

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 RESTRAINING 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:

## **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' EXHIBITS 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 use 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, ¶ 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. ¶ 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, ¶ 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, ¶¶ 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.

**PEX 1**, p. 4, ¶ C(3).

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.

**PEX 1**, p. 7, ¶ H 1-4.

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.

**PEX 2**, p. 5, ¶ D1.

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.

**PEX 1**, p.1, ¶ A 1-3.

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, ¶ 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, ¶ 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 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.

**PEX 2**, p. 2 ¶ 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, ¶ 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 in 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 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.

**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, ¶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 may pursue a formal grievance 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, ¶ 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, ¶A(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, ¶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.

**PEX 2**, p. 8, ¶ J(A).

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, ¶ 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, ¶ (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.

189. Counsel has sent numerous letters directly to NMCD's Office of General Counsel 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, ¶ 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 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.

260. 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 above-noted 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 NULLIFICATION 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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 <p><b>CD-150500</b></p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;">"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> <b>09/01/90</b> <b>EFFECTIVE DATE:</b> <b>09/01/90</b>	<b>REVIEWED:</b> <b>06/14/18</b> <b>REVISED:</b> <b>06/14/18</b>
	<b>TITLE:   Inmate Grievances</b>	

## 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*)

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

**DEFINITIONS:**

- A. Department: The New Mexico Corrections Department and contract employees.
- B. Emergency Grievance: 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. Exhaustion of Administrative Remedies: The completion of the grievance process through the Department-level appeal.
- D. Frivolous or Multiple Grievances: 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. Grievance: 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. Grievance Manager Administrator: 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. Grievance Officer: 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. Inmate: 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. Negligence: 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

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. Reprisal: 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. Sexual Misconduct: 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. Prison Rape Elimination Act (PREA): 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;

- 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 policy shall 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:**

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 I, 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-

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:**

1. 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:

- 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 provided 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.



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.

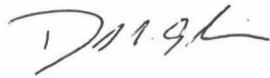
Inmates filing grievances for Department personnel sexual misconduct must mark the grievance form as "Emergency". All grievances for Department personnel sexual misconduct will be completed in an expedited manner with fairness and consistency. The Grievance Officer will notify the Warden or his

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.




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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

06/14/18

Date

 <p><b>CD-150501</b></p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;">"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> <b>09/01/90</b> <b>EFFECTIVE DATE:</b> <b>09/01/90</b>	<b>REVIEWED:</b> <b>06/14/18</b> <b>REVISED:</b> <b>06/14/18</b>
	<b>TITLE:   Inmate Grievances</b>	

**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 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.

- 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]**

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 expeditiously.
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 necessary information. 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

- 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

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 re-open 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

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.



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

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.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

06/14/18

Date

**NEW MEXICO CORRECTIONS DEPARTMENT  
INMATE GRIEVANCE**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Grievance File #: \_\_\_\_\_

Institution: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date Received by Grievance Officer: \_\_\_\_\_

Grievance Officer's Signature: \_\_\_\_\_

**INSTRUCTIONS:** It is expected that problems be resolved in an informal manner. Please read policy/procedure *CD-150500* before filing a grievance. Your grievance must be typed or clearly written so as to be readable after photocopying. The grievance must be filed with the Institutional Grievance Officer to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

**STEP 1 - Grievance:** Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Relief Requested:** \_\_\_\_\_

**STEP 2 – To Be Completed by the Grievance Officer:**

A. \_\_\_ your grievance is **accepted** for consideration.

B. \_\_\_ your 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 petition. (Submit individually.)
- \_\_\_ 5. The grievance is not timely.
- \_\_\_ 6. Other Specify: \_\_\_\_\_

Grievance Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT  
INMATE GRIEVANCE**

Grievance File #: \_\_\_\_\_

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**STEP 3 – Grievance Investigation and Recommendation:**

1. Witness Statement: (            )
2. Witness Statement: (            )
3. Grievance Officer Investigation Results and Recommendation

\_\_\_\_\_  
Grievance Officer's Signature

\_\_\_\_\_  
Date

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**STEP 4 – Decision of Warden/Designee:** Date received by Grievance Officer: \_\_\_\_\_

Denied (    )      Granted (    )      Dismissed (    )      Resolved (    )      Referred (    )

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

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**STEP 5 – Departmental Appeal:** (Return grievance to Grievance Officer for processing.)

**A. Reason for appeal:**

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received By Grievance Officer: \_\_\_\_\_

Date Sent to Grievance Coordinator: \_\_\_\_\_

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**B. Department Decision:**

\_\_\_\_\_  
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: \_\_\_\_\_

.....

**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: \_\_\_\_\_

.....

**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: \_\_\_\_\_

.....

**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: \_\_\_\_\_

.....

NEW MEXICO CORRECTIONS DEPARTMENT

**INMATE INFORMAL COMPLAINT**

Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Facility: \_\_\_\_\_ HU/Cell #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Name of subject or person to whom the complaint was filed against: \_\_\_\_\_

Explain your complaint in detail: \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Unit Manager/Chief of Security/Designee**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and

Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print / Sign

.....  
Acknowledged by the signatures below, this informal complaint is: ☐ Resolved ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Print / Sign

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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.**

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

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.
9. 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 **Plaintiff did not file any grievance** 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 withheld 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-Fenwal, 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 dead-end 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 00001-00006) 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.
3. 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.

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-and-

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*Attorneys for Plaintiff*



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:

Alfred A. Park  
James J. Grubel  
Geoffrey D. White  
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Corrections Department*

/s/ David S. Ketai

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# MEMORANDUM



Date: 7/11/18

To: Inmate Gerald Wilson #80046  
cc:

The GEO Group, Inc.  
GEO Corrections  
Guadalupe County Correctional Facility  
P.O. Box 520  
South Highway 54  
Santa Rosa, NM 88435  
www.geogroup.com

From: Krystal Rivera, Grievance Lieutenant

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

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 Grievance is considered resolved.

**RECOMMEND GRIEVANCE RESOLVED**

Krystal Rivera  
Grievance Officer's Signature

7/11/18  
Date

---

## STEP 4 - Decision of Warden/Designee:

Denied ( )      Granted ( )      Dismissed ( )      Resolved ☒      Referred ( )

[Signature]  
Signature

7/11/18  
Date

Date Returned to Inmate: 7/11/18

RECEIVED  
JUN 25 2018

Form CD-150501.1  
Revised 07/12/17 Page 1

BY: K. Rivera NEW MEXICO CORRECTIONS DEPARTMENT  
INMATE GRIEVANCE

Inmate's Name: Gerald Wilson NMCD#: 80046 Grievance File #: SR-18-06-02

Institution: GCCF Housing Unit: H1-D107 Date of Incident: 5-11-2018

Date Received by Grievance Officer: 6/25/18

Grievance Officer's Signature: K. Rivera

STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

(See attached paper for my written problems regarding my grievance...)

Inmate's Signature: Gerald Wilson Date: 6-7-2018

Relief Requested: My request of relief can't ~~determine~~ be determine 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 length of recovery...

STEP 2 - To Be Completed by the Grievance Officer:

- A. ☒ your grievance is accepted for consideration.
- B. ☐ your 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 petition. (Submit individually.)
  - ☐ 5. The grievance is not timely.
  - ☐ 6. Other Specify: \_\_\_\_\_

Grievance Officer's Signature: K. Rivera Date: 6/25/18

Page #1

on all my visits and the treatments they did. My back wasn't getting any better. I been in a wheelchair. I still kept going to medical almost everyday. Then on 05-18-2018 was told by medical that i had an infection so they gave me shots in the morning and night for 7 days. They also gave me another shot that gave me extreme mygrain(headaches) and was throwing up. ~~for~~ that went on for a couple days. And on the 7 day shot's I only went through it for about 3 days and one of the nurse told me that it was to much, because I had told her that my butt was sore from all the shot's that were given pretty much in the same place for days...

(Next page)

Page #1

June 7, 2018

Grievance officer "

Starting on 5-11-2018 I had woke up with back pain, it was at breakfast time... So around 8:00am I went down to medical for my back pain.. I was told that it's probably a pull muscle, so ~~last~~ told to put a hot rag on it and massage it out and was only given I.B.U's.. From there on the pain kept getting worst, the pain got very, very bad that i went to medical numerous times.. On 05-14-2018 was seen by the doctor Ms. Allen and said that I probably had pinch my Siatic nerve.. Medical should have documents

(Page 2)

June 7, 2018

At this time it had been almost 2 weeks and wasn't getting any better. The pain is unbearable. 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 ~~was~~ felt that Medical wasn't doing much for me. So i had turn or wrote an Informal and sent 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 any response back from my Informal and request...

So I'm here tryna 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, lunch and dinner...) the C.O's here in Hovsing One know that i haven't gotten my own tray because i can't. This aint right because I been suffering and tryna 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 aint taking My pain and suffering from my back seriously...

(Next page)

(page 3)

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 unbearable...

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 so long it's taking a toll on me obviously physically mentally and emotionally... I have numerous witnesses that have been seeing me go through this pain... I don't know what it's going to take ~~for~~ to get someone's attention to understand my pain and to help me get the proper medical treatment. Need to go to the hospital outside...

Sincerely...  
J. Wilson #80046

06-07-2018

**GUADALUPE COUNTY CORRECTIONAL FACILITY**

---

**M E M O R A N D U M**

---

DATE: 07-11-18  
TO: Disc  
CC:  
FROM: K. Armijo H.S.A.  
SUBJECT: Willson 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:

1. 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.

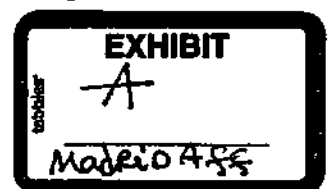
4. When an inmate files a grievance, NMCD addresses grievances, and it does its best to adhere to the Grievance procedure instituted by NMCD in its Grievance Policy, CD-150500. A copy of the Grievance policy is attached to my affidavit.

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



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. A copy 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.

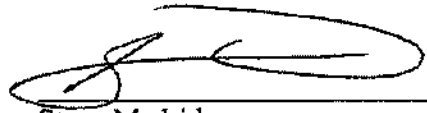
14. With regard to the issue of whether Mr. Yribe filed a grievance, I searched NMCD's records for the grievance history of Mr. Yribe and found no formal grievances filed by him related to the medical care received or lack of medical care received.

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

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

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

BIANCA MCDERMOTT,

Plaintiff,

v.

NEW MEXICO CORRECTIONS  
DEPARTMENT,

Defendant.

No. D-101-CV-2017-00871

**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 an Order Compelling Production of Documents Related to Anthony Romero (Plaintiff's RFP No. 11) (March 21, 2019).
2. Defendant, New Mexico Corrections Department (NMCD) sought reconsideration of these various orders (Motion for Reconsideration and Supporting Memorandum, March 26, 2019).

3. 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 compel 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:

1. 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 COURT JUDGE

SUBMITTED BY:

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

By: /s/ Samuel C. Wolf  
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AND

By: Approved Telephonically on 9/6/2019  
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(505) 884-7887  
*Attorney for Defendant*

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 SPOILIATION 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.

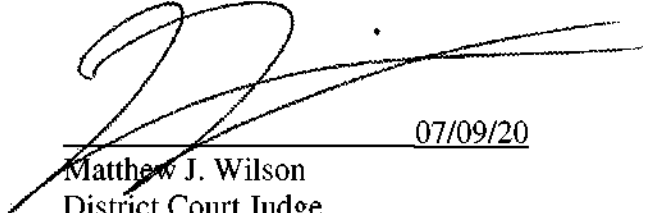
3. The New Mexico Department of Corrections did not preserve the surveillance video showing the outside of Mr. Encinias' jail cell for the four hours preceding his suicide. This evidence is relevant to establish whether officers at the prison facility were properly doing their jobs by maintaining a routine 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:

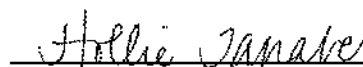
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Robert Gentile  
David S. Ketai  
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\_\_\_\_\_

Hollie Tanabe  
Administrative Assistant

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



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 ¶¶ 6, 7, and if the grievance is not resolved informally, the inmate must take advantage of the formal grievance process. *Id.* at ¶ 10. If the grievance is not resolved through the formal process, an inmate must appeal to exhaust the grievance process. *Id.* at ¶ 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 ¶ 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](mailto:mtt@marytorreslaw.com)

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing was provided electronically through the Odyssey State Court's Electronic Filing System to all counsel of record this 9<sup>th</sup> day of November 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:

1. My name is Steve Madrid. I am the Grievance Appeals Coordinator for the New Mexico Corrections Department ("NMCD").

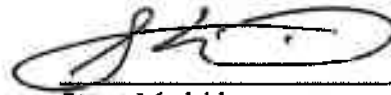
2. In support of NMCD's Motion for Summary Judgment on Gerald Wilson's Failure to Exhaust Administrative Remedies, I reviewed my files to determine if Gerald Wilson had filed any formal grievances. When I submitted my affidavit in April, I did review my appeal files with the inmate's inmate number, and 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.

A handwritten signature in black ink, appearing to read "Steve Madrid", written over a horizontal line.

Steve Madrid

# MEMORANDUM



Date: 7/11/18

To: Inmate Gerald Wilson #80046  
cc:

From: Krystal Rivera, Grievance Lieutenant

The GEO Group, Inc.  
GEO Corrections  
Guadalupe County Correctional Facility  
P.O. Box 520  
South Highway 54  
Santa Rosa, NM 88435  
www.geogroup.com

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

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 Grievance is considered resolved.

**RECOMMEND GRIEVANCE RESOLVED**

Krystal Rivera  
Grievance Officer's Signature

7/11/18  
Date

**STEP 4 - Decision of Warden/Designee:**

Denied ( )      Granted ( )      Dismissed ( )      Resolved ☒      Referred ( )

[Signature]  
Signature

7/11/18  
Date

Date Returned to Inmate: 7/11/18



BY: K. Rivera NEW MEXICO CORRECTIONS DEPARTMENT  
INMATE GRIEVANCE

Inmate's Name: Gerald Wilson NMCD#: 80046 Grievance File #: SR-18-06-02  
Institution: GCCF Housing Unit: H1-D107 Date of Incident: 5-11-2018  
Date Received by Grievance Officer: 6/25/18  
Grievance Officer's Signature: K. Rivera

STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

(See attached paper for my written problems regarding my grievance...)

Inmate's Signature: Gerald Wilson Date: 6-7-2018

Relief Requested: My request of relief cant determine be determine 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 length of recovery...

