER: **CD-150501** REVIEWED: **06/14/18** REVISED: **06/14/18** PAGE: **5** making a decision.

- 6. The inmate shall be informed in writing of the Warden's or his or her designee decision on the grievance, within five (5) working days of approval. Inmates will also be informed of their right to appeal this decision and the method by which they may appeal the decision.
- 7. The date the decision is submitted to the inmate will be noted on the grievance form.
- 8. If the grievant is awarded any relief, the Warden or his or her designee will instruct the Institutional Grievance Officer to process and verify the relief granted or forward the grievance to the appropriate facility staff that can provide the relief within fifteen (15) working days from date the grievance appeal is signed.

## D. Appeal Process:

- 1. If an inmate is not satisfied with the decision of the Warden or his or her designee, the inmate may appeal that decision to the Office of the Secretary of Corrections within five (5) working days of receiving the decision from the Warden or his or her designee.
  - a. The inmate will submit the appeal by completing the appeal portion of the **Inmate Grievance** form and placing the form in an institutional mailbox, a designated Grievance
    Box or by delivering it in person to the Institutional Grievance Officer for processing to
    Central Office. The grievance will not be sent to Central Office without being processed by
    the Institutional Grievance Officer.
- 2. The Grievance Officer will note the date of receipt of the appeal portion of the Inmate Grievance form.
- 3. The Grievance Officer will attach all relevant materials to the appeal and deliver the appeal electronically (email) to the Statewide Grievance/Disciplinary Appeals Manager within five (5) working days of the date of receipt of the appeal portion of the **Inmate Grievance** form.
- 4. The Statewide Grievance/Disciplinary Appeals Manager will note the date of receipt of the appeal portion of the **Inmate Grievance** form.
- 5. The Statewide Grievance/Disciplinary Appeals Manager will conduct any further investigation necessary and present a recommendation to the Secretary or designee, within twenty (20) working days of receiving the appeal portion of the grievance. Institutional/prison administrators and employees are prohibited from interfering with or otherwise attempting to influence the review by the Grievance/Disciplinary Appeals Manager. The Appeals Manager will have the authority to reopen the grievance investigation at the institution level with the grievance officer to re-investigate and obtain further needed information if necessary to either corroborate or refute the grievance officer's findings if appealed.
- 6. The Secretary, Director of Adult Prisons, or designee will render a final decision on the grievance on receipt of the appeals portion of the Inmate Grievance form.
- 7. The inmate will be informed in writing of the final decision on the grievance. A brief and clear

NUMBER: **CD-150501** REVIEWED: **06/14/18** REVISED: **06/14/18** PAGE: **6** description of the reasons for the final decision should accompany the inmate notification. Copies of this notification will be forwarded to the Grievance officer at the institution to process and delivered to the inmate within three (3) working days of receipt of notification.

8. If the grievant is awarded any relief, the Secretary, or designee will instruct the State wide Grievance/Disciplinary Appeals Manager to contact the respective Institutional Grievance officer to process and verify the relief granted, and provide documentation to verify the relief was rendered within forty-five (45) working days from the date the grievance appeal is signed.

#### E. Misuse/Abuse of the Grievance Procedure:

Inmates are prohibited from the misuse/abuse of the grievance system such as frivolous or multiple grievances. Inmates are not to use this procedure as a form of harassment against staff. Such grievances will be denied.

Inmates using the grievance procedures to perpetrate the commission of a purposeful misconduct will be subject to disciplinary action consistent with current disciplinary policy provisions.

# F. Record Keeping and Periodic Evaluation:

Records regarding the filing and disposition of all grievances will be collected and maintained systematically by the Grievance Officer at each institution as follows:

- 1. A status log showing the name and number of the grievant, grievance number, date of initial submission, description of the grievance, disposition of the grievance, etc. will be maintained for tracking each level of all grievances.
- 2. All institutions will use the **Emergency Grievance Status Log** Attachment (CD-150501.A) and the **Miscellaneous Grievance Status Log** Attachment (CD-150501.B) the Grievance Monthly Statistic Log Attachment (CD-10501.C) and the Informal Complaint Tracking Log Attachment (CD-150501.D) accordingly. No revisions by the institution are permitted.
- 3. Institution Grievance Officers, Unit Managers, Chief of Security and/or designee will scan completed CD forms 150501. A through 150501. D into the respective J: Drive (State-operated institutions) and Z-Drive (Privately-operated institutions) by the tenth (10<sup>th</sup>) working day of the following month.
- 4. In January of each year, the Statewide Grievance/Disciplinary Appeals Manager shall evaluate the grievance procedure by reviewing the two (2) summaries. A representative sample of grievances and their disposition at each level and any other appropriate material to determine the extent of compliance with this policy. The Grievance/Disciplinary Appeals Manager shall prepare an annual report and submit it to the Director of Adult Prisons Division by January 31 of each year.
- 5. Copies of each completed grievance will be maintained for a minimum of three years following final disposition of the grievance. Electronic records shall be maintain according to IT policy.
- 6. No copies of grievances or adverse reference to any grievance will be placed in an inmate's institutional file unless a part of a finding of a disciplinary packet.

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7. To adequately ensure tracking of grievances through the process, once the inmate's grievance is submitted to the Grievance Officer for appeal, it will be transmitted by email once completed with their additional information to the Statewide Grievance/Disciplinary Appeals Manager.

- a. All grievances and completed correspondence issues to include the final disposition with the signatures will be scanned and entered into the J: Drive or A: Drive folder by the respective Institution Grievance Officer as to allow the Grievance Officer /Statewide Grievance/Disciplinary Appeals Manager, Secretary of Corrections, Deputy Secretary of Corrections, Adult Prisons Director, Deputy Directors of Adult Prisons and the Office of General Counsel access to the entire responses.
- b. Grievance Officers will type all responses; this includes the initial response to the inmate, Central Office packet and not handwritten when submitting the report packet to the Central Office. The Grievance Officers will also deliver the inmate his or her resolved grievance decision packet (hand deliver, in-house mail as to their preference) to ensure receipt of the grievance upon arrival for their facility record keeping and the inmate's copy.

# G. Confidentiality:

All correspondence marked "Grievance" and addressed to the Grievance Officer, Deputy Warden, Warden, or designee will be treated as strictly confidential. Records regarding the participation of an individual in legitimate grievance proceedings will be kept in a locked office or file cabinet and shall not be available to employees or other inmates, except to the extent necessary for clerical processing or legal defense. Only employees who are participating in the disposition of a legitimate grievance will have access to records essential to the resolution of the grievance.

#### H. Grievance Officer – Investigation and Report Administrative Responsibilities:

- 1) Grievance Officers will provide informational assistance to the inmate as to the proper grievance processes.
- 2) All completed grievance investigation reports, appeals, tracking logs to include statistics logs and completed correspondence investigations to include the final disposition with the signatures will be scanned and entered into the designated J or Z: Drive folder by the Institution Grievance Officer. All grievances will be entered into CMIS as historical data. The original copy which is being scanned will be archived also as to have a backup copy available if needed.
- 3) Private contracted Institutions Grievance Officers will maintain a separate file folder with the tracking reports, all completed grievances and appeals to include the final disposition with the signatures which will be scanned and entered into the designated Z: Drive folder. The original copy which is being scanned will be archived as a backup copy. These file folders must be in monthly (10th day of each month) to the J or Z drive for retention. These files will have the standard tracking forms to be used only as to insure continuity with all the State and Private Institutions.
- 4) All grievance appeals that require Central Office review will be electronically transmitted (email), to the Statewide Grievance / Disciplinary Appeals Manager for review and decision by

NUMBER: CD-150501 REVIEWED: 06/14/18 REVISED: 06/14/18 PAGE: 8 the assigned Institution grievance officer. It is the responsibility of the Institution Grievance Officer to insure the inmate's appeal must include all required documentation and any additional information needed for review and decision at the Central Office. If the appeal packet is not complete, it will be returned to the Institution Grievance Officer to complete.

5) This will allow the Grievance Officer a tracking system to insure receipt and forwarding of the grievances to the Statewide Grievance / Disciplinary Appeals Manager. Grievance Officers will also deliver the inmate's appeal decision. The appeal will be hand delivered or mailed to the inmate within five (5) working days of receipt to ensure time limits are met and receipt of decision upon arrival for their Institution records keeping and the inmate's receipt of copy.

1)119/

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

<u>06/14/18</u>

Date

# NEW MEXICO CORRECTIONS DEPARTMENT INMATE GRIEVANCE

Inmate's Name:	NMCD#:	Grievance File #:
Institution:	Housing Unit:	Date of Incident:
Date Received by Grieva	ince Officer:	
Grievance Officer's Signa	ature:	
policy/procedure <i>CD-150</i> as to be readable after ph to be valid. Copies sent e <b>STEP 1 - Grievance</b> : Inc.	0500 before filing a grievance. You otocopying. The grievance must belsewhere will be considered information and names of	ed in an informal manner. Please read ar grievance must be typed or clearly written so e filed with the Institutional Grievance Officer national copies only, not requiring a response. Tany witnesses to support your claim. For your d. Use additional pages, if necessary.
Inmate's Signature:		Date:
Relief Requested:		
STEP 2 – To Be Compl	eted by the Grievance Officer:	
Byour grievance is <b>b</b> 1. The grievance 2. The matter hat the grievance 3. The grievance 4. The grievance 5. The grievance	as been answered in previous grieve e concerns material not grievous u e is a group grievance or petition.	rance #: nder present policy. (Submit individually.)
Grievance Officer's Sign	ature:	Date:

# NEW MEXICO CORRECTIONS DEPARTMENT INMATE GRIEVANCE

Grievance File #:	<u></u>		
STEP 3 – Grievance Investig	ation and Recommen	idation:	
1. Witness Statement: (	)		
2. Witness Statement: (	)		
3. Grievance Officer Investiga	tion Results and Recor	nmendation	
Grievance Officer's Signature		Date	
STEP 4 – Decision of Warde	n/Designee: Date rece	ived by Grievance C	Officer:
Denied ( ) Granted ( )	Dismissed ( )	Resolved ( )	Referred ( )
Signature:		Date:	
Date Returned to Inmate:			
STEP 5 – Departmental App A. Reason for appeal:	eal: (Return grievance	to Grievance Offic	er for processing.)
Inmate's Signature:		Date:	
Date Received By Grievance C Date Sent to Grievance Coordi			
B. Department Decision:			
		Data	
Cabinet Secretary/Designee		Date	

# **NEW MEXICO CORRECTIONS DEPARTMENT Inmate 5-Day Notice of Receipt of Grievance**

Inmate's Name:	NMCD#:				
Grievance File #:	Facility:	HU:	Cell:		-
RE:		Issue is under Review:	Yes ( )	No ( )	
Date Formal Grievance Received:	]	Date Notice of Receipt Sent:			-
				• • • • • • • •	Form CD-150501.2
		RRECTIONS DEPARTM otice of Receipt of Grievan		Rev	ised 06/14/18 Page 1
Inmate's Name:		NMCD#:			
Grievance File #:	Facility:	HU:	Cell:		-
RE:		Issue is under Review:	Yes ( )	No ( )	
Date Formal Grievance Received:		•			=
	NEW MEXICO CO	RRECTIONS DEPARTM otice of Receipt of Grievan	IENT		Form CD-150501.2 rised 06/14/18 Page 1
Inmate's Name:		NMCD#:			
Grievance File #:	Facility:	HU:	Cell:		-
RE:		Issue is under Review:	Yes ( )	No ( )	
Date Formal Grievance Received:		•			<del>_</del>
	NEW MEXICO CO	RRECTIONS DEPARTM	IENT		Form CD-150501.2 rised 06/14/18 Page 1
Inmate's Name:	•	•			
Grievance File #:					_
RE:		Issue is under Review:	Yes ( )	No ( )	
Date Formal Grievance Received:					

#### NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

Inmate Name:	NMCD#:		
Facility:	HU/Cell #:	Date of Incident:	
Name of subject or person	n to whom the complaint was	filed against:	
Inmate Signature:		Date:	
Unit Manager/Chief of S Date Received:	Security/Designee		
Ι,	h	ave reviewed the above inform	al complaint and
I,Unit Manager/C Recommend:	Chief of Security/Designee ( ) Resolution	( ) Recommend form	al grievance
Explain:			
	Print / Sign	Dat	
Acknowledged by the sig	natures below, this informal co	omplaint is: Resolved	Unresolved
Unit Mgr/Chief of Securi	ty/Designee:	Da	te:
_	Print / Sign /	Dat	
Inmate:	Print / Sign / Print / Sign	Dat	e:

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

FILED 1st JUDICIAL DISTRICT COURT
Santa Fe County
11/6/2020 12:56 PM
KATHLEEN VIGIL CLERK OF THE COURT

Tamara Snee

STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT COURT

D-101-CV-2019-00691

GERALD WILSON,

Plaintiff,

V.

CENTURION CORRECTIONAL
HEALTHCARE OF NEW MEXICO, LLC;
STATE OF NEW MEXICO, NEW
MEXICO CORRECTIONS DEPARTMENT et al.

Defendants.

PLAINTIFF'S MOTION FOR DEFAULT BASED ON DISCOVERY ABUSE AND RULE 11 VIOLATIONS

COMES NOW Plaintiff, Gerald Wilson, by and through his attorneys, Guebert Gentile & Piazza, P.C. and Collins & Collins, P.C., and respectfully moves the Court to sanction NMCD Defendants for discovery abuse and Rule-11 violations which have impacted the course of this litigation and prejudiced Plaintiff. As grounds for Plaintiff's Motion for Default Based on Discovery Abuse and Rule 11 Violations, Plaintiff states as follows:

I. INTRODUCTION

NMCD Defendants have filed a Motion for Summary Judgment Based on Plaintiff's Failure to Exhaust Administrative Remedies (MSJ). In doing so, they have intentionally attempted to deny Plaintiff access to the Courts. Most importantly, NMCD's MSJ is based on the allegation that Mr. Wilson did not "file any grievances" related to relevant medical care, when in fact, NMCD just produced such a grievance in its supplemental responses to discovery. This reflects a much

PEX 6, p. 1

Collins & Collins, P.C.

larger pattern of discovery abuse and obstruction. The fraudulently premised MSJ is a violation of the New Mexico Rules of Civil Procedure and Rules of Discovery and deserves the most serious sanctions available under NMSA Rule 11.

#### II. PROCEDURAL HISTORY

- 1. In March 2020, all parties agreed to stay proceedings pending settlement negotiations.
- 2. The stay covered a number of cases in the First Judicial District Court including this case.
- 3. There was significant discovery due from NMCD prior to the stay going into effect, including discovery related to Plaintiff's grievance file.
  - 4. No discovery was provided by NMCD during the six-month stay.
  - 5. Despite the agreed upon stay, NMCD filed twenty Motions for Summary Judgment.
- 6. On April 22, 2020, NMCD filed the subject MSJ on failure to exhaust administrative remedies (along with four other identical MSJs in concurrent cases).
  - 7. All parties went to Mediation on September 24, 2020.
  - 8. Due to failure of mediation, the stay on the cases was lifted.
- Plaintiff filed his Response to Motion for Summary Judgment Based on Plaintiff's
   Failure to Exhaust Administrative Remedies (MSJ) on October 23, 2020.

#### III. STATEMENT OF FACTS

10. NMCD and its employees, staff and/or agents have repeatedly denied that Plaintiff filed medical grievances including the allegation in Paragraph 8 of its MSJ stating, "Plaintiff did not file any grievances regarding the medical care he received or did not receive".

- 11. On January 2, 2020, Plaintiff's First Set of Interrogatories and Requests for Production to the New Mexico Corrections Department were issued to NMCD.
- 12. On March 23, 2020, after enlargements of time for NMCD's responses, NMCD provided Answers, Objections, and Responses to Plaintiff's First Set of Interrogatories, Requests for Production and Requests for Admission to Defendant New Mexico Corrections Department.
- 13. In response to Request for Production (RFP) No. 1 which read "Please provide the complete grievance file for Gerald Wilson", NMCD answered in part:

"Notwithstanding said objection, and without waiver, since Plaintiff has not filed any grievances, there are no documents responsive to this request." [emphasis added].

- 14. On May 15, 2020, Plaintiff issued a Rule 37 Good Faith Letter outlining deficiencies in NMCD's responses.
- 15. On October 26, 2020, NMCD supplemented its responses. In its supplemental response to Request for Production No. 1, NMCD stated please refer to those documents produced as Wilson RFP 1 Bates NMCD 0001-0006. Additionally, please refer to the inmate request form, produced as Centurion 000028-000029. Bates NMCD 0001-0006 is in fact a formal grievance Plaintiff filed regarding the medical care relevant to his Complaint.
- 16. In its original response to RFP No. 14 which requested the "Informal Complaint Tracking Log-Attachment (CD-150501) for Infection, Sepsis, Osteomyelitis...", NMCD answered in part:

"Notwithstanding said objections, and without waiver, given that Plaintiff did not file any grievance pertaining to medical care there are no documents responsive to this request."

17. In its supplemental response (October 26) to request for production No. 14, NMCD stated in part:

"NMCD reviewed Plaintiff's Rule 37 letter and submits as follows. NMCD is not supplementing this, as noted in the last sentence of its response to RFP 14, there are no documents responsive to this request."

The last sentence of its response to RFP No. 14 reads:

Notwithstanding said objections, and without waiver, given that <u>Plaintiff did not file any grievance</u> pertaining to medical care there are no documents responsive to this request. [emphasis added].

- 18. At mediation on September 23, NMCD argued that it was entitled to summary judgment based on the assertion Plaintiff did not file any grievances. As such, negotiations ended on September 23, 2020.
- 19. On October 26, 2020, after Plaintiff already filed his response to NMCD's MSJ, NMCD supplemented response to RFP No. 1 providing Bates document NMCD 0001-0006. **Exhibit 1.**
- 20. Bates NMCD 0001-0006 is a medical grievance filed by Plaintiff on the subject matter of the Complaint specifically referencing the lack of medical care for his back.
- 21. Plaintiff's medical grievance, Bates NMCD 0001-0006, was filed within the relevant time period and related directly to the subject matter of the Complaint.
- 22. NMCD's Motions for Summary Judgment Based on Plaintiff's Failure to Exhaust Administrative Remedies included a falsified affidavit submitted by Defendant Steve Madrid. Exhibit 2.
- 23. In his affidavit, Steve Madrid states that Plaintiff did not file any grievances (Exhibit 2, ¶ 16), which we now know is patently false.

24. NMCD witheld Plaintiff's filed grievance until after it filed its MSJ on Failure to Exhaust, after mediation (in which it argued no grievance existed), and after Plaintiff had already filed his response to NMCD's MSJ.

#### IV. LEGAL STANDARD

"Our Supreme Court has recognized that courts must have inherent power to impose a variety of sanctions on both litigants and attorneys in order to regulate their docket, promote judicial efficiency, and deter frivolous filings. "Siepert v. Johnson, 2003-NMCA-119, ¶ 11, 134 N.M. 394, 77 P.3d 298 (quoting State ex rel. N.M. State Highway & Transp. Dep't v. Baca, 120 N.M. 1, 4, 896 P.2d 1148, 1151 (1995) (internal quotation marks and citation omitted). The courts' inherent power in that regard "protects the integrity of the judicial process by concerning itself with the proper functioning of the court system." Seipert, 23003-NMCA-119, ¶ 11 (quoting Rest. Mgmt. Co. v. Kidde-Fernval, Inc., 1999-NMCA-101, ¶ 22, 127 N.M. 708, 986 P.2d 504) (internal citations, quotation marks and alterations omitted).

Sanctions protect the discovery process thereby protecting the due process rights of the non-deceiving party. *Reed v. Furr's Supermarkets, Inc.*, 2000-NMCA-091, ¶ 31, 129 N.M. 639, 647, 11 P.3d 603, 611, citing *See United Nuclear Corp.*, 96 N.M. at 238, 241, 629 P.2d at 314, 317. However, sanctions need not be tied to prejudice to the parties but may "linked to the affront to the court and the judicial process. *Weiss v. THI of New Mexico at Valle Norte, LLC*, 2013-NMCA-054, ¶ 24, 301 P.3d 875, 883, citing *See Sanchez*, 2004-NMCA-033, ¶ 19, 135 N.M. 192, 86 P.3d 617 (stating that "whether prejudice to [the d]efendant resulted is not the issue; the issue is counsel's abuse of the discovery process"). It is said that abuse of the discovery process affects more than the parties to the litigation, "It also affects the integrity of the court and, when left unchecked, would encourage future abuses." *Weiss v. THI of New Mexico at Valle Norte*,

LLC, 2013-NMCA-054, ¶ 24, 301 P.3d 875, 883, citing Gonzales, 120 N.M. at 157, 899 P.2d at 600.

In this case, severe sanctions are appropriate, not just to protect the interests of Plaintiff's rights but also the sanctity of the judicial process in the First Judicial District Court.

#### V. ARGUMENT

Defendants' discovery abuse in this case is alone sufficient for the most severe sanctions. However, Defendants' behavior in the instant case should not be viewed in isolation. Defendants have engaged in a pattern and practice of deliberate and willful obstruction of discovery in numerous cases in the First Judicial District Court. This pattern and practice should be taken into consideration in the Court's discretionary decision on sanctions here.

A. NMCD's discovery abuse warrants sanctions as Plaintiff was forced to engage in unreasonable discovery and motions practice to obtain information in NMCD's possession; forced to respond to a fraudulent motion for summary judgment; forced to attend a deadend mediation in which NMCD argued that Plaintiff had not filed any grievances.

The conduct of NMCD in concealing Plaintiff's grievances is egregious, prejudicial and frustrates the purpose of discovery and ultimately trial of this matter. Defendants concealed the subject grievance during a six-month stay which the parties entered in good faith. Further, at mediation, Defendants concealed the subject grievance while forcefully arguing that Plaintiff's case should be dismissed because Plaintiff did not file any grievances. Defendants' position at mediation that none of the Plaintiffs had filed grievances, in fact caused the failure of the mediation in this case, and four similar cases.

Most importantly, the NMCD Defendants continue their misrepresentations to this day, and have not withdrawn their MSJs or withdrawn Steve Madrid's false affidavit. By failing to withdraw their MSJs or Steve Madrid's affidavit, NMCD Defendants appear to be willfully

misleading the court; specifically, NMCD cannot state that Plaintiff "did not file any grievances" (in its discovery responses, supplemental discovery responses, "undisputed facts" and in Mr. Madrid's affidavit) in light of the grievance (Bates NMCD 00001-0006) provided to Plaintiff on October 26, 2020.

Bates NMCD 00001-00006, was provided to Plaintiff after Plaintiff filed his response in opposition to NMCD's MSJ on Exhaustion. In other words, NMCD only provided this critical information after it could no longer be harmed by such information at mediation or during motions practice. NMCD's willingness to attend mediation in bad faith, and litigate false summary judgment arguments based on false affidavits, is extremely prejudicial to Plaintiff and frustrates the prosecution of his case.

This specific instance of gross abuse of discovery should not be viewed in isolation.

#### A. Pattern of Discovery Abuse Across Multiple First Judicial District Court Cases

Concealing or withholding evidence appears to be the modus operandi of NMCD in responding to discovery. This is evidenced by the order from Ret. Judge Raymond Z. Ortiz, formerly Judge in the First Judicial District Court, in *Bianca McDermott v. New Mexico Corrections Department*, No. D-101-CV-2017-00871. No. D-101-CV-2017-00871, wherein he stated at ¶4 of his ruling:

"Lastly, the Court will issue an instruction to the jury stating that the Court has found that NMCD has acted in a willful, intentional, and bad faith manner by concealing evidence, contrary to NMCD's obligations to preserve and produce such evidence that has been set forth in orders issued by this Court; and that such conduct is among the worst examples of any party ever appearing in this Court, or for that matter in any litigation that the Court was aware of in twenty years of private practice in this District in the civil law context." **Exhibit 3.** 

The Order in *McDermott* illustrates NMCD's history and pattern of discovery obstruction, destruction and concealment. The *McDermott* order also shows that NMCD is incapable of

adjusting its discovery practices to meet the New Mexico Rules of Civil Procedure even in the aftermath of severe sanctions. Finally, and most importantly, the McDermott Order addressed pre-litigation destruction of discovery. In this case, NMCD withheld critical information that was the subject of ongoing litigation, including dispositive motions practice, and arguments at mediation.

In addition to *McDermott*, NMCD has suffered spoliation sanctions for concealment or destruction of prison video in *Encinias v. NMCD*, *et al*, Cause No. D-101-CV-2019-00720 **Exhibit 4.** The behavior in the instant case is again worse than that in *Encinias*. Like *McDermott*, *Encinias* also involved the pre-litigation destruction of evidence. Here, NMCD actively maintained a false position during litigation based on the withholding of critical evidence and discovery abuse.

Abuse of the discovery process, if left unchecked, harms the integrity of the court and if "left unchecked, would encourage future abuses." Weiss v. THI of New Mexico at Valle Norte, LLC, 2013-NMCA-054, ¶ 24, 301 P.3d 875, 883, citing Gonzales, 120 N.M. at 157, 899 P.2d at 600. A pattern and practice of willful discovery abuse merits the most serious sanctions. Reed v. Furr's Supermarkets, Inc., 2000-NMCA-091, ¶ 14, 129 N.M. 639, 644, 11 P.3d 603, 608. The choice of sanctions is within the discretion of the trial Court. Gonzales v. Surgidev Corp., 1995-NMSC-047, ¶ 33, 120 N.M. 151, 158, 899 P.2d 594, 601

The trial court need not exhaust lesser sanctions:

"when the court in its discretion determines that none of the 'lesser sanctions available to it,' would truly be appropriate," the court need not exhaust the lesser sanctions."

United Nuclear Corp. v. Gen. Atomic Co., 1980-NMSC-094, ¶ 387, 96 N.M. 155, 239, 629 P.2d 231, 315, see also Enriquez v. Cochran, 1998-NMCA-157, ¶ 48, 126 N.M. 196, 211, 967 P.2d 1136, 1151, Gonzales v. Surgidev Corp., 1995-NMSC-047, ¶ 33, 120 N.M. 151, 158, 899 P.2d 594, 601.

Due to a pattern and practice of willful failures of discovery, the court in *Gonzales* awarded \$100,000 to cover the expense of the discovery withheld and \$51,000 for attorney's fees, costs, and expenses. In the instant case, Plaintiff has been compelled to search for inmate grievances via multiple sets of discovery, good faith letters, and motions practice. In this case, Plaintiff only obtained the relevant information from NMCD after the harm had been done, including the time and expense of preparing responses to NMCD's motions, conducting investigations, and attempting to meet with clients to discuss the issues raised in NMCD's motions. Without this evidence, which NMCD appears to have intentionally concealed, Plaintiff's case could have been summarily dismissed. It will be difficult moving forward with litigation of this matter, knowing that NMCD provides false answers to discovery, and false arguments in dispositive motions based on false affidavits, and thus, Plaintiff respectfully requests sanctions that will appropriately restore fairness to this case and the judicial process.

WHEREFORE, Plaintiff respectfully requests that the Court order the following relief:

- 1. Default Judgment against NMCD Defendants on the issue of liability.
- 2. Damages covering the expense of the discovery withheld pursuant to Gonzales v. Surgidev Corp., 1995-NMSC-047.
- Costs and Fees associated with attempts to obtain inmate medical grievances in this
  case.
- 4. Costs and Fees associated with litigating NMCD's Motion for Summary Judgment, which was based on a false affidavit, and false discovery responses.

## Respectfully submitted,

#### GUEBERT GENTILE & PIAZZA P.C.

## By <u>/s/David S. Ketai</u>

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Attorneys for Plaintiff

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I HEREBY CERTIFY that on the 6<sup>th</sup> day of November, 2020, I filed the foregoing Plaintiff's Motion for Default Based on Discovery Abuse and Rule 11 Violations electronically through the State of New Mexico's Odyssey File & Serve system requesting that the following counsel be served through Odyssey:

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Attorney for New Mexico
Corrections Department

/s/ David S. Ketai

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### MEMORANDUM



The GEO Group, Inc. **GEO Corrections** 

P.O. Box 520

South Highway 54 Santa Rosa, NM 88435

www.geogroup.com

Date: 7/11/18

Guadalupe County Correctional Facility Inmate Gerald Wilson #80046

To: cc:

From: Krystal Rivera, Grievance Lieutenant

Date Returned to Inmate:

**GRIEVANCE INVESTIGATION AND RECOMMENDATION SR-18-06-02** RE:

On June 25, 2018 a Grievance was submitted to the Grievance Officer in reference to your claim your medical needs regarding your back pain are not being met. The Grievance Officer has reviewed your claim and consulted with the Medical Department Administrator, K. Armijo. As stated in the attached memorandum you have been seen on several different occasions and have been provided off-site medical treatment regarding said issue.

At this time you did not list a clear relief requested however the Grievance Officer determines your medical needs are being met therefore your Greivance is considered resolved. RECOMMEND GRIEVANCE RESOLVED

Inusta Turro. Grievanos Officer's Signature			Date Date		
STEP 4 - Decision of Warden/Designee:			- <u></u>		
Denied ( )	Granted ( )	Dismissed ( )	Resolved 🎉	Referred ( )	
Signature			7/1/19 Date		
	<b>.</b>	1			

PEX 6, p. 12

recented by

Form CD-150501.1

688 a ann 1874 a gang an	Revised 67/12/17 Page 1
BY: K. TOLLYNO - NEW MEXICO CORRECTIONS DEPARTMENT	
Inmate's Name: (16/0/0)   SO/NIMCO#: 80046 Grievance File #:50-	-12-06-cc
Institution: GCCE Housing Unit: 41-1107Date of Incident: 5-11	
Date Received by Grisvance Officer: 😾 🔼 🖂 🔧	
Grisvance Officer's Signature: <u>L. N. 2002</u>	
Services (1986) Services (1986	
STEP 1 - Grisvance: Include documentation and names of any witnesses to support your clai- grisvance to be accepted, you must state the relief requested. Use additional pages, if necessary	•
See attatched paper for my writter	prololew
resording my grievance	
inemato's Signature <u> </u>	З
Relief Responsed: My regulation of relief court determine be de	ževnačne -
due to not knowing what's really wrong with my back I still got to get the proper treatment and diagnosis: Also depending on the leagth of recovery.	₹( <sub>93</sub>
44444 44444 44444 44444 44444 44444 4444	ocu
STEP 2 - To Be Compisted by the Grievance Officer:	
A. Your grievance is accepted for consideration.  Byour grievance is being returned to you because of the following reason:	
1. The grievance is not readable. 2. The matter has been answered in previous grievance #:	
3. The grievance concerns material not grievous under present policy.	
4. The grievance is a group grievance or potition. (Submit individually.) 5. The grievance is not timely.	
6. Other Specify:	<b></b>
Grievance Officer's Signature: 1/2 1/2/2/2 Dete: 6/25/1/2	····

Page #1

they that my butt was sore from all the shot's ا طعاء: that were given overtry much in the same place for Howaveh it for about 3days and one of the nurse told me that it was to much because I had told days. And on the Idey shot's I only went that gave me extreme mygroun (headaches) and night for 7 days. They also some me another shot so they gave me shot's in the morning and was told by medical that I had an infection was throwing up. for that went on for a corple medical almost everyday. Then on 05-18-2018 been in a wheelchair. I still kept going to on all my visit's and the treatments then (Nextpase) Po50#1

Sigtic nerve ... Medical should have documents 05-14-2018 was seen by the doctor Ms. Allen worst, the pain got very very bud that a pull mustle, so wast told to put a that my on it and massage it out and was only givin i went to medical numerous times. On for my back pain. I was told that it's probly TO around 8:00 pm I went down to medical with back pain, it was at breakfast time. cirievance officer Starting on 5-11-2018 I had worke up June 7, 2018 3

. .

June 7, 2018 At this time it had been almost 2 weeks and wasn't getting any better. The pain is unbareable. On 05-21-2018 Seen doctor again and said i probly have a slip disk and was barely getting schedule for an X-ray... I felt that Medical wasn't doing much for me. So i had turn or Wrote an Informal it on 05-21-2018. I had also wrote a request to the Warden that i need proper medical attention. Too this day I haven't gotten am response back from my Informal and request... So I'm here tryng do the right thing by doing the next step which is this Grievance. I'm still in extreme pain, Still using the wheelchair because at times i can't walk. I have a very hard time doing anything and it's been a month. My Celly has been getting my tray (breakfast, lunchand dinner...) the C.D.'s here in Hovsing One Know that naven't gotten my own tray because i cante. his ain't right because I been suffering and trypa get help to figure out what is really wrong with my back, Medical have been telling me somethin different everytime. This is my back and Is very important that I get proper medical attention I don't Feel that Medical ain't taking My pain and suffering from my back seriously. Next page

	June 7, 2018
	I am in the barber class and haven't
	been to school because I can't stand the
	pain. I got pain meds from medical
	but still the pain is unbareable
	The caseworker even had to come all the
_	way to my cell to sign paper because i
	couldn't even get off my bunk
	This problem has been going on to long
	It's taking a toll on me obviously physically
	mentally and Emotionally. I have numerous
	Witnesses that been seeing me go through
1	this pain. I don't know what it's gona
-	take to get someone's attention to
1	understand my pain and to help me get
1	the proper Medical treatment. Need to go
	to the hospital outside
	Dineerly
	$(\mathcal{O}_{\mathcal{O}_{\mathcal{O}}})$
	N. Nilon #80046 06-07-2018
	06-07-2018
i	



#### **GUADALUPE COUNTY CORRECTIONAL FACILITY**

## MEMORANDUM

DATE:

07-11-18

To:

Disc

CC: FROM:

K. Armijo H.S.A.

SUBJECT: Wilson 80046

As stated in inmates' grievance, he has been seen in medical numerous times, since 5-11-18. He was seen: 5-14-18 given proper medications with education, to report any changes in condition, 5-15-18 seen mid-level again, 5-21-18 seen mid-level, she ordered an x-ray and put in a request for an MRI, x-ray was done 5-24-18. Seen mid-level again 6-4-18, medications were changed.

6-18-18 seen Mid-level – plan of care was discussed with Regional Medical Director.
6-27-18 seen on-site medical director – meds reviewed, MRI had been previously ordered and scheduled.

7-3-18 sent to GCH for MRI.

Please call me at ext 193 if you need further information or assistance.

Thank you, K. Armijo H.S.A.

GCCF-6382

#### **AFFIDAVIT OF STEVE MADRID**

Affiant, who is over the age of 18 and has personal knowledge of the facts as stated herein, swears or affirms under penalty of perjury under the laws of the State of New Mexico the following statements:

- I. My name is Steve Madrid. I am the Grievance Appeals Coordinator for the New Mexico Corrections Department ("NMCD").
  - 2. NMCD has a written grievance process that is provided to each inmate.
  - 3. NMCD has the capacity to and does consider inmate grievances.
- 4. When an inmate files a grievance, NMCD addresses grievances, and it does its best to adhere to the Grievance procedure instituted by NMCD in its Grievance Policy, CD-150500. A copy of the Grievance policy is attached to my affidavit.
- 5. NMCD assures that inmates are aware of the grievance process and provides the inmate with information about the grievance process in the orientation process.
  - a. Contained in Dominick Mora Solis' inmate file is an Orientation Verification document signed by Mr. Mora Solis which indicates in item 23 that he received information pertaining to the Grievance System. The grievance policy was in effect during Dominick Mora Solis' incarceration. A copy of this document is attached to my affidavit.
  - b. Contained in Jerry Sisneros' inmate file is an Orientation Verification document signed by Mr. SISNEROS which indicates in item 23 that he received information pertaining to the Grievance System. The grievance policy was in effect during SISNEROS incarceration. A copy of this document is attached to my affidavit.
  - c. Contained in Gabriel Miera's inmate file is an Orientation Verification document signed by Mr. Miera which indicates in item 23 that he received information pertaining to

EXHIBIT

A

Madrio 455

the Grievance System. The grievance policy was in effect during Mr. Miera's incarceration.

A copy of this document is attached to my affidavit.

- d. Contained in Gerald Wilson's inmate file is an Orientation Verification document signed by Mr. WILSON which indicates in item 23 that he received information pertaining to the Grievance System. The grievance policy was in effect during GERALD WILSON'S incarceration. Acopy of this document is attached to my affidavit.
- e. Contained in George Yribe's inmate file is an Orientation Verification document signed by Mr. Yribe indicates in item 23 that he received information pertaining to the Grievance System. The grievance policy was in effect during Mr. Yribe's incarceration. A copy of this document is attached to my affidavit.
- 6. With the exception of grievances filed pursuant to the Prison Rape Elimination Act, NMCD's policy is to try and resolve grievances at the lowest possible level, preferably at the facility that is housing the inmate. Therefore, before using the formal grievance process, an inmate is required to try and resolve his grievance informally.
- 7. If an inmate cannot resolve a complaint informally through discussion, he must file an informal written complaint within five working days from the date of the incident that forms the basis of the complaint. In my experience and knowledge concerning the grievance process at NMCD, most inmate grievances are resolved at the informal stage. Often times if the inmate's informal complaint concerns medical issues, it is resolved at the informal complaint stage.
- 8. In my experience and knowledge concerning the grievance process at NMCD, 100% of grievances or complaints submitted by inmates are addressed.

- 9. In my experience and knowledge concerning the grievance process at NMCD, the person designated to respond to the informal complaint will document a response and provide it to the inmate within five days.
- 10. If the inmate's complaint is not resolved informally, then the procedure goes to the formal grievance process. This process is usually resolved in ten days. That process is set forth below:
  - a. For example, if the formal grievance concerns a medical issue, the inmate's grievance is submitted to the grievance officer at the respective facility.
  - b. Once the medical grievance is received by the grievance officer at the facility, the grievance officer contacts the Health Services Administrator at the facility and asks the Health Services Administrator to provide a response to the inmate's grievance. The grievance officer then documents the response received by the Health Services Administrator at the facility. Often times, the grievance is resolved at this level in the inmate's favor.
  - c. If, however, the grievance is not resolved, then the grievance officer sends the response from the Health Services Administrator, along with a recommendation to the Warden at the facility. Even if the grievance were to be resolved at this stage, the Warden would still receive information about the grievance.
  - d. If the Warden grants the grievance, the process ends. If the Warden does not grant the grievance, then within five days, the grievance is sent to me, as the Grievance Appeals Coordinator. At this time, because some time has passed from the original complaint, and in the case of a medical grievance, there may be additional medical care that has been received. I will review that medical work and

confer with the facility's Health Services Administrator and with a Health Services Administrator at Central Office in Santa Fe to determine if the medical issues in the grievance have been addressed.

- e. If the medical issues have been addressed, then I communicate same to the inmate, and the grievance is resolved.
- f. At this point, all grievances that come to me are sent to the Director of Adult Prisons, and make a recommendation, and the Director of Adult Prisons makes the final decision on behalf of the Secretary of Corrections.
- 11. An inmate exhausts the grievance process only if and when he pursues the last possible appeal in the grievance policy to the Secretary of Corrections or his/her designee.
- 12. With regard to the issue of whether Mr. Mora Solis filed a grievance, I know that Mr. Mora Solis is familiar with the process for filing grievances because he did file a grievance related to commissary matters. I searched NMCD's records for the grievance history of inmate Dominick Mora Solis and found no formal grievances filed by him related to the medical care received or lack of medical care received.
- 13. With regard to the issue of whether Mr. Sisneros filed a grievance, I know that Mr. Sisneros is familiar with the process for filing grievances because he did file a grievance related to loss of property. I searched NMCD's records for the grievance history of inmate Sisneros and found no formal grievances filed by him related to the medical care received or lack of medical care received.
- 14. With regard to the issue of whether Mr. Yribe filed a grievance, I searched NMCD's records for the grievance history of Mr. Yribe and found no formal grievances filed by him related to the medical care received or lack of medical care received.

- 14. With regard to the issue of whether Mr. Yribe filed a grievance, I searched NMCD's records for the grievance history of Mr. Yribe and found no formal grievances filed by him related to the medical care received or lack of medical care received.
- 15. With regard to the issue of whether Mr. Miera filed a grievance, I searched NMCD's records for the grievance history of Mr. Miera and found no formal grievances filed by him related to the medical care received or lack of medical care received.
- 16. With regard to the issue of whether Mr. Wilson filed a grievance I searched NMCD's records for the grievance history of Mr. Wilson and found no formal grievances filed by him related to the medical care received or lack of medical care received.

FURTHER AFFIANT SAYETH NAUGHT.

Steve Madrid

FILED
1st JUDICIAL DISTRICT COURT
Santa Fe County
9/6/2019 4:44 PM
STEPHEN T. PACHECO
CLERK OF THE COURT
Jennifer Romero

STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT COURT

BIANCA MCDERMOTT,	į
Plaintiff,	, (
v.	) No. D-101-CV-2017-00871
NEW MEXICO CORRECTIONS DEPARTMENT,	}
Defendant.	) ) )

#### ORDER GRANTING PLAINTIFF'S MOTIONS FOR SANCTIONS

This matter came before the Court on Plaintiff's Motion for Sanctions for Spoliation of Evidence (November 27, 2018). Based on the submissions of the parties and after a hearing held on March 6, 2019 and a subsequent hearing held August 5, 2019, the Court FINDS as follows:

- 1. The August 5, 2019 hearing was an extension of previous hearings at which Plaintiff's Motion for Sanctions and other matters were addressed. In connection with those hearings, the Court has previously entered Orders granting Plaintiff's Motions to Compel. Such Orders specifically include an Order Compelling Production of Email Communications (March 21, 2019); an Order Compelling Production of the McHard Report (March 21, 2019); and Order Compelling Production of Documents Related to Anthony Romero (Plaintiff's RFP No. 11) (March 21, 2019).
- Defendant, New Mexico Corrections Department (NMCD) sought reconsideration of these various orders (Motion for Reconsideration and Supporting Memorandum, March 26, 2019).