STEP 2 - To Be Completed by the Grievance Officer:

- A. ☒ your grievance is accepted for consideration.  
B. ☐ your 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 petition. (Submit individually.)  
5. The grievance is not timely.  
6. Other Specify: \_\_\_\_\_

Grievance Officer's Signature: K. Rivera Date: 6/25/18



did. My back wasn't getting any better. I  
been in a wheeler chair. I still kept going to  
medical almost everyday. Then on 05-18-2018  
was told by medical that i had an infection  
so they gave me shots in the morning and  
night for 7 days. They also gave me another shot  
that gave me extreme my grain (headaches) and  
was throwing up. ~~for~~ that went on for a couple  
days. And on the 7 day shot's I only went  
thruigh it for about 3 days and one of the nurse  
told me that it was to much, because I had told  
her that my butt was sore from all the shot's  
that were givin pretty much in the same place for  
days...

(Next page)

PEX 7, p. 10

Page #1

June 7, 2018

Grievance officer "

Starting on 5-11-2018 I had woke up with back pain. it was at breakfast time... So around 8:00am I went down to medical for my back pain... I was told that it's probably a pull muscle, so I was told to put a hot rag on it and massage it out and was only given I.B.U's... From there on the pain kept getting worst, the pain got very, very bad that I went to medical numerous times... On 05-14-2018 was seen by the doctor Ms. Allen and said that I probably had pinch my sciatic nerve... Medical should have documents on all my visits and the treatments then

(Page 2)

June 7, 2018

At this time it had been almost 2 weeks and wasn't getting any better. The pain is unbearable. 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 ~~was~~ felt that Medical wasn't doing much for me.. So i had turn or wrote an Informal and sent 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 any response back from my Informal and request...

So I'm here tryna 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, lunch and dinner...) the C.O.s here in Hursing One know that i haven't gotten my own tray because i can't.. This ain't right because I been suffering and tryna 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)

(page 3)

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 unbearable...

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 too long it's taking a toll on me obviously physically mentally and emotionally... I have numerous witnesses that have been seeing me go through this pain... I don't know what it's going to take ~~for~~ to get someone's attention to understand my pain and to help me get the proper Medical treatment. Need to go to the hospital outside...

Sincerely...  
D. Wilson #80046

06-07-2018



**Centurion**  
the next generation in correctional healthcare

**GUADALUPE COUNTY CORRECTIONAL FACILITY**

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**M E M O R A N D U M**

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**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

*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.*

		twelve (12) month period.		
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	2	
	divided by	Number of new health care staff during the twelve (12) month period.	3	0.67
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	23	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.	17	0
<b>3A</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.	55	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
<b>4A</b>	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	0	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	0	0
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance	0	

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



**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

Joanie Shoemaker  
ACA Auditor

		twelve (12) month period.		
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	2	
	divided by	Number of new health care staff during the twelve (12) month period.	3	0.67
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	23	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.	17	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.	55	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	0	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	0	0
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance	0	

		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  
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 training prior to undertaking their job	7	
	divided by	Number of new health care staff during the twelve (12) month period.	7	1.0000
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	1	
	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

	(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.	2	
	divided by	Average daily population.	1230	0.0016
	(4)	Number of offender suicides in the past twelve (12) months.	0	
	divided by	Average daily population.	1230	0.0000
	(5)	Number of unexpected natural deaths in the past twelve (12) months.	1	
	divided by	Total number of deaths in the same reporting period.	1	0.0000
	(6)	Number of serious medication errors in the past twelve (12) months.	0	
<b>5A</b>	<b>None</b>			
<b>6A</b>	<b>None</b>			
<b>7A</b>	<b>None</b>			
<b>7B</b>	<b>None</b>			
<b>7C</b>	<b>None</b>			

**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](mailto:tamera.williams567@outlook.com)

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Mesa, Arizona 85208  
(719) 429-2677  
[awarden97@yahoo.com](mailto: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](mailto:reggie25@sbcglobal.net)

	(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	



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

*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	
	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 <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	0.000%
	(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%
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.	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

OCRF

**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.	40	0%
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	0	
	divided by	The average daily population for the past 12 months.	<del>0-087</del> 130	0%
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	0	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	72	0%
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	7	0%
	(7)	The average number of physicians employed in the past 12 months.	1	
	divided by	The number of physician positions authorized in the past 12 months.	1	100%
	(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%
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	0	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	1	63%
	(10)	The average number of ancillary health care staff employed in the past 12 months.	3	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	3	100%
7D		<b>The facility is administered efficiently and responsibly.</b>		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	1,655,697	
	divided by	The budget for the past 12 months.		0%
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE	25	
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	1,136	2%
	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	0%
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	0	
	(5)	Number of objectives achieved in the past 12 months.	0	
	divided by	The number of objectives for the past 12 months.	0	0%
	(6)	Number of program changes made in the past 12 months.	0	
	divided by	The number of program changes recommended in the past 12 months.	0	0%
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	0	
	divided by	The number of problems identified by internal health care review in the past 12 months.	0	0%
7E		<b>Staff are treated fairly.</b>		

	(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	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0%
7F		<b>The facility is a responsible member of the community.</b>		
	(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%
	(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.	1	
	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 daily 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 that were corrected during a twelve (12) month period	2	
	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			
7A	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

Joanie Shoemaker  
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
<b>2A</b>	(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
<b>3A</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.	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
<b>4A</b>	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	2	
	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	
<b>5A</b>	<b>None</b>			
<b>6A</b>	<b>None</b>			
<b>7A</b>	<b>None</b>			
<b>7B</b>	<b>None</b>			
<b>7C</b>	<b>None</b>			

**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

Joanie Shoemaker  
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
<b>2A</b>	(1)	Number of health care <b>staff</b> 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
<b>3A</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.	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
<b>4A</b>	(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	
	(3)	Number of offender suicide attempts in the past twelve (12) months	1	
	divided by	Average daily population	686	.001
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	686	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	1	
	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	
5A	None			
6A	None			
7A	None			
7B	None			
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

Joanie Shoemaker  
ACA Auditor

	(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.	28	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	5	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	5	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	1	
	divided by	Average daily population	410	0.002
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	410	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	1	

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



# 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 RESPONSE

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 RESPONSE

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 in 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

Visiting Committee Findings

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 FACILITIES 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.



Standard# 4-4181

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.

#### Standard #4-4312

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.

Standard #4-4345

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.

Standard #4-4391

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.

Standard #4-4462

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	June	July	August	September	October	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
Homicide	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	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
Assaults	Offender/Offender	0	0	0	1	0	0	1	0	0	0	0	0	2
	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

*\*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	Calculated 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	.11
	(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	
	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			

## **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:	<u>N/A</u>
Relation to Prospective Contractor:	<u></u>
Name of Applicable Public Official:	<u></u>
Date Contribution(s) Made:	<u></u>
	<u></u>
Amount(s) of Contribution(s)	<u></u>
	<u></u>
Nature of Contribution(s)	<u></u>
	<u></u>
Purpose of Contribution(s)	<u></u>
	<u></u>

(Attach extra pages if necessary)

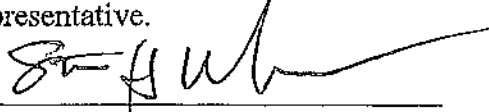
Signature

Date

Title (position)

—OR—

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

  
\_\_\_\_\_  
Signature

12/30/2015  
Date

President & Chief Operating Officer  
Title (Position)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level: RCC LEVEL 2 Month / Year: JUNE 2016  
HSA Signature: \_\_\_\_\_ Date Report Completed: JULY 2016  
Average Daily Census: 526

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse Level	Running
1. Cardiac/MI/NI		3	3	33	1. Scheduled Clinic Visits Seen	76	47	705
2. Endocrine/Diabetes		0	0	2	2. Clinical Visits Not Seen	28	3	10
3. Gastrointestinal				5	a. Patient Refused	13	3	14
4. OB/GYN				0	1. Refusals Signed	0	3	3
5. Geriatric/Alzheimer				0	b. Security Issues	0	0	0
6. Hep C		51	29		c. Other Reasons	0	0	0
7. HIV				0	3. % Rescheduled	100%	0%	100%
8. Infectious Dx/UTI				0	4. Segregation Visits	0	0	0
9. Neuro/Schizoa			11	0	5. RDC Intake	0	0	0
10. Ortho	0			0	6. Intake/Discharge Transfers	0	0	16
11. Psychiatry				0	7. Intake/Discharge Intakes	0	0	37
12. Respiratory				1	8. Cardiac Physicians	0	0	7
13. Special Needs				0	9. Intake JCP	0	0	0
14. Skin Management				1	10. Annual Health Maintenance	0	0	0
15. Amalgamations				0	11. Sick Call Visits Seen	0	0	121
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	8
1. Diagnostics	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	14. Discharge/Transfer History	0	0	0	0
3. OB/GYN	0	3. # Fasting Status	0	15. Emergency/Admission Seen	0	0	0	3
4. Laboratory Studies	100	4. # In Genetic Unit	0	DENTAL SERVICES				
5. Minor Procedures	0	5. # In Hospice Care	0	1. Dental Visits	40	40	6	0
6. Minor Procedures	0	INMATE DEATHS			2. # Dental X-Rays	10	16	0
7. Nephrology	0	1. Total # of Deaths	0	3. # 30 Day Exams	0	0	0	0
8. Ophthalmology	0	2. # Deaths Suicide	0	4. # Annual Exams	0	0	0	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	5. # Emergencies	9	9	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	7. # Extractions	5	5	0	0
On-Site Services Consults					8. # On-Site Visits	0	0	0
1. ER Visits	0	PHARMACY			Total # Days Pending Sick Call Appointment			
2. Admitted from ER	0	1. # on Rx	0	1. # Days pending medical appointment	0	0	0	0
3. Ambulance Transports	0	2. # on HCV Rx	0	2. # Days pending dental appointment	0	0	0	0
4. Total # of Hospital Admits	0	3. # on HIV on Rx	0	3. # Days pending psychiatric appointment	0	0	0	0
5. Inpatient Surgeries	0	4. # on AIDS on Rx	0	PSYCHIATRY PERFORMANCE MEASURES				
6. Outpatient Surgeries	0	5. # on HIV Meds	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0	0
7. On-Site Referrals	0	6. # Completed I/Ms (for LTB)	0	2. # Inmates Receiving forced Psych Medications	0	0	0	0
8. On-Site Referrals Approved	7	7. # on Rx for Active TB	0	3. # Inmates in Therapeutic Residuals	0	0	0	0
9. On-Site Referrals ATP	0	8. # on Psych Meds	0	4. # Inmates with Admitted Health Treatment Guardianship	0	0	0	0
10. On-Site Diagnostic Studies	0	9. # on Rx for MRSA	0	MISCELLANEOUS				
11. Off-Site Specialty Visits	3	10. # Off-Site Pharmacy Rx	0	1. # Informal Complaints	0	0	0	0
12. # Inmates Transported after hours/weekends	0	11. # Nursing medication errors	0	2. # Referral Delinquencies	0	0	0	0
NEW MEXICO CORRECTIONS DEPARTMENT					3. # Diabetic Diet	1	0	1
Monthly Report To Health Services Bureau					4. # STN Diet	0	0	0
COMMUNICABLE/INFECTIOUS DISEASES					5. # Cardiac Diet	0	0	0
1. # RDC HIV Tests	0	13. # Inmate presented no TB	2	22. # Hep A Vaccines Given	0	0	0	0
2. # RDC HIV Tests Positive	0	14. # Approved for HCV Tx	0	23. # Hep B Vaccines Given	0	0	0	0
3. # RDC Inmate Refused HIV Test	0	15. # Completed HCV Tx	0	24. # New HIV Cases	0	0	0	0
4. # RDC Hep C Tests	0	16. # TBST Given	3	25. # New MRSA Cases	0	0	0	0
5. # RDC Hep C Tests Positive	0	17. # Newly Dx Active TB	0	26. # Gonorrhea Cases	0	0	0	0
6. # RDC Hep C Tests Refused	0	18. # Inmates 1ST and 2ND TB	2	27. # Chlamydia Cases	0	0	0	0
7. a. # Clinical HIV Tests	0	19. # Refused 1ST and 2ND TB	0	28. # Syphilis Cases	0	0	0	0
8. b. # Clinical HIV Tests Positive	0	20. # TBST Completed	0					
9. Inmates Dx AIDS	0	21. # Not QAR for TB/TB	0					
10. Inmates Dx HIV	0	22. # Influenza Vaccines Given	0					
11. a. # Clinical Hep C Tests	0	23. # Pneumonia Given	0					
12. b. # Clinical Hep C Tests Positive	0	24. # DT Boosters Given	0					

MSA 1 DORM B

HSA Signature \_\_\_\_\_



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Unit: MC-0001  
 HSA Signature: \_\_\_\_\_

Month / Year: JULY 2016  
 Date Report Completed: JULY 2016  
 Prisoner Entry Count: 526