- This Court Denied Defendant's Motion for Reconsideration (Order Denying Motion for Reconsideration, July 1, 2019).
- 4. In addition, the Court notes that it has already addressed the first two factors under Restaurant Management Company v. Kidde-Fenwal, Inc., 1999-NMCA-101. Specifically, the Court previously addressed:
  - a. The first factor, the degree of fault reflected in the spoliator's conduct, in this case NMCD. Here, the Court found that the degree of NMCD's fault was quite pronounced based on the evidence previously before the Court.
  - b. The second factor is prejudice to the non-spoliating party, here the Plaintiff. The Court previously found that the prejudice to the Plaintiff was quite pronounced based on the evidence previously before the Court.
- 5. From the Court's perspective, the obligation to retain documents, and to trigger liability for intentional spoliation of evidence or withholding of evidence, does not begin with knowledge that a complaint has been filed. In the Court's view, the obligation begins prior to that point with the knowledge on the part of the Defendant of a probability that a lawsuit will be filed in the future.
- 6. In the present case, the Court finds that the latest possible time that obligation was triggered in this Case was August of 2012, when Mr. Brewster, general counsel for NMCD, was advised of Dr. McDermott's concerns regarding retaliation.

- 7. From the Court's perspective, the evidence indicates that in August of 2012 when the obligation to preserve evidence was triggered, NMCD still had over thirty of the email boxes that were the subject of this Court's discovery orders, and that those email boxes had not yet been deleted.
- 8. Even in June of 2014, when the McHard Report was issued, NMCD still had possession of approximately thirty email boxes still intact that were the subject of this Court's discovery orders.
- 9. Much later, after Dr. McDermott's complaint had been filed and discovery had been served, NMCD still had possession of some of the email boxes that were the subject of this Court's discovery orders. As late as February of this year, even while a motion to compet was pending, another email account was deleted, that of Shellie Holmes-Garcia. This is extremely troubling to the Court, especially in light of the other factors that have already been laid out.
- 10. The Court previously ordered full and complete disclosure of any investigations or investigatory requests initiated by the Department or by Department employee Anthony Romero that were initiated, even arguably, for purposes of retaliation. A memo, marked as Exhibit 9, which is a July 14, 2017 memorandum from Deputy Warden Vistula Curry to Deputy Director Jerry Roark, was from the Court's perspective very clearly within the scope of the discovery materials ordered to be produced by the Court. Yet, the memo was not produced.
- 11. The critical inquiry from this Court's perspective is not the volume ultimately produced, that is, the twenty (20) email accounts that were divulged, as well

- as the McHard Report. The core inquiry should be the core of the remaining critical documents *not* produced and the reasons why.
- 12. The documents not produced—Exhibit 9 and all of the email accounts that were deleted—demonstrate a complete and total disregard by NMCD of its discovery obligations as well as disregard of the discovery orders of this Court.
- 13. This finding is specifically addressed to NMCD and not to its outside Counsel, Ms. Moulton.
- 14. The Court finds that given these factors and considerations, the number of email accounts not fully disclosed, the memorandum at Exhibit 9, and all related discovery issues constitutes a willful, intentional, and bad faith attempt to conceal evidence in this case.
- 15. The Court further finds that having been on the bench since 2005, and in twenty years of civil practice prior to taking the bench, the Court has never seen such an extreme example of willful, intentional, and bad faith attempts to conceal evidence. The Court finds that this case is in the very top tier of cases demonstrating such willful, intentional, and bad faith discovery abuse. This finding is directed to NMCD as a whole.

Given these findings, the sole remaining question for the Court to answer is whether sanctions are appropriate. The Court clearly finds that sanctions are appropriate, and based on the above-stated findings, the Court ORDERS that:

 All of NMCD's affirmative defenses, particularly and specifically including affirmative defense No. 3 asserting that its actions were taken in good faith or for any legitimate business reason, are stricken;

- 2. Any evidence that NMCD might present or attempt to present in support of any of its affirmative defenses, particularly and specifically including affirmative defense No. 3 asserting that its actions were taken in good faith or for a legitimate business reason, will be stricken;
- 3. The Court will issue an instruction to the jury stating that for purposes of this trial, it is established that Dr. McDermott was specifically targeted for retaliation because of her protected activities, and that her termination was a violation of the Whistleblower Protection Act;
- 4. Lastly, the Court will issue an instruction to the jury stating that the Court has found that NMCD has acted in a willful, intentional, and bad faith manner by concealing evidence, contrary to NMCD's obligations to preserve and produce such evidence that has been set forth in orders issued by this Court; and that such conduct is among the worst examples of any party ever appearing in this Court, or for that matter in any litigation that the Court was aware of in twenty years of private practice in this District in the civil law context.

The Court is not, at the moment, entering a sanction rendering judgment on the merits of this case as a result of NMCD's extreme willful, intentional, and bad faith conduct with regard to concealing evidence. This issue will, however, remain open pending NMCD's further compliance with the Court's orders. The Court specifically takes this issue under advisement, viewing it as the ultimate sanction on the basis of the previous findings already made.

THE HONORABLE RAYMOND Z. ORTIZ

DISTRICT CORUT JUDGE

#### SUBMITED BY:

# JONES, SNEAD, WERTHEIM & CLIFFORD, P.A.

By: /s/ Samuel C. Wolf
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#### AND

By: <u>Approved Telephonically on 9/6/2019</u>
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Attorney for Defendant

FILED 1st JUDICIAL DISTRICT COURT
Santa Fe County
7/9/2020 11:56 AM
KATHLEEN VIGIL CLERK OF THE COURT
Jill Nohl

STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT

Cause No. D-101-CV-2019-00720

TRINI ENCINIAS, as personal representative of The ESTATE OF ADONUS R. ENCINIAS, deceased.

Plaintiff.

V.

CENTRAL NEW MEXICO CORRECTIONAL FACILITY,
NEW MEXICO CORRECTIONS DEPARTMENT;
WARDEN KEN SMITH; WENDY PRICE,
NMCD BEHAVIORAL HEALTH BUREAU CHIEF;
ANTHONY ROMERO, DEPUTY/ACTING SECRETARY OF CORRECTIONS;
DAVID SELVAGE, NMCD HEALTH SERVICES ADMINISTRATOR;
ORION STRADFORD, NMCD BUREAU CHIEF;
MHM HEALTH PROFESSIONALS, INC.;
CENTURION CORRECTIONAL
HEALTHCARE OF NEW MEXICO, LLC; and
JOHN DOES 1 through 10, employees, staff, agents of
New Mexico Corrections Department, and/or
Centurion Correctional Healthcare of New Mexico, LLC,
and/or MHM Health Professionals, Inc., respectively).

Defendants.

#### ORDER GRANTING MOTION FOR SPOLIATION SANCTIONS

THIS MATTER came before the Court on July 7, 2020 on the Plaintiff's Motion for Spoliation Sanctions against the New Mexico Department of Corrections. Robert Gentile appeared on behalf of the Plaintiff. Mary Torres appeared on behalf of the New Mexico Department of Corrections. The Court has reviewed the Motion, the Response and the Reply. Having entertained oral argument today, THE COURT FINDS, CONCLUDES AND ORDERS:

1. The Court has subject matter and personal jurisdiction in this case.

- 2. On December 2, 2018, Adonus Encinias committed suicide while incarcerated at the New Mexico Corrections Department.
- 3. The New Mexico Department of Corrections did not preserve the surveillance video showing the outside of Mr. Encinias' jail cell for the four hours preceding his suicide. This evidence is relevant to establish whether officers at the prison facility were properly doing their jobs by maintaining a routine inspection of Mr. Encinias' jail cell before his suicide.
- 4. A party has a duty to preserve and maintain evidence and spoliation can arise where a party destroys or alters said evidence. Sanctions are appropriate where a party fails to preserve evidence when it knows or should have known that litigation was imminent and where a party has been prejudiced by the failure to preserve the evidence. These are the facts in this case with regard to the Department's failure to preserve the relevant surveillance video.
- 5. Considering the factors articulated in *Segura v. K-Mart Corp.*, 2003-NMCA-013, ¶ 9, 133 N.M. 192, 62 P.3d 283, the Motion is well taken and is granted.
- 6. As the sanction, the Court, at trial, will give a spoliation inference instruction to the jury. The instruction will state that the jury is permitted, but not required, to infer that the missing surveillance video would have been unfavorable to the Department of Corrections.

So Ordered:

07/09/20

Matthew J. Wilson

District Court Judge

#### **CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that copies of this order were e-served on the date of acceptance for e-filing to counsel who registered for e-service as required by the rules and mailed to pro se parties, if any to:

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Robert Gentile
David S. Ketai
Guebert Gentile & Piazza P.C.
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#### **AND**

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Attorneys for Defendant Centurion

Hollie Janabe

## Hollie Tanabe Administrative Assistant

FILED 1st JUDICIAL DISTRICT COURT
Santa Fe County
11/9/2020 8:26 PM
KATHLEEN VIGIL CLERK OF THE COURT
Tamara Snee

STATE OF NEW MEXICO COUNTY OF SANTA FE FIRST JUDICIAL DISTRICT COURT

GERALD WILSON,

Plaintiff,

VS.

No. D-101-CV-2019-00691

CENTURION CORRECTIONAL HEALTHCARE OF NEW MEXICO, LLC., et al.

### NMCD DEFENDANTS' NOTICE OF WITHDRAWAL OF THEIR MOTION FOR SUMMARY JUDGMENT BASED ON PLAINTIFF'S FAILURE TO EXHAUST ADMINISTRATIVE REMEDIES

COME NOW Defendants State of New Mexico, New Mexico Corrections Department ("NMCD"), David Jablonski, Anthony Romero, David Selvage, Orion Stradford, and Steve Madrid (together herein, the "NMCD Defendants"), through their attorney of record, Mary T. Torres of the Law Offices of Mary T. Torres, and hereby submit their NOTICE OF WITHDRAWAL of their Motion for Summary Judgment Based on Gerald Wilson's Failure to Exhaust Administrative Remedies.

As this Court is no doubt aware, undersigned counsel represents NMCD on eight cases involving the same Plaintiff's counsel. In five of those cases, NMCD filed motions for summary judgment based upon the failure to exhaust administrative remedies. As support for their motions, NMCD submitted the affidavit of Steve Madrid, the Grievance Appeals Coordinator for NMCD. Mr. Madrid's affidavit outlined the procedure for a grievance.

NMCD's official grievance policy requires an inmate to first file an informal grievance. NMCD Policy CD-150501(A)(1) (attached to Defendants' Motion). Regarding informal grievances, if an inmate is not satisfied with a response or if no response is given, he must initiate

Coppre & Gollips, P.C.

a formal grievance. *Id.* at CD-150501(A)(3) ("If the inmate is not satisfied with the response to the Informal Complaint, it is the inmate's responsibility to initiate a formal grievance") and CD-150501(A)(4) ("If the Inmate has not received a response to the Informal Complaint ... the inmate may proceed to initiate a formal grievance .... stat[ing] ... that no response to the Informal Complaint was received") (NMCD Policies attached to Defendants' Motion). Whether an inmate lodges an informal or formal grievance, "[i]f an inmate is not satisfied with the decision ... the inmate may appeal that decision." *Id.* at CD-150501(D)(1).

Mr. Madrid's affidavit tracks NMCD's official policy that an inmate is required to first file an informal grievance, *Madrid Aff.* at  $\P\P$  6, 7, and if the grievance is not resolved informally, the inmate must take advantage of the formal grievance process. *Id.* at  $\P$  10. If the grievance is not resolved through the formal process, an inmate must appeal to exhaust the grievance process. *Id.* at  $\P$  11.

In Steve Madrid's affidavit, which was submitted in support of Defendants' motion, he stated that Plaintiff Gerald Wilson had not filed any grievances. That was a mistake. Mr. Madrid has executed another affidavit and it is attached to this notice of withdrawal. See November 9, 2020 Affidavit from Steve Madrid, attached as Exhibit A.

In June 2020, counsel for defendants and counsel for Plaintiffs had agreed to enter into formal mediation. To preserve client resources, the parties agreed that any pending motions and outstanding discovery were held in abeyance until 30 days after mediation talks ceased.

After mediation talks ceased, the outstanding discovery requests were due, and one of the discovery requests pertained to Plaintiff 's request for supplementation. It was in that search for supplementation and responsive documents that Mr. Madrid located Mr. Wilson's grievance, which is attached to his affidavit. NB this was produced in discovery as "Wilson RFP 1 Bates

NMCD 0001-0006." Although this grievance exists, it still does not determine that Mr. Wilson exhausted his grievances, as required by NMCD policy, because there is no record of an appeal.

Plaintiff claims in his response to NMCD's Exhaustion Motion that because he filed the grievance and received no response, he could not appeal, and, therefore, he exhausted the administrative grievance process. Plaintiff's admission that he never appealed conclusively establishes that he did not exhaust the grievance process. While New Mexico courts have not considered whether the exhaustion requirements under 1978 NMSA, § 33-2-11(B) (the applicable exhaustion statute here) requires pursuing the administrative appeal procedures set forth in NMCD's grievance process, New Mexico courts have upheld such a requirement in other contexts. See, e.g., Headen v. D'Antonio, 2011-NMCA-058, ¶¶ 7-9, 149 N.M. 667, 253 P.3d 957 (purported owner of water rights was required to exhaust administrative remedies through the administrative appeal process); Tenneco Oil Co. v. New Mexico Water Quality Control Comm., 1986-NMCA-033, ¶ 8, 105 N.M. 708, 736 P.2d 986 (recognizing the general rule requiring a party to exhaust administrative remedies by pursuing an administrative appeal). In *Headen*, the New Mexico Court of Appeals cautioned against the consideration of lawsuits prior to the exhaustion of the administrative appeal process because it would foreclose the necessary fact-finding by the administrative entity and disregard an exclusive statutory scheme for the review of administrative decisions. 2011-NMCA-058 at ¶ 8. Accordingly, because the plaintiff in *Headen* never exhausted his administrative appeal rights, the Court of Appeals affirmed the district court's order dismissing the lawsuit for failure to exhaust the administrative appeals process. *Id.* at  $\P 20$ .

Plaintiff's admission that he did not pursue an appeal should, therefore, end the inquiry as to whether he exhausted his administrative remedies. As set forth in *Headen* and *Tenneco Oil Co.*, when there is a right to administratively appeal, a plaintiff must go through the administrative

appeal process to exhaust his administrative remedies. There is no dispute that an administrative

appeal process was available to Plaintiff. He admitted he never utilized it. Moreover, given

Plaintiff's admission, the Court need not even consider Mr. Madrid's affidavit, as set forth above.

Plaintiff's admission that he failed to administratively appeal along with NMCD's policies setting

forth an administrative appeal process for the resolution of grievances is sufficient alone to decide

this Motion and to conclude Plaintiff failed to exhaust his administrative remedies.

The location of this formal grievance after the submittal of Mr. Madrid's affidavit is

unfortunate. Mr. Madrid made a mistake. It was not intentional. It was a mistake. Plaintiff states

that Steve Madrid knowingly withheld the grievance until after Plaintiff filed his Response. That

is a very serious allegation, for which Plaintiff offers no evidence. Mr. Madrid made an honest

mistake. As his affidavit states, his actions were not intentional, in bad faith or submitted for

purposes of delay.

Accordingly, while NMCD recognizes that Plaintiff may be prejudiced, even though there

is no evidence that Mr. Wilson appealed the finding of the formal grievance, NMCD withdraws

the Exhaustion Motion, and reserves the right to refile the motion should discovery warrant it.

Respectfully Submitted,

LAW OFFICES OF MARY T. TORRES

By\_\_\_\_\_\_/s/ Mary T. Torres\_\_\_

Mary T. Torres, Esq.

201 3<sup>rd</sup> Street NW, Suite 500

Albuquerque, NM 87102

(505) 944-9030 (t)

(505) 944-9091 (f)

mtt@marytorreslaw.com

Coppines & Gollins, Pa.C.

## **CERTIFICATE OF SERVICE**

I hereby certify that a true and	correct copy of the fo	oregoing was provid	ded electronically	y through the
Odyssey State Court's Electronic I	Filing System to all co	ounsel of record this	s 9 <sup>th</sup> day of Nove	mber 2020.

/s/ Mary T. Torres
Mary T. Torres

## AFFIDAVIT OF STEVE MADRID November 9, 2020

Affiant, who is over the age of 18 and has personal knowledge of the facts as stated herein, swears or affirms under penalty of perjury under the laws of the State of New Mexico the following statements:

- My name is Steve Madrid. I am the Grievance Appeals Coordinator for the New Mexico Corrections Department ("NMCD").
- 2. In support of NMCD's Motion for Summary Judgment on Gerald Wilson's Failure to Exhaust Administrative Remedies, I reviewed my files to determine if Gerald Wilson had filed any formal grievances. When I submitted my affidavit in April, I did review my appeal files with the inmate's inmate number, and I did not locate any grievances from Mr. Wilson, and I stated so in my affidavit.
- 3. However, when I was working on discovery responses, I reviewed my files again, and I located the formal grievance submitted by Mr. Wilson. It is attached to this affidavit.
- 4. I do not know how I missed this grievance. I obviously made a mistake. This mistake was not intentional, in bad faith or submitted for purposes of delay.
- 5. I understand that the other plaintiffs in this litigation are claiming that they filed grievances. To confirm that the other statements contained in my affidavit were true and correct, I reviewed my files again, and I found no formal grievances or formal appeals for inmates Miera, Mora Solis, Sisneros, or Yribe.

## FURTHER AFFIANT SAYETH NAUGHT.

Steve Madrid

#### \*MEMORANDUM



Date: 7/11/18

Inmate Gerald Wilson #80046

To: CC:

From: Krystal Rivera, Grievance Lieutenant

The GEO Group, Inc. **GEO Corrections Guadatupe County Correctional Facility** P.O. Bax 520 South Highway 54 Santa Ross, NM 88435 WWW.geogroup.com

#### **GRIEVANCE INVESTIGATION AND RECOMMENDATION SR-18-06-02** RE:

On June 25, 2018 a Grievance was submitted to the Grievance Officer in reference to your claim your medical needs regarding your back pain are not being met. The Grievance Officer has reviewed your claim and consulted with the Medical Department Administrator, K. Atmijo. As stated in the attached memorandum you have been seen on several different occasions and have been provided off-site medical treatment regarding said issue.

At this time you did not list a clear relief requested however the Grievance Officer determines your medical needs are being met therefore your Greivance is considered resolved. RECOMMEND GRIEVANCE RESOLVED

Grievance Officer's Signature		Date		
STEP 4 - Dec	cision of Warden	/Designee:	·	
Denied ( )	Granted ( )	Dismissed ( )	Resolved 🙀	Referred ( )
15		_		2/4/14
Signature  Date Returner	d to Inmate: 기	alı.	Ī	Sale /



Form CD-150501 | Revised 07/12/17 Page 1

NEW MEXICO CORRECTIONS DEPARTMENT INMATE GRIEVANCE
Inmate's Name: GON ON ISOVNMCD#: 80046 Grievance File #: 51-18-06-02
Institution: 1-10 F Housing Unit: HI- 107 Date of Incident: 5-11-2018
Date Received by Grievance Officer: 6 15/18
Grievance Officer's Signature:
The second of th
STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your ance to be accepted, you must state the relief requested. Use additional pages, if necessary.
(See attatched paper for my written problem regarding my grievance
Tregarding my grievance
Inmate's Signature: Date: 6-7-2018
Relief Requested: De de Cant De de de to not knowing what's wrong with mu back.,  I got to get the treatment on the length of recovery
STEP 2 - To Be Completed by the Grievance Officer:
A. your grievance is accepted for consideration.
Byour grievance is being returned to you because of the following reason: 1. The grievance is not readable.
2. The matter has been answered in previous grievance #:
<ul> <li>3. The grievance concerns material not grievous under present policy.</li> <li>4. The grievance is a group grievance or petition. (Submit individually.)</li> </ul>
5. The grievance is not timely. 6. Other Specify:
Grievance Officer's Signature: 10 12 17 18 Date:
THE PARTY OF THE P

Page #1

Clays ... るせ that ague me extreme my was told hy medical that I had an infection me that it was to much because I had told it for about 3 days almost everyday NexT PSC DEX 7, p. 10 gave me shot's in the morning and a wheelehair. back wasn't getting and hetter. my but was sore from all overturmuch in the same place for hen also sewe me another shall and one of the nurse Then on as-18-2018 子二 un headaches I and ent on thy a covoli

and said that I proby had pinch may 05-14-2018 was seen by the doctor Ns. Allen an all mus visit's and the treatments then on it and massage it out and was only gry I.B.U's... From their on the pain Kept aetting worst, the pain got very, very bed that went to medical numerous times. On pull mustle so was told to put a tot rac my back pain... I was told that it's proble arrived 8:00 pm I went down to medical aure afficer rting on 5-11-2018 T. had worke up It has at breakfast time lune 7.2018 8

June 7, 2018 At this time it had been almost and wasn't getting any better. The pain is probly have a slip disk and was getting schedule for an X-ray... I we Medical wasn't doing much need by doing the next step which extreme pain stil inner. ) the Cois here in Hovsing One hecay naven't gotten my own tran ferent eventimo that Medical ain't taking My and suffering from my back seriously.

	June 7, 2018
	I am in the barber class and havent
	been to school because I can't stand the
	pain I got pain meds from medical
	but still the pain is unbareable.
	The caseworker even had to come all the
	way to my cell to sign paper because i
	couldn't even get off my bunk
	This problem has been going on to long
	It's taking a toll on me obviously physically
Y	Mentally and Emotionally. I have numerous
	Witnesses that been seeing me go through
	this pain. I don't know what it's gona
	take to get someone's attention to
	inderstand my pain and to help me get
	the proper Medical treatment. Need to go the hospital outside
/	
	- Dincerty
	N. Wilson #80046 06-07-2018
	06-07-2018



#### **GUADALUPE COUNTY CORRECTIONAL FACILITY**

### MEMORANDUM

DATE:

07-11-18

To:

Disc

CC:

FROM: K. Armijo H.S.A.

SUBJECT: Wilson 80046

As stated in immates' grievance, he has been seen in medical numerous times, since 5-11-18. He was seen: 5-14-18 given proper medications with education, to report any changes in condition, 5-15-18 seen mid-level again, 5-21-18 seen mid-level, she ordered an x-ray and put in a request for an MRI, x-ray was done 5-24-18. Seen mid-level again 6-4-18, medications were changed.

6-18-18 seen Mid-level – plan of care was discussed with Regional Medical Director.
6-27-18 seen on-site medical director – meds reviewed, MRI had been previously ordered and scheduled.

7-3-18 sent to GCH for MRI.

Please call me at ext 193 if you need further information or assistance.

Thank you, K. Armijo H.S.A.

GCCF-6382

CNMCF

## American Correctional Association

### ACCREDITATION REPORT



## Commission on Accreditation for Corrections

New Mexico Corrections Department Central New Mexico Correctional Facility Los Lunas, New Mexico

The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.

	1	twelve (12) month period.	1	1
	(2)	Number of new health care staff during a	2	
		twelve (12) month period that completed		
		orientation training prior to undertaking their		
		job		
·	divided by	Number of new health care staff during the	3	0.67
		twelve (12) month period.		
	(3)	Number of occupational exposures to blood	0	
		or other potentially infectious materials in		
		the past twelve (12) months		
	divided by	Number of employees.	23	0
	(4)	Number of direct care staff (employees and	0	
		contractors) with a conversion of a TB test		
		that indicates newly acquired TB infection in		
		the past twelve (12) months		
	divided by	Number of direct care staff tested for TB	17	0
		infection in the past twelve (12) months		
		during periodic or clinically indicated		
		evaluations.		
3 <b>A</b>	(1)	Number of offender grievances related to	0	
		health care services found in favor of the		
	<u> </u>	offender in the past twelve (12) months		
	divided by	Number of evaluated offender grievances	55	0
		related to health care services in the past		
		twelve (12) months.		
	(2)	Number of offender grievances related to	0	
		safety or sanitation sustained during a twelve		
		(12) month period		
	divided by	Number of evaluated offender grievances	0	0
		related to safety or sanitation during a twelve		
		(12) month period.		
	(3)	Number of adjudicated offender lawsuits	0	
		related to the delivery of health care found in		
		favor of the offender in the past twelve (12)		
		months		
	divided by	Number of offender adjudicated lawsuits	0	0
		related to healthcare delivery in the past		
		twelve (12) months		
4A	(1)	Number of problems identified by quality	0	
		assurance program that were corrected		
		during a twelve (12) month period		
	divided by	Number of problems identified by quality	0	0
		assurance program during a twelve (12)		
		month period.		
	(2)	Number of high-risk events or adverse	0	
		outcomes identified by the quality assurance		

		program during a twelve (12) month period.		
	(3)	Number of offender suicide attempts in the past twelve (12) months	2	
	divided by	Average daily population	578	0.003
_	(4)	Number of offender suicides in the past twelve (12) months	0	
_	divided by	Average daily population	578	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	0	0
····	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			

# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

The GEO Group Guadalupe County Correctional Facility Santa Rosa, New Mexico

July 9-11, 2018

#### VISITING COMMITTEE MEMBERS

Lester Leroy Young, Chairperson ACA Auditor

> William Gallaher ACA Auditor

		twelve (12) month period.		
	(2)	Number of new health care staff during a	2	
		twelve (12) month period that completed		
		orientation training prior to undertaking their		
		job		
	divided by	Number of new health care staff during the	3	0.67
		twelve (12) month period.		
	(3)	Number of occupational exposures to blood	0	
		or other potentially infectious materials in		
		the past twelve (12) months		
	divided by	Number of employees.	23	0
	(4)	Number of direct care staff (employees and	0	
		contractors) with a conversion of a TB test		
		that indicates newly acquired TB infection in		
		the past twelve (12) months		
	divided by	Number of direct care staff tested for TB	17	0
		infection in the past twelve (12) months		
		during periodic or clinically indicated		
		evaluations.		
3A	(1)	Number of offender grievances related to	0	
•		health care services found in favor of the		
	j	offender in the past twelve (12) months		
	divided by	Number of evaluated offender grievances	55	0
		related to health care services in the past	1	
		twelve (12) months.		
	(2)	Number of offender grievances related to	0	
		safety or sanitation sustained during a twelve		
		(12) month period		
	divided by	Number of evaluated offender grievances	0	0
		related to safety or sanitation during a twelve		
		(12) month period.		
	(3)	Number of adjudicated offender lawsuits	0	
		related to the delivery of health care found in		
		favor of the offender in the past twelve (12)		
		months		
	divided by	Number of offender adjudicated lawsuits	0	0
	*************************************	related to healthcare delivery in the past		j -
		twelve (12) months		
4A.	(1)	Number of problems identified by quality	0	
r	(^,	assurance program that were corrected		
		during a twelve (12) month period		
	divided by	Number of problems identified by quality	0	0
	aidou o y	assurance program during a twelve (12)		
		month period.		
	(2)	Number of high-risk events or adverse	0	
		outcomes identified by the quality assurance		
		Toursource identified by the quality assurance	l	I

		program during a twelve (12) month period.		
	(3)	Number of offender suicide attempts in the past twelve (12) months	2	
	divided by	Average daily population	578	0.003
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	578	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	0	0
	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			

LCCF

# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

The GEO Group Lea County Correctional Facility Hobbs, New Mexico

June 11 - 13, 2018

### **VISITING COMMITTEE MEMBERS**

David Eberhard, Chairperson ACA Auditor

Shelia Yvonne Oubre ACA Auditor

Angela McKinney Grant ACA Auditor

	divided by	Number of licensed or certified staff during a twelve (12) month period.	22	0.0455
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation	22	0.0455
	divided by	Number of new health care staff during the twelve (12) month period.		1.0000
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	l	1.0000
	divided by	Number of employees.	30	0.0100
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	30	0.0000
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months.	0	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	157	0.0000
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period.	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0.0000
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months.	0	
	divided by	Number of offenders adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	0	0.0000
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period.	5	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	5	1.0000

7B	None		·	
6A 7A	None None			
5A	None			
	(6)	Number of serious medication errors in the past twelve (12) months.	0	
	divided by	Total number of deaths in the same reporting period.	1	0.0000
	(5)	Number of unexpected natural deaths in the past twelve (12) months.	1	
	divided by	Average daily population.	1230	0.0000
	(4)	Number of offender suicides in the past twelve (12) months.	0	
	divided by	Average daily population.	1230	0.0016
	(3)	Number of offender suicide attempts in the past twelve (12) months.	2	
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	



# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

The GEO Group Northeast New Mexico Detention Facility (GEO) Clayton, New Mexico

April 11-13, 2016

#### **VISITING COMMITTEE MEMBERS**

Tamera J. Williams, Chairperson ACA Auditor 1612 6th Street, P.O. Box 508 Limon, Colorado 80828 (719) 760-0705 tamera.williams567@outlook.com

Mary Smith
ACA Auditor
817 South Longwood Loop
Mesa, Arizona 85208
(719) 429-2677
awarden97@yahoo.com

Reginald D. Hines
ACA Auditor
Oklahoma Department of Corrections
518 N. Phillips
Oklahoma City, Oklahoma 73104
(405) 232-2481
reggie25@sbcglobal.net

E				
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	14	
	divided by	Number of new health care staff during the twelve (12) month period.	14	1.0000
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees	21	0.0000
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations	23	0.0000
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months	11	0.0000
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period	0	0.0000
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	0.0000
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	5	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period	5	1.0000
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period	0	

<b>Y</b>	(3)	Number of offender suicide attempts in the past twelve (12) months	0	
	divided by	Average daily population	570	0.0000
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	570	0.0000
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period	0	0.0000
	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7A	None			
7B	None			日本   大学・大学学・   大学   大学を表示。
7C	None			

NWNMCI

## American Correctional Association

### ACCREDITATION REPORT

Commission on Accreditation for Corrections

## CoreCivic Northwest New Mexico Correctional Center Grants, New Mexico

The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.

	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	28	
ļ	divided by	Average daily population in the past twelve (12) months.	397	7.047%
	(12)	Number of offender specialty consults completed during the past twelve (12) months	237	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	256	92.578%
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ > 90 mm Hg	38	
	divided by	Total number of offenders with hypertension who were	38	100.000%
	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent	10	
	divided by	Total number of diabetic offenders who were reviewed.	10	100.000%
	(15)	The number of completed dental treatment plans within the past twelve (12) months	17	
	divided by	The average daily population during the reporting period.	397	4.279%
2A	(1)	Number of health care staff with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	10	0.000%
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to	5	
	divided by	Number of new health care staff during the twelve (12) month period.	5	100.000%
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12)	0	
	divided by	Number of employees.	197	0.000%
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	110	0.000%
3 <b>A</b>	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	15	0.000%
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month	0	#DIV/0!
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	#DIV/0!

2018 Ocpt

## COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

Management and Training Corporation Otero County Prison Facility Chaparral, New Mexico

October 3-5, 2017

#### VISITING COMMITTEE MEMBERS

Wynnie Testamark, Chairperson ACA Auditor

> Julie A. Salmi ACA Auditor

Jose Martinez ACA Auditor

divided by  The number of inmate grievances alleging improper staff conduct filed in the past 12 months.  A0 09  (4) Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.  divided by  The average daily population for the past 12 months.  (5) Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.  (6) The number of staff substance abuse tests administered in the past 12 months.  (7) The number of staff terminations for violation of drug-free work policy in the past 12 months.  (7) The average number of physicians employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (9) The average number of mid-level health care practitioners	/s
(4) Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.  (5) The average dally population for the past 12 months.  (5) Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.  (6) The number of staff substance abuse tests administered in the past 12 months.  (7) The average number of physicians employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.  (9) The average number of nurses employed in the past 12 months.  (10) The average number of nurses employed in the past 12 months.  (11) The average number of nurses employed in the past 12 months.  (12) The number of nurse positions authorized in the past 12 months.  (13) The number of nurse positions authorized in the past 12 months.  (14) The number of nurse positions authorized in the past 12 months.  (15) The average number of nurse positions authorized in the past 12 months.  (16) The number of nurse positions authorized in the past 12 months.	/s
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divided by The average dally population for the past 12 months.  (5) Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.  (6) The number of staff substance abuse tests administered in the past 12 months.  (7) Number of staff terminations for violation of drug-free work policy in the past 12 months.  (7) The number of staff terminations in the past 12 months.  (8) The number of physician positions authorized in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.	% %
(5) Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.  (6) The number of staff substance abuse tests administered in the past 12 months.  (7) Number of staff terminations for violation of drug-free work policy in the past 12 months.  (7) The number of staff terminations in the past 12 months.  (8) The number of physician positions authorized in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The average number of nurses employed in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.  (8) The number of nurse positions authorized in the past 12 months.	% %
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12 months	)%
(8) The average number of nurses employed in the past 12 months. 12 divided by The number of nurse positions authorized in the past 12 months. 7 160	
months. 12 divided by The number of nurse positions authorized in the past 12 months. 7 160	
divided by The number of nurse positions authorized in the past 12 months. 7 160	
months 7 160	Secretary Company
	1%
employed in the past 12 months.	
divided by The number of mid-level health care practitioner positions	
authorized in the past 12 months.	%
(10) The average number of ancillary health care staff	
employed in the past 12 months.	
divided by The number of ancillary health care staff positions	- Charles
	0%
7D The facility is administered efficiently and	
responsibly.	
(1) Net amount of budget shortfalls or surplus at the end of 1,655,69	
the last fiscal year (budget less expenditures).	
divided by The budget for the past 12 months.	%
(2) Number of material audit findings by an independent	
financial auditor at the conclusion of the last audit.	
NONE 25	
(3) Number of grievances filed by inmates regarding their	
records or property in the past 12 months. 1,136	16 15
divided by The average daily population in the past 12 months. 0	
(4) Number of inmate grievances (records/property) decided	
in favor of inmates in the past 12 months. 25	70
divided by The total number of inmate grievances (records/property)	
In the past 12 months.	
(5) Number of objectives achieved in the past 12 months. 0	<b>*</b>
divided by The number of objectives for the past 12 months. 0	/8
(6) Number of program changes made in the past 12 months. 0	27.4
divided by The number of program changes recommended in the	
	%
(7) Number of problems identified by internal health care	
review that were corrected in the past 12 months.	
divided by The number of problems identified by internal health care	
I minimized at the companies of the companies of a companies of the compan	
	%

	(1)	Number of grievances filed by staff in the past 12 months.	1	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	336	0%
	. (2)	Number of staff grievances decided in favor of staff in the past 12 months.	0	
	divided by	The total number of staff grievances in the past 12 months.	1	0%
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	5,578	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	279	1999%
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	t veit of
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0%
<b>7</b> F		The facility is a responsible member of the community.	:	
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	2,410	
	divided by	The average daily population of inmates in the past 12 months.	1,136	212%
<u>.</u>	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	288	
	divided by	The average daily population of inmates in the past 12 months.	1,136	25%
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
. '	divided by	The average daily population of inmates in the past 12 months.	1,136	0%
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	<u>1</u>	
	divided by	The average daily population of inmates in the past 12 months.	1,136	0%
	(5)	Total number of complaints from the community in the past 12 months.	0	
	divided by	The average dally population of inmates in the past 12 months.	1,136	0%
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	124,152	
	divided by	The average daily population of inmates in the past 12 months.	1,136	10930%

4A	(1)	Number of problems identified by quality assurance program	2	
		that were corrected during a twelve (12) month period		3.5
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	2	100.000%
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months	0	
	divided by	Average daily population	397	0.000%
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	397	0.000%
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	0	#DIV/0!
	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7 <b>A</b>	None			
7B	None			
7C	None			



# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE REACCREDITATION AUDIT

New Mexico Corrections Department Penitentiary of New Mexico Santa Fe, New Mexico

May 21-23, 2018

#### **VISITING COMMITTEE MEMBERS**

Jack L. Falconer, Chairperson ACA Auditor

> MaryAnn Aldrich ACA Auditor

	(9)	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time	330	
	divided by	Total offender population at that time.	805	.409
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months	12	
	divided by	Average daily population.	791	.015
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	19	
	divided by	Average daily population in the past twelve (12) months.	791	.024
	(12)	Number of offender specialty consults completed during the past twelve (12) months	173	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	156	1.108
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	12	
	divided by	Total number of offenders with hypertension who were reviewed.	106	.113
	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent	2	
	divided by	Total number of diabetic offenders who were reviewed.	33	.060
	(15)	The number of completed dental treatment plans within the past twelve (12) months	866	
	divided by	the average daily population during the reporting period.	791	1.094
2A	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	520	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	18	
	divided by	Number of new health care staff during the twelve (12) month period.	18	1
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	46	0
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	495	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	0	

	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	14	0
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
-	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	2	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	2	
· <u>-</u> ·	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	2	1
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months	8	
	divided by	Average daily population	791	.010
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	791	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	1	0
	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7A	None			7.6723.7803.5
7B	None			
7C	None			

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#### COMMISSION ON ACCREDITATION FOR CORRECTIONS

#### STANDARDS COMPLIANCE INITIAL AUDIT

New Mexico Corrections Department Southern New Mexico Correctional Facility Las Cruces, New Mexico

May 14-16, 2018

### **VISITING COMMITTEE MEMBERS**

Steven Bailey, Chairperson ACA Auditor

Julie A. Salmi ACA Auditor

	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	23	
	divided by	Average daily population in the past twelve (12) months.	686	.033
	(12)	Number of offender specialty consults completed during the past twelve (12) months	122	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	151	.80
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	75	
	divided by	Total number of offenders with hypertension who were reviewed.	696	.107
	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent	9	
	divided by	Total number of diabetic offenders who were reviewed.	47	.19
	(15)	The number of completed dental treatment plans within the past twelve (12) months	545	
	divided by	the average daily population during the reporting period.	653	.834
2A	(1)	Number of health care staff with lapsed licensure or certification during a twelve (12) month period	0	
-	divided by	Number of licensed or certified staff during a twelve (12) month period.	0	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	11	
	divided by	Number of new health care staff during the twelve (12) month period.	11	
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	33	
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	0	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	0	0
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
•	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	7	

	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	10	.7
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
				2.4
	(3)	Number of offender suicide attempts in the past twelve (12) months	1	14.41.
	divided by	Average daily population	686	.001
	(4)	Number of offender suicides in the past twelve (12) months	0	1 3 3 4 7
	divided by	Average daily population	686	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	1	A, a
	divided by	Total number of deaths in the same reporting period.	1	1
	(6)	Number of serious medication errors in the past twelve (12) months	0	19 mg 10 mg
5A	None			1.5
6A	None			
7A	None			
7B	None			1000000
7C	None			



# COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS COMPLIANCE ACCREDITATION AUDIT

New Mexico Corrections Department Springer Correctional Center Springer, New Mexico

October 2-4, 2017

### **VISITING COMMITTEE MEMBERS**

Nancy Dobbs, Chairperson ACA Auditor

> Cornel Hubert ACA Auditor

	(4)	Number of direct care staff (employees and	1	
		contractors) with a conversion of a TB test that		
		indicates newly acquired TB infection in the past		
		twelve (12) months		
	divided by	Number of direct care staff tested for TB infection	28	0
		in the past twelve (12) months during periodic or		
		clinically indicated evaluations.		
3 <b>A</b>	(1)	Number of offender grievances related to health	0	
		care services found in favor of the offender in the		
		past twelve (12) months		4 582 333
	divided by	Number of evaluated offender grievances related	0	0
		to health care services in the past twelve (12)		
		months.		
	(2)	Number of offender grievances related to safety or	0	
		sanitation sustained during a twelve (12) month		
		period		
	divided by	Number of evaluated offender grievances related	0	0
		to safety or sanitation during a twelve (12) month		
		period.		
	(3)	Number of adjudicated offender lawsuits related to	0	
		the delivery of health care found in favor of the		
		offender in the past twelve (12) months		
	divided by	Number of offender adjudicated lawsuits related to	0	0
		healthcare delivery in the past twelve (12) months		
4A	(1)	Number of problems identified by quality	5	1944 (441) 64.1 (4
	(-/	assurance program that were corrected during a		
		twelve (12) month period		
	divided by	Number of problems identified by quality	5	1
		assurance program during a twelve (12) month		
		period.		
	(2)	Number of high-risk events or adverse outcomes	0	
	(-)	identified by the quality assurance program during	ľ	
		a twelve (12) month period.		
-	(3)	Number of offender suicide attempts in the past	1	
		twelve (12) months	_	
	divided by	Average daily population	410	0.002
	(4)	Number of offender suicides in the past twelve	0	30.002
	(3)	(12) months	"	
	divided by	Average daily population	410	0
	(5)	Number of unexpected natural deaths in the past	0	White the said of the said
	(3)	twelve (12) months	U	
	divided by		0	0
	divided by	Total number of deaths in the same reporting	١٧	0
	(6)	period.	1	Acceptable was at Asia disco
	(6)	Number of serious medication errors in the past	1	
		twelve (12) months		

5A	None		
6A	None		
7A	None		
7B	None		
7 <b>C</b>	None		

#### COMMISSION ON ACCREDITATION FOR CORRECTIONS

New Mexico Corrections Department Western New Mexico Correctional Facility Grants, New Mexico

June 14 - 16, 2017

### Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

#### Standard #4-4052

THE WARDEN/SUPERINTENDENT CAN DOCUMENT THAT THE OVERALL VACANCY RATE AMONG THE STAFF POSITIONS AUTHORIZED FOR WORKING DIRECTLY WITH INMATES DOES NOT EXCEED 10 PERCENT FOR ANY 18-MONTH PERIOD.

#### FINDINGS:

Documentation indicates that the vacancy rate the permissible amount specified in the standard.

#### AGENCY RESPONSE

#### Plan of Action

#### Task

- a. Western New Mexico Correctional facility has been actively recruiting to fill all vacant positions as quickly as possible and will continue to aggressively recruit until all positions are filled.
- b. The New Mexico Corrections Department Training Academy also actively recruits staff to fill vacant positions for all state wide facilities to include Western New Mexico Correctional Facility. This is done at our departments Central Office Training Academy in Santa Fe, New Mexico

#### Responsible Agency

- a. New Mexico Corrections Department
- b. Western New Mexico Correctional Facility

#### Assigned Staff

- a. Brenda Gueths, NMCD Human Resource Bureau Chief.
- b. Leslie Padilla, WNMCF Human Resource Administrator

#### Anticipated Completion Date

WNMCF has been actively recruiting staff and will continue until all positions are filled.

#### AUDITOR'S RESPSONSE

The audit team agrees with the Plan of Action as submitted by the agency. Given the circumstances of employment opportunities in this area of the state and the competition among agencies this POA represents all the agency can do. The only other possible solution is to raise salary levels but that is a statewide legislative issue. This POA is basically the same as prior ones on this issue is acceptable to the team.