Chronic Care Clinics				Clinical Visits				Physician	Nurse Level	Nursing	
1. Cardiac/HTN		5	11	4	11	0	1. Scheduled Clinic Visits Seen	76	47	761	
2. Endocrine/Diabetes		0	0	4	0	0	2. Clinical Visits Not Seen	20	3	10	
3. Gastrointestinal		0	0	5	0	0	a. Patient Refused	11	3	14	
4. OB/GYN	0	0	0	0	0	0	1. Refusal Signed	0	0	3	
5. Genito-Urinary		0	0	0	0	0	b. Security Issues	0	0	0	
6. Hep C		51	29	0	0	0	c. Other Reasons	0	0	0	
7. HIV		0	0	0	0	0	3. % Tests Needed	100%	0%	100%	
8. Infections/OT/ITN	0	0	0	0	0	0	4. Supervision Visits	0	0	0	
9. Mental/Seizure		0	1	0	0	0	5. RDC Intake	0	0	0	
10. Ortho	0	0	0	0	0	0	6. Intra-system Transfers	0	0	10	
11. Psychiatry		0	0	0	0	0	7. Intra-system Intakes	0	0	37	
12. Respiratory		1	1	0	0	0	8. Cadet Physicals	0	0	3	
13. Special Needs		0	0	0	0	0	9. Intake H&P	0	0	0	
14. Pain Management		0	1	0	0	0	10. Annual Health Maintenance	0	0	0	
15. Anticoagulant	0	0	0	0	0	0	11. Sick Call Visits Seen	0	0	121	
On Site Specialty/Services				INPATIENT/ICU				12. Sick Call Visits Not Seen	0	0	
1. Dialysis	0	1	0	0	0	0	13. Sick Call Visits Refused	0	0	0	
2. Diagnostics	0	2	0	0	0	0	14. Discharge/Parole Review	0	0	0	
3. OB/Gyn	0	3	0	0	0	0	15. Emergent/Urgent Seen	0	0	3	
4. Laboratory Studies	100	4	0	0	0	0	DENTAL SERVICES				
5. Minor Procedures	0	5	0	0	0	0	1. Dental Visits	46	40	6	
6. Mammograms	0	3	0	0	0	0	2. Dental X-Rays	16	16	0	
7. Neurology	0	3	0	0	0	0	3. 30 Day Exams	0	0	0	
8. Ophthalmology	0	3	0	0	0	0	4. Annual Exams	0	0	0	
9. Radiology Studies	0	3	0	0	0	0	5. Dermatology	0	0	0	
10. Physical Therapy	0	4	0	0	0	0	6. Extractions	5	5	0	
								7. Off-Site Visits	0	0	
Off-Site Services Consults				PHARMACY				Total # Days Pending Sick Call Appointment			
1. ER Visits	0	1	0	0	0	0	1. # Days pending medical appointment	0	0	2	
2. Admitted from I.B.	0	2	0	0	0	0	2. # Days pending dental appointments	0	0	0	
3. Ambulance Transports	0	3	0	0	0	0	3. # Days pending psychiatric appointment	0	0	0	
4. Total # of Hospital Admits	0	4	0	0	0	0	PSYCHIATRY PERFORMANCE MEASURES				
5. Inpatient Surgeries	0	5	0	0	0	0	1. # Suicide Attempts (Dangling, Med Overdoses, etc.)	0	0	0	
6. Outpatient Surgeries	0	6	0	0	0	0	2. # Inmates Receiving Scheduled Psych Meds	0	0	0	
7. Off-Site Referrals Approved	0	7	0	0	0	0	3. # Inmates in Therapeutic Services	0	0	0	
8. Off-Site Referrals ATP	0	8	0	0	0	0	4. # Inmates with Medical Health Treatment Guardianship	0	0	0	
9. Off-Site Diagnostic Studies	0	9	0	0	0	0	MISCELLANEOUS				
10. Off-Site Specialty Visits	1	10	0	0	0	0	1. # Inmate Complaints	0	0	0	
11. Inmates Transported after hours/weekends	0	11	0	0	0	0	2. # Formal Grievances	0	0	0	
								3. # Dispute Cases	2	0	
								4. # ITM Diet	0	0	
								5. # Carriage Diet	0	0	
								6. # Gluten Free	1	0	

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

COMMUNICABLE/INFECTIOUS DISEASES			
1. # RDC HIV Tests	0	31. # Inmates presented to TRC	2
2. # RDC HIV Tests Positive	0	32. # Approved for HCV Tx	0
3. # RDC Inmates Refused HIV Test	0	33. # Completed HCV Tx	0
4. # RDC Hep C Tests	0	34. # TST Given	3
5. # RDC Hep C Tests Positive	0	35. # Newly Dx Acute TB	0
6. # RDC Hep C Tests Refused	0	36. # Inmates ESI with LTBI	5
7. a. # Clinical HIV Tests	2	17. # Refused TB Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Concomitant	0
8. Inmates Dx AIDS	0	19. # of CR for TB/TB	0
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Vaccines	0
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0
		23. # Hep A Vaccines Given	0
		24. # Hep B Vaccines Given	0
		25. # New HPV Cases	0
		26. # New MRSA Cases	4
		27. # Gonorrhea Cases	0
		28. # Chlamydia Cases	0
		29. # Syphilis Cases	0

MRSA 1 BGRM B

HSA Signature

Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level: RCC LEVEL 2 Month / Year: JULY 2016  
HSA Signature: \_\_\_\_\_ Date Report Completed: AUGUST 2016  
Average Daily Census: 932

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse Level	Hearing
1. Cardiac/HIV	32	32	32	0	1. Scheduled Clinic Visits Seen	44	24	832
2. Endocrine/Diabetes	4	4	4	0	2. Clinic Visits Not Seen	17	0	10
3. Gastrointestinal	14	14	14	0	a. Patient Refused	11	0	11
4. OB/GYN	4	4	4	0	3. Referrals Signed	0	0	0
5. Genit-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	41	31	22	1	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	0%	100%
8. Infectious Dx/TB	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	0	0	0	0	6. Intra-system Transfers	0	0	11
11. Psychiatry	0	0	0	0	7. Intra-system Intakes	0	0	29
12. Respiratory	0	0	0	0	8. Cadet Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake MRPs	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	2	0	0	0	11. Sick Call Visits Seen	0	0	89
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	0
1. Dialysis	0	1. # Observation Status	0	0	13. Sick Call Visits Refused	0	0	0
2. Diagnostics	0	2. # Admin Status	0	0	14. Discharge/Parole Reentry	0	0	0
3. OB/Gyn	0	3. # Housing Status	0	0	15. Emergent/Urgent Seen	0	0	9
4. Laboratory Studies	204	4. # In Geriatric Unit	0	0	DENTAL SERVICES	Scheduled	Seen	Refused
5. Minor Procedures	0	5. # In Hospice Care	0	0	1. Dental Work	51	45	6
6. Mammograms	0	6. # Inmate Deaths	0	0	2. # Dental X-Rays	31	31	0
7. Nephrology	0	7. Total # of Deaths	0	0	3. # 30 Day Exams	0	0	0
8. Oncology	OFF-SITE	8. # Deaths Suicide	0	0	4. # Annual Exams	0	0	0
9. Radiology Studies	6	9. # Deaths at Hospital	0	0	5. # Denials	11	11	0
10. Physical Therapy	0	10. # Deaths at Facility	0	0	6. # Extractions	14	14	0
					7. # OB-Site Visits	0	0	0
Off-Site Services Consults					Total # Days Pending Sick Call Appointment			
1. ER Visits	0	1. # on Rx	0	0	1. # Days pending medical appointment	7		
a. Admitted from ER	0	2. # on MCV Rx	0	0	2. # Days pending dental appointment	0		
2. Ambulance Transports	0	3. # on HIV on Rx	0	0	3. # Days pending psychiatric appointment	0		
3. Total # of Hospital Admits	0	4. # on AIDS on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	5. # on INH Meds	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0		
5. Outpatient Surgeries	0	6. # Completed INH (For TB)	0	0	2. # Inmates Requiring Forced Psych Medication	0		
6. Off-Site Referrals	0	7. # on Rx for Acute TB	0	0	3. # Inmates in Therapeutic Restraints	0		
7. Off-Site Referrals Approved	7	8. # on Psych Meds	0	0	4. # Inmates with Mental Health Treatment Guardianship	0		
8. Off-Site Referrals A/P	0	9. # on Rx for MRSA	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	6	10. # Off-Site Pharmacy Rx	0	0	1. # Inpatient Complaints	0	4. # HIV Tests	0
10. Off-Site Specialty Visits	1	11. # Off-Site Pharmacy Rx	0	0	2. # Formal Grievances	0	5. # Cardiac Effects	2
11. # Inmates Transported after hours/weekends	0	12. # Nursing Medication errors	0	0	3. # Discharge Discs	7	OUTER FREE	1

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

COMMUNICABLE/INFECTIOUS DISEASES			
1. # RDC HIV Tests	0	11. # Inmates prevented to TB	0
2. # RDC HIV Tests Positive	0	12. # Approved for MCV Rx	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tc	0
4. # RDC Hep C Tests	0	14. # TST Given	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TSI with TB	0
7. a. # Clinical HIV Tests	13	17. # Refused TB Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0
8. Inmates On AIDS	0	19. # of CPR for TB/TB	0
9. Inmates On HIV	0	20. # Influenza Vaccines Given	0
10. a. # Clinical Hep C Tests	10	21. # Pneumonia Given	0
b. # Clinical Hep C Tests Positive	2	22. # DT Boosters Given	2
13. # Hep A Vaccines Given	2		
24. # Hep B Vaccines Given	1		
25. # New HPV Cases	0		
26. # New MRSA Cases	0		
27. # Gonorrhea Cases	0		
28. # Chlamydia Cases	0		
29. # Syphilis Cases	0		

MRSA 1 D01AB

HSA Signature

Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility Name: NEW MEXICO  
 Address: 1000 1st St NE

Month / Year: SEPTEMBER 2015  
 Date Reported: SEPTEMBER 2015  
 Reporting Period: 9/1/15 - 9/30/15

Client Care Clinics				Enrolled		Scheduled	Seen	Refused	Client Visits		Physician	NM Level	Missing
1. Cardiac/HFM	13	18	0	0	0	0	0	1. Scheduled Client Visits Seen	10	0	10		
2. Endocrine/Diabetes	41	0	0	0	0	0	2. Clinical Visits Not Seen	25	0	25			
3. Gastrointestinal	19	0	0	0	0	0	a. Patient Refused	0	0	0			
4. OB/GYN	0	0	0	0	0	0	1. Referrals Signed	0	0	0			
5. Genito-Urinary	0	0	0	0	0	0	b. Security Issues	0	0	0			
6. Hep C	33	0	0	0	0	0	c. Other Reasons	0	0	0			
7. HIV	0	0	0	0	0	0	3. % Referred	100%	0%	100%			
8. Infectious Disease	0	0	0	0	0	0	4. Segregation Visits	0	0	0			
9. Neuro/Seizure	0	0	0	0	0	0	5. AOC Intake	0	0	0			
10. Ortho	0	0	0	0	0	0	6. Intake/Discharge Transfers	0	0	72			
11. Psychiatry	0	0	0	0	0	0	7. Intake/Discharge	0	0	47			
12. Respiratory	10	2	2	0	0	0	8. Cadet Physicals	0	0	8			
13. Special Needs	0	0	0	0	0	0	9. Intake H&P	0	0	0			
14. Pain Management	1	0	0	0	0	0	10. Annual Health Assessments	0	0	0			
15. Anticoagulant	2	0	0	0	0	0	11. Sick Call Visits Seen	0	0	62			
<b>On-Site Specialty/Referrals</b>				<b>INPATIENT/ICU</b>				12. Sick Call Visits Not Seen		0	0	0	
1. Dietitian	0	0	0	0	0	0	1. Observation Status	0	0	0			
2. Diagnostics	0	0	0	0	0	0	2. Admit Status	0	0	20			
3. OB/GYN	0	0	0	0	0	0	3. Discharge/Parole Pending	0	0	25			
4. Laboratory Studies	0	0	0	0	0	0	4. Housing Status	0	0	0			
5. Minor Procedures	0	0	0	0	0	0	5. In Geriatric Unit	0	0	0			
6. Mammograms	0	0	0	0	0	0	<b>DENTAL SERVICES</b>						
7. Nephrology	0	0	0	0	0	0	1. Denial Visits	20	20	0			
8. Otolaryngology	0	0	0	0	0	0	2. Denial X-Rays	3	3	0			
9. Radiology Studies	0	0	0	0	0	0	3. # 30 Day Exams	0	0	0			
10. Physical Therapy	0	0	0	0	0	0	4. Annual Exams	6	6	0			
				<b>INPATIENT DEATHS</b>				5. # Deaths	0	0	0		
								6. # Deaths at Hospital	0	0	0		
								7. # Deaths at Facility	0	0	0		
								8. # Off-Site Deaths	0	0	0		
								9. # Off-Site Visits	0	0	0		
<b>Off-Site Services/Consults</b>				<b>PHARMACY</b>				Total # Days Pending Sick Call Appointment					
1. ER Visits	0	0	0	0	0	0	1. # on Rx	272	0	0	0		
2. Ambulance Transports	0	0	0	0	0	0	2. # on HCV Rx	0	0	0	0		
3. Total # of Hospital Admits	0	0	0	0	0	0	3. # on HIV on Rx	0	0	0	0		
4. Inpatient Surgeries	0	0	0	0	0	0	4. # on AIDS on Rx	0	0	0	0		
5. Outpatient Surgeries	2	0	0	0	0	0	5. # on INH Meds	0	0	0	0		
6. Off-Site Referrals	0	0	0	0	0	0	6. # Completed TB (see 17B)	0	0	0	0		
7. Off-Site Referrals Approved	7	0	0	0	0	0	7. # on Rx for Active TB	0	0	0	0		
8. Off-Site Referrals ATP	0	0	0	0	0	0	8. # on Psych Meds	0	0	0	0		
9. Off-Site Diagnostic Studies	5	0	0	0	0	0	9. # on Rx for MRSA	0	0	0	0		
10. Off-Site Specialty Visits	3	0	0	0	0	0	10. # Off-Site Pharmacy Rx	0	0	0	0		
11. # Inmates Transported after hours/weekends	0	0	0	0	0	0	11. # Missing medication errors	0	0	0	0		
								12. # Diabetes Cases	7	7	0		
								13. # Gluten Free	0	0	0		

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility Name: NEW MEXICO  
 Address: 1000 1st St NE

Month / Year: SEPTEMBER 2015  
 Date Reported: SEPTEMBER 2015  
 Reporting Period: 9/1/15 - 9/30/15

COMMUNICABLE/INFECTIOUS DISEASES			
1. # RUC HIV Tests	0	11. # Inmates presented to ITC	0
2. # RUC HIV Tests Positive	0	12. # Approved for HCV Tx	0
3. # AOC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0
4. # RUC Hep C Tests	0	14. # TST Given	6
5. # RUC Hep C Tests Positive	0	15. # Newly Dx Active TB	0
6. # RUC Hep C Tests Refused	0	16. # Inmates TST with TB	0
7. a. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0
8. Inmates Dx AIDS	0	19. # of CAR for TB/TB	0
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Given	0
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0
		23. # Hep A Vaccines Given	0
		24. # Hep B Vaccines Given	6
		25. # New HPV Cases	0
		26. # New MRSA Cases	0
		27. # Gonorrhea Cases	0
		28. # Chlamydia Cases	0
		29. # Syphilis Cases	0

Date: 10/3/15  
 Revised: CH/AM/K.S.A.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: **RCC LEVEL 2**  
 HSA Signature: \_\_\_\_\_

Month / Year: **Oct-16**  
 Date Report Completed: \_\_\_\_\_  
 Average Units Enrolled: **181**

Chronic Case Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse/PA	Nursing
1. Cardiac/HTN	11	10	5	0	1. Scheduled Clinic Visits Seen	30	0	405
2. Endocrine/Diabetes	3	3	1	0	2. Clinical Visits Not Seen	0	0	2
3. Gastrointestinal	23	0	0	0	a. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Referrals Signed	0	0	13
5. Gonorrhea/Syphilis	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	54	23	19	0	c. Other Reasons	Spitdown	lockdown	lockdown
7. HIV	0	0	0	0	3. % Rescheduled	100%	0%	100%
8. Infectious Dz/TB	0	0	0	0	d. Segregation Visits	0	0	0
9. Neuro/Stroke	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	0	0	0	0	6. Inmate System Transfers	0	0	0
11. Psychiatry	0	0	0	0	7. Inmate System Intakes	0	0	5
12. Respiratory	15	6	4	0	8. Cancer Physicals	6	0	6
13. Special Needs	0	0	0	0	9. Intake LHP	0	0	0
14. Pain Management	3	1	1	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	324
<b>On Site Specialty/Services</b>					12. Sick Call Visits Not Seen	0	0	3
<b>INPATIENT/ICU</b>					13. Sick Call Visits Refused	0	0	3
1. Dialysis	0	2. # Observation Status	0	14. Discharge/Patrol Registry	0	0	0	62
2. Diagnostics	0	3. # Admit Status	0	15. Emergency/Admit Seen	0	0	0	23
3. OB/Gyn	0	4. # Housing Status	0	<b>DENTAL SERVICES</b>				
4. Laboratory Studies	0	5. # In Geriatric Unit	0	1. Dental Visits	Scheduled	Seen	Refused	
5. Minor Procedures	0	6. # In Hospice Care	0	2. # Dental X-Rays	0	0	0	0
<b>INMATE DEATHS</b>					3. # 30 Day Exams	0	0	0
7. Nephrology	0	1. Total # of Deaths	0	4. # Annual Exams	0	0	0	0
8. Ophthalmology	0	2. # Deaths Suicide	0	5. # Dentures	0	0	0	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	6. # Extractions	0	0	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	7. # Off-Site Visits	0	0	0	0
<b>Off-Site Services/Consults</b>					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	2	<b>PHARMACY</b>			1. # Days pending medical appointment	0	0	0
2. Admitted from ER	0	1. # on Rx	35.47%	0	2. # Days pending dental appointment	0	0	0
3. Ambulance Transports	0	2. # on HCV Rx	0	0	3. # Days pending psychiatry appointment	0	0	0
4. Total # of Hospital Admits	0	3. # on HIV on Rx	0	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
6. Outpatient Surgeries	0	5. # on MH Meds	0	0	2. # Inmates Requiring Special Psych Medications	0	0	0
7. Off-Site Referrals	0	6. # Completed IMH (For LTB)	0	0	3. # Inmates in Therapeutic Recreational	0	0	0
8. Off-Site Referrals Approved	0	7. # on Factor Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
9. Off-Site Referrals A/P	0	8. # on Psych Meds	0	0	<b>MISCELLANEOUS</b>			
10. Off-Site Diagnostic Studies	3	9. # on Rx for MRSA	0	0	1. # Inmate Complaints	0	4. # HIV Diets	0
11. Off-Site Specialty Visits	2	10. # Off-Site Pharmacy Rx	0	0	2. # Inmate Grievances	0	5. # Cardiac Diets	4
12. # Inmate Transported after hours/weekends	0	11. # Nursing Medication errors	0	0	3. # Inmate Deaths	0	CLUTEN #000	1

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	0
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	0
3. # RDC Inmates Refused HIV Tests	0	13. # Completed HCV Tx	0	25. # New HPV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	0	26. # New MRSA Cases	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTB	0	28. # Chlamydia Cases	0
7. a. # Clinical HIV Tests	0	17. # Refused LTB Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Conversions	0		
8. Inmates Dx AIDS	0	19. # of CRH for LTB/TB	0		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	0	21. # Pneumovax Given	0		
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0		

NEW MEXICO CORRECTIONS DEPARTMENT			
Monthly Report To Health Services Bureau			
Facility / Level:	RCC LEVEL 2	Month / Year:	NOV. 2016
HSA Signature:		Date Report Completed:	DEC. 2016
		Average Daily Census:	260

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HHT	1	0	0	0	1. Scheduled Clinic Visits Seen	22	0	720
2. Endocrine/Diabetes	1	0	0	0	2. Clinical Visits Not Seen	0	0	0
3. Gastrointestinal	1	0	0	0	a. Patient Refused	0	0	145
4. GU/GYN	1	0	0	0	1. Referrals Signed	0	0	0
5. Genitourinary	1	0	0	0	b. Secondary Issues	0	0	0
6. Hep C	1	0	0	0	c. Other Reasons	0	0	0
7. HIV	1	0	0	0	3. % Rescheduled	100%	0%	100%
8. Infectious Dx/INH	1	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	1	0	0	0	5. RDC Intake	0	0	0
10. Oculo	1	0	0	0	6. Intake/Screening Transfers	0	0	21
11. Psychiatry	1	0	0	0	7. Intake/Screening Intakes	0	0	84
12. Respiratory	1	0	0	0	8. Caret Physicals	0	0	0
13. Special Needs	1	0	0	0	9. Intake/IDP	0	0	0
14. Pain Management	1	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	1	0	0	0	11. Sick Call Visits Seen	0	0	171
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	0
INFIRMARY/ICU					13. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # Observation Status	0	14. Discharge/Parole Reentry	0	0	65	
2. Diagnostics	0	2. # Admit Status	0	15. Emergent/Agent Seen	0	0	30	
3. OB/Gyn	0	3. # Housing Status	0	DENTAL SERVICES				
4. Laboratory Studies	28	4. # In Geriatric Unit	0	Scheduled				
5. Minor Procedures	0	5. # In Hospice Care	0	Seen				
6. Mammograms	0	6. # In Hospice Care	0	Refused				
7. Nephrology	0	7. Total # of Deaths	0	1. Dental Visits	44	26	0	
8. Oncology	0	8. Total # of Deaths	0	2. # Dental Referrals	33	3	0	
9. Radiology Studies	2	9. Total # of Deaths	0	3. # 30 Day Exams	0	0	0	
10. Physical Therapy	0	10. Total # of Deaths	0	4. # Annual Exams	10	10	0	
OFF-SITE					5. # Dentures	5	0	
OFF-SITE					6. # Extractions	7	0	
OFF-SITE					7. # Off-Site Visits	0	0	
OFF-SITE					8. # Off-Site Visits	0	0	
OFF-SITE					Total # Days Pending Sick Call Appointment			
OFF-SITE					1. # Days pending medical appointment	0	0	
OFF-SITE					2. # Days pending dental appointment	0	0	
OFF-SITE					3. # Days pending psychiatry appointment	0	0	
OFF-SITE					PSYCHIATRY PERFORMANCE MEASURES			
OFF-SITE					1. # Suicide Attempts (Charging, Med Overdose, etc.)	0	0	
OFF-SITE					2. # Inmates Receiving/Used Psych Medications	0	0	
OFF-SITE					3. # Inmates in Therapeutic Relationships	0	0	
OFF-SITE					4. # Inmates with Mental Health Treatment Guardianship	0	0	
OFF-SITE					MISCELLANEOUS			
OFF-SITE					1. # Informal Complaints	0	0	
OFF-SITE					2. # HIV Tests	0	0	
OFF-SITE					3. # Celiac Diets	0	0	
OFF-SITE					4. # Diabetic Diet	1	0	
OFF-SITE					5. # Gluten Free	0	0	

NEW MEXICO CORRECTIONS DEPARTMENT			
Monthly Report To Health Services Bureau			
COMMUNICABLE/INFECTIOUS DISEASES			
1. # RDC HIV Tests	0	11. # Inmates presented to TBC	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HIV Tx	0
4. # RDC Hep C Tests	0	14. # TST Given	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTBI	0
7. a. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0
8. Inmates Dx AIDS	0	19. # of CD4 for TB/TB	0
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	179
10. a. # Clinical Hep C Tests	0	21. # Pneumovax Given	0
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0
		23. # Hep A Vaccines Given	0
		24. # Hep B Vaccines Given	1
		25. # New HPV Cases	0
		26. # New MARS Cases	0
		27. # Gonorrhea Cases	0
		28. # Chlamydia Cases	0
		29. # Syphilis Cases	1

HSA Signature:	Date: 12/2016
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**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level: ACC LEVEL 2 Month / Year: DECEMBER 2016  
 HSA Signature: \_\_\_\_\_ Date Report Completed: JANUARY 2017  
 Average Daily Census: 291

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	RMD Level	Nursing
1. Cardiac/HTN	12	23	23	0	a. Scheduled Clinic Visits Seen	97	0	579
2. Endocrine/Diabetes	11	7	7	0	b. Clinical Visits Not Seen	18	0	14
3. Gastrointestinal	19	0	0	0	c. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Refusals Signed	0	0	0
5. Geriatric/Alzheimer's	0	0	0	0	b. Security Issues	24	0	14
6. Hep C	16	16	16	0	c. Other Reasons	0	0	0
7. HIV	6	0	0	0	3. % Rescheduled	100%	0%	100%
8. Infectious Dx/UTI	0	0	0	0	d. Segregation Visits	0	0	0
9. Mental/Substance	0	0	0	0	e. RDC Intake	0	0	0
10. Otho	2	1	1	0	f. Intake System Transfers	0	0	43
11. Psychiatry	0	0	0	0	7. Intake System Intakes	79	0	39
12. Respiratory	5	5	5	0	8. Code Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake H&P	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulation	0	0	0	0	11. Sick Call Visits Seen	0	0	141
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	0
INPATIENT/LOU					13. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # Observation Status	0	0	14. Discharge/Transfer Request	0	0	114
2. Diagnostics	0	2. # Admit Status	0	0	15. Emergent/Urgent Seen	0	0	17
3. Otho/Gyn	0	3. # Housing Status	0	0	DENTAL SERVICES			
4. Laboratory Studies	40	4. # In Custody Unit	0	0	Scheduled	Seen	Refused	
5. Mental Procedures	0	5. # In Hospice Care	0	0	1. Dental Visits	57	53	4
INMATE DEATHS					2. Dental X-Rays	3	3	0
6. Mammograms	0	1. Total # of Deaths	0	0	3. # 30 Day Exams	0	0	0
7. Nephrology	0	2. # Deaths Suicide	0	0	4. # Annual Exams	0	9	0
8. Oncology	OFF-SITE	3. # Deaths at Hospital	0	0	5. # Dentures	3	3	0
9. Radiology Studies	2	4. # Deaths at Facility	0	0	7. # Extractions	10	10	0
10. Physical Therapy	0				8. # Off-Site Visits	0	0	0
Off-Site Services/Consults					Total # Days Pending Sick Call Appointment			
					M.D. APPT.			
1. ER Visits	1	PHARMACY			1. # Days pending medical appointment			
a. Admitted from ER	0	1. # on Rx	20.02%	0	2. # Days pending dental appointment			
2. Ambulance Transfers	1	2. # on MCV Rx	0	0	3. # Days pending psychiatry appointment			
3. Total # of Hospital Admits	1	3. # on HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	1. # Suicide Attempts (Monitory, Med Overdose, etc.)			
5. Outpatient Surgeries	1	5. # on HIV Meds	0	0	2. # Inmates Requiring forced Psych Medications			
6. Off-Site Referrals	3	6. # Completed INR (for TB)	0	0	3. # Inmates in Therapeutic Restraints			
7. Off-Site Referrals Approved	3	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship			
8. Off-Site Referrals ATP	0	8. # on Psych Meds	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	3	9. # on Rx for MRSA	0	0	1. # Internal Complaints	3	4. # NTR Diets	0
10. Off-Site Specialty Visits	3	10. # Off-Site Pharmacy Rx	0	0	2. # Formal Complaints	6	5. # Cardiac Diets	2
11. # Inmates Transported after hours/weekends	0	11. # Pairing medication errors	0	0	3. # Inmate Deaths	0	GLUTEN FREE	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	4
2. # RDC HIV Tests Positive	0	12. # Approved for MCV Tx	0	24. # Hep B Vaccines Given	1
3. # RDC Inmates Refused HIV Test	0	13. # Completed MCV Tx	0	25. # New HPV Cases	0
4. # RDC New C Tests	0	14. # TST Given	14	26. # New MRSA Cases	0
5. # RDC New C Tests Positive	0	15. # Newly Dx Active TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	28. # Chlamydia Cases	1
7. # Clinical HIV Tests	0	17. # Refused LTOT Prophylaxis	0	29. # Syphilis Cases	1
8. # Clinical HIV Tests Positive	0	18. # TST Conversions	0		
9. Inmates Dx AIDS	0	19. # of CCR for LTOT/TB	0		
10. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0		
11. # Clinical Hep C Tests	32	21. # Pneumovax Given	0		
12. # Clinical Hep C Tests Positive	5	22. # DT Boosters Given	0		

HSA Signature \_\_\_\_\_

Date: 1/10/17



Facility / Level:

ISSA Signature:

HS & Signature

**NEW MEXICO CORRECTIONS DEPARTMENT**  
 Monthly Report To Health Services Bureau

Reporting Division: REC LEVEL 2  
 Reporting Period: 10/5/17

Month / Year: 10/5/17  
 Date Report Completed: 10/5/17  
 Average Daily Census: 100