#### Standard #4-4062

WRITTEN POLICY, PROCEDURE, AND PRACTICE, PROVIDE THAT EMPLOYEES WHO HAVE DIRECT CONTACT WITH INMATES RECEIVE A PHYSICAL EXAMINATION PRIOR TO JOB ASSIGNMENT. ALL OTHER EMPLOYEES RECEIVE A MEDICAL SCREENING PRIOR TO JOB ASSIGNMENT. EMPLOYEES RECEIVE A REEXAMINATION ACCORDING TO A DEFINED NEED OR SCHEDULE.

#### FINDING:

Only Correctional Officers receive a physical examination prior to job assignment. Other employees who have direct inmate contact such as food service staff, the Chaplain, teachers, etc., do not.

#### Plan of Action

#### Task

New Mexico Corrections Department policy will be revised to ensure that all staff receive an appropriate physical exam prior to job assignment, and receive re-examination annually.

#### Responsible Agency

New Mexico Corrections Department Central Office

#### Assigned Staff

Orion Stradford, Acting Bureau Chief Internal Audits and Standards Compliance

#### Anticipated Completion Date

July 31, 2017

#### **AUDITOR'S RESPSONSE**

The audit team accepts the Plan of Action as submitted by the agency. The agency began to immediately take steps to correct this and put this standard in compliance. The timeline is acceptable and if carried through as indicated it should be in compliance is a very short period of time

Standard# 4-4253 (Ref.3-4241)

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR A REVIEW OF THE STATUS OF INMATES IN ADMINISTRATIVE SEGREGATION AND PROTECTIVE CUSTODY BY THE CLASSIFICATION COMMITTEE OR OTHER AUTHORIZED STAFF GROUP EVERY SEVEN DAYS FOR THE FIRST TWO MONTHS AND AT LEAST EVERY 30 DAYS THEREAFTER.

COMMENT: A HEARING SHOULD BE HELD TO REVIEW THE STATUS OF ANY INMATE WHO SPENDS MORE THAN SEVEN CONTINUOUS DAYS IN ADMINISTRATIVE SEGREGATION AND PROTECTIVE CUSTODY TO DETERMINE WHETHER THE REASONS FOR THE PLACEMENT STILL EXIST.

#### FINDING:

The agency does not hold reviews for ad seg and PC inmates every seven days for the first two months and monthly thereafter.

#### Plan of Action

#### Task

New Mexico Corrections Department policy is currently in the process of revision to include the 7 and 30-day reviews for inmates that are in temporary restrictive housing and the department's predatory behavior management program.

#### Responsible Agency

New Mexico Corrections Department Central Office

#### Assigned Staff

Orion Stradford, Acting Bureau Chief Internal Audits and Standards Compliance

#### Anticipated Completion Date

July 31, 2017

#### AUDITOR'S RESPONSE

The team accepts the Plan of Action submitted by the agency.

The agency indicates that they are going to revise the agency policy to comply with the time limits indicated in the standard. The timeline appears to be reasonable and if carried out should resolve this issue in a relatively short period of time as indicated by the completion date.

# COMMISSION ON ACCREDITATION FOR CORRECTIONS

New Mexico Corrections Department Western New Mexico Correctional Facility Grants, New Mexico

June 14 - 16, 2017

# <u>Visiting Committee Findings</u>

Non-Mandatory Standards

Not Applicable

Standard# 4-4046

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES CAN DEPOSIT PERSONAL FUNDS IN INTEREST-BEARING ACCOUNTS AND ACCRUE THE INTEREST EARNED ON THOSE ACCOUNTS.

FINDING:

By policy, New Mexico does not permit inmates to deposit personal funds into accounts.

Standard #4-4123

THE INSTITUTION CONFORMS TO APPLICABLE FEDERAL, STATE, AND/OR LOCAL BUILDING CODES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

This is an existing facility.

Standard #4-4125

PHYSICAL PLANT DESIGN FACILITATES PERSONAL CONTACT AND INTERACTION BETWEEN STAFF AND INMATES.

FINDING:

This is an existing facility although it does comply.

Standard#4-4137-1added January 2012.

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITATES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS.

TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 INMATES IN MALE FACILITIES AN 1 FOR EVERY 8 INMATE'S IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH 3 OR MORE INMATES HAVE A MINIMUM OF 2 TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

#### FINDING:

This is an existing facility and the standard applies to new construction after June 2014.

Standard# 4-4138-1 Added January 2012 (New Construction after June 2014)

INMATES HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF 1 BASIN FOR EVERY 12 OCCUPANTS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

# FINDING:

This is an existing facility and the standard applies to new construction after June 2014.

# Standard# 4-4139-1

ADDITION JANUARY 2012 (NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY TWELVE INMATES, UNLESS APPLICABLE CODES REQUIRE ADDITIONAL FIXTURES. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND PROMOTE HYGIENIC PRACTICES.

# FINDING:

This is an existing facility and the standard applies to new construction after June 2014.

## Standard #4-4147-1

ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES.

FINDINGS:

This is an existing facility

Standard# 4-4147-2 Added January 2012. (New Construction or Renovation after June 1, 2014)

EACH DORMITORY PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN THE DORMITORY.

FINDING:

This is an existing facility.

#### Standard #4-4149

EACH DAYROOM PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET OF TRANSPARENT GLAZING IN THE DAYROOM, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE WHOSE ROOM/CELL IS DEPENDENT ON ACCESS TO NATURAL LIGHT THROUGH THE DAYROOM. (NEW CONSTRUCTION ONLY)

# FINDINGS:

This is an existing facility and the standard applies to new construction only.

## Standard #4-4150-1

NOISE LEVELS IN HOUSING AREAS (IN OTHER WORDS, DAYROOMS WITH ADJACENT CELLS OR DORMS) SHALL NOT EXCEED THE FOLLOWING:

 UNOCCUPIED – 45DBA (A SCALE), BUILDING SERVICE SYSTEMS SHALL BE ON AND IN NORMAL OPERATING CONDITION. MID-FREQUENCY AVERAGE REVERBERATION TIME (T 60) MUST BE LESS THAN 1.0 SEC.  OCCUPIED – 70 DBA (A SCALE) FOR A MINIMUM OF 15 SECONDS OF CONTINUOUS AVERAGE MEASUREMENT IN NORMAL OPERATING CONDITIONS.

ALL MONITORING SHALL BE CONDUCTED IN CLOSE PROXIMITY TO THE CORRECTIONAL OFFICER'S POST. IF A CORRECTIONAL OFFICER'S POST IS NOT IDENTIFIED, THEN MONITORING SHALL BE CONDUCTED AT A LOCATION CONSIDERED BEST TO MONITOR HOUSING NOISE LEVELS. MEASUREMENTS SHALL BE CONDUCTED A MINIMUM OF ONCE PER ACCREDITATION CYCLE BY A QUALIFIED SOURCE.

#### FINDINGS:

This facility is considered an existing facility by definition in the standard.

Standard# 4-4151 Revised July 2012 (Renovation, New Construction only after January 1, 1990)

CIRCULATION IS AT LEAST 15 CUBIC FEET OF OUTSIDE OR RE-CIRCULATED FILTERED AIR PER MINUTE PER OCCUPANT FOR CELLS/ROOMS, OFFICER STATIONS, AND DINING AREAS, AS DOCUMENTED BY A QUALIFIED TECHNICIAN AND SHOULD BE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE

INTERPRETATION AUGUST 2002. THE WORDS "ACCREDITATION CYCLE" ARE INTERPRETED AS WITHIN THE PAST THREE YEARS.

#### FINDING:

This standard applies to renovations and new construction only. This is an existing facility.

#### Standard #4-4157

IN INSTITUTIONS OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

## FINDINGS:

This facility is considered an existing facility by definition in the standard.

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER ARE ON DUTY AT ALL TIMES.

# FINDING:

This is a female only facility.

#### Standard #4-4307

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT; AND/OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE PREPARATION OF A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE WARDEN OR HIS OR HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE WARDEN OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

#### FINDINGS:

Youthful Offenders are not housed at this institution.

# Standard #4-4308

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE DIRECT SUPERVISION OF YOUTHFUL OFFENDERS HOUSED IN THE SPECIALIZED UNIT TO ENSURE SAFETY AND SECURITY.

# FINDINGS:

Youthful Offenders are not housed at this institution.

#### Standard #4-4309

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS SHALL INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

## FINDINGS:

Youthful Offenders are not housed at this institution.

# Standard #4-4310

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ADEQUATE PROGRAM SPACE BE PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDER AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

#### FINDINGS:

Youthful Offenders are not housed at this institution.

#### Standard #4-4311

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT OFFENDERS FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

#### FINDINGS:

Youthful Offenders are not housed at this institution.

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS FROM THE SPECIALIZED UNIT BE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF SPECIFICALLY ASSIGNED TO THE UNIT OR STAFF THAT IS RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. THE TRAINING SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS.
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING, AND RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES.
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

#### FINDINGS:

Youthful Offenders are not housed at this institution.

## Standard #4-4323

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY. THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO INSTITUTION KITCHENS.

# FINDINGS:

No food products are grown or produced within the system.

WHEN MEDICAL CO-PAYMENT FEES ARE IMPOSED, THE PROGRAM ENSURES THAT, AT A MINIMUM, THE FOLLOWING ARE OBSERVED:

- ALL OFFENDERS ARE ADVISED, IN WRITING, AT THE TIME OF ADMISSION TO THE FACILITY OF THE GUIDELINES OF THE CO-PAYMENT PROGRAM
- NEEDED OFFENDER HEALTHCARE IS NOT DENIED DUE TO LACK OF AVAILABLE FUNDS
- COPAYMENT FEES SHALL BE WAIVED WHEN APPOINTMENTS OR SERVICES, INCLUDING FOLLOW-UP APPOINTMENTS, ARE INITIATED BY MEDICAL STAFF

## FINDINGS:

Co-payments for medical services are not authorized in New Mexico.

Standard# 4-4353-1 Added January 2003

WHERE NURSING INFANTS ARE ALLOWED TO REMAIN WITH THEIR MOTHERS, PROVISIONS ARE MADE FOR A NURSERY, STAFFED BY QUALIFIED PERSONS, WHERE THE INFANTS ARE PLACED WHEN THEY ARE NOT IN THE CARE OF THEIR MOTHERS.

## FINDING:

By policy, facility does not permit nursing infants to remain with their mother.

#### Standard #4-4383

WHEN INSTITUTIONS DO NOT HAVE QUALIFIED HEALTH CARE STAFF, HEALTH-TRAINED PERSONNEL COORDINATE THE HEALTH DELIVERY SERVICES IN THE INSTITUTION UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND WARDEN OR SUPERINTENDENT.

## FINDINGS:

All staff at this institution is qualified and licensed health care staff.

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

## FINDINGS:

Volunteers are not used in the delivery of health care.

## Standard #4-4392

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

## FINDINGS:

Students are not used in the delivery of medical services.

## Standard #4-4393

UNLESS PROHIBITED BY STATE LAW, OFFENDERS (UNDER STAFF SUPERVISION) MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSIST IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF SUICIDE PREVENTION PLAN

 HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER OFFENDERS TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION (BY SPECIALLY TRAINED STAFF) IN A VOCATIONAL TRAINING PROGRAM FINDINGS: WNMCF does not use offenders to perform familial duties.

## FINDINGS:

Familial duties are not performed by offenders.

## Standard #4-4443

TEMPORARY RELEASE PROGRAMS SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF CONDUCT AND SANCTIONS
- A SYSTEM OF SUPERVISION TO MINIMIZE INMATE ABUSE OF PROGRAM PRIVILEGES
- A COMPLETE RECORDKEEPING SYSTEM
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

## FINDINGS:

Offenders at WNMCF are not eligible for temporary release.

PRIVATE INDUSTRIES ON THE INSTITUTION GROUNDS EMPLOYING INMATES IN POSITIONS NORMALLY FILLED BY PRIVATE CITIZENS PAY INMATES THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED.

# FINDINGS:

There are no private industries on the grounds of this facility.

#### Standard #4-4463

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED. INMATES RECEIVING SUCH COMPENSATION REIMBURSE THE JURISDICTION FOR A REASONABLE SHARE OF ITS COST IN MAINTAINING THEM.

## FINDINGS:

Inmates housed at this institution are not authorized to work in the community.

## Standard #4-4502

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES WITH APPROPRIATE SECURITY CLASSIFICATIONS ARE ALLOWED FURLOUGHS TO THE COMMUNITY TO MAINTAIN COMMUNITY AND FAMILY TIES, SEEK EMPLOYMENT OPPORTUNITIES, AND FOR OTHER PURPOSES CONSISTENT WITH THE PUBLIC INTEREST.

#### **FINDINGS:**

Offenders are not eligible for furloughs to the community.



# Significant Incident Summary

This report is required for all residential accreditation programs. (Adult Correctional Institutions: Adult Local Detention Facilities; Adult Community Residential Facilities, Core Jail Facilities; Boot Camps: Therapeutic Communities; Juvenile Detention Facilities; and Juvenile Small Detention Facilities.)

Facility Name: Western New Mexico Correctional Facility

Reporting Period: 2016-2017

Incident Type	Months	May	e e	July	ISII BTTW	September	0.10	November	December	January	February	March	April	Total for Reporting Period
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	1	0	1
	Öffender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
0/	Offender/ Offender	0	0	0	1	0	0	1	0	0	0	0	0	2
Assaults	Offender/ Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Mandatory Non- Compliance*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		1	0	0	0	0	0	0	2	0	1	0	0	4

<sup>\*</sup>May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.

		Health Care Outcomes		
Standard	Outcome Measure	Numerator/Denominator	Value	Calcu- lated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	4	
	divided by	The average daily population	281	.14
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	0	
	divided by	Average daily population	281	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening	272	0
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	0	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months	0	0
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	100	
	divided by	Total offender population at that time	281	.355
	(6)	Number of offenders diagnosed with HIV infection at a given point in time	3	
	divided by	Total offender population at that time	281	.17
	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	0	
	divided by	Total number of offenders diagnosed with HIV infection at that time	3	0
	(8)	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml	3	

	divided by	Total number of treated offenders with HIV infection that were reviewed	3	1
	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	135	
	divided by	Total offender population at that time	281	.48
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months	19	
	divided by	Average daily population	281	.07
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	36	
	divided by	Average daily population in the past twelve (12) months	281	.13
	(12)	Number of offender specialty consults completed during the past twelve (12) months	520	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months	520	1
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	44	
	divided by	Total number of offenders with hypertension who were reviewed	44	1
	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent	18	
	divided by	Total number of diabetic offenders who were reviewed.	18	1
	(15)	The number of completed dental treatment plans within the past twelve (12) months	654	
	divided by	The average daily population during the reporting period.	281	2.33
2A	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period	10	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	16	
	divided by	Number of new health care staff during the twelve (12) month period	16	1

	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	3	
	divided by	Number of employees	23	.13
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	20	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	29	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months	29	1
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	15	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period	15	1
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months	3	
	divided by	Average daily population	281	.17
	(4)	Number of offender suicides in the past twelve (12) months	0	

	divided by	Average daily population	281	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	đivided by	Total number of deaths in the same reporting period	0	0
	(6)	Number of serious medication errors in the past twelve (12) months	0	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			

# APPENDIX B - Campaign Contribution Disclosure Campaign Contribution Disclosure Form

Pursuant to NMSA 1978, § 13-1-191.1 (2006), any person seeking to enter into a contract with any state agency or local public body for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body shall void an executed contract or cancel a solicitation or proposed award for a proposed contract if: 1) a prospective contractor, a family member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

THIS FORM MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

"Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

"Campaign Contribution" means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official's behalf for the purpose of electing the official to either statewide or local office. "Campaign Contribution" includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

"Family member" means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

"Pendency of the procurement process" means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

"Person" means any corporation, partnership, individual, joint venture, association or any other private legal entity.

"Prospective contractor" means a person who is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

"Representative of a prospective contractor" means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

#### DISCLOSURE OF CONTRIBUTIONS:

Contribution Made By:	N/A	
Relation to Prospective Contractor:	,	
Name of Applicable Public Official:		
Date Contribution(s) Made:		<u></u>
Amount(s) of Contribution(s)		
Nature of Contribution(s)		
Purpose of Contribution(s)		
(Attach extra pages if necessary)		
Signature	Date	_
Title (nosition)		

NO CONTRIBUTIONS I	THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY
DOLLARS (\$250) WERE	MADE to an applicable public official by me, a family member of
representative.	
0. 400	12/30/2015
Signature	Date

President & Chief Operating Officer
Title (Position)

Facility / Level:	RCC L	EVEL 2		. ,	Month /	ervices Bureau Year.	JUNE 2016.			
SA Signature:				-		mat Completed;	JULY 2016.		•	
A Paracola.	_			-		-				
					VALLAGE	Daily Consum:	325			
Obrosic Care Olinjes	# Enrolled	Scheduled	Seen	Retwed		Clinic Visits	Physician	MidLevel	Runing	
Cardue/HIN	1	3 3	6 · 6 · 1			Wed Chair Visits Seen	76	47	705	
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Ambulance Transports		2. If on HCV Rx			۵	3. # Days pending psychlatic				
Total ili ol Hospital Admits	. 0	3. # On HIV on R			a		PSYCHIATRY PIRES	MAANCE MEASURES		
Inpatient Surgeries	0	4, # On AIDS on R	a .		a	i. # Suicide Atjennats (Hang	ing. Med Overdose,	erc.)		
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Ambulance Hamports Total Ref Riciglat Admix Impatient Surgeries Collegation Surgeries Ambulance Ambula	0 0 0 5 5 0	4. # Dr AIDS on  5. 50 n RNH No  6. # Complete  77. # on Refor  8. # on Pyrch  9. # on Refor  10. # on Pyrch  10. # off-size P  17. # Nursing II  9  0  0  0  0  0	Re. dd ijHH (for L181) kcttve 10 Aeds HISA hormaev Ra hollication errors NEW Attent 11. Firmates 12. F Approve 13. A Company 14. # TST Gree 25. F Rewiy D 36. 8 immates 36. 8 immates	fely Report To COMMUNICAL presented to TR d for HCV To ed HCV To T Acuse 18 1ST with LTB1	a a a a a a a a a a a a a a a a a a a	2. d Innovers The Whole face 4. d Innovers With Montal His NISSELLAND 1. d Innovers In Montal His NISSELLAND 1. d Informal Constanting 2. d Formal Gillargences 3. M Staket's Direct DEPARTMENT VICES Bornale 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ing, Med Overdore, id Psych Adedication Rectal Ing.  adth Fraction Rectal Ing.  21. Filep A Vac. 22. Filep A Vac. 23. Filep B Vac. 24. Filep B Vac. 25. Filew HPM 26. Filew HMS 27. Filep B Vac. 28. Filep B Vac. 29. Filep B Vac. 20. Filep B Vac.	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INNES Given  Illest Geven  Care  Care  Care	***
Ambulance Transports Total R of Nooghia Admix Inoxident Surgeries Outloatient Surgeries Outloatient Surgeries Outloatient Surgeries Outloatient Surgeries Off-Size Referratia Ambulance Off-Size Referratia Ambulance Inoxident Transported after Inoxident Inoxident Transported after Inoxident Inoxident Transported after Inoxident Inoxiden	0 0 0 5 5 0	4. If Dr AUS on  3. Son NNI NN  5. If Complete is  72. If on Nafer is  9. If on Nafer is  10. If Off-site P  17. If Nursing II  10. If Off-site P  17. If Nursing II  0  0  0  0  0	Re. dd interpolation of the control	My Report To COMMUNICAL presented to TR d for HCV To ed HCV To r Acute 18 1ST with LTB1 LTB1 Prophylaria	a a a a a a a a a a a a a a a a a a a	2. elimoniste Reciving foto 4. elimoniste sulla Normal HI 1. elimoniste sulla Normal HI 1. elimoniste sulla Normal HI 1. elimoniste sulla Normal HI 2. elimo	ing, Med Overdore.  (6 Paych Adedication Restralins)  path I readment Guar  (700)  7  21. #Hep A Vac  24. #Hep B Vac  25. # New MPS/  26. # New MPS/  27. # Genroche	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INNES Given  Illest Geven  Care  Care  Care	3
Ambulance Transports  Total Bird Moghat Admix Inguisent Surginal  Outpatient Surginal  Outpatient Surginal  Outpatient Surginal  Outpatient Surginal  Off-Size Petral Approved  Off-Size Petral Approved  Off-Size Disagnostic Studies  Off-Size Disagnostic Studies  Outpatient Specially Maria  A Monated Transported  after House Kenzel  Bird Control  Bird	0 0 0 5 5 0	I. ID r AUSS or     S. Fig. 1	Re. dd Hilliam	My Report Te COMMUNICAL presented to TR d for HCV Te ed HCV Te rr Acute 18 1ST with LTM LTM Prophylaria	a a a a a a a a a a a a a a a a a a a	2. elinomiste Receiving fose 3. elinomiste In Therapeutic 4. elinomiste With Normal Mi MISSCILLAMI 1. elinomiste Vinitaria 2. elinomiste Vinitaria 2. elinomiste Vinitaria 3. elinomiste Vinitaria 5. elinomiste Vinitaria 6. elinomiste Vinitaria 6. elinomiste 6. elinomiste 6. elinomiste 7. elinomis	ing, Med Overdore, id Psych Adedication Rectal Ing.  adth Fraction Rectal Ing.  21. Filep A Vac. 22. Filep A Vac. 23. Filep B Vac. 24. Filep B Vac. 25. Filew HPM 26. Filew HMS 27. Filep B Vac. 28. Filep B Vac. 29. Filep B Vac. 20. Filep B Vac.	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INNES Given  Illest Geven  Care  Care  Care	
Ambulance Transports Total R of Norghia Admix Inquisent Surgeries Collabilities Transports Ambulance Transports Transports Ambulance Transports Tr	0 0 0 5 5 0	4. R De ADS on S. 5 on MH I Ne S. 6 on MH I Ne S. 6 on MH I Ne S. 8 on MH I NE	Ra.  1991 (for L1 III)  1991 (for L1 III)  1901 (for L1 III)  1904 (for L1 III)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIIIIII)  1905 (for IIIIIII)	folly Report To COMMUNICAL presented to TR of fer HCV To ed HCV To or Acrose 18 151 with LTM LTBI Prophylania refferts or LTBI/18	o  o  o  o  o  o  o  o  o  o  c  o  o  c  c	2. elinomiste Reciving foto 4. elinomiste Serving foto 4. elinomiste sin historia in NISSELLAND 1. in Informati Compativit 2. elinomiste sin historia in 2. elinomiste sin historia 3. elinomiste sin historia 5. elinomiste sin historia 6.	ing, Med Overdore, id Psych Adedication Rectal Ing.  adth Fraction Rectal Ing.  21. Filep A Vac. 22. Filep A Vac. 23. Filep B Vac. 24. Filep B Vac. 25. Filew HPM 26. Filew HMS 27. Filep B Vac. 28. Filep B Vac. 29. Filep B Vac. 20. Filep B Vac.	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INNES Given  Illest Geven  Care  Care  Care	3
Ambulance Transports  Total Bird Moghia Admix Impaisers Surgeries  Outpatient Surgeries  A Sometie Transported  after House Keweckendig  # MOC HIV Tests  # MOC HIV Tests  # MOC HIV Tests Refuged MIV Test  # MOC House Street Surgeries  # MOC HIV Tests Refuged MIV Test  # MOC House Casts Refuged  # MOC HIV Tests Refuged  # MOC HIV Tests Refuged  # MIV Tests  # MOC HIV Tests Refuged  # MIV Tests  # MOC HIV Tests Refuged  # MIV Tests Refuge	0 0 0 5 5 0	4. It De AMS Co.  3. Fig. Mith. Met.  3. Fig. Mith. Met.  3. Fig. Mith. Met.  3. Fig. Mith. Met.  4. If on Principle  9. If on Principle  10. A Off-site P  11. A Mul. sing II  0  0  0  0  0  0  0  0  0  0  0  0	Re. di	hily Report To COMMUNICAL presented to TR discussion of the CV To or Acute 18 151 with LTM LTBIP ophylania celleds in LTM/18	o  o  o  o  o  o  o  o  o  o  c  o  o  c  c	2. d Inmares In Therapeuton 3. d Immares In Therapeuton 4. d Immares With Names Mit MISSCILLAMI 1. d Informati Compilarity 2. d Formati Compilarity 2. d Formati Compilarity De PARTMENT TURES Boreabs OUS PRESASE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ing, Med Overdore, id Psych Adedication Rectal Ing.  adth Fraction Rectal Ing.  21. Filep A Vac. 22. Filep A Vac. 23. Filep B Vac. 24. Filep B Vac. 25. Filew HPM 26. Filew HMS 27. Filep B Vac. 28. Filep B Vac. 29. Filep B Vac. 20. Filep B Vac.	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INNES Given  Illest Geven  Care  Care  Care	
Ambulance Teamports Total R of Houghtal Admiss Impatent Surgeries Outsaitent Surgeries Outsaitent Surgeries Off-Site Referrals Off-Site Referrals Off-Site Referrals Off-Site Referrals Off-Site Referrals AP Off-Site Dangmortic Studies Off-Site Specially VI vits I dismattel Transported	0 10 5 5 0 7	4. R De ADS on S. 5 on MH I Ne S. 6 on MH I Ne S. 6 on MH I Ne S. 8 on MH I NE	Ra.  1991 (for L1 III)  1991 (for L1 III)  1901 (for L1 III)  1904 (for L1 III)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIII)  1905 (for IIIII)  1905 (for IIIIIII)  1905 (for IIIIIII)	My Report To COMMUNICAL presented to TR dies HCV Ta of TACULE 18 1ST with LTM LTB! Prophylasis sellets TACULE 8 Vaccines Gluen at Given	o  o  o  o  o  o  o  o  o  o  c  o  o  c  c	2. elinomiste Reciving foto 4. elinomiste Serving foto 4. elinomiste sin historia in NISSELLAND 1. in Informati Compativit 2. elinomiste sin historia in 2. elinomiste sin historia 3. elinomiste sin historia 5. elinomiste sin historia 6.	ing, Med Overdore, id Psych Adedication Rectal Ing.  adth Fraction Rectal Ing.  21. Filep A Vac. 22. Filep A Vac. 23. Filep B Vac. 24. Filep B Vac. 25. Filew HPM 26. Filew HMS 27. Filep B Vac. 28. Filep B Vac. 29. Filep B Vac. 20. Filep B Vac.	cleanthy  4. # STIP DIAS  5. # Canduc Diess  CLUTCH FRIS  INC. Given  Inst. Geven  Care  Care  Care	3

acting / Level;	Dr.	LEVEL 2	mon	····· neput ic	Month/	ervises Bureau	NOV. 2016.			
	NL.	LEVELZ								
SA Signature	_			_		part Completed	DEC. 2016.		•	
					Average	Davily Census:	260			
Chronic Care Citales	# Corole	d Schaduler	Sean	Refused	T	Cénic Volts	Physician	Midteral	Numing	Т
. Cardlac/HTM	h	Let	0	D #		fulad Clinit Visus Seen	22	0	720	]
Endocume/Durbetes	τ	4 .	0	0 10		al Yens Not Seen	6	0	1.0	_
Gas (roin(estina)		10		1		tlent Refused	- 6	0	145	4
OB/GYN		0 4				Relatats Signed	- 6	0	145	4
Genito-Urinary	_		0			carity Issues		0	0	4
Hep C	-	15	2	2		her Reasons	0	0		4
HM	-	-	9	• .	_	cheduled	160%	0%	180%	4
Infertious De/INH	- 6		. 0	9 4		gation Visits	0	a	ė	4
Neuro/Seiture	100	. 0	0 0		o S. ADÇ N		- 0	0	٥	4
). Castro		6	0		-	Astem Transferi		0	31	4
Psychiatry		•	0			entern Intakes	0	0	B4	4
. Respiratory		3	1		6 B. Cades		0	0	0	4
. Special Meeds		4			ó 9. limake			0	0	4
l. Paln Management		•	0			ual Health Maintenance	•	0		┙
, Anticoegulant		•	0	0		Call Visins Seen	В	0	171	4
On-She Specialty/Sea			AMAJNY/LTCU			C II Visits Not Seen	0	0	0	4
Dialytis	۰	1. A Observati		0		all Visits Refused	D	D	Ð	┙
Diagnostes	0	2 # Admit Sta				arge/Parole Roemry			65	4
OB/Gvn	0	3. A Housing S		0	15 Eme	reent/Urgent Soon	l D	D	10	4
Laboratory Studies	28	4. d In-Geriale		۰		DENTAL SERVICES	Scheduled	Seen	Refused	4
Minor Procedures		5. # In Hospice		0	I. Denta		- 44	26	6	┙
Mammograms	0		ATE DEATHS			ta X-Rays	11	1	0	4
Neptualogy	0	<ol> <li>Total = of D</li> </ol>		D		la (sams	1 0	4	0	┙
Optometry OFF-SITE	D	2. # Deaths \$ui		0	4. # Ann	yad Ewarns	10	10	0	┙
Radiology Studies	2	3. # Deaths at		0	5. # Berr		5	5.8	0	4
). Physical literapy		4. # Beathr at	Facility	D	2. # Ente.		,	7	0	4
					8. # Q16.		a	0	0	_
Off-Site Services Con								g Siek Caff Appolytmen	t	_
ER Vioris	1		PHARMA		_	1. # Bays pending medical a				4
a Admitted from ER	0	1 Fronter		1.62%	- 0	2 # Days pending dentill app				4
Ambulance Transports	0	2. ∉ on HÇV Ru				3. If Days pending psychiatry				_
Total # of Hospital Admits	0	P b DKIMA ou			q			ORMANOE MÉASURÉS		_
Inpatient Surgerlet	0	4. H Dir ARDS or				I. d Suicide Attempts (Hang)				4
Outputent Surgeries	0	5, For MH M			0	2. # Inmates Receiving once		I		4
OIT-Site Referrals	- 1		d INH [For LTB/]		a	3. # Inmutes in Therapeutis i				4
Off-Site Relessats Approved	4	7. If on Ru for			. 0	d. #Inmaies with Montal He		ıı dianahip		_
Off-Site Referrals ATP	0	B. al on Psychi				MISCELLANE	DUS			_
Off-Site Diagnostic Studies	2_	9. # on Ru for I	MASA			1 Cinformal Complaints		4 #HIM Diggs		4
Oif-Site Specialty Visits	12	4.00/-01-0	he mary Ar			E Historichmone	1.4	S. A Careline Diess		1
I inmates Transported	-	201111	and the contract of the contra					p (414 p.41)		+
after hours/weekends	0	1 d Norman	medication errors			3. # Diabetic Diets	1	GAUTEN FREE		4
10			NEW	MEKICO CORP	ECTIONS	DEPARTMENT			100	
100			Mont	thly Report To	Health Sa	ervicer Bureau			-	•
				COMMUNICATI	I EAMFECT	TOUS DISEASES				
# ADC HIV Tests		0	11. Dinmates	presented to TR	ς .	0	23. P Hep A Vac	cines Given		Т
R RDC HIV Tests Positive		D	12. A Appliánt	d for BCV To		0	24. d Nep B Vac	(Inter Given		T
NOC Inmates Refused HIV Test			13 # Corrolet			0	25 # New MPV	Case		T
RDC Hap C Tests		1 0	14. # ISI Give	in .		0	26. d New MARS	\Com		T
RDC Hep C Tests Positive		0	15. # Newly D			0	27. # Gonnache			Ť
ROC Nep C Tests Relused		0	16. # lomates				78. # Chlamyska			Т
a. a Clinical INV Tests				L18  Prophylavia			79. # Syphilis Ca			7
. # Clinical HIV Tests Positive		<del>-</del>	18 4 157 Com				1			_
Inmanes Du AIDS		-	19. # of CXB (c							
Inmates Qualify		1 0		a Vacelnes Given		278				
							-			
a. # Clinical Mea C Tests		0	21 # Prieurop-	es dive		0				

Facility / Level:	90	C LEVEL 2				Month/	Year:	DECEMBER 20	16		
HSA Signature:					-	Date Rep	ous Campdelad:	JANUARY 201	7.		
	_				•	Average	Daily Census	291			
Chronic Care Clinks	à Enrolla	d Schedul	ad "	Seat	Rehmed		Cifele Vishs	Physician	MidLovel	Murskyg	_
1 Cardiac/MEN	IZ	21 3		all I	Manage	a. School	uled Clinic Visits Seen	97	0	579	-1
2. Endocsine/Diabetes	111	7 7	- 3	1			I Visits Not Seen	14	- ŭ	14	т.
3. Gastreineminat	<del></del>	19	- 7	- 4	- '		iyon Rafusad	D	0	0	1
4. OB/GYN		0 0	4	No. of	0 0		Relusals Signed	0	0	0	П.
. Genito-Urtnery		•	0				urite issues	24	0	34	П
i, Hep C		14	16	10		0 c Onl	er Reasons	D	0	D	7
7. HIV		•	0	-0		3 % Ren		100%	0%	100%	1
I. Infectious Dz/INH	16	w 41	4	4. 4		4. Sogre	galom Visite	b	۰		Т
Meuro/Solame	1.6	4 4		6 4	0 1	5. ADC I		0	0	D	7
O, Clibo	1.75	2	-1	- 1	- 4	6 Interes	estem Transfers		В	41	7
1. Psechlany		0	a	0			grem Intakes	19		79	٦
2. Respiratory		5	3	3		8 Cader			D	D	٦
9 Special Needs		6		17.6		9. Intate		-		D	٦
4 Pain Management		0	٥	0			all Health Maintenance	1 6	D	- ii	7
S. Anticoagulant		0	a	D	1-1-		Call Visite Seen	0	0	341	7
Qn-Site Specialty/Ser	vices	IN	FIRM ARY/	TOU			Call Visits Nor Seen	0	0		7
, Dialyris	0	1. J Observ:			ь		all Visins Refused		0	0	П
. Diagnostics	0	2. # Admit S			,		mz+/Parole Reemiy	- 0	0	114	1
. O8/Gyn	0	3. 4 Houses			0		gent/Urgens Seen	<del>                                     </del>	0	17	н
. Laboratory Studies	40	J. Ø in Gerla			-	23. 1818.	DENTAL SERVICES	Scheduled	Seen	Refused	٦.
, Allinoi Piscedures	0	5, # in Hospi			ì	1. Denial		57	53	4	н.
Mammograms	- *		MATE DEA	DM.	<u> </u>		al C-Rays	77	3	- 0	-1
				IHD				+ :-	,	0	4
Nephrology Optometry Off-SITE	0	1. Total graf					ay Exeme		_	0	4
	0	2 # Deaths S			0	A. F Ages			!		4
Radiology Studies	2	3. W Deaths			0	5. Я Деле		3	1	0	4
0. Physical Therapy	٥	4 # Denths	at Facility		0	7 # Ertre		10	10	0	4
		_				B. R-Off-5		0	0	0	_
Off-Site Services Com		_							g Sick Call Apparentmen		_
ER Ville	1	_		PHARMACY			# Days pending medical a			M.D. API.	4
a, Admitted from ER	100	I. Hen Ru	_	30 02	4	99	2. # Days pending denial ap				4
Ambulance Transports	1	2. For MCV					3. # Days pending psychiate:				ㅗ
. Total # of Hospital Admits	1	3. II De HIV							DRMANCE MEASURES		_
. Inpatient Sugnites	D	4. Ø Da AIDS					1. R Sukido Attempts (Hang				4
Outpatient Surgaries	1	5. Minn INHII	Meds				7 A Inmates Receiving force	d Psych Medication	4		Д.
Offi-Sign Referants		6. Comple					A. P longites in Therapeutic				1
Off-Sing Referrals Approved	3	7. # on Rule					4. Pänmarer with Mental He		edianship		_
ON-Situ Reference ATP	0	B, # on Psyc	h Medi			D	MISCELLANI	ous			
Off-Sice Diagnostic Studies	3	9. Son Ratio	H MRSA				1. Il Intermal Complaines	3	4. II HTM Diels		т
		La Harlin						T .			Т
ON-Sing Specialtry Visins     # humples Transported	3	10. at ON-161	e rnaimasy	- AM		1 0	2. Il Formal Guevances	+ •	S. Il Cardiac D-ets		+
after hours/weekends	. 0	1). # Najisin	€ गम्दर्ज रक्षांच			0	1 Fülsberirületa		GLUTEN FREE		J
12				Mew Mi	риіса саяв к Варам То	ECTIONS Health Se	DEPARTMENT rykes Buresu				P
1.0							OUS DISEASES				
PARCHIV Tests			11.6	Inmates pro	sented to 1R	ć	٥	23. #Hep # ∀ac	renes Given		Т
# ADC INV Tests Positive		0	17 4	Approved &	HÇVTL		D	24. THep 8 Vac	ines Goven		Т
# ROC Immates Refused HIV Test			13 *	Completed	HÇV Ta		а	25. # New HPV	aces		Т
#ROC New C Tests				TSF Govern			24	26 KNew MRS			7
# RDC Hep C Tests Positive		-		Newly Dr 4	cute 18			27 # Gosmothe			7
# ROC Hep C Tests Refused		<del>                                     </del>		Inmates 151			<del>- ,</del>	26 CMamydia			T
a # Clinical HIV Tests		+ ;			A Prophylania		0	29 #Syptules Ca			7
b # Chancel Hry Tests Positive		<del>-</del>		TST Conver			1 0				-
Frenches Dr AIOS				of CKR for L							
		<del>                                     </del>			cones Given			-			
Secretary Dr. sand		12									
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Inmages Dr. HIV  1. a. P Clinical Hep C Tests  b. 8 Clinical Hep C Tests Positive						12. 21. 0 Procumovasi Ghipn 0 5 22. d O1 Boosters Griven 0					