Chronic Care Clinic	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/HTN	10	10	3	0	1. Scheduled Clinic Visits Seen	40	34	74
2. Endocrine/Diabetes	0	0	0	0	2. Clinical Visits Not Seen	9	6	15
3. Gastrointestinal	0	0	0	0	a. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Refusal Signed	0	0	0
5. Genito-Urinary	0	0	0	0	b. Safety Issues	0	0	0
6. HIV	24	24	24	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/INH	0	0	0	0	4. Segregation Visits	0	0	0
9. Mental/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Onco	0	0	0	0	6. Inmate System Transfers	0	0	10
11. Psychiatry	0	0	0	0	7. Inmate System Intakes	79	0	43
12. Respiratory	2	2	2	0	8. Cadet Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake HAP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anesthesiology	0	0	0	0	11. Sick Call Visits Seen	0	0	0
<b>On-Site Specialty Services</b>					12. Sick Call Visits Not Seen	0	0	0
1. Diabetic	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	
2. Diabetes/Hist	0	2. # Admit Status	0	14. Discharge/Phone Recalls	0	0	0	
3. OB/Gyn	0	3. # Housing Status	0	15. Emergency/Urgent Seen	0	0	2	
4. Laboratory Studies	0	4. # in Gastric Unit	0	<b>DENTAL SERVICES</b>				
5. Medical Procedures	0	5. # in Hospice Care	0	1. Dental X-Rays	Scheduled	Seen	Refused	
6. Radiology Studies	0	<b>INMATE DEATHS</b>				54	50	0
7. Respiratory	0	1. Total # of Deaths	0	2. # Dental X-Rays	8	6	0	
8. Gastrointestinal	0	2. # Deaths at Facility	0	3. Inmates/Chaperones	16	16	0	
9. Radiology Studies	0	3. # Deaths at Hospital	0	4. # Annual Exams	4	4	0	
10. Physical Therapy	0	4. # Deaths at Facility	0	5. # Dentures	6	6	0	
<b>On-Site Specialty Services</b>					7. # Extractions	14	14	0
<b>On-Site Specialty Services</b>					8. # On-Site Visits	0	0	0
<b>On-Site Specialty Services</b>					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	2	<b>PHARMACY</b>				1. # Days pending medical appointment	400.00	7
2. Ambulance Transports	0	1. # on Rx	53.1%	98	2. # Days pending dental appointment	0	0	7
3. Total # of Hospital Admits	1	2. # on HCV Rx	0	0	3. # Days pending psychiatry appointment	0	0	0
4. Inpatient Surgeries	0	3. # on HIV Rx	0	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Outpatient Surgeries	1	4. # on AIDS Rx	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
6. Off-Site Referrals	0	5. # on INH Meds	0	0	2. # Inmates Receiving Forced Psych Medication	0	0	0
7. Off-Site Referrals Approved	0	6. # Completed INH (2 or 180)	0	0	3. # Inmates in Therapeutic Restraints	0	0	0
8. Off-Site Referrals ATP	0	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
9. Off-Site Diagnostic Studies	0	8. # on Psych Meds	0	0	<b>MISCELLANEOUS</b>			
10. Off-Site Specialty Visits	0	9. # on Rx for MRSA	0	0	1. # Informal Complaints	0	0	0
11. # Inmates Transported after hours/weekends	0	10. # Off-Site Pharmacy Rx	0	0	2. # Formal Grievances	0	0	0
<b>NEW MEXICO CORRECTIONS DEPARTMENT</b>					3. # Diabetic Diet	0	0	0
<b>Monthly Report To Health Services Bureau</b>					4. # Gluten Free	0	0	0
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>								
1. # RDC HIV Tests	0	11. # Inmates presented to TMC	0	21. # Hep A Vaccines Given	0	0	0	
2. # RDC HIV Tests Positive	0	12. # Admitted for HCV Tx	0	22. # Hep B Vaccines Given	113	0	0	
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	23. # New HIV Cases	0	0	0	
4. # RDC Hep C Tests	0	14. # TST Given	12	24. # New MRSA Cases	0	0	0	
5. # RDC Hep C Tests Positive	0	15. # Newly Detected TB	0	25. # Gonorrhea Cases	0	0	0	
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	26. # Chlamydia Cases	0	0	0	
7. # Clinical HIV Tests	0	17. # Refused TB Prevalence	0	27. # Syphilis Cases	4	0	0	
8. # Clinical HIV Tests Positive	0	18. # TST Converters	0					
9. Inmates Ex AIDS	0	19. # of CAR for TB/TB	0					
10. Inmates Ex HIV	0	20. # Influenza Vaccines Given	0					
11. # Clinical Hep C Tests	0	21. # Pneumonia Given	0					
12. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	3					



NEW MEXICO CORRECTIONS DEPARTMENT			
Monthly Report To Health Services Bureau			
Facility / Level:	RCC LEVEL 2	Month / Year:	Oct-17
HSA Signature:		Date Report Completed:	9-Nov-17
		Average Daily Census:	299

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MHI Level	Nursing
1. Cardiac/HIV	5	5	5	0	1. Scheduled Clinic Visits Seen	99	27	26
2. Endocrine/Diabetes	2	1	1	0	2. Clinic Visits Not Seen	3	0	11
3. Gastrointestinal	2	2	2	0	a. Patient Refused	3	7	10
4. OB/GYN	0	0	0	0	3. Refusals Signed	0	0	14
5. Geriatric/Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	28	26	26	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/HIV	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	0	0	0	0	6. Intra-system Transfers	0	0	14
11. Psychiatry	0	0	0	0	7. Intra-system Intakes	0	0	19
12. Respiratory	7	2	1	0	8. Cardiac Physicals	0	0	2
13. Special Needs	7	2	2	0	9. Intake WAP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Amalgams	0	0	0	0	11. Sick Call Visits Seen	0	0	110
On Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	0
1. Dialysis	0	1. # Observation Status	0	0	13. Sick Call Visits Refused	0	0	0
2. Diagnostic	0	2. # Admit Status	0	0	14. Discharge/Refugee Referrals	0	0	0
3. OB/Gyn	0	3. # Booking Status	0	0	15. Emergency/Refugee Seen	0	0	10
4. Laboratory Studies	93	4. # in Geriatric Unit	0	0	DENTAL SERVICES			
5. Minor Procedures	0	5. # in Hospice Care	0	0	Scheduled	Seen	Refused	
6. Mammograms	0	INMATE DEATHS			1. Dental Visits	63	62	3
7. Nephrology	0	1. Total # of Deaths	0	0	2. # Dental X-Rays	0	0	0
8. Oncology	12	2. # Deaths Suicide	0	0	3. # Fillings/Cleanings	5	5	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	0	4. # Annual Exams	3	3	0
10. Physical Therapy	0	4. # Deaths at Facility	0	0	5. # Dentures	0	0	0
					6. # Extractions	10	10	0
					7. # Off-Site Visits	0	0	0
Off-Site Services Consults					Total # Days Pending Sick Call Appointment			
1. ER Visits	0	PHARMACY			1. # Days pending medical appointment	M.D. APT.		
a. Admitted from ER	0	1. # on Rx	33,135	0	2. # Days pending dental appointment			
2. Ambulance Transports	0	2. # on HCV Rx	0	0	3. # Days pending psychiatry appointment			
3. Total # of Hospital Admits	0	3. # on HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	1. # Suicide Attempts (Dangling, Med Overdose, etc.)			
5. Outpatient Surgeries	0	5. # on HIV Meds	0	0	2. # Inmates Requiring Forensic Psych Medications			
6. Off-Site Referrals	2	6. # Completed HIV (for LTR)	0	0	3. # Inmates in Therapeutic Restraints			
7. Off-Site Referrals Approved	0	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship			
8. Off-Site Referrals ATP	0	8. # on Psych Meds	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	5	9. # on Rx for MRSA	0	0	1. # Informal Complaints	0	4. # 3176 Disks	0
10. Off-Site Specialty Visits	0	10. # Off-Site Pharmacy Rx	0	0	2. # Formal Grievances	0	5. # Cardiac Diets	0
11. # Inmates Transported after hours/weekends	0	11. # Missing medication errors	0	0	3. # Discharge Disks	0	6. # Other #s	0

NEW MEXICO CORRECTIONS DEPARTMENT					
Monthly Report To Health Services Bureau					
COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	11. # Inmates presented to TBC	0	21. # Hep A Vaccines Given	0
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	22. # Hep B Vaccines Given	0
3. # RDC Inmates Refused HIV Tests	0	13. # Completed HCV Tx	0	23. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	33	24. # New MRSA Cases	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	25. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	26. # Chlamydia Cases	0
7. a. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0	27. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of CAR for TB/ITB	0		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	66		
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Given	4		
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0		

Signature: \_\_\_\_\_ Date: 11/9/17

NEW MEXICO CORRECTIONS DEPARTMENT			
Monthly Report To Health Services Bureau			
Facility / Level:	ACC LEVEL 2	Month / Year:	Nov-17
HSA Signature:		Date Report Completed:	6-Dec-17
		Avg Age Daily Census:	229

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse/PA	Nursing
1. Cardiac/HTN	14	14	14	0	1. Scheduled Clinic Visits Seen	79	34	115
2. Endocrine/Diabetes	4	4	4	0	2. Clinical Visits Not Seen	32	10	33
3. Gastrointestinal	0	0	0	0	a. Patient Refused	22	10	30
4. OB/GYN	0	0	0	0	b. Refused Signed	22	10	30
5. Geriatric/Alzheimers	0	0	0	0	c. Security Issues	0	0	14
6. Hep C	55	55	55	17	d. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/UTI	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Qidone	0	0	0	0	6. Intake/Discharge Transfers	0	0	0
11. Psychiatry	0	0	0	0	7. Intake/Discharge	0	0	52
12. Respiratory	0	0	0	0	8. Codes Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake HSP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	150
On-Site Specialty Services					12. Sick Call Visits Not Seen	0	0	0
1. Dialysis	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	0
2. Diagnostics	0	2. # Admin Status	0	14. Exchange/Refuse Appointment	0	0	0	0
3. OB/Gyn	0	3. # Moving Status	0	15. Emergency/Urgent Seen	0	0	0	2
4. Laboratory Studies	93	4. # In Geriatric Unit	0	DENTAL SERVICES				
5. Minor Procedures	0	5. # In Mosquito Case	0	Scheduled	Seen	Refused		
6. Management	0	INMATE DEATHS			1. Dental Visits	137	122	15
7. Respiratory	0	1. Total # of Deaths	0	2. Dental X-Rays	0	0	0	0
8. Document	44	2. # Deaths Specific	0	3. ABG/SpO2/Chlorine	34	34	0	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	4. Annual Exams	57	57	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	5. Dentures	16	16	0	0
On-Site Services/Census					6. Endodontics	20	20	0
1. ER Visits	1	PHARMACY			7. On-Site Mgmt	0	0	0
2. Admitted from ER	0	3. # on Rx	33.3%	100	Total # Days Pending Sick Call Appointment			
3. Ambulance Transfers	1	4. # on HCV Rx	0	0	1. # Days pending medical appointment	M.D. APPT		
4. Total # of Hospital Admits	0	5. # on HIV on Rx	0	0	2. # Days pending dental appointment			
5. Inpatient Surgeries	0	6. # on AIDS on Rx	0	0	3. # Days pending psychiatric appointment			
6. Outpatient Surgeries	0	PSYCHIATRY PERFORMANCE MEASURES						
7. Off-Site Referrals	13	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0				
8. Off-Site Referrals Approved	0	2. # Inmates Receiving forced Psych Medications	0	0				
9. Off-Site Referrals ATP	2	3. # Inmates in Therapeutic Restraints	0	0				
10. On-Site Diagnostic Studies	4	4. # Inmates with Mental Health Treatment Guardianship	0	0				
MISCELLANEOUS								
1. Off-Site Specialty Visits	2	1. # Informal Complaints	0	4. # MTN Diets	0			
2. # Inmates Transported after hours/weekends	0	2. # Formal Grievances	0	5. # Cardiac Diets	0			
		3. # Diabetes Diets	0	6. # Gluten Free	0			

NEW MEXICO CORRECTIONS DEPARTMENT									
Monthly Report To Health Services Bureau									
COMMUNICABLE/INFECTIOUS DISEASES									
1. # RDC HIV Tests	0	11. # Inmates Presented to ITC	0	23. # Hep A Vaccines Given	0	24. # Hep B Vaccines Given	0	25. # New HIV Cases	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0	26. # New MRSA Cases	0	27. # Gonorrhea Cases	0	28. # Chlamydia Cases	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HIV Tx	0	29. # Syphilis Cases	0	30. # Tuberculosis Cases	0	31. # TB Positive	0
4. # RDC Hep C Tests	0	14. # TB Given	0	32. # TB Positive	0	33. # TB Negative	0	34. # TB Positive	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	35. # TB Positive	0	36. # TB Negative	0	37. # TB Positive	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	38. # TB Positive	0	39. # TB Negative	0	40. # TB Positive	0
7. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0	41. # TB Positive	0	42. # TB Negative	0	43. # TB Positive	0
8. # Clinical HIV Tests Positive	0	18. # TST Converters	0	44. # TB Positive	0	45. # TB Negative	0	46. # TB Positive	0
9. Inmates Dx AIDS	0	19. # of CHR for TB/TB	1	47. # TB Positive	0	48. # TB Negative	0	49. # TB Positive	0
10. Inmates Dx HIV	0	20. # Influenza Vaccines Given	44	50. # TB Positive	0	51. # TB Negative	0	52. # TB Positive	0
11. # Clinical Hep C Tests	0	21. # Pneumonia Given	0	53. # TB Positive	0	54. # TB Negative	0	55. # TB Positive	0
12. # Clinical Hep C Tests Positive	0	22. # DT Booster Given	1	56. # TB Positive	0	57. # TB Negative	0	58. # TB Positive	0

HSA Signature: \_\_\_\_\_ Date: 12/6/17

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Reporting Period: **01/01/15 - 01/31/15**  
 HSA Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Date Report Completed: \_\_\_\_\_  
 Average Daily Inmate: **309**