Facility / Level:	RCCI	EVEL 2			Month /	ervikes Byreau Year:	Sep-17		_	
•		****		-	,				-	
IISA Signature:	_			-		art Completed:	5-0xt-17		-	
					Average	Daily Cansus.	291		-	
Chronic Cara Clinics	2 Enrolled	Scheduled	Seen	Rehised	1	Clinic Visits	Physician	Midteral	Nursing	Т
). Carchac/HIM	. •	3	2 2	0.00	1 Sched	uled Clinic Visita Seen	97			1
2. Endottine/Diabetes	4	3	9 0	180	2. Chnica	Visies Mai Seen	14	0	14	_
3. Gastrointestinal		100		- 10101	a. Pat	lent Arlused		Ó	O	1
e. OB/GYN	0	0			1	Refunals Sygned	0	0	0	_
5. Gendo-Univary						urite lesses	14	0	14	4
6 Hea C		1				N BASSONS	0		6	
z. PIIV					3. % Rest	hemated	100%	0%	100%	_
B. Infectious Dr/INH	O.	ol o		41. 1	4. Segres	Jahren Visets	0	0		
9. Neuro/Seiture	46	46.7	0 4	44. 4	5. ADC N	Hie		0	0	_
IO Outro			1		6. Intraty	ggem Trangfers	D	D	#1	_
II. Psychiawy					7, Initiati	otem Intakes		_ D	79	7
12. Respiratory		600	2 _ 3	t	ff Cadet	Physicals	0	0	0	7
13. Special Needs		1	1		9 Milake	ндр		0	0	
14. Pain Management		1 1				al Health Maintenance	0	D	D	
15. Anticoagu/ant			0		L1. Slek C	all Visits Seen		0	341	_
On-Site Specialry/Sen	len	UNITED	EASY/LTCU		12. Sick 0	all Visits Not Seen	0	0	0	٦.
2. Dialysis	٥	J. # Observation	Status	D	13 Sick C	all Visits Related	0	0	0	1
2 Diagrostins	0	2. d'admit Statu		- 6	14 Dijeh:	nge/Parele Reprety	0	0	114	1
1. 08/G <sub>1</sub> n	D	3. # Housing Sta	lut	•	15 Ermer	gent/Urgent Seen	0	0	17	1
4. Laboratory Studies	Nes 32 4, e in Geriatric Unit			0		DENTAL SERVICES	Scheduled	Seen	Refused	1
5 Minor Procedures	٥	5. Fin Nospice C	are	0	1. Dental	Vigita	37	37	4	1
6. Mammograma	0	1MALAT	É DÉATHS		2. d Dens	al X-Pans		0	0	1
7. Nephrology	۰	1. Total # of Dea	Uns	0	3. # 30 D.	av Fishmi.	0			1
8. Optometry OFF-SITE	0	Z. # Deaths Suick	de		4 # Anpu		0	0		1
9. Radiofogy Studies	0	3 A Deaths at Ho		-	5. 4 Dent		0		0	1
10. Physical Therapy	0	4. # Draths at Fa			7. REMIA		0		0	1
					6 K OIT-S		•			٦.
Off-Site Services Cons	qle						etal # Amer Pen No.	Elck Call Appointme	fne.	_
ER Visite	2		PHARMACY			1. # Days panding medical ap			M.D. APT.	Т :
s. Admitted from ER	1	j, ili per Au	30.02		12	7 R Days pending dental app				1
Z. Ambulance Transports	D	7. Bon HCV Ru		-		3 # Days pending psychiatry				10
3. Total # of Horpital Admin	1	3. # Ox HIV on N						GRANCE MEASURE		_
4. Inpations Surgeries	0	4, # Da AIDS on 6				1 - Swelde Attempts (Hange	nr Med Overdose	etc. 1		- 0
5. Outpatient Sulgeries	0	S. For MII Weds			<del>                                     </del>	2. A lomates Receiving forces				1 0
5. Off-Size Referrals	6	6. If Completed II			<del></del>	3. Dimmater in Therapeutic A				1
7. Off-Site Relation Approved	- i	7. pl on Ry los Ac			<del></del>	4 dimmates with Mental Hes		-Aumhin		13
8. Off-Site Relevah AIP	•	8 F on Psych Ma			-	MUSCELLAND				
9. Off-Site Oisgnossis Studies	0	9 For Perfor MAR			0	1. #Informal Complaints	1 3	4. # HIN Ovets		Т.
										$\top$
O. ON-Site Specialty Visits		10   Off-site Phy	emacy fir		٥	2. # Formal Grievances	٥	5. # Cardiac Dreis		1
11 # Inmates Fransported after hours/weekensh	٥	11 Norsegme	deather come		۱ ۵	). #Olyberk Olers	I .	GLUIIM PACE		
arter nours) week eren	•	11 - HO-2 of the						PLOMMENT		1 4
						DEPARTMENT Tylces Burney			- 100	
						OUS DISEASES			1	
I. AI ROC HIV Tests		0					Inc. of the			_
, # MDC HIV Tests Positive		0	11. Alternates pre			0	23 # Hen A Vec			+ -?
		9	12. * Approved for			0	24. R Hep B Ver			+;
# ADC inmates Refused HIV Test		0	13. Completed	HCV TL			25. P New HPV (			
₹ RDC Hep C Tests			14. #151 Glvan			14	26. G New MRSA			1
# NOC Hop C Tests Positions		- a	15. # Mendy Du As				27, il Gonnarhe			<del>ļ</del>
# NDC Hop C Tests Refused		0	16. # Jenates TST			0	28. # Chlarmydia			44
a. al Clinical HIV Tests		_ •	17. 4 Refused LTB			0	29. # Syphilis Ca	iei .		ш
b. # Clinical HIV Tests Positive		0	III A TST Convert				-			
Inmates Ox.A105		U	19 Fol CORIOL			0				
. Inmates Da HIV		۵	20 minifuenta Va			- E				
O a. # Climital Hep C Tests		•	21 F Preumover			q				
b. # Chnical Rep C Texts Positive		0	22. A DT Boosters	Glyten		D				

recedible and					Wanth	у Вероп Та	Health S	DEPARTMENT			-3	
type Dem	Ac	CLEN	VEL 2				Month /	Year	200			
The Contractions	_						Ser's	ma Torregionni	3-6637			
							Average	Dally Census:	.01		_	
Dhronic Care Olinica	# Enrolls	d	Scheduled	544	rn n	Parketed	T	Clinic Visite	Physician	MidCavel	Runing	Т
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Endocrine/Diabetes	160		0	1 1		0	2. Cline	a Visits Not Seen	9	6	15	
. Gaşşı pinteştinal	307		65 M L		. 4	17.0	a. Pa	lient Refused	9	6	0	П.
OB/GYM	al		0	m cl	-	0 0	1	Returnit Signed	9	6	0	П.
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Hep C		24		14	24	16	드메	не Кеззолі	0			
, NIV					0	- 0	3 % Res	cheduled	100%	100%	100%	
. Infectious Or/INN	0		o l			6 .	4 Seere	gation Visits	a	D	D	П.
. Neuro/Seizure	- 1	-	48	4 11			S. Apc L		0		۰	П.
0. Ortho	- 111	-	-	0	0			ystem framéera	0	4	10	┪.
1, Psychiatry		-3		,				yatem iniakes	79	a	41	
2. Respiratory		7		2	Ť			Physicals	- 0			-1
3. Special Needs		-		<del>1</del>	- 4	-	9. Incake		1 0		ó	-1
I. Pain Managoneri		-		4		- 0		ul Health Maintenance		5	0	-1
. Anticoagulant		-		0	- 6			Lell Visits Soon		, ,	80	-1
5. Anatroagulani On-She Specialty/Sen	-	-1		O NARYATEU				Call Visits Not Seco	- 0	<del>                                     </del>	60	$-\mathbf{I}$
		4				_						-
Dialysis	Ð		1. # Objevation			. 0		all Visits Refused		0	0	4
Diagnostics	. 0		2. # Admit Statu			. 0		arge/Parole Reentry	•	٠	. 0	4
OØ/Gyn	0		3. # Housing \$14			0	15. Emei	gent/Urgana Seen	D D		2	ы.
Laboratory Studies	69		4. # In Gerlatric			٥		GENTAL SERVICES	Scheduled	Seen	Refusad	_
Minor Procedutes	•		5. # in Hospite (			0	1. Denka	Vises	54	50	0	
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Rephrology	٥	╗	1 Total R of Dea	alfu .		0	3. RF#No	gs/Clearwags	16	16	0	7
Optometry 13 OFF-SITE	0	7	2. @ Deaths Sulci	də	-	0		el Exame	4	4	0	7
Radiology Studies	0	7	J. A Death; at H	espiral		0	5 Deni		- 6	- 4	0	1
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	_	7			_	_	9. 4 Qft :		. 0	0	0	-
Off-She Sepikes Cons	ulin	-							Intel II Days Pantile	g Sick Call Appointme		_
FR Vitin	2	7		PHA	MACY			1. # Days pending medical a			AAD, APT.	$\neg$
a Admitted Note FR	1	-	I. 4 on Re		93.19		91	2 # Days pending dental up			-1441	$\pm$
Ambulance Transports	-		2. Fan HCY Ra		33.17	<del></del>	74 D	3. It Days pending psychiate				+
Total R of Hospital Admits	1		3. # De HIV on F				-	3r a deult bewning baktman.		ORMANCE MEASURES		_
	0	_	4. # De ALDS on I	_								$\overline{}$
Inpatient Surgeries								I Suicide Alternois (Hang				+
Outpatient Surgeries	1		5, # on INH Med				۰	2 # Immates Receiving forse		<u>'</u>		-
Oif-Sice Baferrals			6. # Completed		ŋ			3. A Immates in The appearing	Restrators			-
Off-Site Referrals Approved	É		1. Fen Rufor Ac				0	d, a homotes with Memai He		rdianship		
Off-Site Referrals ATP	0		6 # on Psych M					MISCELLAN				_
Off-Site Diagnostic Studies	0	4	9. A on He for M	R5A_			٠	1. 4 Informal Complaints		4. OHTH Diett		-
Off-Sile Specially Visits		ı	IO ROM-MAPIN	demaky Re		·		2 # Formal Grievate es		5 W Cardiac Diets		
. Finmates Tramported after hours/weekends	٥	Т	II # Notsing ma		nes.			J. # Diabesic Diets	-	GLUTEN FREE		T
						XICO CORR	ECTIONS	DEPARTMENT			100	
								rvices Bureau				
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# RDC HIV Tests		Т	D	31. # forma	ites pre	rented to TAC			23. Files A Vac	cines Given		$\top$
PROCHOVE Tests Positive		Т	D	12. # App	Oved 10	H RCV To			24. # Hep B Vac	cines Gluen		$\top$
# RDC inmates Refused HIV Test		Т	0	13. # Com	eleted	HCV Ty		0	25. A MEN HPV	Gree		Т
e ROC Hep C Tests		┱	4	14. e TST (	Given			12	26. II New MRS	Ceam		$\neg$
FRDC Hep C Tests Postiwe		1	0	15. # New		ule 18		0	27. # Gonnorhe			7
RDC Hep C Tests Refused		T٢	a	16 A Inmy				0	78. # Chlamydia			7
o, & Clinical INV Tests		+	- 0			Prophylaris			29. # Syphilis Ca			+
b. # Clinical HTV Tests Positive		+	0	18 # TST (				· · ·				_
Investes Da AIDS		-+		19 Faf ()					-			
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a. # Clinical Heb C Total		+	-	21 # Pheu								
b. # Clinical Hep C Fests Positive		_	0	22. • OI B	oosters	Gnee						

and the first		uai s	Month	T Report To		rvices Bureau	0.17		-
actify/kevel:	RCCLE	VEL 2		-	Month /1		Oct-17		-
Ot Sagmabure:	_				Date Repo	er) Completed.	3-Nov-17		-
					Average (	Daily Consus:	299		
Chronic Caro Dinier	# Enrolled	Schedulod	Seen	Halipped		Clinic Visits	Physician	MidLevel	Newston
Cardiac/MIN	5 0	S 0	5 4	6.0	3 Schedo	uled Clanc Yorks Seen	79	27	3-6
Endocrine/Diaberes	20 0	0. 1	7 0	0 0		Visita Not Serra	3	8	11
Gaptrointerfical	1	2			a. Pas	ient Helwed	1.0		10
OB/GYM	0 Q	41. 1	0	0	1. 3	Refusak Signed	3	7	19
Gentto-Univery		. 0				urity baues	0	. 0	14
liep C	79		20			En Bestons	В		(8)
IIIV		0	0		3. % Rest		100%	100%	100%
Infectious Ds/IANH	M 8		4. 4	M 1		al-on Vises			
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Psychiatry	۰			E		stem intakes	-0		39
Respiratory	,		1	- 1	8 Code!		0	- 0	. 0
Special Needs	,	1	2		9 Mare		0	0	0
Pain Management			٥			al Health Maintenance	- 4	D	
Anticagulant			0	0		ali Visits Seen	0	9	110
On Site Specialty/Su			UJTJ\TRA	_		all Vigita Net Seen	0	9	
Dialysig		1. # Observation		0		all Virius Roluscel	· o	0	
Diagnost of		2. # Admit Status		0		rge/Parole Reentry	0	0	D
OB/Gyn	۰	3. # Housing State		D	15. Emer	gent/Urgerit Stein			10
Laboratory Studies	93	4. # In Gerlageig L		D		DENTAL SERVICES	Scheduled	Seen	Refused
Winds Procedules		5. #In Hospice Co		•	1. Denial		B	62	1
Mammograms	0		DEATHS		2. # Dent.			,	0
Nephrology	0	1 Total Fol Deat		0		pdCleanings	5	5	0
DOLOFFIN 12 OFF-SITE		2. # Deaths Su-cid		0	4. # Annu		3	11.0	0
Radiology Studies		3. F Deaths at Ho		a a	5. # Dene		10	18	0
Ohysical Decaps	0	4 P Deaths at Fac	alr(y	Ū	7. # Extra		10	10	0
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AM Flantanian Co.	and the same of						and a Day - Breakley		
OM-Situ Services Con			BALAGRAGO				etal # Days Pending	Skik Call Approfestmen	
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ER Villes a. Admitted from EA	q	J. II on Ru	PHARMACY 33.12		107	I. ili Days pending medical as 2. ili Days pending dental app	hysemanioed resembnioe	Sick Call Appulation	
ER Visits s. Admitted from ER Ambulance Transports	q q q	2. ROBBEY RE	33.15		4	# Days pending modical as     # Days pending dental age     # Days pending dental age	appointment appointment		M.D. APT.
ER Vills  a. Admitted from ER  Ambusance Transports  Total if at Hospital Admits	0 0 0	2. Ron HCV Rs 3. # Da HtV on Rs	33.15		. d	# Days pending modical as     # Days pending dental age     # Days pending psycholicy	opolingment opingment appointment PSYCHATRY PERF	RMANCE MEASURES	M.D. APT.
ER Visits a. Admitted from ER Ambufance Transports Total if et Hospital Admits Inpasions Surgeries	0 0	2. Non HCY Re 3. © Da HIV on Ru 4. © Da AIDS on Ru	33.15		d a a	M Days pending medical as     Days pending dental ase     M Days pending psychotry     M Days pending psychotry     M Sulcida Astempts (Hangl	opolngment opingment appointment PSYCHATRY PERFO ng, Med Overdose.	RMANCE MEASURES	M.D. APT.
ER Visits  a. Admitted from S.A.  Ambusance Transports  Total if of Hospital Admits  Inpatient Surgeries  Outpatient Surgeries	0 0 0	2. Rom HCV Ax 3. # Dx HIV on Rx 4. # Dx AIDS on Rx 5. # on INII Meds	33.15		d a a	M Days pending modical as     A Days pending dental app     M Days pending psychostry     M Days pending psychostry     M Suicide Altempts (Mangl     M Minnaires Receiving forces	oppointment oppointment expointment PSYCHATRY PERFE rg, Med Overdose. d Ptych Medicallon	RMANCE MEASURES	M.D. APT.
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2. Endocrine/Dubetes	1 1		<u> </u>			Visits Not Seen	17	- 7	13	٦.
3 Gustroinlestinal						ent Refused	10	1	12	1
4. DB/GYN	0 1	01 0				Refusals Signed	10	2	17	_
S. Genno Urinary		-	1.0			unity Kruos	7	0	7	
6 Nep C	78	24	21	7	t. ÓIN	er Beasons	•	0	0	
7 HW	٥				3. % Reso	hedulod	300%	160%	100%	7
B. Infectious De/JNH	0 0	0 0		8 (	à, Segrég	ation Visits		0	0	
9. Neuro/Selzuto	d •	0 0	0 0	9 . 4	S. ADC IN	(akt		0	0	]
10. Ortho			- 0		6 Marasy	stem Transfers	۰		12	
11 Psychiatry	.09		9		7. february	stem Intakes		0	19	
12 Respiratory			- 0	0	EL Cadet	Physicals	1	0	1_	_
13. Special Needs		4		0	9 intake		_ 0	0		
24 Palm Management		- 0		0	10. Annu	a) Health Maintenance	5	0	8.5	
15 Antiquagulant						all Visits Seen	0	0	95	
On-Site Specialty/Sen	icos	IMPIRM	ARY/LTCU		12. Slc 0	all Visits Not Seen	D	0	0	
1 Mayor	G.	1. # Observation	talus	0	13 Skk C	all Years Refused	D	0	0	
2. Ougnostics	0	3. # Admit Status		D	14 Discha	ge/Parche Reentry		0	9-Jan	
3. Q9/G <sub>1</sub> n	0	3 # Housing Stat	ur -	0	15 Emel	ernt/Ungent Seen	-0	٥	0	3
4. Laboratory Studies	348	4. Fin Gernatoe (	///li	0		DENTAL SERVICES	Schedulad	Seen	Refused	_
5 Minor Procedules	1	5. Prin Haspice C		D	I. Dental		115	115	D	
6. Mammograms	0	TANNI	DEATHS		2 Billioni.	al X Rays	0	0	D	3
7. Heghrology	0	I Total Holl Deat	lhs	0	3. Wfilling	y/Cleanings	20	20	D	4
6. Optometry 0 OFF-SATE	2	2 # Deaths Sweet	le .	•	d, d Aheni	ul Empiris	30	30	. 0	
9 Radialogy Studets	0	3 Deaths of He	ap-tal	P	5. # Berni	Jes	4	В	0	
IG. Physical Therapy	0	J, d Deaths at Fa	Sity	- 6	7. # Emig		10	10	D	_
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ON-Silve Sayukan Com			PHAUMACI			1. # Days pending medical a		Skir Call Appointme	MLD. APT.	7.1
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a Admitted from ER  2. Ambulance Transports	0	1. Plan Rx 2. Par NCV Ax	31.66	1%	103	<ol> <li>P Days pending dental ap</li> <li># Days pending psychiate</li> </ol>				-
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	- 0	a. a Dr AIDS on A			1	1 # Soiside Alternois (Hang				٦,
d, Inpatient Surgeries  5. Chapatient Surgeries	0	5, 4 on INN Meds				2. # Inmates Receiving force				1 -
at competition re-giti	5	6. # Completed #			0	3 If formating In The appendix				<del>                                     </del>
6. Off-Site Referrals 7. Off-Site Referrals Approved	2	7. 4 on Refor Ac			<u> </u>	a districted with Adenial He		ré-anchia		<del>+</del> ŏ
8. ON-Site Referrals ATP	- :	a. f on Psych Me			1	MISCELLANI				<u> </u>
9. Off-Site Olagografic Studies	0	9. # on Rules MA		_	-	1. # Informal Complaints	1	а интромы		0
2) Chronic evallability statute	-	2. W DELZON DEL MEN	an.		<u> </u>	I. The property contained	<del></del>	4 211/11/2015		Ť
10. Off-Site Specialty Viring	4	10. # Oti-site Pha	macy Ru			2 different Grievances		5. # Cardiac Diess		
11. Shanates Framported	6		41		a	1. 4 Olabatic Ciam		GLUTEN FACE		
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2 II RDC HIV Tests Position	_	ó	12. ¶Approved F			۰	74. # Hep B Vac	lines Given		7
3 # ROC Impates Refused HIV Test		0	13. # Completed			0	25. # Mgar HPV			,
4. R RDC Hep C Tests		•	14 #TST Given			15	26. # Here MRS			
S. II RIDÇ Hep C Tests Positive										
5 II RDC Hep C Tests Refused			16 R Inmater 15			0	26. 4 Chlamyda			-
2. a. # (Imical HW Tests		- 0	17. A Refused LT			0	39 #Syphilis Ca			
b. # Chalcal INV Tests Position		o o	38. A TST Conver			-				
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H S A Signature

PEX 9, p. 35

Date 1/5/18

			Month	MEARCO COMP Ny Report To	FECTIONS Health Se	DEPARTMENT			300	•
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management.					Section		1,000			
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Orrenic Care Olnica	# Enrolled	Schaduled	Seen	Rehned		Clinic Visita	Physician	Midtevel	Nursing	т-
J. Cardiac/HEN	100 1	2 1	AL 1			ed Clinic Visits Seen	52	39	91	_
2. Endocrine/Dathetes	38. 6	- 4	4 4			Visits Not Seen	16	1	26	40
3. Gastrointestinul	3	,				lent Refused	15		23	-10
4. CB/GYM	e (					Refusals Signed	15	8	23	
5, Gonito-Urinary						orju <u>r haves</u>	3	0	0	+
6. Hep C 7. HIV					3. % Rese	er Reasons	100%	100%	100%	-
					_		0	100%	0	-
8 Infectious Ds/INH	4 4	4 4			4. Segreg		0	-	- :	+
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10. Qirko								, , , , , , , , , , , , , , , , , , ,	52	-
11. Psychiatry	3					stem intakes	1	-	32	-
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15 Apticoggulant	- "					all Visits Seen	- 0	9	306	1
On Site Specialty/Sea			ARY/LTCU			all Visits Mot Seen		0	0	1
5. Olalysis	0	I. a Observation		0		ill Yhas Aclased	0	-0		1
2. Diagnostics	0	2. If Admit States		-		i ge/Parole Reentry			9	1
3 08/Gym		3. B Housing Stat		-		gen/Ungent Seen	111	0	1	1
4. Laboratory Studies	157	4. # In Garlanic I		. 0		DENTAL SERVICES	Scheduled	Soun	Refused	1
S. Minor Procedures		5. # In Hospise C		•	J. Dental	Viglis	87	9.1	Б	٦.
6 Manumograms	0	INMAT	E DEATHS		2. # Ocni	Y-Rays	0	0	D	
7. Nephrology	D	1. Total # of Dear	ths	0	3. affilia	g/Cleanings	14	14		_
8. Despressy 0 DEF-SITE	D	2. Il Deaths Statis	in .		d, al Army		41	41		_
9. Radi-ology Studies	D	3. # Deaths at Ho	pspinal .	D	5. al Dent	mer	_ 21	21	0	ייב
10 Physical Therapy	0	a & Beathe at fa	ulity	0	7, & Cutes		9	,	D	_
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a. Administ from ER	0	) FønRs			Lus	7. # Days pending dental ac			m.y. 241 1.	10
2. Ambulance Transports	- 0	2. S on HCV Rc	36.10	274		3 # Days pending psychiates				1 6
2. Amountee Hansborn  1. Total # of Moneral Admits		3 # D. IEV on R			-			DIIMANCE MEASURES		_
4. Inpution Surgeries	ď	4 # Du AIDS on R			-	1. # Swelde Attempts (Hang				-
5. Ourpasiene Surgenes	0	S if on MH Medi			<u> </u>	2. If formation flocialising force				0
6. Off-Site Referrals	3	6 # Completed b			,	1. Il bromates in Prerapeutic				1.0
7. Off-Site Referrals Approved	2	7. If on Rufur Ac			1	A. 4 Immates with Mental He		rdiacyhip		-
6 Off-Sin Referrals ATA	-	6. If on Psych Mi			-	MISCRILANT				
9 Otti-Sira Diagnostic Studies	16	9. Ir on the lor bill			ь	1. # Informal Complaints	i	4, #HINDSHI		
an established and the selection	,	10 #OlésitePh			,	Z. J Formal Grievances		5. A Cardiac Diets		Τ.
10 Off-Size Specially Vises 11 Information Transported		10 MOINSIPPIN	initiff has		<u> </u>		+ · ·			+
giter hours/weekends		11 Ff943 log me	dication amous		1 1	3 # Olybert Chary		GLUTEM PREE	_	-
- 1						DEPARTMENT			-	1
						rvices Bureau DUS DISEASES				
		0	11. Il inmates pri			0	23. # Hap A Vac	nane Claum		Т 2
PROCHIVIONS 2. PROCHIVIONS		0	13. # Approved 6				24 # Hep 8 Vac		_	١,
3. # NOC Invariant Refused MIV Test		-	13 # Completed			0	25 F feew HPV			1
2 II NUC INTINI IN INFILIZED MIT TEST			14 # TST Govern	11(4.73		16	26 4 New MRS			17
A ARDON Man C Terry			35. R Newly Da A	krute 10			27. # Geneerhe			+
A ARDCHOLCTORE				THE PU			70 of Chiamydia			+
5. # ROC Med C Tests Positive		0	16 a lamaner 15	1 miles (198)						
1. # 200 Mea C Tests Positive 6. # 200 Hea C Tests Refused		a	16. n inmares 15							
5. # AOC New C Tests Positive 6. # AOC New C Tests Refused 7. a. # Clinical HIV Tests	_	0	17 # Refused LT	Bi Prophylauls		0	29 # Syphilis C			
5. # ROC Heo C Tests Positive 6. # ROC Heo C Tests Refused 7. # # Clinical HIV Tests 6. # Clinical HIV Tests Positive		0 0	17 Refused LTI 18 R TST Conver	Bi Prophylada Terf		0			7,=	ť
# ADC Mero C Tests Positive     # ADC Mero C Tests Refused     # ADC Mero C Tests Refused     # ADC Mero C Tests     # Clinical MIV Tests     # Clinical MIV Tests     # Movement    # ADDS		0	17 Refused LTI 18 R TST Corner 19. P of CRAfor I	Bi Prophylada Ter# .18778		0 0			- Asi	
5. # ROC Heo C Tests Positive 6. # ROC Heo C Tests Refused 7. # # Clinical HIV Tests 6. # Clinical HIV Tests Positive	_	0 0	17 Refused LTI 18 R TST Conver	51 Prophylada 1916 1877 B Sections Gwen		0				

Date 5/8/18

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Facility / Level.	RCCLE	VEL2			Momh/	fear-	May-18		
ISA Signatule:	_					ort Complexed:	5-Jun-18	_	
					Average	Daily Centus:	304		
Chronic Care Minica	# Enrolled	Schedulad	Seen	Bukned		Clinic Visits	Physician	Midteral	Mursing
I. Cardac/H <sup>3</sup> N		9 1		45.1		and Clinic Vishs Seen	101	0	101
Endocrine/Outretes	2 9	7 (	. 41 3	W .		I Vijas Mal Saen	3.4	۰	14
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. OB/GYN	0 6	a c		4 4		Refusals Segred	14	0	14
Genito-Urinary	-	19				orlly Stors	0	0	0
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CHIV	103			_		theduled			
I. Infectious Do/INH	45 6	-				tation Visits	0	0	0
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1. Psychiatry						stem Intakes		D	D
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3. Special Needs	-				9 Intake				0
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5. Amicoagulam	t		0	- {		all Visite Seen	,	9	106
On-Site Specialry/Ser			IARY/LTCU				<u> </u>	·	
Dialytin	0	I. P Obtaination		0		all Visits Refused		0	0
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. 08/Gyn		3. 4 Housing Stat		•	15. Lines	gent/Urgent Seen		_	
Laboratory Studies	110	4. Ø lin Gaylatrig I		D		DENTAL SERVICES	Schedoled	59¢n	Iteksed
. Minor Procedures	0	5, d in Hospice C		0	1. Dental		94		17
Mammograms	. 0		E CEATHS		2. # Oe#1		0	16	-
Nephrology		I. Total # of Deal		0		ts/Cleanings	0	15	
Opposite 38 Off-SITE	1	2. * Deaths Succe		D	A. S. Alven		0	49	
Radiology Studies	11	3. # Deaths at Ho		D	5. # Den4		0	12	0
D. Physical Incrapy	0	d. # Deaths at Fa	cility	۰	7, # Eules		+ ;	33	
					8. A Off-5			e Sick Call Appointmen	
QNESING Services Con			PHARMACY			# Days pending medical a			M.D. APT.
	1	1 for Br			l 112				m. (r, /m i.
a. Admitted from ER		2. = on HCV flu	36.51	*		2. # Bays pand-ng dental ap			
Ambulance leansports	0	3. F Definer on Re				3. a Days pending stachiatr		DRIMANCE MEASURES	
. Total # of Hospital Admits									
Impatient Surgeries		e roestant			_		III MATERIALIS		
Outpatient Surgeries	0	S. Ron INH Made			D	2. If inmates Receiving force		!	
Off-Site Referrah	- 11	6. # Completed II			4	<ol> <li>If inmates in Therapoutic</li> <li>If inmates with Mental Re</li> </ol>			
Off-Site Referrals Approved	-	7. If on Rufor Ac B. If on Psych Mi				MISCELLANI		il de authrib	
Off-Sile Referrals ATP								a, a HIN Diess	
Off-Site Diagnostis Studies	۰	9. Ran Rufar MR	SA.		-	3. # Informal Complaints	P	I, PHINDS	
D. Off-Site Specialty Visits	7	(C. # Off-line Phy	и ти (у Ве		0	2. A Formal Grievances		5. # Cardiac Diess	
L # inmates framsported after hours/weekends		Dr. 4 Norsing me	dication essor		۱.	3. F Oarbette Dats		GLUTEN FREE	
and many mac-en-ar				INCO CORO	4CTIONS.	DEPARTMENT			28.
- 2			Month	Report To	Hasith Sa	reices Bureau			-
				DMIMUNICAB	LE/INFECTI	OUS DISEASES		1 4	
A ROC HEV Topic		٥	11 Firmates pro	sented to 10:	:		23. R Hep A Vac	cines Given	
# ADC HIV Tests Positive		D	12. # Approved \$	r HEV Ts		0	24 R Hep B Vac	cines Green	
# ADC Inmates Refused HW Test		D	13 # Completed	IIÇY TV		G G	25 F New HP⊻	Çirine.	
# MDE Hep C Tests		0	14 FTST Given			14	26. R New MRS	A Cuses	
& BDC Hep C Texts Positive		0	15. F Newly Dr A	cute TB		0	27. R Gennorhe	a Cares	
		0	16. R Immates 151			0	28. A Chiamydia	Cares	
à RDC Hep C Tests Refused		D	17. Il Refused LTE	H Prophylaula		0	29 # Syghillis Ca	161	
		D	JR # TST Conver			0			
a. # Clinical HIV Tests  A. # Clinical HIV Tests Southine		·	19 # of CKR for I			1 1			
a. P Clinical HIV Tests N. P Clinical HIV Tests Soutilive Installation Dr AIDS		0	19 ■ of CKR for L 20. ■ Volturora V	теутв					
a BDC Hep C Tests Refused  a. B Climcal HIV Tests  b. R Climcal HIV Tests Positive  lemetes Dr AIDS  formated Dr HIV  0. a C Clincal Hep C Tests			19 # of CKR for L 20. # Influenza V	TBI/TB Icolnes Given			1		

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1,000	77.1				Ter be	in famous more	\$100 M			
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121 4. R in Garlause Unit D DENTAL SERVICES Scheduled Sean						4				
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13	3. # Deaths at th	spital		đ	5. # Dent	ures	2.18			_
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Milia								g Siek Cali Appointmen		
1		PHARMA	KCA.			1. # Days pending medical a	ppoentment		MLD. APT.	7
۰	1, if on Re	34	,07%		101	2. If Days pending derital any	poverdene na			7
0	2. 4 on HCV Ru					3 If Oays pending psychiatry	r appointment			0
0	1. # Ox HIV on R						PSYCHATRY PERH	DIMANCE MEASURES		
0	4. # Dv AIDS on P	ls.			0	1. # Suloide Atternals (Hang)	int. Afed Overdose.	erc. F		0
	5 If on UNH Medi				٥					0
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						1. # Informal Complaints	1	a, a HTN Diets		0
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	ID. # Off-title Pha	мларсу Па				2. # Formal Guevances	· -	5. # Cardiat Diets		1
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۰	11 # Northeane	dication entors			0	3. # Olabetic Oleca		GLUMEN FREE		D
		NEW	межс	O CORR	ections i	DEPARTMENT			M.	-
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	Ü	16. Pinnater	1ST well	h LTB:		0	28 # CNamydla	Çases		
	a	17. Il Rekned	(IBIP)	ophylasis		٥	29 # Symbills Co	145		p
	0	16 # TST Cons	rellers			0				
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	9 Enralled	0 2 2 2 1 1 1 2 1 2 1 1 2 1 2 1 1 2 1 2	### ### ### ### ### ### ### #### #### ####	### Searabled   Scheduled   Scient   F		### Searabled   Schoedulical   Seen   Rehased	### ### ### #### #####################		### Spreified   Scheduled   Seen   Rebased   Cline Visits   Physical   Misistrus	### September   Schweduled   Seven   Rehande   Schwider Clinic Victor   Phylytiden   Stinic Seven   Minute

HSASquature Date 6/4/18

Facility / Level:						DEPARTMENT SVICES BUILDIN			1	
	ACCIE	VEL 2	mesu.	у керин то	Month/1		Jul-18			
ISA Signature:					Date Bend	or I Completed	7-Aug-18			
ish signature.	_			-		Darly Consum:	333		1	
										_
Chronic Care Clinics Condiac/HTM	# Earolled	Scheduled	Seen o s	Refused D 1	2 7.5.00	Clinic Visits and Clinic Visits Seen	Physician 39	Midievel	Nursing 90	н.
Endocrine/Ulaberes	7 1	11 1	1 2			Wishi Not Seen	- 5	0	19	1
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OB/GYN						Refusals Signed	- 6	0	19	1
Genito-Wilnery	1 7					Laidy Busines		0	0	1
Hea C	31	31				er Reasons		0	0	1
IIIV					3. N Rest		200%	100%	100%	٦
Infectious Br/IMM		0 0	4 0	- :	4. Server	ation Visins	0			1
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I Ortho						ster= Transfers	73		33	1
. Psychiatry	1	-			_	ojem luteken	-17		49	1
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Pain Management			i	-		al Health Maintenance	10	i i	13	Ŧ
. Anticoagulant	-		·			all Visits Seen	0	0	139	7
On-Site Specialty/Ser			ARY/LTCU			While Not Seen	0	0	0	7
Dalyan	1 0	1 # Observation		0	_	I Visits Relused	0	0	0	٦
Diagnostics	-	2. R Admet Status				rge/Parole Reening	0	0.87	26	٦
09/Gpn		3 # Housing Stat		•		ent/Wegent Seen	0	0	1	1
Laboratory Studies	121	d # in Gerlatrac t		-	10 3000	DENTAL SERVICES	Scheduled	Seen	Refused	1
Nancy Procedures	0	S. Men Hospice Ca		-	1. Dental		86	\$9	29	н
Manunogians	<del>  `</del> -		DEATHS		2. B Denti		. 0	10	D	1
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Optometry 6		2. N Douths Suicid		,	4. di Annu		1 6	0	0	н
Rad-elogy Studies	13	3. # Deaths at Fro		Ť	5. # Cents		1 9	4	0	1
Mysical Therapy		4. # Dearth at Far		-	7. # Eetra		5	24	3	1
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Off-Site Services Con	multo				0 0		atal 4 Days Panding	Ski Call Appointmen		_
ER Visite	0		PHARMACY			1 Days pending medical a			M D APT	т
a Admined from ER	0	1. # or Rs	37.33		1.07	2 P Dans pending dental ap				7
Ambulance Transports		2. # on HCV Ra				3 P Cays prending psychrates				7
Total # of Hospital Admits		3. # De Hry on Re						AMARCE MEASURES		_
Inpalient Stargerers		4 # Dn ANDS on R				1 # Suicide Argempts (Nane)	ing Med Overdese.	ele. h		Т
Quapation Surgaries	_	5. FON WH Meds				2 If females Receiving force				T
Official Raterrals		6. F Completed II			-	3 diengagge in Therapoutic				7
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Missae Refurrals Approved	<u> </u>	6. If an Psych Ma				MISCELLAND				_
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QN-Sing Referents ATP		9 For Brior bak	44					4. HIIIA Dett		
ON-Sing Referrals ATP ON-Sing Giagnostic Studies	17	9. Pan Arfar MA			D	1 I Informal Complaints	1	4. # III A Diets		7
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Off-Site Referants ATP  UN-Site Chagnostic Studies  Off-Site Specialty Visits  A humales Transported	17	10 CONside Pha	emacy fit. dication encus MEW MI		p D ECTIONS I	1 # Informal Complaints 2 # Formal Gilevatres 3. # Gilevatres DEPARTMENT	1	S. @ Cardiac Diets	3	
Off-Site Referants ATP Off-Site Chagnostic Studies Off-Site Specialty Visits & humales Transported	17	10 CONside Pha	reacy Ru dication encors NEW M Monthly	Report To	D D ECTRONS I	1 Heformel Comblaints 2 Mformel Gillevations 3. 4 Gisbelle Ofers DEPARTMENT Talkes Bulgabu	1	S. @ Cardiac Diets	***	
Off-Site Referrals ATP Off-Site Chagnostic Studies Off-Site Specialty Visits & home of Transported after hours/week onds	17	10 # Off-site Pha 11. # Marsing me-	emacy Ric dication entors NEW M Monthly	Report To MMUNKAN	D D ECTIONS I Health See	1 a kaformal Complaints 2 a formal Gillyanus 3. a Gidbald Olets DEPARTMENT TUKES Bureau OUS DISEASES	,	S. & Cardiac Diet. GLUIIM PACI	3	
Off-Site Referrals ATP Off-Site Chapmonto Shuden Off-Site Speciality Visits & kempres Transported after holds/weekends	17	10 # Off-inte Pha 11. # Mursing mes	renacy fit.  dication errors  NEW 61 Monthly  (1) Figurities pin	Report To MMUNICAN Sented to TRO	D D ECTIONS I Health See	1 a tellosmel Compleints 2 a Cormel Gileyates 3. 4 Gisbeds Octs  EPPARTMENT  OUT DISEASES  O	23. Thep A Vaca	S. & Cardiac Dieta GLUII o FACI	3	1
ON-Site Referent AIP Off-Site Shapmonic Studies Off-Site Specialty Utaks A homers Transported after hoses/weekonds  I NOC MITY Texts RIDCHITY Texts RIDCHITY Texts RIDCHITY Texts	12	10 # Off-site Phas 13. # Marsing me-	renacy fit.  dication errors  NEW 61 Monthle  C0  13 Figurates pts  12 R Approved 6	FREPORT TO MMUNICAB Benied to TRO or MCV To	D D ECTIONS I Health See	1 = keforme  Completints 2	23. Thep A Vacc 24. Thep B Vac	S. & Cardiac Dies.  GLUI[In FAC]  The Green  Inc. Given	3	
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274 Size Referrate ATP 275 Size Coopmont (Shuller 276 Size Coopmont (Shuller 276 Size Specially VIIAs 276 Size Specially VIIAs 276 Size Specially 277 Size Referrate	12	10 # Off-site Pha	reacy fit.  NEW 68 Monthly  (1) # James 69  12 # Approved 6  13. # Completed 14. # 152 Given 15. # Newly De A  16. # James 155	FREPORT TO DIMMUNICABLE SENIED TO TRE PROVIDE LEVENTO	D D ECTIONS I Health See	1 a tediormal Compilaints 2 à formal Gilevateus 3 à formal Gilevateus 4 à Gilebelle Cless DEPAR RARBÉNT COURS DEPAR RARBÉNT COURS DESARS 0 0 5 0 5 0 0 0	23. F Hep A Vacci 24. F Hep B Vacci 25. # New HPV C 26. F Devr MISS 27. F General	S. # Cardiac Dieta quality FACI mms Green ines Green area Carea Carea Carea Carea Carea	<b>y</b>	
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Official Referration Approved Official Referration ATP Officials Composite Shadler Officials Composite Shadler Officials Composite Shadler  Property Transported after Industry  B DC MNY Tests  B DC MNY Test	12	10 of Off-site Phasing med	reacy fit.  NEW My Months  (1) # Jonates pira  22 # Approved fit 33 # Approved fit 44 # 1752 Given 45 # Newly De A  16 # Jonates 917  22 # Relaces 917  23 # 18 # 1951 Convention	y Report To I DMMUNICABL Sented to TRO MCV Tr HCV Ts (USA TB I mailly LTBI Di Prosthylania Less TBI/TD Lesiny I Gluen	D D ECTIONS I Health See	1 a tedisimial Complaints 2 à formal Gilguranes 3. à Gildeuis Gets DEPARTABENT 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23. F Hep A Vacci 24. F Hep B Vacci 25. # New HPV C 26. F Devr MISS 27. F General	S. # Cardiac Dieta quality FACI mms Green ines Green area Carea Carea Carea Carea Carea	3 1	

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Facility / Level:	RCC L	EVEL 2			Month/	Yem:	Avg-18			
ISA Signature:					Dane Rep	ert Completed.	6-Sep-38			
				_	Avelage	Daily Consus:	921		_	
Chronic Care Clinics	# Enrolled	Schedulad	Seen	Rehaed		Ciliate VBIIIs	Physician	Midlavel	Nersing	$\overline{}$
L Cardiac/IITN	9	. ,	e el	0 0 1	1 Schee	uled Clinic Vitits Seen	104	16	294	1
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Gastroiniestinal				4 100	a. Par	lant Refused	- 4	0	6	_
C DB/GYN	Q	0 0	0 .	0 0	1.	Refusals Signed	- 6		6	Э.
k. Genito-Urlnary				0		with issues				
Hep C	1 3	2 33				eu Reasons		0		_
Y HIA	714			0 1	3. % RH	theduled	100%	100%	100%	_
I. Infectious Ds/INH	o	0	100	4 4 4	d. Segrep	ateon Visits	0	٥	0	
A Neuro/Sensore	10.	0	4 40 4	4 4 1	5. RDC In	laic	7 0	0	0	
i.O. Ortho	1	1	1	1 0	6 Imrasi	ptem Juanylos	33	D	17	
1. Psychiatry			0	0	Z. Maras	rsem intakes	49	. D	\$1	
2. Respiratory			0 4	0 0	6 Cadei	Physicals	0	D	D	7
3. Special Needs			0 4	0	9 Inteks	нвр	0	В	16	
à. Pam Management			0 0	0	Id Annu	al Health Maintenance	10	Ð		
5. Antikoagulant				0	J. J. Sek (	all Visita Seco	0	0	294	
On-Site Specialty/Se-	reker1	MERRA	ARY/LTCU		12. Şich (	all Visits Mot Seen	· ·	0	6	7
Diahnh		1. # Observation		9	13 Sick C	all Visits Refused	a	0		7
Dwgnostics	0	2. # Admit Status	5	0	14 Dischi	читеря верхубоди	0	0	15	7
3. O6/Gyn	a	3. # Housing Stat	tus	- 6	15. Emer	gent/Urgent Seen	0	1 1	7	1
f. Laboratory Studies	115	a, a le Gevarric I	Unit			ZENTAL SERVICES	Scheduled	Secon	Refused	٦.
5. Menor Procedures	- 6	5 # in Horpice C	210	-0	3. Denial	Viging	117	96	21	٦.
i. Mammograms	0	IMMAT	É DEATHS		2. # Den4	al V-Nava	2	0	1	
. Nephrology	0	1. Total Fol Dear		0		s/Ossimgs	30/6	0	1	
. Optomery (	15	7. # Deaths Suicks			4 g Annu		83	30/6		┪.
J. Radiology Studies	1	3 # Deaths at Ho			S. B Deat		17	1 :	1 0	-1
IO. Physical Therapy	-	4 P Deaths at Fa		i	7 REntra		24	24	3	$\dashv$
				<u> </u>	8. = 0/1-3		- 0		<del>-</del> -	$\dashv$
ON-Situ Services Con	eults				0 0 5		atal # Open Pendio	g Sick Call Appelletme		
LR Walls	1 2		PHARMAC	y		). A Days pending medical a			MLD, API.	Т :
a. Admitted from ER	0	J. d on ₹s	33.3		197	2. A Days pending dental app				+-;
. Ambulance Transports		2. Fen HCV Ra	*		•	3 # Cays pending psychiatry				+
. Total Fol Hospital Admits	0	3. # De HIV on A			•			ORMANCE MEASURE	3	
I, Impolient Suigetles		4, # Da AIDS on R				1. F Suicide Attenuots (Hangi				7.0
. Outpation) Surgeries	0	5 For INH Medi				7. If himanes Receiving force				+
5. Off-Site Relettals		6 #Completed=			۵	3. A Inmates in Therapeutic i				
Off-Site Relevants Approved	1 7	7 For Refer Ac			-	4. # Inmates with Mental He		udunshin		1
Off-Site Referrals ATP	1	8 If on Psych Me			-	MUSCELLANE				_
L Off-Site Diagnostic Studies		9 For Ar for MA			Ť	#Informal Complaints		4. # HIN Duets	•	Т.
										$\top$
0 Off-Site Specially Visits 1. R Inmates Transported	1	10 # Off-see Pha	rmacy Rx		٥	2. # Formal Grievances	0	5. # Cardiac Diets		+ '
after hours/weekends	0	11. H Nussing ma			0	3 if Ollabecic Oleis	1	OLOTPA FALE	1000	0
						DEPARTMENT			- Mil	p.
						reices Buseau OUS DESEASES			-	
					_					
# NDC HIV Tests		0	11. A Syruetes pe				23 # Hep A Vac			P
# ADC HIV Tests Positive		- • -	12. # approved (			a a	24. # Hep B Vac			1
# ADC immates Refused MIV Test	<u> </u>		L3. # Completed	HCV Th		G C	25. F Now HPV			4.
# RDC Hap C Tests		0	14. # IST Given			20	26. 4 New MRS			- 4
# ROC Hep C Tests Positive			15. # Newly Da #			0	27. 4 Connoths			4
# ROC Heo C Tests Refused			16 ekerates TS			0	28. # Chlanmeka			+ 4
a. # Cholcal INV Tests		0	17 enchard   1			0	29. # Syphilis Ca	ie		<u> </u>
b. a Clinical HIV Tests Positive		d	TEL # 1ST Conver			۵				
Inmale: Dr AIDS		a	19 Kol CXR for I							
		0	20 Finfluenta V	accines Govern		0				
Inmates De MIV						D				
Immates Un MIV  In a Clinical Med C Tests  In a Clinical Hep C Tests Positive		17	23. 4 Pneumevan 22. 8 DT Boosres			D				