Chronic Care Cluster	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse Level	Refused
1. Cardiac/ATN	0	0	0	0	1. Scheduled Clinic Visits Seen	32	16	68
2. Endocrine/Diabetes	0	0	0	0	2. Clinical Visits Not Seen	17	2	19
3. Gastrointestinal	0	0	0	0	a. Patient Refused	10	0	12
4. OB/GYN	0	0	0	0	1. Refusals Signed	10	2	12
5. Genito-Urinary	0	0	0	0	b. Security Issues	7	0	7
6. Hep C	28	28	21	7	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/INH	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	0	0	0	0	6. Inpatient Transfers	0	0	32
11. Psychiatry	0	0	0	0	7. Inpatient Intakes	0	0	19
12. Respiratory	0	0	0	0	8. Cadet Physicals	1	0	1
13. Special Needs	0	0	0	0	9. Intake HBP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	5	0	0
15. Adult Inpatient	0	0	0	0	11. Sick Call Visits Seen	0	0	95
<b>On-Site Specialty Services</b>					12. Sick Call Visits Not Seen	0	0	0
<b>INPATIENTS</b>					13. Sick Call Visits Refused	0	0	0
1. Phlebotomy	0	1. # Observation Status	0	0	14. Discharge/Parole Review	0	0	0
2. Oxygenics	0	2. # Admit Status	0	0	15. Emergency/Admit Seen	0	0	0
3. OB/GYN	0	3. # Housing Status	0	0	<b>DENTAL SERVICES</b>			
4. Laboratory Studies	348	4. # In Custody Units	0	0	Scheduled	Seen	Refused	
5. Inmate Procedures	1	5. # In Hospital Care	0	0	1. Dental Visits	115	315	0
6. Mammograms	0	<b>INMATE DEATHS</b>			2. # Dental X-Rays	0	0	0
7. Hepatology	0	1. Total # of Deaths	0	0	3. # Billings/Chargers	20	20	0
8. Dermatology	0	2. # Deaths Suicide	0	0	4. # Absent Events	30	30	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	0	5. # Emergencies	8	8	0
10. Physical Therapy	0	4. # Deaths at Facility	0	0	6. # Emergencies	10	20	0
<b>Off-Site Specialty Services</b>					7. # Emergencies	0	0	0
<b>PHARMACY</b>					8. # Off-Site Visits	0	0	0
1. ER Visits	1	<b>PHARMACY</b>			<b>Total Days Pending Sick Call Appointment</b>			
a. Admitted from ER	0	1. # on Rx	32.6%	100	1. # Days pending medical appointment	N/A	APT.	0
2. Ambulance & Transports	0	2. # on MCV Rx	0	0	2. # Days pending dental appointment	0	0	0
3. Total # of Hospital Admits	3	3. # on HIV on Rx	0	0	3. # Days pending psychiatric appointment	0	0	0
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Outpatient Surgeries	0	5. # on INH Meds	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
6. Off-Site Referrals	5	6. # Completed MHF (for LTB)	0	0	2. # Inmates Receiving forced Psych Medications	0	0	0
7. Off-Site Referrals Approved	2	7. # on Rx for Active TB	0	0	3. # Inmates in Therapeutic Seclusion	0	0	0
8. Off-Site Referrals ATP	2	8. # on Psych Meds	0	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
9. Off-Site Diagnostic Studies	0	9. # on Rx for MRSA	0	0	<b>MISCELLANEOUS</b>			
10. Off-Site Specialty Visits	4	10. # Off-site Pharmacy Rx	0	0	1. # Informal Complaints	0	4. # HIV Tests	0
11. Inmates Transported after hours/weekends	0	11. # Nursing medication errors	0	0	2. # Formal Grievances	0	5. # Cardiac Cases	0
<b>NEW MEXICO CORRECTIONS DEPARTMENT</b>					3. # Discharge/Parole	0	GLUTEN FREE	0
<b>Monthly Report To Health Services Bureau</b>								
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>								
1. # RDC HIV Tests	0	31. # Inmates arrested for TB	0	0	23. # Hep A Vaccines Given	0	0	0
2. # RDC HIV Tests Positive	0	32. # Approved for HIV Tx	0	0	24. # Hep B Vaccines Given	0	0	0
3. # RDC HIV Tests Refused	0	33. # Completed HIV Tx	0	0	25. # Hep C Vaccines Given	0	0	0
4. # RDC HIV C Tests	0	34. # TB Given	15	0	26. # Hepatitis Cases	0	0	0
5. # RDC HIV C Tests Positive	0	35. # Newly Dr Acute TB	0	0	27. # Gonorrhea Cases	0	0	0
6. # RDC HIV C Tests Refused	0	36. # Inmates TST with TB	0	0	28. # Chlamydia Cases	0	0	0
7. a. # Clinical HIV Tests	0	37. # Refused TB Prophylaxis	0	0	29. # Syphilis Cases	0	0	0
b. # Clinical HIV Tests Positive	0	38. # TST Conversion	0	0				
8. Inmates on AIDS	0	39. # TB Rx TB/TB	0	0				
9. Inmates on HIV	0	40. # Influenza Vaccines Given	0	0				
10. a. # Clinical HIV C Tests	0	41. # Pneumococcal Given	0	0				
b. # Clinical HIV C Tests Positive	0	42. # DT Boosters Given	0	0				

HSA Signature \_\_\_\_\_

Date 1/5/15

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: RCC LEVEL 7 Month / Year: Jan-18

HSA Signature: \_\_\_\_\_ Date Report Completed: 1-Feb-18

Average Daily Census: 309

Chronic Care Clinic	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse Level	Nursing
1. Cardiac/HI/IN	0	0	0	0	1. Scheduled Clinic Visits Seen	53	16	66
2. Endocrine/Diabetes	5	5	5	0	2. Clinical Visits Not Seen	37	2	39
3. Gastrointestinal	0	0	0	0	a. Patient Refused	10	5	32
4. OB/GYN	0	0	0	0	b. Referrals Signed	10	2	32
5. Geriatric/Urology	0	0	0	0	c. Specialty Issues	0	0	7
6. Hep C	37	37	37	0	d. Clinical Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious D/IDH	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Stroke	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	0	0	0	0	6. Intake System Transfers	0	0	12
11. Psychiatry	4	0	0	0	7. Intake System Intakes	0	0	16
12. Respiratory	4	0	0	0	8. Caret Physicals	3	0	1
13. Special Needs	4	4	4	0	9. Intake H&P	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	5	0	5
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	95
<b>On-Site Specialty Services</b>					12. Sick Call Visits Not Seen	0	0	0
1. Otolaryngology	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	
2. Ophthalmology	0	2. # Admit Status	0	14. Discharge/Transfer Refused - 7/37	0	0	0	
3. OB/GYN	0	3. # Holding Status	0	15. Emergency/urgent Refused	0	0	0	
4. Laboratory Studies	143	4. # In Geriatric Unit	0	<b>DENTAL SERVICES</b>				
5. Minor Procedures	1	5. # in Hospice Care	0	1. Dental Visits	Scheduled	Seen	Refused	
6. Mammograms	0	6. # in Hospice Care	0	2. Dental X-Rays	124	143	15	
7. Nephrology	0	7. Total # of Deaths	0	3. # Dental X-Rays	0	1	0	
8. Dermatology	0	8. # Deaths in Custody	0	4. # Inpatient/Outpatient	63	67	13	
9. Radiology Studies	0	9. # Deaths at Hospital	0	5. # Inpatient/Outpatient	30	30	0	
10. Physical Therapy	0	10. # Deaths at Facility	0	6. # Inpatient/Outpatient	0	0	2	
<b>Off-Site Services/Consults</b>					7. # Outpatients	15	33	3
1. EA Visits	0	<b>PHARMACY</b>			8. # Off-Site Visits	0	0	0
a. Admitted from ER	0	1. # on Rx	36.15%	100	<b>Total # Days Pending Sick Call Appointment</b>			
2. Ambulance Transports	0	2. # on HCV Rx	0	100	1. # Days pending medical appointment	0	0	7
3. Total # of Hospital Admits	0	3. # on HIV Rx	0	0	2. # Days pending dental appointment	0	0	7
4. Inpatient Surgeries	0	4. # on HIV Rx on Rx	0	0	3. # Days pending psychiatry appointment	0	0	0
5. Outpatient Surgeries	0	5. # on HIV Rx on Rx	0	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
6. Off-Site Referrals	6	6. # Completed Will (for LTB)	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
7. Off-Site Referrals Approved	6	7. # on Rx for Active TB	0	0	2. # Inpatient Recurring forced Psych Medications	0	0	0
8. Off-Site Referrals ATP	0	8. # on Psych Meds	0	0	3. # Inpatient with Therapeutic Resistance	0	0	0
9. Off-Site Diagnostic Studies	0	9. # on Rx for MASA	0	0	4. # Inpatient with Mental Health Treatment Guardianship	0	0	0
10. Off-Site Specialty Visits	6	10. # Off-site Pharmacy Rx	0	0	<b>MISCELLANEOUS</b>			
11. # Inmates Transported after hours/weekends	0	11. # Nursing medication errors	0	0	1. # Internal Complaints	0	0	0
<b>NEW MEXICO CORRECTIONS DEPARTMENT</b>					2. # Formal Grievances	0	0	0
<b>Monthly Report To Health Services Bureau</b>					3. # Grievance Decisions	0	0	0
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>					4. # HIV Tests	0	0	0
1. # RDC HIV Tests	0	11. # Inmates prescribed to TB	0	0	5. # HIV Tests	0	0	0
2. # RDC HIV Tests Positive	0	12. # Inmates prescribed to HIV Tx	0	0	6. # HIV Tests	0	0	0
3. # RDC Inmate Refused HIV Test	0	13. # Completed HIV Tx	0	0	7. # HIV Tests	0	0	0
4. # RDC Hep C Tests	0	14. # TB Tests	27	0	8. # HIV Tests	0	0	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	0	9. # HIV Tests	0	0	0
6. # RDC Hep C Tests Refused	0	16. # Inmate TB with LTB	0	0	10. # HIV Tests	0	0	0
7. a. # Clinical HIV Tests	0	17. # Refused LTB Prophylaxis	0	0	11. # HIV Tests	0	0	0
b. # Clinical HIV Tests Positive	0	18. # TB Co-trimoxazole	0	0	12. # HIV Tests	0	0	0
8. Inmates on AZDZ	0	19. # of CD4 T4 LTB/TB	0	0	13. # HIV Tests	0	0	0
9. Inmate on HIV	0	20. # Influenza Vaccines Given	1	0	14. # HIV Tests	0	0	0
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Given	0	0	15. # HIV Tests	0	0	0
b. # Clinical Hep C Tests Positive	0	22. # TB Boosters Given	1	0	16. # HIV Tests	0	0	0

HSA Signature \_\_\_\_\_

2/1/18

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

Unit Level 1

Month: June

Page 18

NSA Signature:

Health Services Bureau

3-Adm-18

Average Daily Census:

293

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Mid Level	Nursing
1. Cardiac/HTN	0	0	0	0	1. Scheduled Clinic Visits Seen	34	18	52
2. Endocrine/Diabetes	0	0	0	0	2. Clinical Visits Not Seen	0	0	12
3. Gastrointestinal	0	0	0	0	3. Patient Requested	4	0	12
4. OB/GYN	0	0	0	0	4. Referrals Signed	0	0	12
5. Geriatric-Urinary	0	0	0	0	5. Security Issues	0	0	0
6. Hep C	0	0	0	0	6. Other Reasons	0	0	0
7. HIV	0	0	0	0	7. % Not Scheduled	100%	100%	100%
8. Infectious Disease	0	0	0	0	8. Segregation Visits	0	0	0
9. Arthritis/Skin	0	0	0	0	9. RDC Inmate	0	0	0
10. Ortho	0	0	0	0	10. Inmate System Transfers	0	0	0
11. Psychiatry	0	0	0	0	11. Inmate System Initiates	0	0	0
12. Respiratory	0	0	0	0	12. Cardiac Physicals	0	0	0
13. Special Needs	0	0	0	0	13. Inmate M&P	0	0	0
14. Pain Management	0	0	0	0	14. Annual Health Maintenance	4	0	0
15. Amoxicillin	0	0	0	0	15. Sick Call Visits Seen	0	0	132
On-Site Specialty Services					16. Sick Call Visits Not Seen	0	0	0
INPATIENT/ICU					17. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # Observation Status	0	0	18. Discharge/Parole Recentry - 7/37	0	0	0-Jan
2. Diagnostics	0	2. # Admit Status	0	0	19. Emergent/Urgent Seen	0	0	0
3. OB/GYN	0	3. # Housing Status	0	0	DENTAL SERVICES			
4. Laboratory Studies	106	4. # In Quarantine Unit	0	0	Scheduled	Seen	Refused	
5. X-ray Procedures	1	5. # In Hospital Care	0	0	1. Dental X-Rays	60	54	19
INMATE DEATHS					2. # Dental X-Rays	0	0	0
7. Respiratory	0	1. Total # of Deaths	0	0	3. # Billings/Charges	25	28	0
8. Osteomyelitis	0	2. # Deaths Suicide	0	0	4. # Annual Exam	24	36	6
9. Radiology Studies	0	3. # Deaths at Hospital	0	0	5. # Dentures	6	13	2
10. Physical Therapy	0	4. # Deaths at Facility	0	0	6. # Extractions	8	3	0
On-Site Services Consults					7. # Off-Site Visits	0	0	0
PHARMACY					Total # Days Pending Sick Call Appointment			
1. ER Visits	0	1. # on Rx	22%	94	1. # Days pending medical appointment	MO AP, 7		
2. Ambulance Transports	0	2. # on HCV Rx	0	0	2. # Days pending dental appointment			
3. Total # of Hospital Admits	0	3. # On HIV on Rx	0	0	3. # Days pending psychiatric appointment			
4. Inpatient Surgeries	0	4. # On AIDS on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
5. Outpatient Surgeries	0	5. # on HIV Meds	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)			
6. Off-Site Referrals	0	6. # Completed DH (For LTB)	0	0	2. # Inmates Receiving Referral Psych Medications			
7. Off-Site Referrals Approved	0	7. # on Rx for Active TB	0	0	3. # Inmates on Therapeutic Restraints			
8. Off-Site Referrals ATP	0	8. # on Psych Meds	0	0	4. # Inmates with Mental Health Treatment Guardianship			
9. Off-Site Diagnostic Studies	0	9. # on Rx for MRSA	0	0	MISCELLANEOUS			
10. Off-Site Specialty Visits	1	10. # Off-site Pharmacy Rx	0	0	1. # Informal Complaints	0	5. # HIV Deaths	0
11. # Inmates Transported after Hours/weekends	0	11. # Missing medication orders	0	0	2. # Formal Grievances	0	5. # Cardiac Deaths	0
					3. # Diabetic Deaths	0	GLUTEN FREE	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Mid Level	Nursing
1. RDC HIV Tests	0	11. # Inmates present in the IBC	0	0	13. # Hep A Vaccines Given	0	0	0
2. RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	0	14. # Hep B Vaccines Given	0	0	0
3. RDC Inmate Relapsed HIV Test	0	13. # Completed HCV Tx	0	0	15. # New HIV Cases	0	0	0
4. # RDC Hep C Tests	0	14. # TST Given	22	0	16. # New MRSA Cases	0	0	0
5. # RDC Hep C Tests Positive	0	15. # Ready for Abuzit TB	0	0	17. # Gonorrhea Cases	0	0	0
6. # RDC Hep C Tests Relapsed	0	16. # Inmates TST with LTB	0	0	18. # Chlamydia Cases	0	0	0
7. # Clinical HIV Tests	0	17. # Relapsed LTB (Pneumonia)	0	0	19. # Syphilis Cases	0	0	0
8. # Clinical HIV Tests Positive	0	18. # TST Commented	0	0				
9. Inmates On AIDS	0	19. # of CRR for LTB/TB	0	0				
10. Inmates On HIV	0	20. # Inmate Vaccines Given	1	0				
11. # Clinical Hep C Tests	0	21. # Pneumonia Given	0	0				
12. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0	0				

NSA Signature:

Date: 3/5/15

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: RCC LEVEL 3 Month / Year: Mar-18

HSA Signature: \_\_\_\_\_ Date Report Completed: 5-Apr-18

Average Daily Census: 298

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HI/BN	0	0	0	0	1. Scheduled Clinic Visits Seen	50	0	50
2. Endocrine/Diabetes	0	2	0	0	2. Clinical Visits Not Seen	35	33	26
3. Gastrointestinal	0	0	0	0	3. Patient Refused	35	0	35
4. OB/GYN	0	0	0	0	4. Refusals Signed	25	0	25
5. Genito-Urinary	0	0	0	0	5. Security Issues	0	31	33
6. Hep C	36	20	18	12	6. Other Reasons	0	0	0
7. HIV	0	0	0	0	7. % Refused	100%	100%	100%
8. Infections/DI/BN	0	0	0	0	8. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	9. RDC Intake	0	0	0
10. GI/IBO	0	0	0	0	10. Inpatient System Transfers	0	0	0
11. Psychiatry	0	0	0	0	11. Inpatient System Images	0	0	0
12. Respiratory	0	0	0	0	12. Caret Physicists	0	2	2
13. Special Needs	0	2	2	0	13. Intake H&P	0	0	0
14. Pain Management	0	0	0	0	14. Annual Health Maintenance	4	0	4
15. Anticoagulant	0	0	0	0	15. Sick Call Visits Seen	100	0	0
On-Site Specialty Services					PRIMARY/TCU			
1. Diagnostics	0	1. # Observation Status	0	12. Sick Call Visits Refused	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	13. Sick Call Visits Refused	0	0	0	0
3. OB/GYN	0	3. # Missing Status	0	14. Discharge/Patient Assembly - 7/27	0	0	0	0
4. Laboratory Studies	173	4. # Inpatient Unit	0	15. Emergency/Inpatient Seen	0	0	1	1
5. Inpatient Procedures	3	5. # Inpatient Care	0	DENTAL SERVICES				
6. Manicure/Ami	0	INMATE DEATHS					Scheduled	Seen
7. Manicure/Ami	0	1. Total # of Deaths	0	2. # Dental X-Rays	0	0	0	0
8. Manicure/Ami	40	2. # Deaths in Custody	0	3. # Fillings/Cleanings	43	41	2	2
9. Manicure/Ami	0	3. # Deaths at Hospital	0	4. # Annual Exams	1	0	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	5. # Dentures	20	27	1	1
Off-Site Services/Consults					6. # Extractions	9	29	1
1. ER Visits	1	PHARMACY					0	0
2. Ambulance Transfers	0	1. # on Rx	38 55%	7. # Days pending medical appointment	0	0	0	0
3. Total # of Hospital Admits	0	2. # on MCV Rx	0	8. # Days pending dental appointment	0	0	0	0
4. Inpatient Surgeries	0	3. # Ex HIV on Rx	0	9. # Days pending psychiatry appointment	0	0	0	0
5. Outpatient Surgeries	1	4. # Ex AIDS on Rx	0	PSYCHIATRY PERFORMANCE MEASURES				
6. Off-Site Referrals	0	5. # on IMH Meds	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0	0
7. Off-Site Referrals Approved	3	6. # Completed MH (Fol. LTR)	0	2. # Inmates Receiving Recid Psych Medications	0	0	0	0
8. Off-Site Referrals A/P	0	7. # on Rx for Active TB	0	3. # Inmates with Therapeutic Restraints	0	0	0	0
9. Off-Site Diagnostic Studies	0	8. # on Psych Meds	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0	0
10. Off-Site Specialty Visits	0	9. # on Rx for MRSA	0	MISCELLANEOUS				
11. # Inmates Transported after hours/weekends	0	10. # Off-site Pharmacy Rx	0	1. # Informal Complaints	2	4. # HIV Diet	0	0
NEW MEXICO CORRECTIONS DEPARTMENT					2. # Formal Grievances	0	5. # Cardiac Diets	0
Monthly Report To Health Services Bureau					3. # Diabetic Diets	0	6. # Gluten Free	0
COMMUNICABLE/INFECTIOUS DISEASES								
1. # RDC HIV Tests	0	13. # Inmates given to TIG	0	23. # Hep A Vaccines Given	0	0	0	0
2. # RDC HIV Tests Positive	0	14. # Approved for HCV Rx	0	24. # Hep B Vaccines Given	0	0	0	0
3. # RDC Inmates Released HIV Test	0	15. # Completed HCV Rx	0	25. # New HIV Cases	0	0	0	0
4. # RDC Inmate C Tests	0	16. # HIV Given	11	26. # New MRSA Cases	0	0	0	0
5. # RDC Inmate C Tests Positive	0	17. # Monthly Duquenois TB	0	27. # Gonorrhea Cases	0	0	0	0
6. # RDC Hep C Tests Refused	0	18. # Inmate TB Positive	0	28. # Chlamydia Cases	0	0	0	0
7. # # Clinical HIV Tests	0	19. # Refused TB Prophylaxis	0	29. # Syphilis Cases	0	0	0	0
8. # Clinical HIV Tests Positive	0	20. # TB Converters	0					
9. Inmate De AIDS	0	21. # of CR for TB/TB	2					
10. Inmate De HIV	0	22. # Influenza Vaccines Given	0					
11. # Clinical Hep C Tests	0	23. # Postexposure Given	1					
12. # Clinical Hep C Tests Positive	0	24. # DT Boosters Given	0					

HSA Signature: \_\_\_\_\_ Date: 4/5/18



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Officer/Unit: \_\_\_\_\_

Web Signature: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Date Report Submitted: **5/20/18**

Reporting Officer/Unit: \_\_\_\_\_

Chronic Care Clinics		# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/MI/NH		2	2	2	2	1. Scheduled Clinic Visits Seen	52	39	91
2. Endocrine/Diabetes		4	4	4	4	2. Clinical Visits Not Seen	16	6	26
3. Gastrointestinal		3	3	3	3	a. Patient Refused	15	6	23
4. OB/GYN		0	0	0	0	b. Referrals Signed	15	6	23
5. Genito-Urinary		0	0	0	0	c. Security Issues	3	0	3
6. Hep C		19	39	32	7	d. Other Reasons	0	0	0
7. HIV		0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/NH		0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure		0	0	0	0	5. RDC Intake	0	0	0
10. Otho		0	0	0	0	6. Intrasystem Transfers	0	0	20
11. Psychiatry		0	0	0	0	7. Intrasystem Intakes	0	0	52
12. Respiratory		3	2	2	2	8. Cadet Physicals	1	0	1
13. Special Needs		4	0	4	4	9. Intake/IBP	0	0	0
14. Pain Management		0	0	0	0	10. Annual Health Maintenance	6	0	6
15. Anticoagulant		0	0	0	0	11. Sick Call Visits Seen	0	0	306
<b>On Site Specialty/Services</b>						12. Sick Call Visits Not Seen	0	0	0
<b>INFORMART/TCU</b>						13. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # On Admission Status	0	13. Sick Call Visits Refused	0	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	14. Discharge/Parole Reentry	0	0	0	0	0
3. OB/GYN	0	3. # Housing Status	0	15. Emergency/Admission Seen	0	0	0	0	0
4. Laboratory Studies	357	4. # In Custody Unit	0	<b>DENTAL SERVICES</b>					
5. Minor Procedures	0	5. # In Hospital Care	0	1. Dental Visits	87	93	5		
6. Mammograms	0	<b>IMMUNE DEATHS</b>			2. # Dental X-Rays	17	0	0	
7. Radiology	0	3. Total # of Deaths	0	3. # Imaging/Screenings	14	14	0		
8. Serology	0	4. # Deaths Suspected	0	4. # Annual Exams	41	43	0		
9. Radiology Studies	0	5. # Deaths at Hospital	0	5. # Dentures	21	23	0		
10. Physical Therapy	0	6. # Deaths at Facility	0	6. # Examinations	9	9	0		
						7. # Off-Site Visits	0	0	0
<b>On-Site Services/Consults</b>						<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	0	<b>PHARMACY</b>			1. # Days pending medical appointment	MED. APT.			2
a. Admitted from ER	0	1. # on Rx	36.6%	113	2. # Days pending dental appointment				0
2. Ambulance Transports	0	2. # on HCV Rx	0	0	3. # Days pending psychiatric appointment				0
3. Total # of Hospital Admits	0	3. # on HIV on Rx	0	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>				
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0			
5. Outpatient Surgeries	0	5. # on MH Meds	0	0	2. # Inmates Receiving Forced Psych Medications	0			
6. Off-Site Referrals	3	6. # Completed MH (For LTR)	0	0	3. # Inmates in Therapeutic Relationship	0			
7. On-Site Referrals Approved	2	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship	0			
8. Off-Site Referrals APT	0	8. # on Psych Meds	0	0	<b>MISCELLANEOUS</b>				
9. Off-Site Diagnostic Studies	14	9. # on Rx for MRSA	0	0	1. # Internal Complaints	7	4. # MH Cases	0	
10. Off-Site Specialty Visits	3	10. # Off-Site Pharmacy Rx	3	7. # Formal Grievances	0	5. # Cardiac Diets	0		
11. # Inmates Transported after hours/weekends	0	11. # Nursing medication errors	1	8. # Chronic Diets	0	GLUTEN FREE	0		



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

<b>CHRONIC CARE/INFECTIOUS DISEASES</b>			
1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0
4. # RDC Hep C Tests	0	14. # TST Given	36
5. # RDC Hep C Tests Positive	0	15. # Newly Diabetic TB	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0
7. # # Clinical HIV Tests Positive	0	17. # Refused LTR Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0
8. Inmates On HIV	0	19. # on CAR for TB/TB	3
9. Inmates On HIV	0	20. # Influenza Vaccines Given	0
10. # Clinical Hep C Tests	0	21. # Pneumonia Given	0
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	1
23. # Hep A Vaccines Given	3		
24. # Hep B Vaccines Given	6		
25. # New HPV Cases	0		
26. # New MRSA Cases	0		
27. # Gonorrhea Cases	0		
28. # Chlamydia Cases	0		
29. # Syphilis Cases	0		

Officer Signature: \_\_\_\_\_ Date: **5/20/18**

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau			
Facility / Level:	BCC LEVEL 2	Month / Year:	May 18
HSA Signature:		Date Report Completed:	5-Jun-18
		Average Daily Census:	304

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/HTN	0	0	0	0	1. Scheduled Clinic Visits Seen	101	0	101
2. Endocrine/Diabetes	0	0	0	0	2. Clinical Visits Not Seen	14	0	14
3. Gastrointestinal	0	0	0	0	a. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Refusal Signed	14	0	14
5. Genito-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	10	10	10	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. No Rescheduled	100%	100%	100%
8. Infectious Dx/INH	0	0	0	0	a. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	b. RDC Intake	0	0	0
10. Onco	0	0	0	0	6. Inpatient Transfers	0	0	0
11. Psychiatry	0	0	0	0	7. Inpatient Intakes	0	0	0
12. Respiratory	0	0	0	0	8. Cadet Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake IEP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulation	0	0	0	0	11. Sick Call Visits Seen	0	0	106
On-Site Specialty Services					12. Sick Call Visits Not Seen	0	0	0
INPATIENT/ICU					13. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # Observation Status	0	0	14. Discharge/Patient Referral	0	0	23
2. Diagnostics	0	2. # Admit Status	0	0	15. Emergency/Urgent Seen	0	0	1
3. OB/Gyn	0	3. # Discharge Status	0	0	DENTAL SERVICES			
4. Laboratory Studies	110	4. # Inpatient Unit	0	0	Scheduled	Seen	Refused	
5. Minor Procedures	0	5. # Inpatient Care	0	0	1. Dental Visits	54	11	13
6. Mammograms	0	INMATE DEATHS		0	2. # Dental X-Rays	0	15	0
7. Hepatology	0	1. Total # of Deaths	0	0	3. # X-Rays/Cleanings	0	15	0
8. Geriatrics	38 OFF-SITE	2. # Deaths Suicide	0	0	4. # Annual Exams	0	40	0
9. Podiatry Studies	13	3. # Deaths at Hospital	0	0	5. # Dentures	0	12	0
10. Physical Therapy	0	4. # Deaths at Facility	0	0	6. # Extractions	0	35	0
OFF-SITE SERVICES CONSULT					7. # Off-Site Visits	0	0	0
PHARMACY					Total # Days Pending Sick Call Appointment			
1. ER Visits	3	PHARMACY		0	1. # Days pending medical appointment	MED. APT.		
a. Admitted from ER	1	1. # on Rx	36.51%	113	2. # Days pending dental appointment	0		
2. Ambulance Transports	0	2. # on HCV Rx	0	0	3. # Days pending psychiatry appointment	0		
3. Total # of Hospital Admits	0	3. # On HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	PSYCHIATRY PERFORMANCE MEASURES		0				
5. Outpatient Surgeries	0	5. # on INH Meds	0	0	1. # Inmates Receiving forced Psych Medications	0		
6. Off-Site Referrals	11	6. # Completed INH (for TB)	0	0	2. # Inmates In Therapeutic Resistance	0		
7. Off-Site Referrals Approved	4	7. # on Rx for Active TB	0	0	3. # Inmates with Mental Health Treatment Grievance	0		
8. Off-Site Referrals ATP	0	8. # on Psych Meds	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	0	9. # on Rx for MRSA	0	0	1. # Internal Complaints	0	2. # Birth Days	0
10. Off-Site Specialty Visits	2	10. # Off-Site Pharmacy Rx	0	0	3. # Formal Grievances	0	3. # Cardiac Days	0
11. # Inmates Transported after hours/weekends	1	11. # Missing medication orders	0	0	4. # Deaths/Died	0	4. # Death Days	0

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau									
COMMUNICABLE/INFECTIOUS DISEASES									
1. # RDC HIV Tests	0	11. # Inmates presented to MRC	0	23. # Hep A Vaccines Given	0	24. # Hep B Vaccines Given	0	25. # Hep C Vaccines Given	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0	26. # New MRSA Cases	0	27. # Gonorrhea Cases	0	28. # Chlamydia Cases	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HIV Tx	0	29. # Syphilis Cases	0				
4. # RDC Hep C Tests	0	14. # TST Given	14						
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0						
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0						
7. a. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0						
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0						
8. Inmates Dx AIDS	0	19. # of CCR for TB/TB	1						
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0						
10. # # Clinical Hep C Tests	0	21. # Influenza Vaccines Given	0						
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	1						

HSA Signature

Date 6/5/18



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility Name: PEX 9  
 Date: 6/4/18