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									DEPARTMENT projes Bureau			A	par.
Facility / Level:	12	EH.	OLF .			_		Month /	Year:	Per 21			
IISA Signature.								Date Rep	out Completed.	4.444.04			
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Chronic Care Cilvies	I #Entul	rd	Scheduli	ed I	5een	_	Refused	_	Clinic White	Physician	MidLeye	Notifie	7
). Cardiac/HTM	20	70	344	-	. 41	20	- 10	1. Schen	Med Clinic Vises Seen	33	72	255	- 1
7. Endocrine/Diabetes	30	10	10	10	4	-	W.		I Yuris Not Seen		0	- 4	_
3. Gastroantesteral				-	-	e	-		tient Refused	2		6	
4 OB/GIN	•		٥		0	٥	- 4		Relucals Signed	7		6	7
S Genito-Utinasy		- 1		- 3	11.	2		D B. Se	ourity haves	0	0	a	_
£. Hep.Ç		at		45	-	43		t. 04	ter Reasons		0	6	
7. Hrv						0		3. % Rei	Cheduled	100%	100%	100%	
6 Infectious Oc/INN				100	0		0 0	d. Segre	paylon Visits		0		7
9. Neuro/Se rure	- 4	- 1	2	- 4	- E	- 1	0 4			۰	0	0	7
ID. Criha	1			1		-1			stem Transfers	16		16	_
11. Psychiatry		۰		- 0		p	0	7. Berteur	videm Intokey	41		43	_
32. Respiratory		- 1		- ,		2	0		Physicals	-	7767		
13. Social Needs		- 6		- 1		7	•	9. Intake		0	0	25	
14. Pain Management		•		-		a	0		ial Health Maintenance		0		7
15. Anticoagulard		٠		0		0	-		Call Visins Seen	718	0	145	
On Site Specialty/Sen	ikes		(No-	ihma	этдуя	_		12 Sick	Wisigs Not Seen	6	0	,	_
1. Dialysis	۰		1 # Observa			Т			# Wisits Melused	0		1	_
2. Diagnostics	0		2. #Admin Şı			$\dashv$	•		arge/Parole Reentry	- 4	0	0	-
3 OB/Gyn	-	_	3 # Housing			_	D		gem/Vegent Saen	q	0	0	-
4 Laboratory Studies		_	4. P in Gerlas			-	0	1 44	DENTAL SCRUICES	Scheduled	Refused	-	
S. Meter Procedures	- 1	$\neg$	S. Bin Hotel			$\dashv$		I. Denia		84	27	-1	
6. Mammograms	0	_			2HTA3G	-	<u> </u>	2. # Deni		•	62	0	-
7. Nephidopy	-	┪	I. Teral # of				9		rs/Cleanings	36	38	47	-
8. Oprometry 54 OFF-SITE	•	╛	2. # Deaths 3			-	-		al Erams	+ 7		0	-
9 Badlology Studies	0	$\dashv$	3. # Deaths a			$\rightarrow$	0	S. A DeN		10	1	2	-
10. Physical Thorapy	0		4 & Deaths a			$\rightarrow$	- i	7. W Extra		3	10	-	Ti
		_		1100	,	_	<u> </u>	B. Insake		15	12	1	+
Off-Site Services Com	ults	_								Total & Dave Pendle	a Sich Call Appointme	ar	-
I. ER Viilts	7				PHARM	ACY			1. A Days pending medical			M D APT.	7
a. Admitted from ER	a	╗	I. II an Ar			15.35%		227	2. # Days pending dental s				1 7
2 Ambulance Transports	0	┪	2 For HCVR	ly.					3. # Days pending psychial				-
3. Total 4 of Hospital Admis	۰	╗	3. F Dx HIV o	er Ru				-			DRIMANCE MEASURES		
4. Impateent Surgeries	٥	7	4. If Dx AIDS	en Ac					I, & Suiglide Ausgenges (Illge	gung, Med Overdoon,	ete.		l a
5. Chapatler Surgeries	0	╛	S. J on INH M						2 I Inmates Receiving for				0
6. Off-Site Referrals	- 4	づ	6. # Complete	कर्त गांध	Lifer Light			-	3 A mmages in Therapeuti				0
7. Off-Site Referrals Approved			7. 4 pm Rx for					D	4. Il inmates with Menial I		rdvanskip		0
6. Off-Sila Billerrah ATP	2	╛	a. a on Psych	Med	4			•	MISCELLA				
9. Cdf-Site D agnostic Studies	4	╛	9. # on Ru for	MRS	۸.				) # Indonesal Correlations	,	4, v HTA Gets		1 4
		┪											1
10. Off-Sita pecialty Visits	1	_	10. # Off-sare	Phase	majo y Ma				2 a Egyptal Gelevara es	Q	5. # Cardiac Diers		4
11. A Immater Transported		П								119			Т
after hours/weekends		_	<ol><li># Musing</li></ol>	medi				0	3. ≠ Clabetic Dieca	1.4	GLUTEN FREE	-	٥
311									EPARTMENT	100		- Ma	12
		_			Mo				rvices Bureau			-	
		_		_					OUSOISEASES				
t. eADC HIV Texts		-	_		1 Planate				- 0	23. WHep A Vac			13
2. If RDC HIV Fests Positive		4	0		2. В Арріон					24. B Hep B Vac			19
3. If RDC inmates Refused HIV Test		4	D		3. # Comple		CV Tr		2 .	25 I New HPV			۰
4, # RDC Mep C Tests		4	0		4, # 151 Giv				3.8	26 I New MAS			
5 IF ROC Hea C Tests Positive		4			S. # Newly				0	27. # Gormanhe			٠ (
6 PROCHES Clests Refused		4	1		6. #Inmale				0	78. Ø Chlamydia			
7. a. # Clinkal HIV Tests		4	0		7. # Reluse					29. # Syphilis Ca	riel		
b, # Chinical HITV Tests Positive		_	-0		TST Co				•				
E Inmates Da AIDS		4	- 4		9. 4 of CHA				0	_			
9. Innestes De HIV		4	<u> </u>		O. Fir≜ura				В	_			
III. a. F Clinical Hep C Texts		4	35		L. # Progumo	priga G	iven						
	Hep C Tests Positive 37 22 # D1 Boosters Green 0												

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Facility / Fevel:		ÇC LE	VEL 2			Month/	Year:	0ct-18	-		
HSA Signacul e:	_				_	Date Rep	ood Complehed:	9-Mov-18		_	
						Avelage	Daily Contus:	328			
Chronic Care Clinics	■ Enro	led	Schedolad	Seen	Related	Т	Clinic Virits	Physician	Midtaugi	Murakig	7
1. Cardioc/HIN	20	20	3	W 1	0 0	J. Sched	led Clinic Walls Seep	75	0	304	7
2. Endocrine/Ciabores	10	10		9 4	4 1 1		of Viples May Segm	1.0		_ 0	
3. Gastrointestinal	-				2		ant Refuted		۰		_
4. OB/GYN	-				0 0		Refusals Signed		D	- 1	4
5. Genite-Uninary	+	- 1	_		>		turit <b>r listves</b>	. 0	. 0	0	-
6_Hep € 2. HEV	_	45		19 1	0		ner Reasons chadulad	100%	0	100%	-
B. Infectious De/INN	1.0	-	-	_		_			100%		-
9. News/Seiture	4	-	- 5			4. Segre	garion Vultu	0	0		-
IO Online		- 4	- 10								-1
II- Parchiatty	1	-	_		0 0		rsion Translers	<del>-   º -</del>		16	-
12 Pespiratory	+	-			0 0		ystern limalies Physical 1		0	6	-
15 Special Reeds	+				5 0			- 0		1 0	-
14. Pain Management	+				1	9, intake	nii Health Maimenance	+ :	0	<b>-</b>	1
15. Anticoagulant	+	-					NI Hearin Muimenance Call Visits Seen	<del></del>		109	1
On-Site Spedalty/Se	With	Ť	IMPIR	MARYATOU	,		Call Visits Not Seen			105	-
1 Dialysis	0	-	I # Observation				Walls Referred	<del>  •</del>	,	0	-
2 Diagnostics	<u> </u>	$\neg$	2 # Admit Stat		0		arge/Parole Regnier	,	0	10	-
a. OB/Gym	T D		3. W Housing St		-		gent/Urgent Seen	0	D	3	-
4. Laboratory Studies	170		d, dien Gerlatele		- ·		DENTAL SERVICES	Scheduled	Seen	Refused	-
5 Minor Procedures	. 1		5. d m Hospice	Care	- D	I. Dental	Viris	92	72	26	-
6. Mammograms	0	_		TE DEATHS	1	2. I Deni		0	3	0	7
7. Nepl=alogy	0		1. Total # of De	aths	0		ts/Cleanings	37	32	5	7
B. Optomatry	0 0	$\neg$	2. # Deaths Suic	ide		4. dippre		0	9	0	
9. Radiology Studies	0		3 P Deaths at h		0	5. # Den		21	19	2	1
10. Physical Therapy	0		4. # Deaths at F	acigity.	0	2, & Entra	c leaves.	15	11	2	1
						8. Intake		17	. 17	0	
CHI-Sita Services Con									g Siçik Calii Apgalinyanın		
] EM VisiNs	۰	_		РНАЯМАС			1 # Days pending medical a			M.D. APT	7
a. Admitted from ER	0		1. f per Ru	29.8	8%	78	2. # Days pending denial ap-				
Ambutance Transports     Total # of Hospital Admirs	0	_	2. Fon HCV Rx 3. # Da HIVon			<u>  - º -</u>	<ol> <li>Days pending psychiatry</li> </ol>				0
	0	_							DRIMANICE MEASURES		
4. Inpetions Surgeries	1		4. # 01 AIDS on 5. # 01 INH Me				3. 4 Sukilde Altempis (Hang				0
5. Optpatiert Surgerier 6. Off-Site Referrals	6	$\overline{}$	5. # Completed			<del>-</del>	2, # inmale: Receiving force				0
7. Off-Site Referrals Approved	1		7. If on Ruling A				Figure in Therapeurs  A. Figure with Mental He		and another		0
8 ON-Site Relevants ATP	<del>                                     </del>		9. F on Psych N			- <del>;</del> -	MISCELLANS				1 0
9 ON-Site Disamostic Studies	Ť		9. If on Ar for A			-	Wintermal Complaints	1 1	4. MINTN Diets		14
y Ciraire bearing the proves	<u> </u>	_	× 10000			Ť	2. I minerical Complainty	<del></del>	-c. marrie poets		+÷
10. Off-Site Specialty Visits 11. # Inmates Transported	1	4	10 m Off-site Pi	sarmacy Ru		ь	2. # Formal Grievances		5, of Caudiac Diets		1
after hours/weekends	۰		11 F Nursing or	odication eners			2 # Olsbells Oless	LA	GLUTEN FREE		
-1/-				NEW N	EXICO CORR	zctions i	DEPARTMENT			-	3
							rvices Bureau OUS DISEASES			484	
1. M ROC HWY Tests		_	D	11 # Introdes pe			D D	23. P Hep A Vac			1.5
2, al RDC HW Tests Pasitive		_	0	12. Approved			0	24. R Nep B Vac			39
3. # ADC Immates Refused HrV Tes		-	<del>-</del> -	13. # Completed			•	25. II Now HPV 6			0
4. # RDC Hep C Tests		$\dashv$	- 0	14. #1\$T Given	110,4114		18	26 # New MARSA			
S. # RDE Hep C Tests Fostowe		$\dashv$	-	15, if Newly Da A	Scule 16			27. d Gonnoche			D
6 # PDC Hep C Tests Refused		$\dashv$	•	16. # trepates TS			0	78. # Orlansydia			1
		7	- v	17. # Beliated LT			0	79. # Syphilis Ca			1
7 m. # Clipheal Hly Tests		-1									<u> </u>
b. 4 Clinical My Tests  b. 4 Clinical My Tests Positive			0	18. # 75T Conve	1974			0			
b. 4 Clinical RIV Tests Positive			0								
7 a. # Clinical HIV Tests b. # Clinical HIV Tests Positive 8. Invitates Dr. ANDS 9. Inmates Dr. HIV		7		19 # of Chill for 20 # Influence \	LTBI/TB			100			
b. 4 Clinical HIV Tests Positive 8. Investes DicARDS		1	a	19 Pol CRR for	LTBI/IB Faccines Given		0				ß

Date 11/9/19

			Month	ly Report To	Health Sa	DEPARTMENT rylces Bureau			100	
antity / Level	ACEL	EVEL 2		-	Altonth /	fear:	Nav-18			
ish Segnature:	_			-	Date Rep	out Completed:	5-Dec-18			
					Avnagel	Daily Census:	890			
Chronic Care Olinics	f Frield	Scheduled	Seen	Antweed		C0r4c V&its	Physician	Minj (4A4)	Huming	T
Cardiac/HTN	50, 3	a 3	36	H. i	I. Sched	Ard Clipic Vitins Seen	90	0	102	]
. Endorrine/D-abetes	- 4	2	3 # 4	0 4	2. Clinea	Visits Not Seen	11	0	141	_
. Gastrointestinal	1	3	7 3	4	a. Pat	er4 Refused		0	3.	_
Ge/GW4	o i	• 0	0 4 6	0 6	1.	Actuals Stated	1	0	1	1
. Genito-Ulinary		r o	0 6		<b>b</b> 5ec	ulity bouts	D	0	۰	]
i. Hep C	100	s a	4 17	16	c. Crit	r Reacons	0	0		
. VIK		•	0 1		J. K. Pess	heduled	100%	100%	100%	_
, Infectious Dr/MH	- 4	4	0 0, 4		4. Segrep	etion Visits	D D	0	0	1
Neuro/Seliuse	3	4	0 1 0		S. NDC IN	(de)	0	0	0	7
0. Qilho			2 5		6 Imrain	gem Iransfers	16	0	16	7
1. Psychoney			0 0		_	atem Intakes	34	0	34	1
2. Respiratory			a 3	_	IL Cadel		0	0	- D	1
2. Special Needs	1 7		6 6		9 Intake		0	ı	,	1
4. Falin Management			0 0			I Health Marnierance	- · · -	1.0	30	1
5 Anticogulare			61 6			Il Visits Seen	<del></del>	0	93	1
On-Site Specialty/Ser		•	AARY/LTCU			all Milts Not Seen	•	0	0	11
								1 0	0	-[
. Dialysis	0	1. # Observation		•		all Visits Refused	1 0	, ,	1-26	4
Diagnostics		2. # Admit State		0		ge/Parele Reentry - 7/37		0	1-26	4
OB/Gyn	0	3. # Housing Sta		۰	15 Ermet	gent/UI get4 Seen		5 Seen	Referred	41
. Laboratory Studies	196	4, 4 m Gerintric		0	_	DENTAL SERVICES	Scheduled			4
Manor Procedures	0	S. # in Hospica (		D	1. Dinital		0.7	104	21	4
Manneglans			TE DEATHS		2. # Dew		- 6	8 _	0	41
Nephrology	0	1. Total # of Dea		D		s/Cleanings	\$0	36	12	4
Opromotry (	<u> </u>	2 # Deaths Suici	de	۰ _	4, 8 Appe	al England	1	0		л
. Radiology Studies	٥	3 # Deaths at 16	ospetal	ø	5. ₱ Der4	ire.	20	29	5	
0. Physical Thorapy	0	4. A Deaths at Fa	acifity	-0	7 d heira		7	9	3	_
						prahes	- 41	38	3	1
Off-Site Services Con	auto estima						out A Days Pendin	g Sick Call Appointmen	٠.	
. ER Vicies	2		PHARMACI			<ol> <li>Chays perong medical a</li> </ol>	ppointment		M D API.	Т
a. Admiried from ER.	. 0	1. For Rx	33.03	%	109	2. # Days menting denial ap-	polintreen			Ŧ
Ambulance Tramports	۰	2. If on HCV Ru				3. If Days pending psychletic	4ppointment			Τ
. Total # ol Hospital Admits	۰	3 = O+HW on F	,				PSYCHATRY PERF	DIMMANCE MEASURES		
Inpatient Surgeries	0	a, # O+ #IDS on t	Ru .		0	1 # Swicide Attempts (Hang	ing Med Overdose.	41¢.]		Т
Dunganiem Surgerles	0	5. 4 on INN Med				Z. A lomates Receiving force	d Psych Medication	1		т
Off-Sale Referrals	16	6. # Completed	NH (For LTGI)		•	3 # Immates in Therapeutic	Restraints			т
Off-Site Referrals Approved		7, a profesion As				4 Bangagtes with Mental He		ı dlanship		7
Off-Sing Referrals ALP	1	8. # on Psych M			•	MISCELLANI				
Off-Size Diagnostic Studies	- 6	9. don Rados M			•	1. # Informal Complaints		4 FHTN Dien		т
CHARLE CHIEF CHIEF CA					Ť					T
		10. # Off-site Ph	armaty Rs		•	2. # Formal Gillevances	·	S # Cardiac Diess		+
								GUITEN FREE		
). Off-Size Specially Visits  , if immates Transported   after hours/weekends	1	11 # Nurmages	idication (1104)		٠	J. 4 Diebeus Derte	<del></del>	9.54		
, allomates Transported	1	13 # Nurring m	NEW M	EXICO CORR	ECTIONS	EPARTMENT			90	
, d Inmates Transported		13 # Nurmag m	NEW M Month!	Report To	ECTIONS I Health Se	TPARTMENT ukse Bureau			97	Т
, il înmater Transporteși alter houis/ineekends	1 2		NEW M Month	y Report To: DMMUNICABI	ECTIONS I Health Se L/INFECT	EPARTMENT ukus Burasu DUS DISEASES			900	Ļ
, il înmater Transported after hourstineekends p ROC MIV Tests		•	NEW M Month! Cl	y Report To: DMMUNICABI etented to 180	ECTIONS I Health Se L/INFECT	DEPARTMENT TUKEN BURNU DUS DISEASES 0	23. # Hep A Vat			Ŧ
alter transported after hours/ingekends  P ROC SHY Tests  R ROC HIV Tests Pasitive	lk.	0	NEW M Menthi 11. A kenatei pi 12. A Approved i	y Report To: DMMUNICABI etented to TRC or IK'V To	ECTIONS I Health Se L/INFECT	PEPARTMENT TUKES BURSSU OUS DISEASES O O	23. # Hep A Vac 74. # Hep B Vac	cines Gluen	\$ P	Ŧ
al temptor Transported after hours/imagicands P ROC SHV Tests R ROC SHV Tests Positive R ROC SHV Tests Positive	lk.	0	NEW M Month!  11. # hangtet pt.  12. # Approved f L3. # Completed	y Report To: DMMUNICABI etented to TRC or IK'V To	ECTIONS I Health Se L/INFECT	DEPARTMENT Takes Bureau  DOS DHEASES  0  0 0	23. # Hep A Vac 74, d Hep B Vac 25, d New NPV	cines Gluen Cas <u>el</u>		Ŧ
a homeson Transported after howestingstends  IF ROC MIV Tests  IF ROC MIV Tests Positive  IF ROC MIV Tests Positive  IF ROC MIV Tests Positive  IF ROC MODE TESTS Positive	lk.	0 0	NEW M Month! 13. # hangter pt. 12. # Approved i 13. # Completed 14. # 151 Glum	y Report To: DMMUNICABI Purited to TRO or INCV Te HCV Tr	ECTIONS I Health Se L/INFECT	DEPARTMENT TUKES BUTSAN OUS DIMEASES O O O O O O O O O O O O O O O O O O	23. # Hep A Vac 74. d Hep B Vac 25. d New NPV 28. d New NPS	cines Given Cases L'Cases		Ŧ
A Bonase Transported after housefungstends  R ROC MIV Tests  R ROC MIV Tests Positive  R ROC MIV Tests  R	lk.	0 0 0	NEW M Month! (1) Alematei più 12, Alematei più 13, Alematei più 13, Alematei più 14, Alematei più 15, Alematei più 15, Alematei più	y Report To: DMMUNICABL PLENIES TO TRO OF INCY To HOW To Cate TB	ECTIONS I Health Se L/INFECT	DEPARTMENT TURES BURSON OUT DISEASES O O O O O O O O O O O O O O O O O O	23. # Hep A Vat 78, # Hep B Vat 25. # New HPV 26. # Rew AMS 27. # Gonnorbe	king Given Corel Cores a Cares		T
# A Monater Transported after I house/inspkends  # RDC MIV Tests # RDC MIV Tests Positive # RDC Monater Refused HIV Test # RDC Mon C Tests	lk.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NEW M Month!  (1)  11. #Approved I  12. #Approved I  13. #Completed  14. #137 Glum  15. #Mexiy D(A  16. #Irmalet IS	y Report To: DMMUNICABL PERMISSING TRA OF INCV To HOV To Auto TB T malp \$10]	ECTIONS I Health Se L/INFECT	DEPARTMENT VIKES BUSSAU  DOS DISEASES  0  0  0  30  0	23. # Hep A Vat 78, # Hep B Vat 25, # New HPV 26. # Serw AMS 27. # Gonnorbe 28. # Chlamydo	cines Given Casel Cases a Cases		-
# ADC HIV Tests # RDC HIV Tests # RDC HIV Tests # RDC HIV Tests # RDC HIV Tests Positive # RDC Hoo C Tests # RDC Hoo C T	lk.	0 0 0 0 0 0	NEW M Month!  (1)  11. # Approved I  12. # Approved I  13. # Completes  14. # 157 Glum  15. # Newly Da A  16. # Irenates I5.  17. # Refund LI	y Report To: DMMUNICABL  Control to TRO or IECY To  HCV Tr  Cute TB  T with TG  DI Prophylain	ECTIONS I Health Se L/INFECT	DEPARTMENT TURKS BURNAU OV. DINEASES O O O O O O O O O O O O O O O O O O	23. # Hep A Vat 78, # Hep B Vat 25. # New HPV 26. # Rew AMS 27. # Gonnorbe	cines Given Casel Cases a Cases		
# ADC HIV Tests # RDC HIV Tests # RDC HIV Tests # RDC HIV Tests # RDC HIV Tests Positive # RDC Hoo C Tests # RDC Hoo C T	lk.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NEW M Month! 12. #Approved F 13. # Completed 14. # 157 Glum 15. # Mewly Dr A 16 # Invasies 13 17 # Refuned LII 18. # TST Conves	y Report To: DMMUNICABL et ented to TRC or ICV Tu HCV Tr cute TB T wells (YO) DI Prophylaus Less	ECTIONS I Health Se L/INFECT	DEPARTMENT TUKES BUTEAU  ON DISEASES  O  O  O  O  O  O  O  O  O  O  O  O  O	23. # Hep A Vat 78, # Hep B Vat 25, # New HPV 26. # Serw AMS 27. # Gonnorbe 28. # Chlamydo	cines Given Casel Cases a Cases		+
A florated Transported Ate in houseful eight of the floration of the flora	lk.	0 0 0 0 0 0	NEW M Month!  (1)  11. # Approved I  12. # Approved I  13. # Completes  14. # 157 Glum  15. # Newly Da A  16. # Irenates I5.  17. # Refund LI	y Report To: DMMUNICABL et ented to TRC or ICV Tu HCV Tr cute TB T wells (YO) DI Prophylaus Less	ECTIONS I Health Se L/INFECT	DEPARTMENT TURKS BURNAU OV. DINEASES O O O O O O O O O O O O O O O O O O	23. # Hep A Vat 78, # Hep B Vat 25, # New HPV 26. # Serw AMS 27. # Gonnorbe 28. # Chlamydo	cines Given Casel Cases a Cases		-
, d Inmates Transported	lk.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NEW M Month! 12. #Approved F 13. # Completed 14. # 157 Glum 15. # Mewly Dr A 16 # Invasies 13 17 # Refuned LII 18. # TST Conves	y Report To: DMMUNICABL etented to TRC or IRCV To HCV Tr cute TB T welly IV() DI Prophylains tess TBU/18	ECTIONS I Health Se L/INFECT	DEPARTMENT TUKES BUTEAU  ON DISEASES  O  O  O  O  O  O  O  O  O  O  O  O  O	23. # Hep A Vat 78, # Hep B Vat 25, # New HPV 26. # Serw AMS 27. # Gonnorbe 28. # Chlamydo	cines Given Casel Cases a Cases		+
A Bronzer Danisaries  A Pol Nov Tests  B POC NIV Tests  B POC NIV Tests  B POC NIV Tests Pollove  A POC NIV Tests Pollove  A C T	lk.	0 0 0 0 0 0	NEW M. Menth!  13. # Impated pi. 13. # Completed 14. # 157 Givan 15. # Menty Dr. A. 16. # Impated Dr. A. 17. # Convertible 14. # 157 Givan 15. # Menty Dr. A. 16. # Convertible 19. # 64 Control 19. # 64 Control 19. # 64 Control	y Report To: DMMUNICABL eterried to TRC or IRCV To HCV Tr  cute TB T meth tY() Di Prophytaus ters TRU/18 accines Given	ECTIONS I Health Se L/INFECT	SEPARTMENT TUKES BIFFARE  OS DIFFARES  O 0  0 0  30  0 0  0 0  0 0  0 0  0 0	23. # Hep A Vat 78, # Hep B Vat 25, # New HPV 26. # Serw AMS 27. # Gonnorbe 28. # Chlamydo	cines Given Casel Cases a Cases		1

I			WEW I	MÉXICO CORI My Roport To	RÉCTIONS Health Si	DÉPARTMENT relogs Bureau		]	Frank Comment	di di	
Facility / Level:	R	cc/ii		_	Month /	Year:	Opc-18				
HSA Signature:					Date Re	port Completed:	1/7/2019		100		
					Average	Dally Census:	330				
Chronic Care Clinics	# Enrolled	Scheduled	Seen	Retused		Clinic Visits	T American	Midlayel	**	As	CA
1. Cardiac/HTN	# EJIFOJIEG	5 10			_	tuled Claric Visits Seen	Physicien		Nursing 246		RN 21907
2. Endocrine/Diabetes	2 4		3 3		2 DE-16	al Visits Not Seen	+ **		240		Provider: 299
3. GastroIntestinal	- 1		9 1			tient Relused	1 2		6		TB C
4. OB/GYN	0			ी व		. Refusals Signed			2	Spec	Consults 4
5. Genito-Urinaty				2 0	b. 54	cunty Issues	- (	0	0	Spec Con-	
& Hep C	36			1 11		ther Reasons	-		Ó	Emer Health o	ondillan :
7. HIV						scheduled	100	_	100		
8. Infectious De/INH	0 0	0				gation Visits	-				miral Report
9. Neuro/Selzure	0 0	2	2 0		5. RDC1				0		(
10. Orthe	,		2			ystem Translers	11		11	HepC Positive	
11. Psychlatry	0		3			ystom intakes	30		30	HIV Footbe	
12. Respiratory	, ,		3	3 0	8. Cade				1	rily Positive	
13. Special Needs 14. Pain Management	0		2		9. Intake		1 :	0 6	_ 0		
14 Pain Management 15. Anticoagulant						Call Visits Seen	1 3		130	(	
Op-Site Specialty/Ser			MARY/LTCU	-1 0		Call Visits Not Seen			- 490	1	
1 Olalysis		1. # Observat		Τ .	-	Call Visits Refused	1 3			i	
2. Diagnostics		2. # Admit Sta		- 6		harge/Parole Reentry/ITAP			10/20/1958		
3. OB/Gyn		3. # Housing :				igent/Utgent Seen	1		6	1 1	
4. Laboratory Studies		4. F in Gerlati		-		DENTAL SERVICES	Schedulad	Seen	Refused	1 1	
S Minor Procedures	I.	5. File Haspic	e Care	0	1. Denta	l Visits	44	38	12	1 1	
5. Marrimograms	0	IMMA	TE BEATHS		2 # Den	tal K-Rays	90	33			
7. Nephrology	0	1 Total # of E	eaths.	0	3. N 30 C	Day Exams	15	25		3	
8. Optometry	0	2, # Deaths Su	iride	0	4 a App	ual Exams			0		
9. Radiology Studies		3. # Deaths at			S. if Den			9		7	
10. Physical Therapy		4. # Deaths at	Facility	0	7. # Entr		10				
11. Aud-plogy	0				8. # CHI-	Sile Visits	0	0	0		
Off-Site Services Con	isults							Sick Cell Appointme	nt		
). EA Visits			PHARMA	T .		1. * Days pending medica				- 7	
Admitted from ER     Ambulance Transports	1	<ol> <li># on Rx</li> <li>7 on HCV Rx</li> </ol>			101					7	
3. Total # of Hospital Admits		3. # Or HIV or			%	5. # Days pending psychia		RMANCE MEASURES			
d. Inpatient Surgeries		4. F Dx AIDS a			_	1. # Suicide Attempts (Na				- 1	
5. Outpatient Surgeries		5, 4 on INH M				2. # Inmates Receiving for				-	
5. Off-Site Referrals	<u>-</u>		d INH (For LTBI)			3. # Inmales in Therapeul		4mani			
7. Off-Site Referrals Approved	- 1	7. N on Ry for				4. If Inmates with Mental		I Guardianshio		ő	
B. Off-Site Referrals ATP	- 1	8 # on Paych			i a	MISCELLANE					
9. Off-Site Diagnostic Studies 1		9. if on Rx for			0	1. # Informal Complaints	-	4. # Escalation Polis	y Initiation	0	
								5. # Cardiac/HTM D	ets for <b>D</b> u al		
10 Olf-Site Specialty Visits	4	10. # Olf-site!	Pharmacy Re		- 0	2. # Formal Grievances		Cardiac/HTN			
11. # Inmales Transported						3. # Drabetic Diets for Dx	1				
after hours/weekends	0,	11. F Nursing.	medication erro			of Diabetes	1				
1. # RDC MIV Tests							olog				
2. If RDC HIV Tests Positive			11. N Immates 12. W Approve		RC		0 23 # Hep A Va 0 24 # Hep B Va			-	
B. IF RDC inmates Refused HIV	Task		23. # Complet				25 M New HPV				
R RDC Hep C Tests	1041		14. FTST Give				25 # New MR			0	
A. # RDC Hop C Tosts Positive			15. # Newle D				27 # GC Case			ő	
5. # RDC Hep C Tests Refused			16. 4 Inmetes		0		28 # Chlamyd			-	
, a. # Clinical HIV Tests			17. # Refused				29 # Syphilis C			0	
b. A Clinical HIV Tests Positi	ve		18 # TST Con				0		4		
. Inmates Dx AIDS			19. m of CXR to				5				
I. Inmates Dx HIV			20. # Influenz		ven .		5				
G. a. N Cfinical Hep C Tests			21 # Prieumon				5				
b. # Clinical Hep C Tests Por	itive		22. # DT Boos				1				
H \$ A Signature						Date	1/7/ <u>19</u>			1900	

YED NIACD Form #M-120 1

APPROVED NMCD

Form #M-120, 12/12/18

₩.						DEPARTMENT			200	<u> </u>
Facility / Level:	R	cc/ n	Moli	пу керогі та	Month /	ryices Buread Year:	Jan-19			<i>y</i>
HSA Signature:					Date Ber	ort Completed:	2/6/2019		-	
TION SIGNATURE	_			_		Daily Census:	292			
Chronic Core Clinics	# Enrolled	Scheduled	Sten	Refused	T	Clinic Visita	Physician	MidLevel	Mursing	ASCA
3. Card-ac/HTM	1 3	3 6	3	0 0	i. Sched	uled Clinic Visits Saen	41		111	
2. Endocrine/Diabetes	1 2	0 3	2	1 0 1	2. Clinic	d Visits Not Seen				
3. Gastrointestmal	5	9		8) (	a. Pa	tient Refused	0			
4 OB/GYN	0 0			0 0 0		Refusals Signed	- 4			
5. Genito-Urinary				0 6	. D. D.	curity Issues	. 0			
6. Hep C	21			8 3	6.01	her Reasons	6			Emer Health condition 1
7. HIV					3. % Res		9		4	
8. Infectious Dz/INH	0 0					eation Visits	٥			Infection Control Report:
9. Neuro/Selzure	0 0				S. RUCH		.0	_		
10. Ortho	1					ystem Translers	21	C	1	
11 Psychiatry						ystem intakes	. 11			
12 Respiratory	2	1			8. Cadot		0			HIV Positive 0
13. Special Needs	6	. 4			9. Intake		0	C		
14 Pain Management					10. Phys		3			
25. Anticoagulant		_		9 0		Call Visits Seen	- 0			
On-Site Specialty/Ser			AARY/LTCU			Call Visits Not Seen	٥			100
1 Dialysis		1. # Observation				ad Visits Refused	- 0			1400
2. Diagnostics		2. # Admit Stal				arge/Parole Reentry/ITAP	0		8/25/14	1 1
3. O6/Gyn		5. d Housing 51				gent/Urgent Seen	0			1
4. Laboratory Studies		4 # In Geriatri		- 0		DENTAL SERVICES	Scheduled	Seen	Refused	4 4
5. Minor Procedures		5. il in Hospice			1. Denta		62	77		l - 1
6. Mammograms	o		TÉ DÉATHS			tal K-Rays	1 1			1.40
7. Nephrology		1. Total # of Di			3, # 30 0				0	
B. Optometry		2 # Deaths Suk			4 # Ann		9			
9. Radiology Studies		3. # Deaths at l			5, il Den		33	93		1
10. Physical Therapy	0	4 # Deaths at	Facility		7 # Ente.		26	26		1 1
11 Audiology					B. # Office	Site Vitits	0	Ó	1 1	<del>' </del>
OH-Site Services Con	auns							Sick Call Appoints	iem	<del></del>
1 EA Visits	1		PHARMA	<u> </u>		1. * Days pending medical				<u></u>
a. Admitted from ER		I. F on R>				2. # Days pending dental a				<u></u>
2 Ambulance Transports		2. 4 on HCV Rx				3. # Days pending psychial		MANCE MEASUR		<u>4</u>
3. Total # of Hospital Admits		3. # Ox HIV on			0				E3	<del>_</del>
4 Inpatient Surgeries		4. If Dx AIDS on 5. 4 on INH Me				1. # Sulcide Attempts (Har				<del></del> 3
5. Outpatient Surgerles		5. # Completed				<ol> <li># Inmates Receiving for</li> <li># Inmates in Therapeut</li> </ol>		tions		<del></del> 31
6. Off-Site Referrals 7. Off-Site Referrals Approved		7. # on Rx for	Antore TO			4 # Immates with Mental I	CRESTRAINTS	Guardinachla		<del></del> 31
8. OII-Site Referrals ATP		8. # on Paych !			0			Opportunity		<del></del>
9. Off-Site Diagnostic Studies		9 dan Ry for B				1. # Informal Complaints		4. # Escalation Po	dla. tablatian	
S. On-site Diagnostic Stubles	,	3 B 181 (A) 104 (A	y) IN 3 III		<b>─</b> ~	1. w simultien configuents	<del>  "</del>	S. # Cardiac/HTN	Diets for De of	<b>⊢</b> "l
10. Off-Site Specialty Visits	2	10. # Olf-site P	harmacy Rx		ه ا	2. # Formal Grievances	اه ا	Cardiac/HTN		5 D S
11. # Inmates Transported	_					3. # Olabetic Diets for On	1			(
after hours/weekends	0,	11. M Nursing R	nedication erro	15	0	of Drabetes	1 1			d
			co	MMUNICABL	E/INFECTI	OUS DISEASES				and the same of th
1. # RDC HIV Tests		0	11. # Inmates	presented to	THC	0	23. # Hap A Vac	cings Given		
2. d RDC HIV Tests Positive			12. # Approve	d for HCV Te		0	24. 4 Hep 8 Vac	cines Given		
3. # RDC inmates Refused HIV	Test		13. # Complet				25. A New HPV	Cases		d
4 # RDC Hep C Tests			14. # TST Give			18	26. # New MRS	A Cases		0
5. # ROC Hep C Tests Positive		0	15. d Newly D	x Acute 78		0	27. # GC Cases			D
6 # ADC Hap C Tasts Refused			16. # Ihmates		ı	0	28. # Chlamydla	Cases		0
7. a. # Clinecal HIV Tests		0	17. # Refused	L18i Prophyl	avis		29. d Syphilis Co	iści		
b, # Clinical HIV Tests Positio	VE		18. # TST Con			0				
6 Inmates D+ AIDS		٥	19. Wol CXR I	or L781/T8		٥				
9. Inmates Dx HIV		0	20. # Influent	a Vaccines Gi	ren	0				
10. a. # Clinical Hep C Tests			21. # Presumo							
b. # Clinical Hep C Tests Po:	sltive		22. FDT Boos			- 4				
M S & Signature	_				•	Date	2/6/19			17.
APPROVED MMCD										fan lan

Form #M-120, 12/12/18

ACC Level II  charbuled Seen 6 5 6 2 1 1 3 0 0 0	Refused		/ Year:	Mar-19 4/9/2019				
6 5 6 2 1				4/9/2019		-		
6 5 6 2 1		Average	Daily Census:					
6 5 6 2 1				268				
2 1	4 4		Clinic Visits	Physician	MidLevel	Rursing	_	1 ASCA
3	4 0	J 1. Schee	duled Clinic Visits Seen	74	0	332		RN
a a a	0 0	0 2. Clinic	al Visits Not Seen	20		68		Provider
اه اه اه	4	O a. Pa	atient Relused	20	0	0		TO
	0 0	0 1	I. Refusals Signed	٥	0	0		Soet Consults
		D b. 54	ecurity Issues	0		0		Spec Consults
	17 .		the! Reasons	0		0		Emer Health condition
			scheduled	3	٥	٥		
			gation Visits	0		_ 0		Infection Control Repor
		5. ROCI		0	0	19		HepC Tests
	3 :	1 6. Intra	system Transfers	0		15		HepC Positive
		0 7. Intrac	system Intakes	0		36		HIV Tests
2	2 (	8. Cade	t Physicals	1	0	D		HIV Positive
6	5	1 9. Intak	e H&P	٥	0	0.		
0		10. Phy:		0	0	0		
			Call Visits Syen	9	0	128		
INFIRMARY/LTCU			Call Visits Not Seen	0	0	0		I
Observation Status			Call Visits Relused	0	0	0		
Admit Status			harge/Parole Reentry/ITAP		0	5		
Housing Status			ergent/Urgent Seen	0	0	14		
In Geriatric Unit	1 9	,	DENTALSERVICES	Scheduled	Seen	Refused		
in Hospice Care		1. Denta	al Visits	77	78	15		
INMATE DEATHS		2, # Den	ntal X-Rays	0	5	0		
oral ii of Deaths	Т с	) # Inta	ike Exams	5	5(	a		
Deaths Sulcide		4 #2 74		28	19	9		
Deaths at Hospital		S. # Den	lures	14	13			
Deaths at Facility	T -	7 # Extr	ractions	20	19	1		
		6. # Off-	Site Visits	i		0		
					Sick Call Appointme	nk		
PHARMA	er .		<ol> <li>F Days pending medica</li> </ol>	il appointment				
on Rx		91					7	4
on HCV Rv			3. If Days pending psychia				7	1
Ox HIV on Rx		0			RMANCE MEASURES			1
Dx AIDS on Rx			1. # Sulcide Attempts (Ha				-0	1
on (NH Meds			2. # Immates Receiving for		itiou?		0	1
Completed INH (For LTB)	<u> </u>	- 0		ik Restraints			9	ŧ
on Ak for Active TB			4. # Inmates with Mental		Guardianship		0	į
on Psych Meds		0				A solut	بسر	4
AZAM 101 KR 00			1. # Informal Complaints		4. # Escalation Police		9	d .
Off-site Pharmacy Re		- 0	2. N Formal Grievances 3. N Diabetic Diets for Or	0	5. # Cardiac/HTN O	e13 107 Dx 01		A
		1 .	of Diabetes					ı
Nursing medication erro			IOUS DISEASES	1 9			$\vdash$	4
				alas atra-				1
0 11, if inmate				0 23 # Mep A Vac 0 24. # Hep & Vac				4
0 12 # Approv 0 13, # Comple				0 25. # New HPV				4
0 14. # TST Giv				25. # New MRS4			- 9	1
								1
								4
							_	
		HOMES			ises.			1
			··· i	f				
		NP.B		d .				1
				i .				i
			<del>,</del>	5				i .
-	0 15 # Newty ( 0 16 # Inmate: 17 # Refused 0 18. # TST Cor 0 19. # of CKR ( 0 20. # Influen: 21. # Pneumo	0 15 # Newty On Acute 18 0 16 # Inmales TST with LTB 17 # Refused LTB! Prophy 0 18. # TST Conveners 0 19. # of CKR for LTB!/TB	D 15 di Navrhy On Acute 18 D 56 di Inmates TST with LTB1 17 di Retured LTB1 Prophylania D 18. HTST Converters D 19. M of CRE for LTB1/TB 20. M influenza Vaccines Given 21. H Pneumovas Given	0 15 di Newity De Acute 16 0 36 di Immales TST with LTB1 17 di Retured LTBI Prophylanis 0 18. di STS Conveners 0 59. di of CKR for LTBI/TB 20. minfluenza Vaccines Given 12.1 di Preumowas Given	0   15   48 Newty On Acute 18   0   27. # GC Cases     0   16   48 Newty On Acute 18   0   28. # Chlomydia     17   48 Newty Class   17   48 Newty Class     0   18. # 1875 Conventer's   0     0   18. # 1875 Conventer's   0     0   19. # 10   (KA For 1811/16     0   10. # 10   10   10     10   10   10   10     10   10	0   15   48 Newty De Acute 18   0   27. F   GC Cases	D   15   48 Newty De Acute   16   0   27, # GC Cases	0   15   8   8   15   15   15   15   15

Form #M-120, 12/12/18

		Mon		Health Sc	DEPARTMENT rvices Bureau			_1	M	3	
facility / Level:	- R	cc/II	_	fdonth /	Year:	Apr-19		_	1	,	
ISA Signature:			_	Date Rep	port Completed	5/6/2019			-		
				Average	Dally Census:	272					
Chronic Care Clinics	# Enrolled	Scheduled Seep	Refused		Clinic Visits	Physician	Midtern	ı	Nursing		T ASCA
. Cardlac/HTN	3"	1 5 1		1. Scher	Juled Clinic Visits Seen	47		0	535	1	RN
. Endocrine/Diabetes	2	0			al Visits Not Seen			٥	31		Provider
. Gastrointestinal		7	9 0	a. Pa	tiant Refused	2		٥	2	1	TB
. 08/GYN	0	0 0	0 0 0		Refusals Signed	2		٥	2	1	Spec Consults
Genito-Urinary			ili. c		curity Issues	0		٥			Spec Consults + J36
Нер С	16		2 7		her Agasons	0		0			Emer Health condition
HIV	0			3 % R41		,		0	20	1	
. Infectious Dz/INH	0 0			_	gation Visits			٥	0	4	Infection Control Report:
Neuro/Seizure	0 0			S. ROCI				- 9		-	HepC Tests
0. Ortho	2	- 4		-	ystem Transfers	13		0		1	HepC Positive
1. Psychiatry 2. Respiratory	0	0		8. Codel	ystem Intakes	38		- 왕		1	HIV Tests HIV Positive
3. Special Needs	5	<del>                                     </del>		9, Intake		0		9	0	1	A II A I- OZNIAA
4. Paín Management				10 Phys		1 1		-	0	1	
5. Anticoagulant	0				Call Visits Seen	1 8			535		
On-Site Specielty/Sec		INFIRMARY/LTCU	-, -,		Call Visits Not Seen	i		ä	0	1	
Dialysis		1. # Observation Status	1 0		Call Visits Refused	0		ă	o	1	ľ
Diagnostics		2 # Admit Status			sarge/Parole Reentry/ITAP	i		ŏ	9.26.74	1	
. OB/Gvn		5. N Housing Status			rgent/Urgent Seen	0		0	C		1
. Laboratory Studies	118	4. N In Gerlairic Unit	0		DENTALSERVICES	Scheduled	Seen		Refused	1	1
. Milmor Procedures	0	5. # in Hospice Care	- 0	1. Denta	Visita	71		62	16	1_	1
Mammograms	0	INMATE DEATHS		2. P Den	lai X-Rays	3		10	0		1
Nephrology		1. Total # of Deaths		3. F 30 D	ay Exams	26		24	1	Е	
Optometry		2. # Deaths Suicide	0	4. # Апп	val Exams	10	1	- 5	5		
Radiology Studies		3. # Deaths at Hospital		5. 4 Den				- 6	D		1
O. Physical Therapy		4 # Deaths at Facility	1 0	7, or Extr.		7		13	2		1
1. Audiology  OM-Site Services Con	0			8. # 011-		0		0	01	_	4
ER Visits	INE	B16	art .	_		I II Days Pending	Sick Call Appo	इत्रम् (वे	м .		d
		PHARMA	LY		I. If Days pending medical					-	
a. Admitted from ER Ambulance Transports	- 1	1. # on Rx 2. # on HCV Rx			<ol> <li># Days pending dental a</li> <li># Days pending psychial</li> </ol>						
Total # of Hospital Admits		3. # Du HIV on Rx		Ť		CHIATRY PERFO	RMANCE MEA	SI IN ES		_	1
Inpatient Surgaries		4. # Dr AIDS on Ry		-	1 # Sylcide Attempts (Har					_	1
Outpatient Surgerles		5. 4 on INH Meds			2. # Inmates Receiving for					<del>-</del> 7	1
Off-Site Referrals		6. # Completed INH (For LTB)	1		3 # Inmates in Therapeut						1
Off-Site Referrals Approved		7. # on Rx for Active TB			4. A Immates with Mental		t Guardianship	,		-	<b>3</b>
Oll-Site Referrals ATP	۵	B. # On Psych Meds		0	MISCELLANEO	ovs					1
Off-Site Olagnostic Studies	7	9 # on Ro for MRSA		0	1. # Informal Complaints	1	4. # Escalatio			0	]
and the second							S. R Cardlac/		iets for Dx of		
Off-Site Specialty Visits     Hampton Transported	- 6	10. # Off-site Pharmacy Rx		0	R Formal Grievances     R Diabetic Diets for Dr	- 9	Card-ac/H	TN		-	#
# Inmates Transported     after hours/weekends		11. P Nursing medication are		,	of Diabetes	,	liber Diet				
arter modis/weekends	- 0				OUS DISEASES		- shell held?				H
N RDC HIV Tests	· · · · · · · · · · · · · · · · · · ·	0 11 à Inmate				23. it Hep A Va	rriner Gluno			30	H
# RDC HIV Tests Positive		9 12. # Approv				24. # Hep B Va				74	
R RDC Inmates Refused HIV	est	0 13. # Comple				25. il New HPV					
# ROC Hep C Tests		Q 14 M 1ST GIV				26 # New MAS				0	
		0 15. # Newly I				27. # GC Case;				-	
# RDC Hep C Tests Refused		0 16. Pinmate				28 # Chlamydi				٥	i
a. # Clinical HIV Tests		O 17. # Refused	LTBI Prophyla	arl;		29. # Syphilis C				C	
b. # Clinical HIV Tests Positiv	e	0 18. # TST Con	verters		Ó						I .
Inmales Dx AIDS		0 19, # of C/R (									
Inmates D¢ HIV		0 20. #Influent		ven							1
		O 21, # Pneumo	Van Given		0						1
b. # Clinical Hep C Tests  b. # Clinical Hep C Tests		O 22. # DT 8ge			0						

APPROVED MIMCD

Form 8M-120, 12/12/18

						DEPARTMENT Project Bureau		- 1	Control of the last		
Facility / Level.	Re	CC/II	month		Month		May-19			7	
HSA Signature:					Dale Re	pon Completed:	6/5/2019		OBF		
			_			Daily Census.	260				
										_	
Chronic Core Clinics 1. Cardiac/HTN	# Enrolled	Scheduled 10	Sean 5 10	Refused		Clinic Visits duled Clinic Visits Seen	Physician 67	Midleve 40	Marsing 535	-	ASCA RN 111
2. Endocrine/Diabates	4 1	- 10	5 1			cal Visits Not Seen	97	- 40 C	25		Provider 41
3. Gastrointestinal	- A		12	91		alient Refused	2	2			TB 0
4. 08/GYN	a 0		0 0	ol o		. Refusals Signed	2	2			Spec Consults 3
S. Genito-Urinary	0		0			ecurity Issues	- 0	0.			Spec Consults+J36 0
6. Hep C	26		28			ther Reasons	0	1	- 0		Erner Health condition 1
7. HIV	0					scheduled	2	2	20		
8 Infectious Oz/INH	0, 0	ه ای	al e	0 0	4. Segie	egation Visits	0	0	0	Г	Infection Control Report.
9. Neuro/Seiture	1 0	9 0	oi o		S. RDC		0	0	а	F	HapC Tests 0
10. Ortho	5	- 4	2	-		system Transfers	19	19	19		HepC Positive 0
21. Psychiatry	0	0	0		7. Intra	system Intakes	19	19	19	F	IV Tests 0
12. Respiratory	4	2	4			t Physicals	0	0	0		ITV Positive 0
13. Special Needs	6	5	34		9. Intak		0	а	0		
14. Pain Management	0	- 10	0	- 9	10 Phy		14		0		
15. Anticongulant	0	0	0	-		Call Visits Seen	0	3	535		
On-Site Specialty/Se	rylpes	(NFIRMA				Call Visits Not Seen	0	0	0		
1. Dialysis	. 0	1. ≠ Observation	Status I			Call Visles Refused	٥	0	0		
2. Diagnostics	0	2. # Admit Status				harge/Parole Reentry/ITAP	. 0	0	24.15.38		
3. OB/Gyn	0	3, # Housing Stat	US			regent/Urgent Seen	Ö	0	0		
4. Laboratory Studies	203	4. # In Geriatric L	init			DENTAL SERVICES	Scheduled	Seen	Refused		
5. Minor Procedures		5. If in Hospice Co		- 0	1 Dent	al Visits	116	104	19		
6. Mammograms	0	INMATÉ	DEATHS		2. F Der	ntal X-Rays	0	0	0		
7. Nephrology	0	1. Total # of Drat	hş		3. P 30	Day Exams	57	52	5		
8 Optometry	46	2. # Deaths Suicid	e		d. E And	val Exams	11	10	T.		
9. Radiology Studies		3. # Deaths at Ho	spital		S. # Der		19	16	- 2		
10. Physical Therapy	0	4 # Deaths at Fac	dity		7. # Eldi	ractions	31	26	5		
11. Audlology	0				8. # Off	Site Visits	0	0	0		
Off-Site Services Con	sults							Ack Call Appointmen	t		
1. ER Visits	3		PHARMACY			1. # Days pending medical	I appointment			7	
a. Admitted from EA	. 4	1. Wan Ay			109				- 1	7	
2. Ambulance Transports		2. Fon HCV Rx			(	3. # Days pending psychia	try appointment			- 0	
3 Total # of Hespital Admits		3. # Or HIV on R				PST	YCHIATRY PERIOR	MANCE MEASURES			
4. (npstient Surgeries		4. If Dx AIDS on R				1 d Suicide Attempts (Ha	nging, Med Overde	isa, alc )		- 0	
5 Outpatient Surgerles		5. # on INH Meds				2. # Inmates Receiving for		tions		0	
6. Olf-Site Referrals		6. # Completes IN				3. # Inmates in Therapeut				0	
7. OII-Site Referrals Approved		7. # on Rx for Act				4. R Inmates with Mental:		Guardianship		0	
8. Off-Site Referrals ATP		8. # on Psych Ma									
9. Off-Site Diagnostic Studies	9.	9 # an Ry for MR	\$&			1. If Informal Complaints		Fescalation Policy		0	
						i	1 1	S. # Cardine/HTN Die	as for Dx of	- 4	
10 Off-Site Specialty Visits	Б	10. NOII-site Pha	rmacy Rx		-	2. # Formal Grievances 3. # Diabetic Diets for Dx	9	Cardiac/HTN			
13 # Inmates Transported after hours/weekends	,	J1. If Nursing med	d'		Ι.	of Diabetes	1 .	iber Diet		- 1	
Sitel Done P. Meartaine	- 4	11. H IVUI SING MED				IOUS DISEASES	- 0	iber Diet			
# RDC HIV Tests		al.					132 HUAR 4 **	ete se Chisa		-	
	_		. # Inmales p				23. # Hep A Vac			- 44	
2. # RDC HIV Tests Positive_ B # ADC Inmates Refused HIV	<del></del>		. # Approved . # Complete				24. # Hep 8 Vac 25. # New HPV			16	
A. # RDC Hep C Tests	1431						26 # New MRS			- 1	
5. W ADC Hep C Tests Positive			. # TST Given				27. # GC Cases	COST			
i. # RDC Hep C Tests Refused	$\overline{}$		. Flamates T				28. # Chlamydia	4		<u>``</u>	
. a # Clinical HIV Tests							29 # Syphilis Ca				
b. # Chinical HIV Tests Positi			. A Refused L. I. # TST Conve		3115			ses		-4	
b. • Conicar Miss Jesus Positi i. Inmates Da AIOS	-		. If of CXR for			9					
3. Inmates De HIV			). If influence		m.n.						
O. a. # Clinical Hep C Tests	-		, il Pagumova		44.0						
b. # Clinical Hep C Tests Po:	sitive		4 DT Booste			1					
a Camear rep c rests ro:		5122	by ferry) (C	-0 014611						_	
										1	
							A 1871 A				
S A Signature						Date	6/5/19				
PPROVED NMCD											
								Fo	rm #M-120, 12/1	12/16	

	_					S DEPARTMENT SERVICES BUTEBU	<u> </u>		FW	5	
Facility / Level:		C1-11	нони	-		/Year:	19-May		1	r	
HSA Signature.					Date R	sport Completed:	6/3/2019				
				•	Averag	e Daily Consus:	326				
Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused		Clinic Visits	Physician	MidLovel	Nursing		ASCA
1. Cardiac/HTN	12 31	3 6	3 6	0 0	1. Sch	duled Clinic Visits Sten	F2	117	2 <u>37</u>	7	RN 623
2. Endoc/Ine/Diabetes	29 17	1 5				ical Visits Not Seen	7		1	4	Provider 443
Gastrointestinal	3	4	100 4			atient Refused	15			-	78 0
A. CB/GYN 5. Genito-Urinary	1 0					1. Refusals Signed	15			-	Spec Consults 12
6. Hep C	72					Security Issues Other Reasons	1 6				Emer Health condition 379
7, KIV	1 6					rscheduled	1 6				End health selfaller
8. Infectious Dz/INH	9 0	0 0	ol o	a 0	4. Seg	egation Visits	0	0	16		Infection Control Report:
9. Nauro/Seiture	6 5	3 1	3 1	0 0	S. ROC	Intake	0	0,			HepC Tests 44
10 Ortho	1					ssystem Transfers	0		2		HepC Positive 0
11 Psychiatry	196					system Intakes	0	0	45	1	HIV Tests
12. Respiratory	28					et Physicals	0				Hiv Positiva 0
13. Special Needs	16	34	34		9, Inta		- 0				
14. Pain Management 15. Anticoagulant			5		10. Ph	ysicals k Call Visits Seen	0		239		
On-Site Specialty/Set			ARY/LTEU	<u> </u>		t Call Visits Not Seen	0		50		
Dialysis		1 A Observation				k Call Visits Refused	- 6				
2. Diagnostics		2 # Admit Stat				charge/Parole Reentry/ITAP	36		30		
3. OB/Gvn		3 # Housing St				ergent/Urgent Seen	3		376		
4. Laboratory Studies	65			0		DENTAL SERVICES	Scheduled	5een	Refused	1	1
5. Minor Procedures	0	5. # in Nospice	Care	D	1. Den	ral Visits	38	22	6		1
6. Mammograms	- 0		E DEATHS			ntal X-Rays	0		0		1
7. Naphrology		1. Total # of De				Day Exams	۰		0		1
B Optometry	27					nulai Exams	_0		0		1
9 Radiology Studies 10. Physical Therapy	10	<ol> <li># Onaths at F</li> <li># Deaths at F</li> </ol>			5. P Da		0				1
11. Audiology	0	a. W Deaths at F	-acinty	<u> </u>		ractions f-Site Walts	0	0	0		1
Off-Site Services Con					u. n o.			Skk Cali Appointme			1
1. ER Walts	0		PHARMAC		_	1. P Days pending medica			-	1	i
a. Admitted from ER	0	1. 4 on AL				O 2. P Days pending dental.				14	1
2. Ambulance Transports	0	2. ii on HCV Ry				1 3. # Days pending psychia	try appointment			1	
3. Total # of Hospital #dmils		3. # Da HIV on						RMANCE MEASURE	ś		
4. Inpatient Surgeries		4 # Ox AIOS on				0 1. # Sulcide Attempts (Ha				- 1	4
5. Outpatient Surgerles		5. # ca INH Me				0.2. # Inmates Receiving for		etions		-	f
6. Off-Site Referrals 7. Olf-Site Referrals Approved		6. # Completed 7. # on Rator A				0 3. # Inmates in Therapeut 0 4. # Inmates with Mental		- Gazadi sarbia		1 5	
8. ON-Site Referrals ATP		8. W on Psych A			11			Омагочания		٠,	1
9. Off-Site Diagnostic Studies		9 # an Ru for N				0 1 # Informal Complaints		4. It Escalation Pol	ov initiation	-	<b>.</b>
s. on sac ong losticotanes	Ť	5 F G-1 (R) D-14				o a - monina compla <u>ma</u>	1	5. # Cardiac/HTN D	liets for Dx of	Ť	1
10. Off-Site Specialty Visits	6	10. # Off-site Pi	harmaey Ax			2 2 di Formal Grievances		Cardiac/HTN		٥	4
11. Finmates Transported						3. # Diabetic Diets for Dx 0 of Diabetes	1 .			Ι.	
affer hours/weekends	U	11. If Nutsing m	redication error	S Bankunga Adul		NOUS DISEASES	- 0			- 0	4
1. # RDC HIV Tests		- 0	11. A Immatus				23. # Hep A Va	eclass Cluss		72	1
7. If ROC HIV Tests Positive			12 # Approved		INC		24 ii Hep B Va			26	
3. FRDC inmates Refused HIV	Test		13. # Complete			1	25. # New HPV			7	Al .
a, ar RDC Hep C Tests			14. # 1ST Giver				26 # New MRS			0	1
5. # RDC Hep CTests Positive		o o	15. # Newly Da	Acute T8			27. # GC Cases			٥	1
# RDC Hap C Tests Refused		0	16. R Immates 1	IST with LT81	1		28. # Chlamydi			0	1
7. a. Il Clinical HIV Tests			17. If Refused I		alia .		29. # Syphilis C	ases			4
b. # Clinical HIV Tests Posith	ve		18. # TST Conv			1					
8. Inmales Dx AIDS			19. Wal CYR to			-					
Inmates Dx HIV  10. a # Clinical Hep G Tests			20. # Influenza 21. # Pneumovi		MILL	12					
b # Clinical Hep C Tests Por	ilive		22. # DT Boost			12					U
						•				Ī	
H S A Signature	_					Date	·——	3-Jun			
APPROVED NACO									form #M-170, 12	/12/18	i

					KICO CORRECTIONS D						l	
				Monthly	Report To Haalth San						ı	
Facility / Level:	SCC1-II				-		Month/Tro	ir;	Fin-16	·		
HSA Signatuse:					•		Date Report	Completed:	Jul-16	5		
							Average Dan	hy Cornus				
Chronic Care Clinics	R Entabled	Schee	luled	Seen	boedes:	П		Clipsic Visits	Physician	Midtevel	Nursing	
1. Cardioc/HTM	*****	<b>5</b> . D:				ō	1. Schedula	d Clicus Vitals Seen	160		1#1	1
2. Endocrine/Drahetes	7.	3 1				ø	2. Clonical V	isiis Noi Seon		0	2	
3. Gastrointertinal	ļ	?				의		4. Refused		.0	2	
4 00/GYM	•	او ا				٥		lusals Signed	<u> </u>		2	
5. Gento Urinary	<del>                                     </del>	-	- 0			뭐	\$. Securi		-		0	1
6. Hep C 7. MpV		9	34			3	e, Other 1. % Resche		100%	_	100%	
B. Infectious Dz/NH	0	1					4. Segregati		1000	_	0%	
9. Neuro/Science	<del>, , , , , , , , , , , , , , , , , , , </del>	0					S. RIDÇ limak		1		0	
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L. ER Visus  3 Admisted from ER	0	j. Fan A.	<u> </u>		25	Ves.45 Total  1. # Days pending 2. # Days pending	# Days Pend medical appo dental apport	ing Sick Cell A introonl itment		2
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						XICO CONNECTIONS DE Report To Nealth Serv						
Facility / toyel:			SCC I-µ				Month/Ye	ır:	Nov.2016		•	
IISA Signature:					· · · · · · · · · · · · · · · · · · ·	-	Date Report	Completed:	11/4/2016			
							Weiste Da	ly Consus:	406			
Chronic	Care Clinics	# En	rolled	Scheduled	Seen	Refused		(Nak: Valta	Physician	MidLovel	Nursing	
1 Cardiac/UTU		. 9	ao		•	5 0		el Carec Visits Seen	164	126	162	1
2 Endocrine/0 3 Gastromiestr		15	13	61		2 9		e4s Not Seen nt Refused	3	15		1
4. 00/GYA	-4:				<del>\</del>	0 0		fun am Signed	1			1 .
5. Genilo-Mina	ıry.			, , , , ,		öl	O b. Secon				0	
6 Hep€			145	15	1	5	0 c. Other	Peasons		.0		
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B. Infections Da				9		D 0	0 4. Segregat 0 5. ADC solul		0%	0%	ox	
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	On-Site Specialty,	Services		LAFERMARY	Artcu			Vists Nat Seen	٥		;	
1. Dulysn				I. F Observation Status			0 1) Set Call				2	l '
2. Diagnostica			0	2. # Admit Status				e/Parole Recolly			11	
). dB/Gyn 4. taborslowy St				R Recosing Status		<del>-</del>	O 15. Emergen	ntral services	Schedoled Schedoled	Seen 2	Attioned	ł
5. Minor Proces				4. # In Geriaans Unit 5. ø in Hospise Case			G J. Denial Vi		Schedoned 85		- AEGUNANG	1
6. Mammogram				INMATE DE	ans .		2. # Dental :		1 t			
7. Hephralogy	13.			1. Total # of Deaths	-in-	<del></del>	0 3. # 30 bay		42	42	<del>-</del>	l '
8. Optometry			21	7. # Deaths Swode			O 4. # Annual		12	12	-	· ·
9. Padrology Stu	ides		16	3 # Deaths at Hospital			O 3. # Dersum		12	17	ō	
10. Physical The	Пару		0	4. If Deaths at Facility			O 7. K Çalişen	ans	27	27	0 .	
						5.7	8 # Off-Site	Visits	4	4	0	
	Off-5ite Services	Consults				* •			of Bays Pending Si	kk Call Appole	timeni	
1 ER Visas			2		· PHARMAC	γ .	,	1 × Days pending med				
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J. Ambulance To J. Total # of Hos				2. ft on rjCVRs 3. F Ox FRV on fix			+ :		YCHIATRY PIRFORI		LOTI	···
a. Impalient Sur				4, # Do ARDS on Rx			1 3				V	<del></del>
5. Outputern Su				5. # on PHH Meds			1 .	2. # Immates Receiving				
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9 Off-Sale Diagr				9 Fon Pa for AMSA				t, E Informal Complain		4, # IITH Die		
10 CH Late Spec			٥	10 # Off-sete Pharmacy R			0			S. e Cardae (	He1s	2
after Fours/s	weekends		2	11. # Nursing medication		CCO CORRECTIONS DE	0	1. POMENCE DINIS			··	<del></del>
						Report To Health Servi				- 1		
, ┡						LEANTECTIOUS DISEASES		<del></del>	<del></del>			
1. # RDC HIV Tes	its			0	II. # Immanes prevented			0	23. # Nep A Vaccin	es Green		
2. CRDC HIV Tes					17. A Approved for HCV1				za. # Nep 8 Vacrire			
3. # RDC Inmate	s Refused HIV Test				13. # Completed (NCV Ts.			1	25. # New HPV Con	e		
4. # RDC Hep C I					14. A IST Given				26. ¶ frew hall se C			_
5. ≉ NDC Hep € f					15. # Newly Ox Acute 18				27. # Gonesubra (			•
6. Y FOC Hep C f					16. # inmates 15F with U				28 # Chlamydia Ca			
7. a. # Omcal N	IV Tests Positive				17. # Relined LTBI Proph 18. # 151 Corwerters	njia4K			29 Suprain Cases			<u>'                                     </u>
B. Francis Dr 4				0	19. Pol CHM for LYBYTD						100	H .
9. Ironates De Hi				0	20. # Sofluenza Vaccines	Glven		0			4.7	
10. a. P Chrycal P				6	21. # Pneumovax Geren							. 1
	top C Tasts Posene			1	72. d OT Bagsters Given					·		
H 5 4 Signalwie							_	Date		11/4/2016		

				KICO CORRECTIONS						
Facility / Besel:	SCCI-II		Monthly	Report To Health Se	Nices Bureau Month / Ye		Name and a 201			
	3001-11			-	PJ0MIP1 14:	•	Nevember 201			
HSA Signature	-			-	Dute Repor	L Completed:	17/5/2016			
					Average 06	by Census:	474			
Chronic Cara Clinica	# 2 molled	Scheduled	Şeen .	Retused		Chair Visits	Płnysielan	Midtevel	Nursing	$\overline{}$
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12. Psychialny	146				13:2. Initalysi		35	٥	22	
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13. Special Needs (4. Pain Management		·			0 9. Intake (II)	op Health Maintenance	0	9 .		ı
15. Anticongulant					0 11 5kk Ca		-	0	387	i
On-Site Specialty/S	erykres	MFHPMARY		<del>'</del>	_	Visils Nat Seen	<u> </u>		3	
l Giatos		1. # Observation Status		T	O 13 Sek Call			. 0	2	
2. Diagnostics	19	2. d Admin Status				e/Paiole Receivy			32	į .
3 08/Gyn	2	3. # Housing Status				nt/Urgent Seen	G	3	11	į
1. Laboratory Studies	470	4. V In Goldtik Unit				ental services	Schoduku		Refused	Ė
S. Manor Procedures	,	S # in Hospice Care			O. I. Deniskyi		76	77	0	İ
6 Mammograms			ATHS		t. # Certai		1	- 1	0	
7. Nephrology		1. Intal # of Doaths			0 1. r 30 Day		40	40	0	
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9. Radiology Studies 10. Physical Cherapy	16	# Deaths at Pospital     # Deaths at Facility			O 3. # Benturi O 7. # Extracti		26	49		
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Dili Site Services Co	कार्याच्य						& Days Prodict Si	A Call Appoint	per l	
1 CA Verts	, , , , , ,	1 1	PHARMACY	· · ·		1. # Days pending medic				2
a. Adminted from ER	1	L # on R#			165	2 # Days pending dema	Lappointment			5
2. Ambulance Transports	1	2. Fan HEV Rx			0	<ol> <li>P Days pendeng psych</li> </ol>				7
3. Total # of Hospital Admits	1	2. # DrHIVenRa			, ,		CHATRY PERFORM		es.	
4 Inpoliant Surgeries						I. # Suitide Attempts []				
5. Outpatient Surgeries		S. of on INII Medi				2, or immutes heceiving for		tians		0
6. Off-Site Referrals 7. ON-Site Belletrals Approved		6. If Completed Bill (Far 7 If 64 Rt fol Active 18	1181)		- B	<ol> <li>Figurates in Pheraper</li> <li>Figurates with Media</li> </ol>		duran di pandida		0
8. Olf-Site Referrab ALF		f. K on Psych Meds			124	MASCELLAN		Gualaramina		
9. Olf-San Diagnostic Studies	5	9. Il on Rafoi MRSA				t. # Indormal Cometains:		J. EHTNONS	. 1	Ó
10. Glf-S4e Specially Visits	0	JO. # Olf-site Pharmacy #	k			1. # formal Guevances		5. # Cardiac D		2
atter hours/weekends	2	II. A Newsing medication			15	1. ■Daberi Des	14			
				GCO CORRECTIONS D						
	<del></del>			Report to Heekh Sen /HATECTIOUS DISTASES				بـــــ		
1 # ADC JIN lests			11. d inmares presomed i				23. J Hep A Vacc	nei Geien		, n
2. 4 ADC NY Tests Positive			12. # Approved for HEV T				24. # Nep B Vacc			
3. # ADC mmales Refused NIV Test			1) A Completed IKV I				25. # frew HPV C			ū
4. SRDC Hep C Tasks			)4. ØTST Ghen				26. If Now MASA	Cases		3
S. FROC Hep Cites is Positive			15. F Newly De Acute FB				27. # Genroshes			P
6. # 400 step C Tests Relused			16. # Immates 757 with £1				28. e (Namydia)			•
7, a. e Clinical HPr Teses			17. # Refused 27 Di Propin	<u>Anii</u>			29. # Saphilis Cas		!	. 0
B. # Clinical IBV Tests Posetve B. Rymates &u 4405			18. #1\$T Convenies 19. #of CAR for LEBI/18			0				
9. Monates I/II ANDS			20. # Indiventa Vaccines G							1
10 a. # (Brital Hep C Texts			28. d Prieumovas Given				4 .		· 10 .	
b. # Clinical Hep C Tests Positive										
		¢	22. # DT Boon Lers Given				4 .			
HS A Signature		Ċ.	22. # Of Bookless Given	•		Date				

				CORRECTIONS DEPAR					•	1	
Facility / Level:	5501-4			_		Momb/Yea	L.	December.2016	٠.		
HSA Signature						Day o Banger	Completed:	1/5/2017			
HZW 21EHYEOLE				-		Dan 6 méhésa	completes:	17.574,017			
					,	Average Dai	ly Census:	406			
Chrehic Care Clinics	F Enrolled	Schedulad	Seen	Refused	Π		Visits	Physician	MidLovel	Rursing	
1 Catelog/INTN	117 30		13 2 1				Clinic Visits	166	121	373	
Endocrine/Debetes     Gastrointermod	16 15		9 16 1 2 2		ô	a. Patres	uits Not Seen	1	10 6.	<u>P</u>	
4. DB/GYN			0 0		ő		usals Signad	<del> </del> ;		15	Ì
5. Genito-Urinary		1	2		ō	b. Sessui		0	a		
6. Hep C	117	4	7 42	,	Đ	c. Other		0		0	
7. JUV			2 7			3. % Resche		100	100	100	
6. Infections Dr/INIT	1 11		0 0 0 5 1 5		9	1. Septembra 5. RIPC milak	on Vijitj	0		0%	
9. Neuto/Scipute 10. Ortho			0 0				en Transfers	11		11	
11. Psychiatry	141	10				. intraspete		38	· · · · · · · · · · · · · · · · · · ·	38	
12. Mespiratory	34	1				. Cades Phy			Ð	1	
13. Special Needs			5 €	5	_	), with the High			15	15	
14. Pain Management	0		0 0			lo. Annual I	lealth Maerie		0	e	
15. Anticoagulant	2		2	I		l I. Seck Cell		<u> </u>	0	376	1.
	ciolog/Services	INFIRMAS	YATCU		_		Visius Not Se			5	
t. Diehsit		1 # Observation Status					Visits Refused	•	0	2	
2. Desenostics	16						e/Parole Resi		- 0	32	
3. OB/Gyn 4. Laboratory Studies		3 if Housing Status 4 if In Gerlatric Unit			7		CUrgent See	Schoduled	Seen	Refused	i
5 Marca Procedures	2	5. It in Hospice Care				. Depail Vo		91	91	nye:uucy n	
Khammograms	<del>;</del>	ENMATE D	FA'nes	1		. # Dental >			0		
7. Nephiclogy		1. Total#of Deaths				L H 3D Day I		28	28	0	
3. Optometry		2. d Deaths Suicide				l. # Annual I		31	. 33	0	
9 Padiology Studies	1\$		·			d Dentute		24	24	Ó	
10 Physical Therapy	0	4. # Ocaths at Facility			0,7	, demakti	ns.	44	44	Ð	
:		i			<u> </u>	# Off-Sice	Vicus		0	- 0	
	vices Consults	<u> </u>	•					Total # Days Pendb		pelalment	
1. ER Wats			PHARMACI					nding medical appoint			
Admitted from £A      Ambulance Transports	0	1. Fon Re 2 Fon HCV Re			+			абілу феціаі вороінел абілу рэуслікогу арроі			3.0
3. Total Fol florpital Adm	9					- 7	2 H Lays Pc	PSYCHIATRY PERI		FACIMES	<u> </u>
4. Impatient Surgeries	0				+	0	1. N Schtide	Arrempts (Hanging, Me			
S. Outpatient Surgeries		5 For 1101 theds			-†-			Receiving forced Psych		,	
6. Off-Site Referrats			LTÉNI		7			in Therapeutic Restrai			
7. Off-Site Referrats Appro		7. F on Ax for Active 18			_[	. 0		with Mental Health Tr	eatiment Guid	ونطرطينل	
8 Off-Site Referrals ATP	0	B. II on Psych Aleds			1	115		EGTYNYEORZ		· · · · · · · · · · · · · · · · · · ·	
9. Olf-Site Olagnophy Stud	3	9. If on Rx for MRSA			+	0	j. ši informa	4	4. CHIH Gai		
10. Off-Site Specialty Visit		10. # Off-site Pharmacy	Ax		+		2. # Formal		5. # Cardes	Diers 1	- 0
Transported	•	11 A Musing medication	n ednors		1	2	alect	70		·*	
				ORRECTIONS DEPART It To Health Services &							
				/INFECTIOUS DISEASES		:					
1. #RPC HIW Tests			15, # bemates presonad s				Ó	23. # Rep A Vectories	Given		
2. #RDC HIV Tests Positive			12, #Apploved for HCV T				O-	24. # Hep B Vaccines			
3. FRDC Inmates Refused H	V Teși		13. # Completed NCV Tx		_		g	75. # New HPV Cases			0
4. #RD€ Hep € lests			14. € 757 Goven					26. # New MRSA Case			
5 # RDC Hop C Tests Pesitor			D 15. # Newly Ds.Acuse TB		_			27. 4 Gonnorhea Can			
6 KROC Heb C Tests Refore	×4		) 6 # Inmales (ST with LT		_			28. # CMannydia Case	<u>`</u>		
7. a. a Clinical (NY Tests b. a Clinical (NY Tests For	iline		17. # Refused CTM Proofs 18. # TST Converters	1905			0	29. A Syphility Cases		<del></del>	·. ·
B. Inmates Ds AIDS			19. # of CAR for LTBI/TB	•				1			
9 Innates Or HIV			20 d influenza Vaccines C	iiven							
10 a. ■ Clinăcul Hep C Tesus			2) #Pheymoras Girlen				D				
b # Chaical Ben C Tests			27 # DT Booster's Ginen					·	·		
N & A Signature					_		Date	1/5/17			

hereta paraciana

		•••					ORRECTION 1 To Health								
Facility / Level:		SCC (4)							Month	/Yes	r.	January, 20	17		
HSA Signarule:									Date R	топ	Completed:	2/5/3017			
									Averag	Đail	y Consus:	424			
Chronic Cara Clinics		olled	Schee		\$-0			zsed	_		Vietu	Physician	MidLevel	Hursing	
1. Cardiac/HTN	6 18	35	10	16		16		-	_		d Chnic Visits : alls Not Seen	190	71	306	•
2. Endocrine/Orabetes 3. Gosprolynessinal	18	16	10	1		10		9			n Actused	,			ł
4. OD/GYN	9	,	٥	0		0	0				fusals Signed	- ;	0		İ
S. Gento-Urinary		2		٥		0			-		ly 165 uct	0	0	- 0	
6. Hep¢		111		29		29		0			Reasons	0		. 0	
7. HIV				2	<del>                                     </del>	2	_		-		duked	S	0%	0%	
8. Intections Dr/IRH 9. Nemo/Serrure	0	· 11	. 0	4		0	0		4. Seg	egari Intal	on Visias	0	0	0	t
10. Ortho		3		3	<del>                                       </del>	3					m Transfers	9			1 :
II. Psycholov		147		27		20	7				rn Intakçı	26		25	i
12. Respiratory		34		24		14	0		8 C7G			1	٥	0	
13. Special Needs				3		3	.0		9. Mila			0	0	18	
14. Pain Management 15. Antikoagulant		0		0	_	<u>D</u>	0				tealth Mainte Visus Seen	9	%	286	
On-Site Speci	elho/Sendors			INFORMARY,	RTCU				241 276		Visits Not Set		<u>`</u>	3	
1. Dialysis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	1. #Observa						_		Visias Refused	9	0	3	
2. Diagnostics		5	2. # Admit St								e/Parole Reen	. 0		46	
3. <b>08/</b> Gyn			3. # Housing								u/Urgent See	6		15	
4. Laboratory Studies			4. #In Gerial					0			5ERVICES	Scheduled		Refused	
5. Minor Procedures 6. Mammograms		32	5. If an Haspe	re Caro INMATE DEJ	718			0	1. Den 2. n De			76	76	. 0	1
7. Nephrology			1. Total 4 of I		III III			n	3, H 30			30			
6. Optometry			2. If Deaths St					<u>_</u>	A, BAR	nuali	Exams	6	- 6	. 0	
9. Radiology Studies			3. # Dearhs a						5. p De			22	. 22	0	
10. Physical Therapy		0	4. R Deally, a	t Facility				-0	7. # E#			46	- 46	0	
				:					8, #01	-\$110		0			
Off-Site Servi	ces Consults					PHARMACY	<del> </del>		<del></del>				nding Sick Co appointment		ne ,
a. Admitted from ER			1 # on Se			LIDERINANCE			r <del>i -</del>	250		<del> </del>			12
2. Ambulance Tramports			2. S on HCV R								3 # Days pe			nl	
3. Total X of Hospital Admi			3. # Dx HIV e	in Ak	•					2		PSYCHIATRY (	PERFORMAN	E MEASURE	
4. Inpatient Surgeries		. 9	4. # De AIDS (								1 # Spicide				
5. Outpatient Surgeries		0	S. # on HHILM						⊢		2. A inmates			dications	0
5 Off-Sate Referrals Appro		15	6. # Complete 7. # on Refo		104						3. # inmates 4. # inmates			eni Guardian	
8. Off-Site Referrals ATP			8. W on Psych						$\vdash$	85	MISCELL				
9. Off-SAe Diagnostic Stur		. 0	9. # on Rs for			•					1. # Informa		4. # HIN Die	15	. 0
10. Off-Site Specialty Vise			10. # Off-site							2	2. # Formal: 1. Plantete:	0	5, 8 Cardiac	Diess	1
Transported		0	II # Nursing	Medication -	erro#5					3	Oiets	16	· . ·		
<u> </u>					₽ŧEW		ORRECTION							***	
							To Health S		480						
<u> </u>		<del>.</del> ,					FECTIOUS DE	EASES		_				·····	
1. # ROC HIV Tests					11. # Inmates								Vaccines Giver Vaccines Giver		, ,
PROC MIV Tysis Positive     A RDC Innuies Relused:					13. # Complet							25. #New (I			0
4. FRDC Nep C Tests	-, -, -,				14. # TST Give							26. # New M			1
S. # ROC Hep C Tests Posts	ve				15. Il Newly C					_		27. # Genno			
6. FRDC Hep C Toxts Refus	ed				16. Il formates							28. # Chilarin			
7. a # Chrical MIV Tests					17. ■ Refused 18. # TST Con		aris				0	29. # Syplast	t ases		2
<ul> <li>b. # Clinical HPV Tests Po</li> <li>2. Immates De ANDS</li> </ul>	Marie				19. # of CXR f						2		1.5		
9. Inmates by Mbs					20. # Influenz		rren								٠. ٠.
10 a. R Clinical Hep C Tests	:			9	21. Il Prieumo	van Given					0		•		
b, # Clinical Hep C Tests	Paskive			3	72. U DIT (000)	lers Giyen				_	0			<u> </u>	
III S A Signal we			· · · · · ·					•			Date	2/6/17			

[								CORRECTION							]	
Facility / Level		sce	l-M					-			Month / Ye.	JP:	February	2017		
HSA Signature:		-						-			Date Report	Completed:		2/28/2017		
											Average Da	ły Census:	396			
Chronic Care CB	niks .	N Enrolle		Scheduled	,	\$ <del>+</del>	थग	_	used	_		Visits	Physician	MidLevel	Mursing	ļ
7. Endocrine/Diabe	100		35 16		4	_		_		0		d Cfinic Voits wits Not Seen	204	91	316	1
3 Gastlaintestinal			1		0					ō		4 Refused	2		0	
4 OQ/GYN	$\Box$	0	0	0	0	٥				a		fue als Signed	2	0	0	
5 Genite-Uninary			112		2		2			0	b. Secur		. ,	-		ł
6. Hep C 7. HIV	-		2		1		1			-1	c. Other 3. % Acreho		100			i
8. Infectious Dt/III	н	0.	0	0	0	٥		٥			4. Segregat		0		0%.	
9. Newlo/Scizula		J.	- 11	0	3		3				S. ROC Inta		0			
10 Onho			150		64		60			_	6. Intrasyst 7. Intrasyst	em Transfers	16	0		
12. Respiratory	<del></del> -		33		8		- 8				8. Codet Pl			<del>-</del>		1
13. Special Needs			8		2		2				9. Intake Hi		0	0		!
14. Pain Managem	eal		0		0		- 0					Health Maint	65	D	65	•
15. Anticoagulant	: Specialty/Se		2	1400	MARY,	0.501	1	<u> </u>			11. Sick Cal	Visits Seen Vants Not Se	0	0	301 2	ł
1 Dialysis	: specialistse	tvikes				rico				_		Visits Reluse		<del>-</del>		į .
				2 # Admi4 Status								e/Parole Rose	0	0	49	•
Diagnostics     OB/GyA				3. A Housing Statu								n/Urgem Sec	12	8	36	Į.
4. Laboratory Studi 5. Minor Procedure				4. 4 In Gestatric Us						여	CENTAL		Scheduled	Seith	Refused	l
S. Manor Procedure  G. Mammagrams	•		6	5. X in Hospice Car	E TE DEA	TUR		L . <b></b>		-	I. Depcal Vi 2. ⊭ Dental.		32	32		1
7. Nephrology				1. Total # of Death		*****		1			3. # 30 Day			0	- ;	1
8. Optometry			46	2. # Deaths Suicide						_	d, li Anahoai	Esartis	2		0	1
9. Radiology Studie:			28	3. # Deaths at I for							5. # Dentore		29	26	. 0	1
10. Physical Therap	<del>Y </del>			4, if Deaths at Faci	liry				· · · ·		7 4 Extracti 8. 4 Oil-Site		27	27	0.	1
OK-540	s Services Cor	suls				·							otal # Deys P	nding Sick Co	II Appointme	nt
1. ER Visits			. 1				PHARMACY			_				l appointment		2
a. Admitted from				L # on Re.						4		2. # Days pe				. 6
<ol> <li>Ambulance Trans</li> <li>Total if of Hospita</li> </ol>				2. # on HCV Re 3 # De HAV on Re					····	÷				PERFORMANC		<u> </u>
4. Inpatient Surgerl			_	4 # On AIDS on Re						+				nging, Med Ov		
S. Outpatient Surge			o	S. 2 an INH Meds										ked Psych Mo		
6. Off-Site Referrals				6. F Completed 1N:		Tan				4		], # Industed				
7. Olf-Sne (teferrals 8. Olf-Sile Referrals			_	7. If an Rx (or Acto 8. If on Psych Med						╁	110	MISCELL		Health Treater	ent Guardian	
9. Olf-Site Diagnost			_	9. For A for MRS		-				+		1. # Informa		4. ØHTN Dec	3	0
10. Off-Site Specials				10. # Off-site Phari						1		7. # Formal		S. # Coudiac (		2
TT: # Mimates Transported			١,	11. ≯Nursing medi	cation	enois				1	0	3. Fluibelia. Désis	14		· . · · · ·	vi e
								ORRECTION:								
L				<del></del>				t To Health S RECTIOUS OL		JF4	40					
1. # ROC HIV Tests					0	11. Finmates			SÉV252			ol	23. # Hen A	Vaccines Giver	,	45
2. FADC HIV Tests &	ositive .					12. П Арргом								Vaccines Giver		65
3. # ADC Immates Ro						13. # Comple							25. #New			. 0
4. # ADC Hep C Test						14. ■ TST Give 15. ■ Newly D							26 # New N 27. # Gonne		-	3
5. #RDCHep €Test 6. #RDCHep €Test					$\overline{}$	16 Finmates		D4					28. # Chlam			. 2
7. a. # Chnical HW 1						17. ≢ Refused				_		0	29. # Sypha.			•
b, a Clinical MIV T	esis Positive		$\dashv$			18 #TST Com						0				
8. Immates Ox AIDS 3. Immates Ox HIV					$\overline{}$	19. Mol CAR ( 20. Miniment						. 2				
10. a. II Clinical Flep	CTesss				$\overline{}$	21 # Preunio			· • • • • • • • • • • • • • • • • • • •	-		36				
b # Canical Hep		•				22. # ØT Boos						76	٠.			
H S A Signature												Date	3/6/17			
Vaniviti rosta										-		•				

							CORRECTION							
Facility / Level:		SCC I-II					-		Month/Y	ear:	April, 2017	' '	•	
HSA Signaturo:							-		Date Repo	t Completed:	May 1,201	7		
									Average D	wy Census	415			
Chronic Care Clinics	. # Enr	rolled	Sche	duled	\$4	en	Rel	wsad	Cile	dé Vísits	Physician	MidLevel	Nursing	
1. Cardiac/HTN	17	40						<del></del>		ed Clinic Visits	168	<del>}</del>	495	
2. Endocrine/Diabetes	32	2)		L		2	<del></del>	1	_	VISUS NOT Sear			12	
Gastiointestinal     OB/GYN	i	<u>.</u>			1					ent Refused Intusak Signed	<del> </del>	<del> </del>	3	· ·
5. Genico-Urloary	<u> </u>			0		·			_	rity Issues	1 6	_	6	•
6. Hep C		179		35		35				r Reas <b>ens</b>	2	j	3	
7. Hev	Ĺ	2		2		2					100		100	
8. Infectious Dr/INH	2	1	2	1		<u></u>			4. Segrega	Lion Vises			0%	
9. tieuro/Seguro	. 1	16				<u>ب</u>			5. AOC Ini		0	_	0	
10. Onho	5	183		42		40				lem Transiers I em Intakes	9		34	
12. Respiratory		40		9		9	9		B. Cadel P		3	-	3	
13. Special Neods		12		. 0		0	0		9. Imako l	&P	0		0	
14. Pain Management		1		0		0	Ö			Health Mainte			42	
15 Anticoagulant		1		1		1			****	II Visas Seen	٥	-	193	:
	felty/Services			INFIRMARY,	ATCU .		,			II Visias Not Se			4	
1. Dialysis							<del>  -</del>	9		Visits Refused		0	. 4	٠.
2. Diagnostics 3. Otl/Gyn			2. FAGAVIT SI 3. F Housing				<del></del>			ge/Parole Neo ant/Urgom Sec			16	
4. Laboratory Studies			4. Kin Gerlat					0		LSERVKES	Scheduled	Seen	गलफल्प	
S. Minor Procedures		8	5. I in Hospi					0	1. Demail		€6	80	0	
6 Mamalograms		0		INMATE DEA	THE			4	2. #Dema	K-Rays	42	42		
7. Nephrology		0	1 Tonal#of	Deaths				0		Ezams	60	60	, ę	
8. Optomotry		25	2.# Deaths S					0			. 17	17		· . ·
9. Audiology Studies		15	3. # Doaths a						5. # Dentu 7. # Entrac		41	41	0	
16. Physical Therapy			4. 4 Deaths a	п вакнау			L	<del></del>	e. # Off-Sit		47		<u>`</u>	
Off-Site Servi	tes Consults		1.0				1.		or in contrast			nding Skk Ca	Appointme	nk
I. ER Vises		4				PHARMACY		4.4	11.00			appointment		
5 Admitted from ER		1	I. F on Re						10	2. # Days po	nding destal :	ppointment		
2. Ambulance Transports			2. If an HÇV R							3. ⊎ Days pe				
3. Total # of Hospital Adm			3. U Da HIV e									PERFORMAN		
4. Ingation Surgones			4. 4 Oz AIQS - 5. 4 on INH N							1. # Surcide 2. # Inmate:				
5 Outpasiers Surgeries 6. Off-Site Referrals		16			TRAL						in Therapeut		incurrous :	
7, Off-Size Referrals Appro	-	6	7. # on Ru (a									Health Treatm	ent Guardian	. 0
B. Off Sue Referrals ATP		0	8. # on Psycl				_			MISCEL	LANEOUS			
9. Off-Site Diagnostic Stur			9. # on Ru for						-			4. # HTN Die		1
10. Off-She Specialty Visit		11	10. # Off-sire	Phannay R						2. # Formal 3. # Outella	Geovanços	5. # Cardiac I		. 5
Transported		4	11. II Nursing	medication	riiors				1	Dette.	15			<u> </u>
Ĺ							ORRECTION 1 To Health :							
							FECTIONS DE	SEASES						
I. II RDC FIV Tests					11. Simpae							Vaccines Green		10
2. MRDC HNV Tests Positive					12. #Approv							Vaccenes Gever	-	14
3. # RDC inmates Relused i 4. # ADC Hep C Tests	ille Lett				13. # Comple 14. #TSF Ger						25 # New H 26. # New M			
5. # RDC Hep C Yests Positi	ivo				15. If Newly (						27. # Gowne			
6. # RDC Hep C Tests Refus					16. # Inmace		91				28. # Chlamy			e
7. a. # Climical Hill Tests				2	17. FActore	J LTBI Prophy				0	29. # Syphili	Cases		
b. # Clinical HIV Tests Po	n itive				18. #TSF Cor					0	' '			
# Inmates Dx AIOS					19. HoliCXB					0	· ·			
9 Incomes Do HIV  10. a. # Charical Hep C Tests					20. # Influent 21. # Pneumo					72	1			
b. # Clinical Hep C Tests					72. # Df Boo					11	L.·.		<u></u>	
II S A Signature	•									Date	5/9/17			

						PRRECTIONS DEP To Health Service						]	
Facility / Level:		SCC 1-1						Morali / Y	ðr.	May,2017			
HSA Signarure;								Dute Repo	n Completed:	6/5/2017		-	
								Average D	nily Census:	415			
Chronic Care Clinics	# Epp	oiled :	Scheduled	5441		Relused		· cts	de, Visits	Physician	MidLevel	Number	<u> </u>
1. Cardiac/HTM	18	19	2 10		10	9	0		ed Clink Visits	159	243	467	
<ol> <li>Endomme/Diabetes</li> <li>Gastroantestinal</li> </ol>	25	9	12 11		11	0	0		Visits Not Seen	- 3	. 2		
4. 00/G/N	1			·		9	0		efusals Sygnod	3	2	2	
5. Genito-Utinary		0			0		a	b. Secu	idy issues	<u>0</u>			
6. Hep C 7 HIV	+	126 2-	46		44		2 0		r Reasons	100	100	100	
8 Infectious Da/INH	<del> </del>	0;			·	0		3. % Reset 4. Segrega	eduled Iron Valls	100	9%	0%	
9. Neuro/Sciture	2	17	0 1		ä	0.	ō	5. RDC IM	ke	. 0	. 0	0	
10. Ortho		5	5		5				iem Transfers	0	.27	27	
11. Psychiatry		183	55 14		55 14	- 4 0			tem Intakés	0	52	52	
12. Respiratory 13. Special Needs	+	42 13	. 14	-	2	Ų		8. Codes P 9. Imako i		0	0		
14. Pain Management	<del>                                     </del>	1	1		1	0			Flealth Mainte	42	. 0	42	
LS. Anticoagulani	l			<del>1</del>	1		0		■ Visits Soen	ó	0	198	
	ecialry/Sorvices		INFIRMARY	/LYCU					Visits Not Sei	0	0	2	
1. Dialysis			1 # Observation Status  2. # Admid Status				0		l Visils Ra <u>fu</u> sea ge/Parole Re <del>er</del>	0 \$8	O \$8	2 58	
2. Diagnostics 3. OB/Gve	+	1	2. # Admin Status 3. # Housing Status		-				eni/Urgami Sea	13	10	38	
J. Laboratory Studies	<del>                                     </del>	1035	4. # In Geriatric Unit		-		0		LSERVICES	Scheduled	5een	Refused	·
S. Minar Pracedures		2	5. # in Hospico Çare				0	1. Dental	fisits	120	120	0	
6. Mammograms		0	HYMATE DE	ATHS .		· · · · · · · · ·		2. ≠Dema		98	.96		
7. Nephrology		_	1. Total # of Doaths				0	3. # 30 Da		110	110	110 73 <sup>1</sup>	
8. Optometry 9. Radiology Studies			P Deaths Swelde     P Deaths at Hospital					d. #Annua S. #Demo		28	73	28	
10. Physical Therapy			4. If Deaths at Facility				Ō	7. WEntrac		54	54	54	7.5
			i j	1.	1.		· ·	8. # OH-Si			. 0	. 0	
Off-Site St	rvices Consults												
A RECORD TO	<del>,</del>							<del></del>		otal II Days Pa			
ER Visits     Admitted from ER	<u> </u>		1 Man By	P	HARMACY	<u> </u>		30	1. # Days po	nding medical	appointment		. ?
a. Admitted from ER			1. M on Rx Z M on HCV Sp	Р	HARMACY		 	30	1, # Days pe	nding medical	appointment ppointment		2
	5	1		PI	HARMACY				1. # Days po 2. # Days po 3. # Days po	nding medical nding demails	appointment ippointment try appointme	end .	2 6
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## COLLINS & COLLINS, P.C.

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

March 30, 2021

Sent by e-mail to Brian.Fitzgeraldt@state.nm.us, Catherine.Ahring@state.nm.us, & by USPS
Brian Fitzgerald
New Mexico Corrections Dept.
Office of General Counsel
P.O. Box 27116
Santa Fe, NM 87502-0116

RE: Inspection of Public Records Act (IPRA) Request

Subject: Most recent ACA Accreditation Reports, all NMCD facilities

Date Range: 2018 to the present

Dear Mr. Fitzgerald,

This is a request for public information under the Inspection of Public Records Act (IPRA).

#### **DOCUMENT REQUEST**

Please provide the following public records<sup>[1]</sup>

1. Please provide copies of the most recent Final Accreditation Reports for each of the eleven (11) adult correctional facilities in the State of New Mexico.

# **INSPECTION OF PUBLIC RECORDS ACT**

Under IPRA, you must make these records available as quickly as possible, but no later than 15 days from this request as set forth in N.M. Stat. Ann. § 14-2-8 which states in full:

<sup>[1] &</sup>quot;public records" means all books, papers, maps, photographs or other documentary materials, regardless of physical form or characteristics, made or received by any agency in pursuance of law or in connection with the transaction of public business and preserved, or appropriate for preservation, by the agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations or other activities of the government or because of the informational and historical value of data contained therein." N.M. Stat. Ann.§ 14-3-2 (G).

- A. Any person wishing to inspect public records may submit an oral or written request to the custodian. However, the procedures set forth in this section shall be in response to a written request. The failure to respond to an oral request shall not subject the custodian to any penalty.
- B. Nothing in the Inspection of Public Records Act shall be construed to require a public body to create a public record.
- C. A written request shall provide the name, address and telephone number of the person seeking access to the records and shall identify the records sought with reasonable particularity. *No person requesting records shall be required to state the reason for inspecting the records*.
- D. A custodian receiving a written request shall permit the inspection immediately or as soon as is practicable under the circumstances, but not later than fifteen days after

Thank you in advance for your full cooperation in your response to this lawful Inspection of Public Records Act (IPRA) request.

Sincerely,

COLLINS & COLLINS, P.C.

# s/Parrish Collins

Parrish Collins

PC/gtg

cc: Robert Gentile David Ketai Julia Purdy From: Guy Gambill

Subject: FW: Gerald Wilson - Need to set up a call--GRIEVANCES

From: Lucero, Andrew < Andrew. Lucero@corecivic.com >

Sent: Friday, January 10, 2020 9:24 AM

**To:** Guy Gambill < guy@collinsattorneys.com > **Subject:** RE: Gerald Wilson - Need to set up a call

Hey guy. I turned the attached grievances into my supervisor, and she said that they have to go through the grievance process with these requests. I apologize; I did not know that this was frowned upon, however I would like to give them to you to mail back so that I am not held responsible if they are lost.

Case Manager A. Lucero Northwest New Mexico Correctional Center 1 (505)-287-2941 ext.23439

From: Guy Gambill <guy@collinsattorneys.com>

Sent: Tuesday, January 07, 2020 3:05 PM

**To:** Lucero, Andrew < <u>Andrew.Lucero@corecivic.com</u>> **Subject:** RE: Gerald Wilson - Need to set up a call

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

Alrighty then! See you tomorrow.

**GTG** 

From: Lucero, Andrew < Andrew. Lucero@corecivic.com >

Sent: Tuesday, January 7, 2020 2:32 PM

To: Guy Gambill < guy@collinsattorneys.com >

Subject: RE: Gerald Wilson - Need to set up a call

We'll call you. Thanks Guy.

Case Manager A. Lucero Northwest New Mexico Correctional Center 1 (505)-287-2941 ext.23439 From: Guy Gambill < guy@collinsattorneys.com > Sent: Tuesday, January 07, 2020 1:23 PM

**To:** Lucero, Andrew < <u>Andrew.Lucero@corecivic.com</u>> **Subject:** RE: Gerald Wilson - Need to set up a call

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

Nope, that would do just fine. I call you or you call me?

Thanks,

**GTG** 

From: Lucero, Andrew < Andrew.Lucero@corecivic.com >

Sent: Tuesday, January 7, 2020 1:22 PM

To: Guy Gambill < guy@collinsattorneys.com >
Subject: RE: Gerald Wilson - Need to set up a call

Is the 13th at 3:00pm too far out?

Case Manager A. Lucero Northwest New Mexico Correctional Center 1 (505)-287-2941 ext.23439

From: Guy Gambill < guy@collinsattorneys.com > Sent: Tuesday, January 07, 2020 10:24 AM

To: Lucero, Andrew < Andrew.Lucero@corecivic.com > Cc: Kelly Vincioni < kelly@collinsattorneys.com > Subject: Gerald Wilson - Need to set up a call

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

Hello Andrew,

I need to schedule a call with Mr. Wilson.

Thanks,

Guy Terrill Gambill Paralegal Collins & Collins, P.C. 407 7<sup>th</sup> Street NW Albuquerque, NM 87102 O: (505)-242-5958

#### F: (505)-242-5968

(i) This e-mail and any files transmitted with it are confidential and intended solely for the use of the intended recipient(s). If you have received this e-mail in error, please notify the sender immediately and delete this e-mail and any associated files from your system. (ii) Views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of CoreCivic. (iii) The recipient should check this e-mail and any attachments for the presence of viruses. The company accepts no liability for errors or omissions caused by e-mail transmission or any damage caused by any virus transmitted by or with this e-mail. This email has been scan

# Collins & Collins, P.C.

Attorneys at Law PO Box 506 Albuquerque, NM 87103-0506

June 30, 2020

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel c/o Chief Deputy General Counsel, Brian Fitzgerald New Mexico Corrections Department PO Box 27116 Santa Fe, NM 87502-0116 Via Fax only to (505)-827-8533 Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden James Yates
WNMCF-CoreCivic
P.O. Drawer 250
Grants, New Mexico 87020
Via Fax only to (505)-827-8200

Our Client: Treneeshia McBride Treneeshia McBride v. New Mexico Corrections Department, CoreCivic, et.al., Inmate Medical Grievance and Grievance Obstruction Tort Claims Notice and Preservation of Evidence

#### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed by Ms. Treneeshia McBride that she has attempted to file medical grievances. She reports that she has filed at least six grievances related to the neglect of her medical conditions. Ms. McBride reports the following:

- 1. That she is not receiving UV treatment as recommended by her physician.
- 2. That she has not been taken to UNM Hospital for follow-up appointments as recommended by her physician.

Telephone: (505) 242-5958 • Fax: (505) 242-5968 Collins & Collins, P.C.

- 3. That she had gone into remission for her Sezary Syndrome but due to the gross neglect and deliberate indifference to her severe medical condition by NMCD and its contractors, her health has declined significantly.
- 4. That she has experienced retaliation for seeking legal counsel including segregation

As noted above, we are filing a grievance now on the behalf of Ms. McBride to provide a record of your obstruction with and retaliation for Ms. McBride's attempted exhaustion of remedies.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Western New Mexico Correctional Facility, CoreCivic, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Ms. McBride during her incarceration at the Western New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Ms. McBride has been ignored.

Specifically, Ms. McBride suffers from Sezary Syndrome. This is an extremely serious health condition the symptoms and progression of which can be delayed and treated if appropriate medical attention is provided. Ms. McBride had gone into remission but due to prolonged negligence while in the custody of the NMCD she has now entered into late stage Sezary Syndrome.

The actions and inactions of NMCD, CoreCivic and Wexford constitute deliberate indifference of Ms. McBride's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Ms. McBride including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 2. All communications of whatsoever kind related to Ms. McBride and related to the #1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Ms. McBride.
- 3. Her complete, unredacted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing two completed informal complaints filed on behalf of Ms. McBride using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

PC/gtg

Cc: Rachel Berenson

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (on Retaliation)

1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

#### NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

Inmate Name: Treneeshia	S. McBride	NMCD#:	_53698		
Facility: WNMCF	HU/Cell # <u>WW5 N</u>	101A Date of I	ncident: On-	going Med	lical Care
Kelsey White, Officer Bac Secretary Alicia Tafoya-L	n to whom the complaint wa ca, Officer Denise Gonzales, Jucero, NMCD Adult Prisons puty General Counsel Brian I	Deputy Warden ' Director John G	Vincent Vig	il, Warden	James Yates, NMČD
for treatment of her condi- markedly. She is now Stag medical care. Necessary at 6, 2020. She is requesting as, to any outside medical	A	until her transfer nphoma. She has to as not been provid of New Mexico F nded by physician. has filed grievan	to the WNI filed multipled. The las Hospital for the distances on the manner.	MCF, but ye grievance t grievance appropriate tress and in atters add	which has deteriorated es seeking appropriate she filed was on June e medical care, as well juries she has suffered ressed below that have
	R1-	Da		1 21	
Constituent Signature:	1 4	Da	ite:	ن ر د	
Unit Manager/Chief of S Date Received:	ecurity/Designee Chief of Security/Designee	have reviewed th	ne above info	ormal comp	plaint and
Recommend:	() Resolution	() Reco	ommend for	mal grieva	nce
Explain:					· · · · · · · · · · · · · · · · · · ·
Staff Member:	/ Print / Sign			Date:	
Acknowledged by the sign	atures below, this informal co	omplaint is: Q Re	esolved	1	Unresolved
Unit Mgr/Chief of Security	y/Designee:			Date:	
Staff Witness:	Print / Sign			Data	
- Stall Willess.	/ Print / Sign				
Inmate:	Print / Sign			Date:	_
	Time, Sign				

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

## NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

NMCD#-

53698

Inmate Name: Treneeshia S. McBride

Facility: WNMCF	HU/Cell # <u>WW5 N</u>	101A Date of Incident: On-goin	g Retalation		
Kelsey White, Officer B Secretary Alicia Tafoya-	aca, Officer Denise Ĝonzales,	is filed against: Wexford and its M Deputy Warden Vincent Vigil, W is Director John Gay, NMCD Adu Fitzgerald.	Varden James Yates, NMCD		
for treatment of her cond CoreCivic and NMCD has on or about May 6, 2020 related the retaliation ag-	lition. She filed numerous me ave retaliated against Ms. McE ) for 10 days, Ms. McBride ha ainst her for filing medical gr in damages. Ms. McBride ha	suffers from Sezary Syndrome. She dical grievances for failure to pro- Bride in a number of ways including as suffered severe physical, psych ievances. For the distress and inju- s filed grievances on the matters	vide necessary medical care.  It is placing her in segregation liatric and emotional injuries uries she has suffered she is		
Constituent Signature:	11-	Date: 6.36.20			
Unit Manager/Chief of Date Received:	Security/Designee				
I,Unit Manage	tr/Chief of Security/Designee	have reviewed the above informa	l complaint and		
Recommend:	() Resolution () Recommend formal grievance				
Explain:					
Staff Member:	/ 	Dat	e:		
		omplaint is: Q Resolved			
Unit Mgr/Chief of Securi		Dat	e:		
Staff Witness:	Print / Sign	Dat	e:		
	Print / Sign / Print / Sign	Dat	re:		
	Print / Sign				

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

## **COLLINS & COLLINS, P.C.**

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

July 9, 2020

#### TORT CLAIMS NOTICE

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel c/o Chief Deputy General Counsel, Brian Fitzgerald New Mexico Corrections Department PO Box 27116 Santa Fe, NM 87502-0116 Via Fax only to (505)-827-8533 Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Robin Bourne CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031-1328 Via Fax only to (505) 383-3510

Our Client: Joseph Uresti (NMCD#: 71431)

Subject: Failure to follow medical recommendations Tort Claims Notice and Preservation of Evidence

Action: Tort Claims Notice, Spoliation and Deliberate Indifference Letter

Date: July 8, 2020 and on-going

## Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed by Mr. Joseph Uresti that he has previously filed medical grievances related to the neglect of his medical conditions. Mr. Uresti will be filing a grievance

directly as well but due to the propensity of NMCD to lose, misplace and/or destroy inmate grievances, grievances are being submitted on his behalf in accordance with NMCD policy to create a record for the Court when the time comes.

### Ms. Uresti reports the following:

- 1. That he was originally referred to an Orthopedic Surgeon while an inmate at the Otero County Prison Facility (OCPF) in 2014-15.
- 2. That he has repeatedly submitted that he be allowed to see an Orthopedic Surgeon during his incarceration at both the OCPF and the Central New Mexico Correctional Facility (CNMCF).
- 3. That he was seen by Dr. Rounceville at the Long-Term Care Unit (LTCU) at the CNMCF the weekend of June 27-28, 2020 and was referred to Dr. Patel for ortho evaluation. He further reports he has not yet been seen by Dr. Patel.
- 4. That the condition of both his right foot and ankle and his left foot have deteriorated markedly due to the gross neglect and deliberate indifference to his serious medical condition by NMCD and its contractors.
- 5. That his repeated requests for appropriate medical care, including health service requests and informal complaints, have been ignored.

As noted above, we are filing grievances now on the behalf of Mr. Uresti to provide a record of your obstruction of Mr. Uresti's attempted exhaustion of remedies.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to –4-27 regarding the actions and inaction of the Central New Mexico Correctional Facility, New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Mr. Uresti during his incarceration at the Central New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Mr. Uresti has been ignored.

The actions and inactions of NMCD, the State of New Mexico and Wexford constitute deliberate indifference of Mr. Uresti's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### **Preservation of Evidence:**

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr, Uresti including:

- 1. All medical records, sick call slips, medical grievances, photographs, videos, investigative files, communications, audit trails, audit log files, reports or any other documents and evidence.
- 2. All communications of whatsoever kind related to Mr. Uresti and related to the #1 above and his medical care generally to include mail, emails, text, electronic messaging,

voicemails, memorandum or other communications related to the medical care of Mr. Uresti.

3. His complete, unreducted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing two completed informal complaints filed on behalf of Mr. Uresti using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

### /s/Parrish Collins

Parrish Collins PC/gtg

Cc: Rachel Berenson

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (on Food Trays)

1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

### **COLLINS & COLLINS, P.C.**

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

July 9, 2020

### TORT CLAIMS NOTICE

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel c/o Chief Deputy General Counsel, Brian Fitzgerald New Mexico Corrections Department PO Box 27116 Santa Fe, NM 87502-0116 Via Fax only to (505)-827-8533 Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Robin Bourne CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031-1328 Via Fax only to (505) 383-3510

Our Client: Joseph Uresti (NMCD#: 71431)

Subject: Failure to follow medical recommendations Tort Claims Notice and Preservation of Evidence

Action: Tort Claims Notice, Spoliation and Deliberate Indifference Letter

Date: July 8, 2020 and on-going

### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed by Mr. Joseph Uresti that he has previously filed medical grievances related to the neglect of his medical conditions. Mr. Uresti will be filing a grievance

directly as well but due to the propensity of NMCD to lose, misplace and/or destroy inmate grievances, grievances are being submitted on his behalf in accordance with NMCD policy to create a record for the Court when the time comes.

### Ms. Uresti reports the following:

- 1. That he was originally referred to an Orthopedic Surgeon while an inmate at the Otero County Prison Facility (OCPF) in 2014-15.
- 2. That he has repeatedly submitted that he be allowed to see an Orthopedic Surgeon during his incarceration at both the OCPF and the Central New Mexico Correctional Facility (CNMCF).
- 3. That he was seen by Dr. Rounceville at the Long-Term Care Unit (LTCU) at the CNMCF the weekend of June 27-28, 2020 and was referred to Dr. Patel for ortho evaluation. He further reports he has not yet been seen by Dr. Patel.
- 4. That the condition of both his right foot and ankle and his left foot have deteriorated markedly due to the gross neglect and deliberate indifference to his serious medical condition by NMCD and its contractors.
- 5. That his repeated requests for appropriate medical care, including health service requests and informal complaints, have been ignored.

As noted above, we are filing grievances now on the behalf of Mr. Uresti to provide a record of your obstruction of Mr. Uresti's attempted exhaustion of remedies.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to –4-27 regarding the actions and inaction of the Central New Mexico Correctional Facility, New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Mr. Uresti during his incarceration at the Central New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Mr. Uresti has been ignored.

The actions and inactions of NMCD, the State of New Mexico and Wexford constitute deliberate indifference of Mr. Uresti's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### **Preservation of Evidence:**

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr, Uresti including:

- 1. All medical records, sick call slips, medical grievances, photographs, videos, investigative files, communications, audit trails, audit log files, reports or any other documents and evidence.
- 2. All communications of whatsoever kind related to Mr. Uresti and related to the #1 above and his medical care generally to include mail, emails, text, electronic messaging,

voicemails, memorandum or other communications related to the medical care of Mr. Uresti.

3. His complete, unreducted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing two completed informal complaints filed on behalf of Mr. Uresti using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

### /s/Parrish Collins

Parrish Collins PC/gtg

Cc: Rachel Berenson

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (on Food Trays)

1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

#### NEW MEXICO CORRECTIONS DEPARTMENT

### INMATE INFORMAL COMPLAINT

Inmate Name: <u>Joseph Uresti</u>		NMCD#: .	714	31	
Facility: <u>CNMCF</u>					ing Medical Care
Name of subject or person to v Craig Cole, Deputy Warden Mil Tafoya-Lucero, NMCD Adult Chief Deputy General Counsel	ke Delatorre, Deputy War Prisons Director John G	rden Joe Lytle,	Warden l	Robin Bourne	, NMCD Secretary Al
Explain your complaint in detai an Orthopedic Surgeon. He was Otero County Prison Facility (Othe was seen by Dr. Rounceville has still not been seen by an Ort damage to his feet and ankles. I provided. Due to the injuries he	recommended to see an OCPF) and has made subtract at CNMCF and referral hopedic Surgeon. The lower teneds to be seen by an	Orthopedic Surbsequent, repeated was made to long and sustained Orthopedic Surbseque S	geon as of ed reque Or. Patelled d medica orgeon an	early as 2014- ests. The week As of date of al negligence lad appropriate	15 while an inmate at tend of June 27-28, 2 f this filing, 7/8/2020 has resulted in irreparamedical care needs to
Constituent Signature: /s/Parris	<u>h Collins</u>		Date:	July 9, 2020	0
Unit Manager/Chief of Securi Date Received:	ty/Designee				
I,Unit Manager/Chief o	f Security/Designee	have reviewed	the abov	e informal co	emplaint and
Recommend:	() Resolution	() Re	ecommer	nd formal grie	vance
Explain:					
Staff Member:	/ /			Date:	
Acknowledged by the signature		_			Unresolved
Unit Mgr/Chief of Security/Des	ignee:			Date:	
Staff Witness:	Print / Sign				
Inmate:	Print / Sign			Date:	
	Print / Sign				

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

### NEW MEXICO CORRECTIONS DEPARTMENT

# INMATE INFORMAL COMPLAINT

Inmate Name: <u>Joseph Uresti</u>		NMCD#: 71431		
		TCU Date of Incid		Care
Services Management, LLC, Warden Robin Bourne, NM	, Unit Manager Craig C CD Secretary Alicia Ta	was filed against: Wexford a Cole, Deputy Warden Mike D afoya-Lucero, NMCD Adult hief Deputy General Counsel I	elatorre, Deputy Warder Prisons Director John C	n Joe Lytle
and carbohydrates. The tray great risk of COVID due his to be placed on an appropriat	s put him at great risk d diabetes, compromised te diet for his condition. Images for the injury he	trays provided to Mr. Uresti at ue to his severe diabetic condi- immune system and high bloo. In the event that a proper dia has sustained as a result of the edical condition.	tion. The food trays also d pressure. Mr. Uresti i betic food tray is not pro	o put him a s requesting ovided, he is
Constituent Signature: /s/Par	rish Collins	Date: <u>July 9, 2020</u>		
Unit Manager/Chief of Secondary Received:	urity/Designee			
ſ.		have reviewed the above	informal complaint and	
Unit Manager/Chi	ef of Security/Designee	have reviewed the above		
Recommend:	() Resolution	() Recommend	formal grievance	
Explain:				_
Staff Member:	Driet / Simo		Date:	
	riiit / Sigii			
Acknowledged by the signat	ures below, this informa	al complaint is: Q Resolved	Unresolve	d
Unit Mgr/Chief of Security/I	Designee:		Date:	
Staff Witness:	Print / Sign		Date:	
	Print / Sign		Date:	
unnaw	Print / Sign		Daic	

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

<u>Inmate must attach this document if the formal grievance is to be submitted.</u>

# Collins & Collins, P.C.

Attorneys at Law PO Box 506 Albuquerque, NM 87103-0506

July 23, 2020

#### TORT CLAIMS NOTICE

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel
c/o Chief Deputy General Counsel, Brian Fitzgerald
New Mexico Corrections Department
PO Box 27116
Santa Fe, NM 87502-0116
Via Fax only to (505)-827-8533

Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden James Yates WNMCF-CoreCivic P.O. Drawer 250 Grants, New Mexico 87020 Via Fax only to (505)-827-8200

Our Client: Melissa Folsom
Melissa Folsom v. New Mexico Corrections Department, CoreCivic, et.al.,
Inmate Medical Grievance and Grievance Obstruction
Tort Claims Notice and Preservation of Evidence
Date: July 17, 2020 (and on-going failure to treat HCV)

#### Gentlemen\Mesdames:

We are writing on behalf of the above-captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed by Ms. Melissa Folsom that she has attempted to file medical grievances. She reports that she has filed at least two grievances related to the neglect of her medical conditions. Ms. Folsom reports the following:

1. That she is not receiving treatment for Hepatitis C (HCV).

Telephone: (505) 242-5958 • Fax: (505) 242-5968

- 2. That she was tested and evaluated by Project ECHO and her condition has been deemed chronic.
- 3. That she has repeatedly been denied treatment for her HCV for disciplinary issues.
- 4. That she has not had a disciplinary infraction for a year but is still being denied treatment.
- 5. That due to the delay in treatment for HCV she has now developed liver disease.

As noted above, we are filing a grievance now on the behalf of Ms. Folsom to provide a record of your obstruction with Ms. Folsom's attempted exhaustion of remedies.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Western New Mexico Correctional Facility, CoreCivic, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Ms. Folsom during her incarceration at the Western New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Ms. Folsom has been ignored.

Specifically, Ms. Folsom suffers from HCV and Liver Disease. This is an extremely serious health condition the symptoms and progression of which can be delayed and treated if appropriate medical attention is provided.

The actions and inactions of NMCD, CoreCivic and Wexford constitute deliberate indifference of Ms. Folsom's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Ms. Folsom including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- All communications of whatsoever kind related to Ms. McBride and related to the #1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Ms. Folsom.
- 3. Her complete, unreducted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing a completed informal complaint filed on behalf of Ms. Folsom using form CD-

150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

PC/gtg

Cc: Rachel Berenson

Enclosure: 1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

### NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

Inmate Name: Melissa Folso	<u>om</u> NMCD#:	<u> 48142                                     </u>	_
Facility: WNMCF	HU/Cell #	Date of Incident: Failure to treat HCV	,
Kelsey White, Officer Baca	, Officer Denise Gonzal cero, NMCD Adult Pris	t was filed against: Wexford and its Medical Staff les, Deputy Warden Vincent Vigil, Warden James sons Director John Gay, NMCD Adult Prisons Di an Fitzgerald.	Yates, NMČI
RDC almost three years ago clinic and to be seen by Prinfractions. She has now no repeatedly asked for treatme	She was subsequently or coject ECHO Staff. How that any infractions found and continues to be do	was diagnosed with Hepatitis C (HCV) on her ent deemed to have a high enough viral load to qualify wever, treatment for her HCV was withheld due or approximately 12 months but still is not being t enied. For the distress and injury she has suffered s vances on the matters addressed and has received no	for chronic care to disciplinary reated. She has he is requesting
Constituent Signature:	RCL	Date: 7,23.20	
Unit Manager/Chief of Sec Date Received:	urity/Designee		
I,Unit Manager/Ch	ief of Security/Designee	have reviewed the above informal complaint a	nd
Recommend:	() Resolution	() Recommend formal grievance	
Explain:			
Staff Member:	/ Print/Sign	Date:	
		al complaint is: Q Resolved   Unreso	olved
Unit Mgr/Chief of Security/		Date:	
Staff Witness:	Print / Sign		
Inmate:	Print / Sign /	Date:	
	Print / Sign		

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Thursday, July 23, 2020 2:53 PM

To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 011859 Result: OK

End Time: Thu 23 Jul 2020 14:53:10

File Name: 7.23.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058272969

Thanks,

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Thursday, July 23, 2020 2:52 PM

To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 011858 Result: OK

End Time: Thu 23 Jul 2020 14:51:38

File Name: 7.23.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

\_\_\_\_\_

OK FAX 5058278533

Thanks,

----Original Message----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Thursday, July 23, 2020 2:50 PM

To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail Job No.: 011857 Result: OK

End Time: Thu 23 Jul 2020 14:50:19

File Name: 7.23.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058278533

Thanks,

# Collins & Collins, P.C.

Attorneys at Law PO Box 506 Albuquerque, NM 87103-0506 August 20, 2020

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel c/o Chief Deputy General Counsel, Brian Fitzgerald New Mexico Corrections Department PO Box 27116 Santa Fe, NM 87502-0116 Via Fax only to (505)-827-8533 Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden James Yates WNMCF-CoreCivic P.O. Drawer 250 Grants, New Mexico 87020 Via USPS only

Our Client: Sandra Vasquez Garcia (NMCD 51063)
Sandra Vasquez Garcia v. New Mexico Corrections Department, CoreCivic, et.al.,
Inmate Medical Grievances and Grievance Obstruction
Tort Claims Notice and Preservation of Evidence

### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed by Ms. Sandra Vasquez-Garcia that she has attempted to file medical grievances. She reports that she has filed multiple grievances related to the neglect of her medical conditions. Ms. Vasquez Garcia reports the following:

First, Ms. Vasquez Garcia has not received any responses to her informal complaints that we addressed in our previous letter of November 25, 2019. The complaints related to the food tray that she is being fed daily that is all carbs and toxic to a diabetic. She also complained about her worsening eyesight which was diagnosed by Eye Associates. The food tray no doubt plays a role in her worsening diabetes and loss of her vision.

Telephone: (60f) 242-5958, P.Fax: (505) 242-5968

Since our last letter, her condition has continued to deteriorate. She now reports that her legs are grossly swollen. She has been complaining about severe head and ear pain since June. She saw Dr. Sharpton about these issues. Using his stethoscope, he determined that her lungs had fluid in them. He then told her that this was an early sign of heart failure. He checked her ears and determined she had fluid in her ears as well. She was given antibiotics and Lasix for leg swelling and presumably for the fluid in her lungs. However, no diagnostics were conducted other than cursory inspection of her lungs and ears. More concerning, rather than send Ms. Vasquez Garcia to a heart specialist to determine if she was suffering heart failure, Dr. Sharpton told her he would check on her in a week.

The failure to take her conditions, diabetes, gross swelling in the legs, fluid on the lungs, worsening vision and ongoing severe pain represents deliberate indifference to her medical needs. Ms. Vasquez Garcia needs to be seen by a specialist right away. The only possible explanation for not sending her out given Dr. Sharpton's diagnosis of heart failure is monetary which further illustrates deliberate indifference. Please instruct Wexford for whom NMCD is responsible to send Ms. Vasquez Garcia to a heart specialist immediately.

Ms. Vasquez Garcia is filing informal complaints on the above issues. We are attaching our own on behalf of Ms. Vasquez Garcia as a "constituent" pursuant to NMCD policy CD-150501.3.

As noted above, we are filing a grievance now on the behalf of Ms. Vasquez Garcia to provide a record of your obstruction with and retaliation for Ms. Vasquez Garcia's attempted exhaustion of remedies.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Western New Mexico Correctional Facility, CoreCivic, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Ms. Vasquez Garcia during her incarceration at the Western New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Ms. Vasquez Garcia has been ignored.

The actions and inactions of NMCD, CoreCivic and Wexford constitute deliberate indifference of Ms. Vasquez Garcia's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Ms. Vasquez Garcia including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- All communications of whatsoever kind related to Ms. Vasquez Garca and related to the

#1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Ms. Vasquez Garcia.

3. Her complete, unredacted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing two completed informal complaints filed on behalf of Ms. Vasquez Garcia using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins PC/gtg

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (Diabetic Food Trays)

1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

### NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

Inmate Name: Sandra Vasquez Garcia		NMCD#: _	51063			
Facility: WNMCFHU/Ce	ll # <u>Unit 3/106</u>	Date of In	cident:	August 19,	2020	
Name of subject or person to whom the c Deputy Warden Vincent Vigil, Warden Jan Director John Gay, NMCD Adult Prisons Fitzgerald.	nes Yates, NMO	CD Secretar	y Alicia T	afoya-Lucer	o, NMCD Adult Pris	sons
Explain your complaint in detail: Sandra provided that are commensurate to the man on multiple occasions and still is receiving This negligence has resulted in permanent cardiovascular system. Ms. Vasquez is requand is demanding \$10,000,000 in damages	agement of her I a dietary allocat damage to her desting provision	Diabetes Me ion that is h eyesight, di n of proper o	Ilitus. She igh in carb abetic neu lietary allo	has filed infohydrates and ropathy and cations appropriately	ormal complaints on nd toxic for any diab potential damage to	this etic. her
Constituent Signature:		_ Date:	8.20	:.2c		
Unit Manager/Chief of Security/Designed Date Received:	•					
I,Unit Manager/Chief of Security/Design	hav	e reviewed	the above	informal co	mplaint and	
Recommend: () Resolu	tion	() Re	ecommend	formal grie	vance	
Explain:						
Staff Member:	/ Print / Sign			Date:		
Acknowledged by the signatures below, thi	s informal comp	laint is: Q	Resolved		Unresolved	
Unit Mgr/Chief of Security/Designee:				Date:		
	Print / Sign					
Inmate:	Print / Sign			Date:		
	Print / Sign					

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

### NEW MEXICO CORRECTIONS DEPARTMENT

## **INMATE INFORMAL COMPLAINT**

	uez Garcia		
Facility: WNMCF	HU/Cell # <u>Unit</u> 3/106	_ Date of Incident:	August 19, 2020
Deputy Warden Vincent V	igil, Warden James Yates, NM	ICD Secretary Alicia T	and its Medical Staff, Dr. Sharpton, afoya-Lucero, NMCD Adult Prisons Chief Deputy General Counsel Brian
2020 and she has repeatedly doctor that she would be p Additionally, she was told by Dr. Sharpton on August breathing and a cursory example.	y asked for help. She also has e rescribed water pills and it wa she had a serious sinus infection 19, 2020. However, the only o	xperienced severe eden s also mentioned that s on and was placed on a diagnostics conducted v quez Garcia needs to s	e headaches and earaches since June, ha in her legs. She was advised by the she might have issues with her heart, ntibiotics. She was finally seen again were using a stethoscope to check her ee a heart specialist immediately and 10,000,000 in damages.
Constituent Signature:	RL	Date: 8.2c.	<b>्र</b> ट
Unit Manager/Chief of Se Date Received:			
I,Unit Manager/C	hief of Security/Designee	ave reviewed the above	informal complaint and
Recommend:	() Resolution		I formal grievance
Explain:			
Staff Member:	/ Print / Sign		Date:
Acknowledged by the signa	atures below, this informal con	plaint is: Q Resolved	Unresolved
Unit Mgr/Chief of Security			Date:
Staff Witness:	Print / Sign		
Inmate:	Print / Sign /		
	Print / Sign		

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

### COLLINS & COLLINS, P.C.

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5968
Fax (505) 242-5968

December 15, 2020

### NOTICE OF TORT CLAIM

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel
c/o Chief Deputy General Counsel, Brian Fitzgerald
New Mexico Corrections Department
PO Box 27116
Santa Fe, NM 87502-0116
Via Fax only to (505)-827-8533

Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Robin Bourne CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031 Via Fax only to (505)-383-3510

Our Client: Dominick Mora-Solis

Subject: Inmate Medical Grievance, Tort Claims Notice and Preservation of Evidence

Date of Incidence: December 11, 2020

### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD and CoreCivic. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed that Mr. Dominick Mora-Solis was taken by emergency transport from the Central New Mexico Correctional Facility's (CNMCF) Long-Term Care Unit (LTCU) to an outside, as yet undisclosed, medical facility on December 11, 2020 and that he has contracted Covid-19.

The New Mexico Corrections Department (NMCD) and its private contract medical provider, Wexford Health Sources, are well aware of Dominick Mora-Solis's many and severe underlying health conditions. Comorbidities such as Hepatitis C (HCV) and recurrent Sacral Decubitis and Sepsis place Mr. Mora-Solis at heightened risk for Covid-19 and such conditions should have provided cause for ensuring that every precaution should have been undertaken to protect him from infection. However, that was not the case.

Mr. Mora-Solis had requested to speak with his attorney and a request to set up a legal call with attorney Parrish Collins was submitted on December 8, 2020. The call was scheduled but then cancelled on December 10, 2020 due to the LTCU being placed on lock-down.

As noted above, we are filing a grievance now on the behalf of Mr. Mora-Solis to provide a record of your failure to undertake the basic measures needed to protect him.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Western New Mexico Correctional Facility, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Mr. Mora Solis during his incarceration at the Central New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Mr. Mora-Solis was ignored with severe consequences.

The actions and inactions of NMCD and Wexford Health Sources, Inc. constitute deliberate indifference of Mr. Mora Solis's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr. Mora-Solis including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 2. All communications of whatsoever kind related to Mr. Mora Solis and related to the #1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Mr. Mora Solis.

3. His complete, unreducted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing a completed informal complaint filed on behalf of Mr. Mora-Solis using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai
Robert Gentile
Julia Purdy
Mary Torres
Terry Guebert
Mary R. Martinez
Sabrina Rael

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

### NEW MEXICO CORRECTIONS DEPARTMENT

### **INMATE INFORMAL COMPLAINT**

Inmate Name: Dominick	Mora-Solis NMCD#:	: <u>83651</u>	
Facility: CNMCF	HU/Cell# LTCU	Date of Incident: December 11, 2020	
Correctional Facility (Clincluding HCV, recurrent failure to follow basic staindividuals within the Nesevere infections and haprovision of appropriate in the control of th	NMCF). His many underlying control decubities and sepsis and paraple and are some minimum of the minimum of the minimum of the management of the evacuated by emergency medical care for Mr. Mora-Solis results.	Long-Term Care Facility (LTCU) at the Central New Mean-morbidities are well-known to staff and well-documen degia making him highly vulnerable to Covid-19. Due to recommendations set in place to protect highly compromitions (NMCD) Mr. Mora-Solis contracted Covid-19 and of transport to an outside medical facility. The negligence represents deliberate indifference to his health and safety.	ted, the ised ther e in Mr.
Constituent Signature: _	RE, Attorne	Date: /2.15.20	_
Unit Manager/Chief of Date Received:	Security/Designee		
I,Unit Manago	h.	nave reviewed the above informal complaint and	
Recommend:	() Resolution	() Recommend formal grievance	
Explain:			
Staff Member:	/ Print / Sign	Date:	
	gnatures below, this informal com		
Unit Mgr/Chief of Secur		Date:	
Staff Witness:	Print / Sign / Print / Sign	Date:	
	Print/Sign /	Date:	
	Print / Sign		

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Tuesday, December 15, 2020 4:39 PM To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 013805 Result: OK

End Time: Tue 15 Dec 2020 16:38:33

File Name: 12.15.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058278533

Thanks,

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Tuesday, December 15, 2020 4:40 PM To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 013806 Result: OK

End Time: Tue 15 Dec 2020 16:40:13

File Name: 12.15.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

-----

OK FAX 5058272969

Thanks,

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Tuesday, December 15, 2020 4:42 PM To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 013808 Result: OK End Time: Tue 15 Dec 2020 16:42:02

File Name: 12.15.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

\_\_\_\_\_

OK FAX 5058278533

Thanks,

----Original Message-----

From: ccapcscans@gmail.com <ccapcscans@gmail.com>

Sent: Tuesday, December 15, 2020 4:51 PM To: Guy Gambill <guy@collinsattorneys.com> Subject: TASKalfa 3212i Job end report mail

Job No.: 013807 Result: NG

End Time: Tue 15 Dec 2020 16:50:47

File Name: 12.15.20 TCN with Spoliation & Grievance filing.pdf

Category: Sending Jobs

Result Job Type Address

-----

NG FAX 5053833510

Thanks,

### **COLLINS & COLLINS, P.C.**

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

December 18, 2020

#### AMENDED NOTICE OF TORT CLAIM

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel c/o Chief Deputy General Counsel, Brian Fitzgerald New Mexico Corrections Department PO Box 27116 Santa Fe, NM 87502-0116 Via Fax only to (505)-827-8533 Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Robin Bourne CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031 Via Fax only to (505)-383-3510

Our Client: Dominick Mora-Solis

Subject: Inmate Medical Grievance, Tort Claims Notice and Preservation of Evidence

Date of Incidence: December 11, 2020

### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. We have been informed by many inmates, including clients and non-clients of the ongoing obstruction of the medical grievance process by NMCD. As such, we are now preparing grievances for each and every inmate who contacts us with medical issues. I understand that NMCD has taken the position, contrary to NMCD's own policies, that attorneys cannot file grievances on behalf of an inmate. However, we intend to make a record of NMCD's obstruction, interference and destruction of grievances.

To that end, we have been informed that Mr. Dominick Mora-Solis was taken by emergency transport from the Central New Mexico Correctional Facility's (CNMCF) Long-Term Care Unit (LTCU) to an outside, as yet undisclosed, medical facility on December 11, 2020 and that he has contracted Covid-19.

The New Mexico Corrections Department (NMCD) and its private contract medical provider, Wexford Health Sources, are well aware of Dominick Mora-Solis's many and severe underlying health conditions. Comorbidities such as Hepatitis C (HCV) and recurrent Sacral Decubitis and Sepsis place Mr. Mora-Solis at heightened risk for Covid-19 and such conditions should have provided cause for ensuring that every precaution should have been undertaken to protect him from infection. However, that was not the case.

Mr. Mora-Solis had requested to speak with his attorney and a request to set up a legal call with attorney Parrish Collins was submitted on December 8, 2020. The call was scheduled but then cancelled on December 10, 2020 due to the LTCU being placed on lock-down.

As noted above, we are filing a grievance now on the behalf of Mr. Mora-Solis to provide a record of your failure to undertake the basic measures needed to protect him.

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Central New Mexico Correctional Facility (CNMCF), the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) in their negligence related to their failure to provide proper medical care to Mr. Mora Solis during his incarceration at the Central New Mexico Correctional Facility. Despite repeated requests for appropriate medical attention and care, Mr. Mora-Solis was ignored with severe consequences.

The actions and inactions of NMCD and Wexford Health Sources, Inc. constitute deliberate indifference of Mr. Mora Solis's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### **Preservation of Evidence:**

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr. Mora-Solis including:

- 1. All medical records, sick call slips, medical grievances, photographs, videos, investigative files, communications, audit trails, audit log files, reports or any other documents and evidence.
- 2. All communications of whatsoever kind related to Mr. Mora Solis and related to the #1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Mr. Mora Solis.

3. His complete, unreducted inmate file including all disciplinary records and a full location history.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing a completed informal complaint filed on behalf of Mr. Mora-Solis using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

### /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai
Robert Gentile
Julia Purdy
Mary Torres
Terry Guebert
Mary R. Martinez
Sabrina Rael

Enclosures: 1 Completed Informal Complaint Form CD-150501.3 (Medical Care)

#### COLLINS & COLLINS, P.C.

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

January 19, 2021

#### NOTICE OF TORT CLAIM

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel
c/o Chief Deputy General Counsel, Brian Fitzgerald
New Mexico Corrections Department
PO Box 27116
Santa Fe, NM 87502-0116
Via Fax only to (505)-827-8533

Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Dwayne Santistevan LCCF 6900 West Millen Hobbs, NM 88244 Via Fax only to (505)-383-3510

Our Client: Derek Duarte (NMCD 70426)

Subject: Failure to treat Chronic Hepatitis C (HCV) and Acute Abdominal Pain

Defendants: NMCD and Wexford Health Services, and their employees, staff and agents

Date of Incidence: December 28, 2020 and on-going

Location of Interest: Lea County Correctional Facility (LCCF)

#### Tort Claims Notice and Preservation of Evidence

#### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the Lea County Correctional Facility, GEO Group, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) for the reckless, grossly indifferent disregard for the health and safety of Derek Duarte outlined below.

We have been informed by our client, Derek Duarte, that he has repeatedly requested medical attention for severe abdominal pain and for chronic Hepatitis C (HCV) over the course of the last six months. On June 13, 2020 he first reported severe abdominal pain in his lower left quadrant. By June 20, 2020 the pain had become acute and that it had spread downward into his legs. On June 30, 2020 he was unable to walk and this condition persisted until July 30, 2020. On August 26, 2020 he was finally taken to the hospital in Hobbs where an MRI was conducted. He was advised that he had a bowel obstruction and was prescribed laxatives. However, he reports that acute abdominal pain persists, and he continues to experience great difficulty walking.

Furthermore, Mr. Duarte reports that he was diagnosed with chronic Hepatitis C (HCV) and despite repeated requests for appropriate medical attention and treatment, but his requests have been ignored. He If these reports are true, the reckless disregard and deliberate indifference to the health and safety of Mr. Duarte should be immediately addressed.

The actions and inactions of NMCD and Wexford Health Sources, Inc. constitute deliberate indifference of Mr. Derek Duarte's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr. Derek Duarte including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative files, communications, audit trails, audit log files, reports or any other documents and evidence.
- 2. All communications of whatsoever kind related to Mr. Derek Duarte and related to the #I above and his medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum, or other communications related to the medical care of Mr. Derek Duarte.
- 3. His complete, unreducted inmate file including all disciplinary records and a full location history.
- 4. All recorded phone calls, incoming or outgoing, to which Mr. Derek Duarte was a party made at any time prior to today's date.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing a completed informal complaint filed on behalf of Mr. Mora-Solis using form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

# /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai
Robert Gentile
Julia Purdy
Terry Guebert
Moriama Valeriano

### NEW MEXICO CORRECTIONS DEPARTMENT

### INMATE INFORMAL COMPLAINT

Inmate Name: Derek Duarte	NMCD#: <u>(NMCD 7</u>	70426)	
Facility: LCCF-GEO Group	HU/Cell #	Date of Incident: January	19, 2021
experiencing acute abdomina requests for treatment of his of incrementally over the course medical facility to address his for his chronic Hepatitis C (I	Il pain and impairment of chronic Hepatitis C (HCV of months and is now unl s severe abdominal pain a HCV). The negligence in health and safety. Mr. Du	his ability to walk for over 6 m  ) and reports that his level of bearable. Mr. Duarte needs to be a his inability to walk. He fur provision of appropriate medi	nal Facility (LCCF), He has been nonths. He also has made repeated pain and discomfort has increased be taken immediately to an outside of their requires immediate treatment cal care for Mr. Duarte represents damages for the pain and suffering
Constituent Signature: /s/Pari	rish Collins Date: Janu	uary 19, 2021	
Unit Manager/Chief of Secu Date Received:	urity/Designee		
l,Unit Manager/Chic	of of Security/Designee	have reviewed the above int	formal complaint and
Recommend:	() Resolution	() Recommend fo	rmal grievance
Explain:			
Staff Member:	/ Print / Sign		_ Date:
Acknowledged by the signatu	ares below, this informal of	complaint is: Q Resolved	Unresolved
Unit Mgr/Chief of Security/D	Designee:		_ Date:
Staff Witness:	Print / Sign		Date:
Inmate:	Print / Sign / Print / Sign		

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint Inmate must attach this document if the formal grievance is to be submitted.

### **COLLINS & COLLINS, P.C.**

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
(505) 242 5058 Few (505) 242

Telephone: (505) 242-5958 Fax (505) 242-5968

February 1, 2021

#### NOTICE OF TORT CLAIM

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel
c/o Chief Deputy General Counsel, Brian Fitzgerald
New Mexico Corrections Department
PO Box 27116
Santa Fe, NM 87502-0116
Via Fax only to (505)-827-8533

Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Warden Dwayne Santistevan LCCF 6900 West Millen Hobbs, New Mexico 88244 Via USPS only

RE: Manuel Guerra (#70647) v. State of New Mexico, New Mexico Corrections Department

(NMCD), Lea County Correctional Facility (LCCF), et al.

Date of Incident: On-going

### Tort Claims Notice and Preservation of Evidence

### Gentlemen\Mesdames:

We are writing on behalf of the above captioned client and matters. This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inaction of the New Mexico Correctional Facility, the New Mexico Corrections Department (NMCD) and the State of New Mexico (and their employees, staff contractors and other agents) for the reckless, grossly indifferent disregard for the health and safety of Manuel Guerra outlined below.

We have been informed by our client that he was diagnosed with Chronic Hepatitis C (HCV) in 2019 and it was recommended that he have full liver testing and diagnostics performed and that he be matriculated in Project ECHO for treatment of his chronic Hepatitis C. Nearly two years

later and as of the date of this notice, neither of these has occurred in spite of the submission of multiple health service requests. Mr. Guerra further reports that he has experienced marked deterioration in his eyesight due to poor management of his Diabetes Mellitus. He also reports having submitted multiple health service requests to address this issue, but again his requests have been ignored.

The actions and inactions of NMCD and Wexford Health Sources, Inc. constitute deliberate indifference of Mr. Manuel Guerra's very serious medical needs and cruel and unusual punishment under both NM and federal law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr. Guerra including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 2. All communications of whatsoever kind related to Mr. Guerra and related to the #1 above and her medical care generally to include mail, emails, text, electronic messaging, voicemails, memoranda, or other communications related to the medical care of Mr. Guerra.
- 3. His complete, unredacted inmate file including all disciplinary records and a full location history.
- 4. All recorded phone calls, incoming or outgoing, to which Mr. Guerra was a party made at any time prior to today's date.

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

We are enclosing two completed informal complaints filed on behalf of Mr. Guerrausing form CD-150501.3 and in accordance with NMCD policy.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

### /s/Parrish Collins

Parrish Collins PC/gtg

Cc: David Ketai Robert Gentile

### NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

Inmate Name: Manuel (	Guerra NMCD#:	70647		
Facility: <u>Lea County C</u>	Correctional Facility (LCCF)	HU/Cell#	Date of Incident: _Januar	y 29, 2021
Guerra reports that he chronic diabetes whic	has submitted multiple heal h has resulted in severe dete and permanent injury due to	th service rioration in	ing this informal complaint or requests due to the mismanage this vision. His requests have negligence, he is requesting \$	gement of his e been ignored. As
Constituent Signature:	/s/Parrish Collins PARRISH COLLINS		Date: February 1, 202	21
Unit Manager/Chief of Date Received:	f Security/Designee			
I,Unit Mana	ger/Chief of Security/Designee	have revi	ewed the above informal compl	aint and
Recommend:	() Resolution		() Recommend formal grievand	ce
Explain:				
Staff Member:	/ Print / Sign		Date:	
Acknowledged by the s	ignatures below, this informal	complaint is	s: Q Resolved	nresolved
Unit Mgr/Chief of Secu			Date:	
Staff Witness:	Print / Sign / /		Date:	
Inmate:	Print / Sign / Print / Sign		Date:	

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

### NEW MEXICO CORRECTIONS DEPARTMENT

# **INMATE INFORMAL COMPLAINT**

Inmate Name: Manuel C	Guerra NMCD#:	70647		
Facility: <u>Lea County C</u>	orrectional Facility (LCCF) H	U/Cell # Date of	f Incident: <u>Jan</u>	uary 29, 2021_
2019, it was recommended and staff. In spite been seen by Project E	the attorney for Mr. Guerra a nded that Mr. Guerra be sent of this recommendation Mr. ECHO Staff. As a result of the ermanent injury and he is recommendation.	for liver testing and of Guerra hasn't receive is continuing medical	enrollment in I ed appropriate negligence, M	Project ECHO by testing nor has he Ir. Guerra has
Constituent Signature: _	/s/Parrish Collins PARRISH COLLINS	Date: <u>Fel</u>	bruary 1, 2021_	
Unit Manager/Chief of Date Received:	Security/Designee			
I,Unit Manag	ger/Chief of Security/Designee	have reviewed the abo	ve informal cor	mplaint and
Recommend:	() Resolution	() Recomme	end formal griev	rance
Explain:				
Staff Member:	/ Print / Sign		Date:	
Acknowledged by the si	gnatures below, this informal c	omplaint is: Q Resolve	ed	Unresolved
Unit Mgr/Chief of Secu	•		Date:	
Staff Witness:	Print / Sign / Print / Sign		Date:	
Inmate:	Print / Sign Print / Sign		Date:	

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

At time of resolution-the inmate must be given a copy of the completed copy of the Informal Complaint

Inmate must attach this document if the formal grievance is to be submitted.

## COLLINS & COLLINS, P.C.

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

March 18, 2021

New Mexico Corrections Department P. O. Box 27116 Santa Fe, NM 87502-0116 Via Fax to only (505) 827-8533

Office of General Counsel
Brian Fitzgerald
New Mexico Corrections Department
PO Box 27116
Santa Fe, NM 87502-0116
Via Fax only to (505)-827-8533

Risk Management Claims Bureau P.O. Box 6850 Santa Fe, NM 87502 Via Fax only to (505) 827-2969

Robin Bourne, Warden CNMCF P.O. Box 1328 Los Lunas, NM 87031-1328 Via USPS only

Re: Subject: Adrian Chacon (NMCD 87094)

Date of Incident: March 18, 2021 and on-going

Location: Central New Mexico Correctional Facility (CNMCF)

Violations of Law: Failure to treat infection & Deliberate

Indifference to Health and Safety

### Gentlemen\Mesdames:

This letter is intended to provide written notice to the above captioned parties under the Tort Claims Act, NMSA 1978, §§ 41-4-1 to -4-27 regarding the actions and inactions of the Western New Mexico Correctional Facility its employees, staff contractors and other agents in their failure to treat Mr. Adrian Chacon for injuries to his arm and related conditions.

#### Facts

Adrian Chacon has an ongoing infection in his arm that has persisted due to the actions and inactions of both NMCD and Wexford Health Sources. He was taken to UNMH for surgery where the infection was addressed, and his arm was repaired to the degree possible. He reports that he has been placed in segregation in retaliation for seeking legal assistance. He further reports that he has been denied grievance forms and was told that there were no appeal forms. Mr. Chacon has filed numerous grievances for his ongoing arm infection, failure to

March 18, 2021 Adrian Chacon Page 2

protect him from COVID-19 which he suffered along with pneumonia which almost took his life, and he has grieved the fact that his grievances are ignored. These are all matters that are actionable under the Tort Claims Act and we continue to investigate his claims.

Mr. Chacon also reports that he suffers severe mental health issues including Schizophrenia, Bipolar Disorder and PTSD. He states that he has not been allowed access to mental health professionals. He indicates that he has severe episodes where he hallucinates, seeing and talking to people that are not there, and that he has emotional outbursts related to his mental health for which he is punished. Upon requesting mental health assistance, he reported that a correctional officer told him there was nobody available to help him and if he wanted help, he should attempt suicide.

Mr. Chacon also reports that he was allowed to call from room 201 which he described as an isolation room. He further indicated that the door was closed and that it did not appear that anyone was monitoring the call. This is progress over prior issues with the privacy of calls with our clients. However, both Mr. Chacon and I heard repeated clicking on the phone which can be indicative of a call being monitored and/or recorded. Please preserve any recordings of the call between our office and any inmate from room 201 or otherwise for the last 6 months.

If true, the above behavior of NMCD, Wexford and their respective employees, staff and agents constitute deliberate indifference to the medical needs of Mr. Chacon and are clearly violative of Mr. Chacon's constitutional rights under both federal and New Mexico law.

#### Preservation of Evidence:

Under sanction of spoliation of evidence, please preserve all documents and communications related to the medical care of Mr. Chacon including:

- All medical records, sick call slips, medical grievances, photographs, videos, investigative
  files, communications, audit trails, audit log files, reports or any other documents and
  evidence.
- 2. All communications of whatsoever kind related to Mr. Chacon and related to the #1 above and his medical care generally to include mail, emails, text, electronic messaging, voicemails, memorandum or other communications related to the medical care of Mr. Chacon
- 3. His complete, unredacted inmate file including all disciplinary records and a full location history.
- 4. All recorded phone calls to which Mr. Chacon was a party from October 18, 2020 to the present.

March 18, 2021 Adrian Chacon Page 3

Please also preserve all of the items above in the original electronic format in which they are entered, created, stored, maintained and archived.

Please contact us should you have any questions. Thank you for your consideration of this matter.

Sincerely,

COLLINS & COLLINS, P.C.

## /s/Parrish Collins

Parrish Collins

PC/gtg

#### NEW MEXICO CORRECTIONS DEPARTMENT

#### **INMATE INFORMAL COMPLAINT**

Inmate Name: Adrian Chacon NMCD#: (NMCD 70426)	
Facility: CNMCF HU/Cell # LTCU Date of Incident: March 18, 202	1 and on-going
Mr. Chacon also reports that he suffers severe mental health issues includ PTSD. He states that he has not been allowed access to mental health profesevere episodes where he hallucinates, seeing and talking to people that are no outbursts related to his mental health for which he punished. He states that officer to attempt suicide if he needed psychiatric care. He has made requestaff, Unit Manager, Grievance Officer and Correctional Officers working with financial compensation in the amount of \$20,000,000 to resolve this matter.	fessionals. He indicates that he t there and that he has emotional
Constituent Signature: /s/Parrish Collins Date: March 18, 2021	
Unit Manager/Chief of Security/Designee	
Date Received:	
I, have reviewed the above in	formal complaint and
Recommend: () Resolution () Recommend for	ormal grievance
Explain:	
Staff Member: / Print / Sign	Date:
Acknowledged by the signatures below, this informal complaint is: Q Resolved	Unresolved
Unit Mgr/Chief of Security/Designee:	Date:
Print / Sign	
Staff Witness:	Date:
Print / Sign	

If this informal complaint could not be resolved, the inmate may pursue a formal grievance within 5 working days of the date of resolution.

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#### NEW MEXICO CORRECTIONS DEPARTMENT

### **INMATE INFORMAL COMPLAINT**

Inmate Name: Adrian Chaco	<u>n_NMCD#:(NMC</u>	D 70426)	
Facility: CNMCFHU/Ce	II# <u>LTCU</u>	Date of Incident: March 18, 2021	and on-going
NMCD and Wexford, and and his arm was repaired to for seeking legal assistance no appeals forms. He has from COVID-19 which he fact that his grievances are	their staff. He was ta the degree possible. It e. He reports that he has filed numerous griev suffered along with particular ignored. He has mad- ce and correctional of	ken to UNMH for surgery when the reports that he has been plands been denied grievance for vances for his ongoing arm in the present took are repeated requests for appropagates, as well as, the Unit Managery.	ne actions and inactions of botere the infection was addressed and in segregation in retaliations and was told that there wernfection, failure to protect his life, and he has grieved the briate care for his arm infection Manager. Mr. Chacon request
Constituent Signature: /s/Pt	irrish Collins	Date: <u>March 18, 2021</u>	
Unit Manager/Chief of Secondate Received:	urity/Designee		
I,Unit Manager/Chi	ef of Security/Designee	have reviewed the above inf	formal complaint and
Recommend:	() Resolution	() Recommend for	rmal grievance
Explain:			
Staff Member:	Print / Sign		_Date:
Acknowledged by the signature	ures below, this informa	al complaint is: Q Resolved	l Unresolved
Unit Mgr/Chief of Security/[	Designee:		_ Date:
Staff Witness:	Print / Sign / /		_ Date:
Inmate:	Print / Sign / /	M. 11.	Date:
	_	ed, the inmate may pursue a fo	

working days of the date of resolution.

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Inmate must attach this document if the formal grievance is to be submitted.

Date/Time 08/20/2020 07:35 OFFENDER PHYSICAL LOCATION HISTORY

Page 1 of 2

NMCD# 66837 Offender Name MIERA, GABRIEL AGUSTUS

Start Date/Time	End Date/Time	Location	Entered By	Entry Date
06/22/2020 19:43		RDB 4BED 439	sandf742	06/22/2020
06/22/2020 15:38	06/22/2020 19:43	ST VINCENT HOSP SF	martn505	06/22/2020
	06/22/2020 15:38		wellb015	05/28/2020
	05/28/2020 14:16		godfs88	12/16/2019
	12/16/2019 15:50		godfs88	09/10/2019
	09/10/2019 16:48		espig333	09/10/2019
	09/10/2019 04:53		martg670	08/16/2019
		TO CENTRAL NMCF	ulibt919	08/16/2019
	08/16/2019 08:35		lopej671	08/14/2019
	08/14/2019 15:50		wellb015	08/14/2019
	08/14/2019 15:11		marta632	06/13/2019
	06/13/2019 12:19		marta632	06/13/2019
	06/13/2019 10:31		marta632	04/18/2019
	04/18/2019 12:28		marta632	04/18/2019
	04/18/2019 10:11		marts057	04/17/2019
	04/17/2019 09:23		marts057	04/17/2019
	04/17/2019 07:19		marta632	03/13/2019
	03/13/2019 12:15		marta632	03/13/2019
	03/13/2019 09:59		marta632	03/07/2019
	03/07/2019 12:36		espig333	03/07/2019
	03/07/2019 04:42		jaram88	02/08/2019
	02/08/2019 13:16		romej457	02/06/2019
		TO CENTRAL NMCF	godfs88	02/06/2019
		ST VINCENT HOSP SF	marta632	01/02/2019
	01/02/2019 10:31		marta632	10/06/2018
	10/06/2018 14:25		soveo040	08/10/2018
	08/10/2018 12:42		espig333	08/10/2018
08/06/2018 20:35	08/10/2018 04:53	C1B F115 S	ruizr729	08/06/2018
08/06/2018 13:40	08/06/2018 20:35	TO CENTRAL NMCF	arela956	08/06/2018
02/28/2018 21:11	08/06/2018 13:40	HU2 E215 T	lccf0339	02/28/2018
02/27/2018 09:40	02/28/2018 21:11	HU1 A109 T	davic738	02/27/2018
02/15/2018 12:30	02/27/2018 09:40	HU1 A205 T	davic738	02/15/2018
02/15/2018 05:24	02/15/2018 12:30	TO LEA COUNTY CF	areld891	02/15/2018
01/19/2018 15:28	02/15/2018 05:24	C3A B115 S	padia318	01/19/2018
01/19/2018 14:08	01/19/2018 15:28	INT A101 B	padia318	01/19/2018
11/17/2014 10:11	02/02/2015 09:17	S3B U102 S	ortij002	11/17/2014
11/17/2014 07:56	11/17/2014 10:11	1ST DIST CRT-SANTA FE	ortij002	11/17/2014
11/04/2014 12:44	11/17/2014 07:56	S3B U102 S	montj857	11/04/2014
11/04/2014 09:55	11/04/2014 12:44	FUNERAL	ortij002	11/04/2014
10/21/2014 11:01	11/04/2014 09:55	S3B U102 S	grifc430	10/21/2014
10/21/2014 08:24	10/21/2014 11:01	S2B M109 S	grifc430	10/21/2014
10/21/2014 05:10	10/21/2014 08:24	TO PNM	padic643	10/21/2014
09/25/2014 17:42	10/21/2014 05:10	C5B D106 S	tafom432	09/25/2014
09/25/2014 11:29	09/25/2014 17:42	INT A102 F	martp046	09/25/2014
09/23/2014 10:14	09/25/2014 11:29	1ST DIST CRT-SANTA FE	curts341	09/23/2014
09/05/2014 14:12	09/23/2014 10:14	C5B D106 S	tafom432	09/05/2014
09/04/2014 18:14	09/05/2014 14:12	C3B D106 S	eastk735	09/04/2014
09/04/2014 12:02	09/04/2014 18:14	RDC - MENS INTAKE	oterp001	09/04/2014
09/04/2014 11:33	09/04/2014 12:02	INT A101 E	spenv44	09/04/2014
03/06/2014 11:17	05/29/2014 10:23	GU1 E117 T	gccf0314	03/06/2014
03/06/2014 10:44	03/06/2014 11:17	GU2 A106 T	gccf0314	03/06/2014
02/27/2014 11:15	03/06/2014 10:44	GU1 B209 B Collins & Collins, P.C.	gccf0314	02/27/2014

PEX 13, p. 1

Date/Time 08/20/20	020 07:35	OFFENDER PHYSICAL LOCATION HISTORY		Page 2 of 2
Start Date/Time	End Date/Time	Location	Entered By	Entry Date
02/27/2014 09:39	02/27/2014 11:15	GU2 C202 T	gccf0314	02/27/2014
02/25/2014 17:37	02/27/2014 09:39	GU1 B207 B	gccf0078	02/25/2014
02/25/2014 14:16	02/25/2014 17:37	TO GUADALUPE COUNTY CF	nedf0239	02/25/2014
02/19/2014 17:08	02/25/2014 14:16	NE3 B108 A	nedf0239	02/19/2014
02/19/2014 16:25	02/19/2014 17:08	NE1 E213 B	nedf0239	02/19/2014
02/19/2014 14:20	02/19/2014 16:25	TO NORTHEAST NM DF	sancm745	02/19/2014
02/19/2014 11:22	02/19/2014 14:20	SP3 ABED 316	gonzr770	02/19/2014
10/15/2013 11:14	02/19/2014 11:22	SP2 ABED 220	gonzr770	10/15/2013
03/26/2013 11:34	10/15/2013 11:14	SP2 ABED 219	roses368	03/26/2013
03/05/2013 16:52	03/26/2013 11:34	SP2 ABED 225	river640	03/05/2013
03/05/2013 10:43	03/05/2013 16:52	TO SPRINGER CC	gccf0314	03/05/2013
11/08/2012 09:31	03/05/2013 10:43	GU1 C104 T	gccf0314	11/08/2012
11/01/2012 09:32	11/08/2012 09:31	GU1 E217 B	gccf0314	11/01/2012
10/16/2012 09:12	11/01/2012 09:32	GU1 B214 T	gccf0314	10/16/2012
10/16/2012 05:15	10/16/2012 09:12	TO GUADALUPE COUNTY CF	padic643	10/16/2012
09/25/2012 09:31	10/16/2012 05:15	C2B E116 S	sedij001	09/25/2012
09/20/2012 15:30	09/25/2012 09:31	C2B F105 S	martg670	09/20/2012
09/20/2012 15:26	09/20/2012 15:30	RDC - MENS INTAKE	richs075	09/20/2012
09/20/2012 12:35	09/20/2012 15:26	INT A102 B	ewinr348	09/20/2012
08/06/2009 10:41	12/26/2009 09:44	GU2 B204 B	gccf0314	08/06/2009
07/27/2009 16:35	08/06/2009 10:41	GU2 A108 T	gccf0314	07/27/2009
07/26/2009 09:54	07/27/2009 16:35	1ST DIST CRT-SANTA FE	gccf0317	07/26/2009
04/30/2009 14:36	07/26/2009 09:54	GU2 D202 T	gccf0314	04/30/2009
04/16/2009 15:49	04/30/2009 14:36	GU1 B211 T	gccf0292	04/16/2009
04/16/2009 11:17	04/16/2009 15:49	GUI AR08 A	gccf0314	04/16/2009
04/16/2009 05:21	04/16/2009 11:17	TO GUADALUPE COUNTY CF	camps88	04/16/2009
03/28/2009 21:33	04/16/2009 05:21	C3A B114 S	huerr184	03/28/2009
03/24/2009 14:52	03/28/2009 21:33	C3A B105 S	martp046	03/24/2009
03/24/2009 10:35	03/24/2009 14:52	RDC	richs075	03/24/2009
03/24/2009 09:36	03/24/2009 10:35	INT A101 A	ewinr348	03/24/2009
03/23/2009 18:36	03/24/2009 09:36	C2A B102 S	tesiy96	03/23/2009
01/30/2009 16:14	01/30/2009 16:15	REG I SANTA FE IA	lccf0533	01/30/2009
01/07/2009 20:48	01/30/2009 16:14	HU2 C105 B	lccf0006	01/07/2009
12/29/2008 20:21	01/07/2009 20:48	HU2 C115HB	lccf0006	12/29/2008
12/29/2008 17:44	12/29/2008 20:21	HU2 C206 T	lccf0533	12/29/2008
12/13/2008 21:55	12/29/2008 17:44	HUM MM05 A	lccf0006	12/13/2008
08/15/2008 16:04	12/13/2008 21:55	HU2 C116 T	lccf0198	08/15/2008
07/31/2007 19:58	08/15/2008 16:04	HU2 A210 B	lccf0304	07/31/2007
07/30/2007 18:08	07/31/2007 19:58	HU4 C103 B	lccf0198	07/30/2007
07/30/2007 05:31	07/30/2007 18:08	TO LEA COUNTY CF	smitt547	07/30/2007
06/28/2007 19:22	07/30/2007 05:31	C2A A113 S	camps88	06/28/2007
06/28/2007 15:05	06/28/2007 19:22	RDC	richs075	06/28/2007
06/28/2007 12:18	06/28/2007 15:05	INT A105 F	hernx943	06/28/2007

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Chavez, Edward (28154)
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Chavez,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal -

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Chavez, Edward The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Edward Chavez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Chavez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

This will confirm our conversations in which you indicated that you wanted to be part of the lawsuit that Collins & Collins, P.C. (hereinafter referred to as "Attorneys"), will be filing against NMCD challenging the constitutionality of the NMCD Grievance System. Pursuant to our usual practice, we write to confirm the terms of our representation.

You have agreed to employ Attorneys for the limited purpose of challenging the constitutionality of the NMCD Grievance Process. Attorneys will not be representing you on any other legal matters absent a separate representation agreement related to those matters.

Our fee for prison cases is customarily (40%) of any settlement, verdict, or other recovery obtained on the above-captioned cause of action. However, we will be filing a Temporary Restraining Order and a Declaratory Action neither of which lead to compensation for the plaintiffs (in this case inmates). The most that can be recovered in these cases are attorney fees and costs.

Collins & Collins, P.C. will cover all costs and attorney fees associated with the lawsuit. You will not be responsible at all for any costs or attorney fees. In the event that attorney fees and costs are recovered, which is not certain, the attorney fees and costs will go strictly to Collins & Collins, P.C. to recover its attorney fees and costs.

To be clear, there is no possibility of any financial recover for you or any other inmate joining in the lawsuit. The goal is to have the Grievance System declared unconstitutional and to seek immediate relief so that the medical needs and medical grievances of inmates are properly addressed to protect the health and safety of inmates such as yourself.

Because there is no possibility of financial recovery, you need to decide whether to be involved in the lawsuit. Your decision should include consideration of possible retaliation by NMCD or its contractors for having joined the suit. As you know, this is a very real possibility. Unfortunately, if this does occur, there is

Edward Chavez January 27, 2021 Page 2

**EDWARD CHAVEZ** 

little that Collins & Collins, P.C. will be able to file in court that would stop the retaliation. So this is a very important decision on your part and you should not take it lightly.

If you do decide to be part of the lawsuit by returning this agreement to Collins & Collins, P.C., there are few other issues we should address as we do with all of our clients.

First, all communications with Attorneys concerning your claims are confidential and are protected from disclosure under special privilege rules. Please be aware that this privilege of confidentiality can be waived if you discuss communications with others. Please do not discuss the details of your case with anyone without first speaking with Attorneys. Specifically, DO NOT DISCUSS ANY CONVERSATIONS BETWEEN YOU AND YOUR ATTORNEY. This will result in a waiver of attorney-client privileges and could have extremely adverse consequences on your case. This means that you need to avoid speaking about your case on the recorded lines at the prison.

By signing below, you agree to fully disclose to Attorneys upon request all significant facts or circumstances of your case including but not limited to medical history, prior legal claims of any kind, criminal history, and physical health and medical conditions or status. Should you fail to fully disclose, lie or otherwise mislead Attorneys regarding any such significant facts or circumstances, Attorneys reserve the right to immediately withdraw from representation and remove you from the lawsuit.

By signing below, and initialing each page, you agree to the above terms and conditions, bind your heirs, executors and legal representatives to the terms and conditions, acknowledge that there are no other agreements between you and Attorneys, and acknowledge having read the above and having received a copy of this letter.

If we do not receive your signed retainer agreement back, we will not include you in the lawsuit. If you do want to be included in the lawsuit, unless you have done so already, please provide a written statement regarding your experience with medical grievances. Specifically, please provide detailed notes and a chronology/timeline of past medical grievances and the response of NMCD or its contractors to those medical grievances. If you have copies of any grievances and responses that you have filed, please forward them to our office. <u>DO NOT SEND YOUR ONLY COPY</u>. We have found that outgoing inmate mail has a tendency to get "lost" and you will be left without copies of important documents.

Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

Date

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Fernando Azofeifa (88200) The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Azofeifa,

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Thanks and we look forward to working with you!

Sincerely,

Guy Gambill
Paralegal

Attorneys at Law P. O. Box 506

Albuquerque, NM 87103 Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Fernando Azofeifa The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Fernando Azofeifa and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Azofeifa,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Fernando Azofeifa January 27, 2021 Page 2

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Thank you and we look forward to hearing from you.

Sincerely,	
COLLINS & COLLINS, P.C.	
Parrish Collins	_
THE ABOVE IS UNDERSTOOD AND AGREE	ED TO BY ME.
FERNANDO AZOFEIFA	Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

James Perez (33856) Southern New Mexico Correctional Facility P.O. Box 639 Las Cruces, New Mexico 88004-0639

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Perez,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

James Perez Southern New Mexico Correctional Facility P.O. Box 639 Las Cruces, New Mexico 88004-0639

Re: James Perez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Perez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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James Perez January 27, 2021 Page

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

JAMES PEREZ

Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5968
Fax (505) 242-5968

January 27, 2021

Joseph Torrez (63603)
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Torrez

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Joseph Torrez
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

Re: Joseph Torrez and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Torrez,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Joseph Torrez January 27, 2021 Page 2

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Thank you and we look forward to hearing from you.

Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

JOSEPH TORREZ

Date

Attorneys at Law P. O. Box 506 Albuquerque, NM 87103

Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Justin Casey (87878)
Southern New Mexico Correctional Facility
P.O. Box 639
Las Cruces, New Mexico 88004-0639

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Casey,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks, and we look forward to working with you!

Sincerely.

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Justin Casey Southern New Mexico Correctional Facility P.O. Box 639 Las Cruces, New Mexico 88004-0639

Re: Justin Casey and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Casey.

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Justin Casey January 27, 2021 Page

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

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FUSTIN CASEY

Date

Thank you and we look forward to hearing from you.

Attorneys at Law P. O. Box 506

Albuquerque, NM 87103 Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Leisha Henderson (33856) Springer Correctional Center P.O. Box 10 Springer, New Mexico 87747

RE: Constitutionality of NMCD Grievance Process

Dear Ms. Henderson,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

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Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

January 27, 2021

Leisha Henderson Springer Correctional Center P.O. Box 10 Springer, New Mexico 87747

Re: Leisha Henderson and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Ms. Henderson,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Leisha Henderson January 27, 2021 Page 2

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

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LEISHA HENDERSON

Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 2, 2021

Dominick Mora-Solis (NMCD #83651) CNMCF-LTCU P.O. Box 1328 Los Lunas, New Mexico 87031-1328

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Mora-Solis,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

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Guy Gambill

Paralegal ?

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 2, 2021

Dominick Mora-Solis CNMCF-LTCU P.O. Box 1328 Los Lunas, New Mexico 87031-1328

Re: Dominick Mora-Solis and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Mora-Solis,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Dominick Mora-Solis February 2, 2021 Page 2

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COLLINS & COLLINS, P.C.

Parrish Collins

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DOMINICK MORA-SOLIS

Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 2, 2021

Gerald Wilson (NMCD #80046) CoreCivic P.O. Box 800 Grants, New Mexico 87020

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Wilson,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns. Thank you.

Sincerely

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 2, 2021

Gerald Wilson CoreCivic P.O. Box 800 Grants, New Mexico 87020

Re: Gerald Wilson and Other NMCD Inmates v. NMCD
Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Wilson,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Because there is no possibility of financial recovery, you need to decide whether to be involved in the lawsuit. Your decision should include consideration of possible retaliation by NMCD or its contractors for

Gerald Wilson February 2, 2021 Page 2

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By signing below, and initialing each page, you agree to the above terms and conditions, bind your heirs, executors and legal representatives to the terms and conditions, acknowledge that there are no other agreements between you and Attorneys, and acknowledge having read the above and having received a copy of this letter.

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Thank you and we look forward to hearing from you.		
Sincerely,		
COLLINS & COLLINS, P.C.		
Parrish Collins		
THE ABOVE IS UNDERSTOOD AND AGREED TO BY	ME.	
GERALD WILSON	Date	

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 3, 2021

Vincent Martin (NMCD 51063) LCCF-The GEO Group, Inc 6900 West Millen Hobbs, New Mexico 88244

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Martin,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns. Thank you.

Sincerely,

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

February 2, 2021

Vincent Martin LCCF-The GEO Group, Inc 6900 West Millen Hobbs, New Mexico 88244

Re: Vincent Martin and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Martin,

TO BEGIN, IF IT APPEARS THAT THIS LETTER HAS BEEN OPENED OR TAMPERED WITH PRIOR TO YOUR RECEIPT, ASK FOR AN ATTORNEY CALL IMMEDIATELY.

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Vincent Martin February 3, 2021 Page 2

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Sincerely,

COLLINS & COLLINS, P.C.

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

VINCENT MARTIN

Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

March 15, 2021

Narendra Chand (NMCD 61877)
The Northeast New Mexico Correctional Facility
185 Dr. Michael Jenkins Road
Clayton, New Mexico 88415

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Chand,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

Thanks and we look forward to working with you!

Sincerely,

Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

March 15, 2021

Narendra Chand The Northeast New Mexico Correctional Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Re: Narendra Chand and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Chand,

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Narendra Chand March 15, 2021 Page 2

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COLLINS & COLLINS, P.C.	
Parrish Collins	
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NARENDRA CHAND	Date

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5958 Fax (505) 242-5968

April 8, 2021

Gabriel Miera (NMCD# 66837) CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031-1328

RE: Constitutionality of NMCD Grievance Process

Dear Mr. Miera,

Enclosed please a Retainer Agreement relating to the actions we're undertaking to challenge the Constitutionality of the NMCD Grievance process, as discussed. You need to sign and date at the bottom of the second page then return in the self-addressed, stamped envelope provided with this correspondence. Please do not hesitate to contact us with any question or concerns.

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Guy Gambill

Paralegal

Attorneys at Law
P. O. Box 506
Albuquerque, NM 87103
Telephone: (505) 242-5968

April 8, 2021

Gabriel Miera CNMCF P.O. Drawer 1328 Los Lunas, New Mexico 87031-1328

Re: Gabriel Miera and Other NMCD Inmates v. NMCD

Subject of Lawsuit: Constitutionality of NMCD Grievance Process

Dear Mr. Miera,

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Gabriel Miera April 8, 2021 Page 2

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Gabriel Miera April 8, 2021 Page 3	
Parrish Collins	
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GABRIEL MIERA	Date