Month/Year: June 18  
 Report Period: 6/1/18 - 6/30/18

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse Practitioner	Pharmacy
1. Cardiac/ATN	0	0	0	0	1. Scheduled Clinic Visits Seen	39	51	90
2. Endocrine/Diabetes	2	2	2	0	2. Clinical Visits Not Seen	6	19	29
3. Gastrointestinal	1	2	2	0	a. Patient Refused	6	13	39
4. GU/GYN	0	0	0	0	b. Refusals Signed	6	13	39
5. Genito-Urinary	4	0	0	0	c. Security Issues	0	0	0
6. Hep C	21	32	24	0	d. Other Reasons	0	0	0
7. HIV	4	0	0	0	e. % Rescheduled	100%	100%	100%
8. Infectious Dx/INH	0	0	0	0	f. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	g. RDC Intake	0	0	0
10. Ortho	0	0	0	0	h. Intake System Transfers	23	0	23
11. Psychiatry	4	0	0	0	i. Intake System Intakes	62	0	62
12. Respiratory	4	0	0	0	j. Code Physicals	0	0	0
13. Special Needs	3	2	2	0	k. Intake HSP	0	0	0
14. Pain Management	0	0	0	0	l. Annual Health Maintenance	33	0	33
15. Anticoagulation	0	0	0	0	m. Sick Call Visits Seen	0	0	339
16. Sick Call Visits Not Seen	0	0	0	0	n. Sick Call Visits Refused	0	0	0
17. Discharge/Patient Release	0	0	0	0	18. Emergent/Inpatient Care	0	0	0
19. Dental Services	Scheduled	Seen	Refused					
1. Dental Visits	0	75	15					
2. Dental X-Rays	0	4	0					
3. Fillings/Cleanings	13	9	0					
4. Annual Exams	0	0	0					
5. Dentures	0	12	0					
6. Extractions	2	13	2					
7. Off-Site Visits	0	0	0					
<b>Total # Days Pending Sick Call Appointment</b>								
1. # Days pending medical appointments								
2. # Days pending dental appointments								
3. # Days pending psychiatry appointments								
<b>PSYCHIATRY PERFORMANCE MEASURES</b>								
1. # Suicide Attempts (Hanging, Altered Overdose, etc.)								
2. # Inmates Receiving Forced Psych Medications								
3. # Inmates in Therapeutic Restraints								
4. # Inmates with Mental Health Treatment Guardianship								
<b>MISCELLANEOUS</b>								
1. # Informal Complaints								
2. # Formal Grievances								
3. # Cardiac Chills								
4. # Diabetic Illness								
5. # Diabetic Illness								
6. # Diabetic Illness								
7. # Diabetic Illness								
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**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**  
**COMMUNICABLE/DIRECTIONS DISEASES**

1. # HIV Tests	0	1. # Inmates prescribed to ARC	0	22. # Hep A Vaccines Given	0
2. # HIV Tests Positive	0	2. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	0
3. # HIV Tests Refused HIV Test	0	3. # Completed HIV Tx	0	25. # New HPV Cases	0
4. # HIV Tests Positive	0	4. # TST Given	17	26. # New MISA Cases	0
5. # HIV Tests Positive	0	5. # Newly On Acute TB	0	27. # Gonorrhea Cases	0
6. # HIV Tests Positive	0	6. # Inmates TST with TB	0	28. # Chlamydia Cases	0
7. a. # Clinical HIV Tests	0	7. # Refused TB Prophylaxis	0	29. # Syphilis Cases	0
8. b. # Clinical HIV Tests Positive	0	8. # TB Cases	0		
9. Inmates On ARTS	0	9. # of CCR for TB/ITB	0		
10. Inmates On ARTS	0	10. # Influenza Vaccines Given	0		
11. # Clinical HIV Tests	0	11. # Pneumovax Given	0		
12. # Clinical HIV Tests Positive	0	12. # DT Boosters Given	0		

H.S.A. Signature: \_\_\_\_\_ Date: 6/4/18

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level: RCC LEVEL 2 Month / Year: Jul-18

HSA Signature: \_\_\_\_\_ Date Report Completed: 7-Aug-18

Average Daily Census: 333

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MN Level	Funding
1. Cardiac/HITM	0	0	0	0	1. Scheduled Clinic Visits Seen	59	0	90
2. Endocrine/Diabetes	3	2	2	0	2. Clinical Visits Not Seen	6	0	19
3. Gastrointestinal	0	0	0	0	a. Patient Refused	6	0	19
4. OB/GYN	0	0	0	0	b. Referrals Signed	6	0	19
5. Geriatric/Alzheimer	0	0	0	0	c. Security Issues	0	0	0
6. Hep C	31	23	24	0	d. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/Imx	0	0	0	0	4. Segregation Visits	0	0	0
9. Mental/Psychiatry	0	0	0	0	5. RDC Wake	0	0	0
10. Ortho	0	0	0	0	6. Inpatient Transfers	33	0	33
11. Psychiatry	0	0	0	0	7. Inpatient Intakes	49	0	49
12. Respiratory	0	0	0	0	8. Cancer Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Inpatient BP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	10	0	10
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	259
On-Site Specialty Services		INPATIENT/ICU		12. Sick Call Visits Not Seen	0	0	0	0
1. Diabetes	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	0
2. Diabetes	0	2. # Admit Status	0	14. Discharge/Parole Reentry	0	0	0	26
3. OB/GYN	0	3. # Housing Status	0	15. Enlargement/Physical Exam	0	0	0	1
4. Laboratory Studies	371	4. # In Outpatient Unit	0	DENTAL SERVICES				
5. Minor Procedures	0	5. # In Hospital Care	0	1. Dental Visits	80	59	29	0
6. Menstruations	0	BIRTH DEATHS		2. # Dental X Rays	0	30	0	0
7. Menstruations	0	1. Total # of Deaths	0	3. # X Rays/Changes	17	42	4	0
8. Gynecology	0	2. # Deaths Facility	0	4. # Annual Exams	0	0	0	0
9. Radiology Studies	13	3. # Deaths at Hospital	0	5. # Emergencies	9	0	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	6. # Ectomies	5	24	3	0
On-Site Services/Consults		PHARMACY		7. # On-Site Visits	34	22	7	0
1. ER Visits	0	1. # Days pending medical appointments		Total # Days Pending Sick Call Appointment				
2. Ambulance Transports	0	2. # on HCV Rx	37.33%	2. # Days pending dental appointments	7	7	7	0
3. Total # of Hospital Admits	0	3. # on HIV on Rx	0	3. # Days pending psychiatric appointments	0	0	0	0
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	PSYCHIATRY PERFORMANCE MEASURES				
5. Outpatient Surgeries	0	5. # on TB Meds	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0	0
6. On-Site Referrals	1	6. # Completed HIV Test (Fast TB)	0	2. # Inmates Receiving Forced Psych Medication	0	0	0	0
7. On-Site Referrals Approved	1	7. # on Rx for Active TB	0	3. # Inmates in Therapeutic Restraints	0	0	0	0
8. On-Site Referrals ATP	0	8. # on Psych Meds	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0	0
9. On-Site Diagnostic Studies	17	9. # on Rx for MRSA	0	MISCELLANEOUS				
10. On-Site Specialty Visits	1	10. # On-Site Pharmacy Rx	0	1. # Informal Complaints	1	4. # HIV Tests	0	0
11. # Inmates Transported after hours/weekends	0	11. # Missing medication orders	0	2. # Formal Grievances	0	5. # Cardiac Diets	1	0
				3. # Births/Deaths	1	CLUTEM FREE	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # RDC HIV Tests	0	11. # Inmates prescribed to HIV	0	23. # Hep A Vaccines Given	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	0
3. # RDC Inmates Referred HIV Test	0	13. # Completed HIV Test	0	25. # New HIV Cases	0
4. # RDC New HIV Tests	0	14. # TB Given	0	26. # New MRSA Cases	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Referred	0	16. # Inmates TST with TB	0	28. # Chlamydia Cases	0
7. # # Clinical HIV Tests	0	17. # Referred TB Prophylaxis	0	29. # Syphilis Cases	0
8. # Clinical HIV Tests Positive	0	18. # TB Conversions	0		
9. Inmates on AIDS	0	19. # of CR for TB/TB	0		
10. Inmates on HIV	0	20. # Referrals Vaccines Given	0		
11. # Clinical Hep C Tests	0	21. # Pneumonia Given	0		
12. # Clinical Hep C Tests Positive	0	22. # TB Boosters Given	0		

HSA Signature: \_\_\_\_\_ Date: 8/2/18

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau			
Facility / Level:	RCC LEVEL 2	Month / Year:	Aug-18
HSA Signature:		Date Report Completed:	6-Sep-18
		Average Daily Census:	921

On-Site Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse/PA	Refused
1. Cardiac/ITM	0	0	0	0	1. Scheduled Clinic Visits Seen	108	16	234
2. Endocrine/Diabetes	0	0	0	0	2. Clinical Visits Not Seen	0	0	0
3. Gastrointestinal	0	0	0	0	a. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	3. Referrals Signed	6	0	0
5. Genito-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	32	32	30	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/UTI	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Sensory	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	1	1	1	0	6. Inpatient Transfers	23	0	17
11. Psychiatry	0	0	0	0	7. Inpatient Intakes	49	0	53
12. Respiratory	0	0	0	0	8. Cadet Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Inpatient HBP	0	0	26
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	10	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	254
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	0
INPATIENT/ICU					13. Sick Call Visits Refused	0	0	0
1. Diagnostics	0	0	0	0	14. Discharge/People Reentry	0	0	15
2. OB/GYN	0	0	0	0	15. Emergent/Urgent Seen	0	1	2
3. Laboratory Studies	125	0	0	0	DENTAL SERVICES			
4. Minor Procedures	6	5	5	0	1. Dental Visits	117	96	21
5. Radiology Studies	0	0	0	0	2. Dental X-Rays	2	0	0
6. Radiology Therapy	0	0	0	0	3. Fillings/Cleanings	20/6	30/6	0
IMMATE DEATHS					4. Annual Exams	85	0	0
1. Total # of Deaths	0	0	0	0	5. R Denials	17	5	0
2. # Deaths Suicidal	0	0	0	0	7. Extractions	24	24	0
3. # Deaths at Hospital	0	0	0	0	8. Off-Site Visits	0	0	0
4. # Deaths at Facility	0	0	0	0	Total # Days Pending Sick Call Appointment			
On-Site Services/Consults					1. # Days pending medical appointments	M.D. APF		
1. ER Visits	2	0	0	0	2. # Days pending dental appointments	7		
2. Admitted from ER	0	0	0	0	3. # Days pending psychiatric appointment	0		
3. Ambulance Transports	0	0	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Total # of Hospital Admits	0	0	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0		
5. Inpatient Surgeries	0	0	0	0	2. # Inmates Requiring Second Psych Medications	0		
6. Outpatient Surgeries	0	0	0	0	3. # Inmates in Therapeutic Restraints	0		
7. Off-Site Referrals	2	0	0	0	4. # Inmates with Mental Health Treatment Guardianship	0		
8. Off-Site Referrals Approved	4	0	0	0	MISCELLANEOUS			
9. Off-Site Referrals ATP	1	0	0	0	1. # Informal Complaints	0	4. # HIV Tests	0
10. Off-Site Diagnostic Studies	0	0	0	0	2. # Formal Grievances	0	5. # Cardiac Diets	1
11. Off-Site Specialty Visits	2	0	0	0	3. # Objects Deth	0	QUININ FREE	0
12. Inmates Transported after hours/weekends	0	0	0	0	4. # Nursing medication errors	0	5. # Objects Deth	0

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report to Health Services Bureau									
COMMUNICABLE/INFECTIOUS DISEASES									
1. # RDC HIV Tests	0	13. # Inmates presented to IAC	0	23. # Hep A Vaccines Given	20				
2. # RDC HIV Tests Positive	0	14. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	15				
3. # RDC Inmates Refused HIV Test	0	15. # Completed HCV Tx	0	25. # New HPV Cases	0				
4. # RDC Hep C Tests	0	16. # TST Given	20	26. # New MISA Cases	0				
5. # RDC Hep C Tests Positive	0	17. # Newly On Acute TB	0	27. # Gonorrhea Cases	0				
6. # RDC Hep C Tests Refused	2	18. # Newborn TST with TB Rx	0	28. # Chlamydia Cases	0				
7. # Clinical HIV Tests	0	19. # Refused 1 HR Prophylaxis	0	29. # Syphilis Cases	0				
8. # Clinical HIV Tests Positive	0	20. # TST Converters	0						
9. Inmates Dx AIDS	0	21. # on CTR for TB/TB	0						
10. Inmates Dx HIV	0	22. # Influenza Vaccines Given	0						
11. # Clinical Hep C Tests	17	23. # Pneumonia Given	0						
12. # Clinical Hep C Tests Positive	0	24. # TB Booster Given	0						

HSA Signature	Date
	9/6/18

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**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level:

00000000

Month / Year:

00/00

Officer Signature:

Date Report Completed:

00/00/00

Average Daily Census:

000

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HIV	20	20	20	0	1. Scheduled Clinic Visits Seen	93	72	255
2. Endocrine/Diabetes	30	30	30	0	2. Clinical Visits Not Seen	0	0	0
3. Gastrointestinal	0	0	0	0	a. Patient Refused	2	0	0
4. OS/OTN	0	0	0	0	2. Referrals Signed	0	0	0
5. Genito-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	40	40	40	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/INH	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Sen-nre	0	0	0	0	5. ADC Intake	0	0	0
10. Ortho	1	1	1	0	6. Inmate/Prisoner Transfers	16	0	36
11. Psychiatry	0	0	0	0	7. Inmate/Prisoner Releases	41	0	43
12. Respiratory	0	0	0	0	8. Cadet Physicals	0	0	0
13. Social Needs	0	0	0	0	9. Inmate H&P	0	0	35
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	145
On-Site Specialty/Services					12. Sick Call Visits Not Seen	0	0	3
INPATIENT/ATC					13. Sick Call Visits Refused	0	0	3
1. Dialysis	0	1. # Observation Status	0	13. Discharge/Patient Reentry	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	14. Emergent/Admit Reentry	0	0	0	0
3. OB/Gyn	0	3. # Housing Status	0	15. Emergent/Admit Seen	0	0	0	0
4. Laboratory Studies	0	4. # In Geriatric Unit	0	DENTAL SERVICES				
5. Minor Procedures	0	5. # In Hospice Care	0	Scheduled	Seen	Refused		
6. Mammograms	0	INMATE DEATHS			1. Dental Visits	04	62	22
7. Nephrology	0	1. Total # of Deaths	0	2. # Dental X-Rays	0	0	0	0
8. Ophthalmology	54 OFF-SITE	2. # Deaths Suicide	0	3. # Fillings/Cleanings	36	34	0	0
9. Radiology Studies	0	3. # Deaths at Hospital	0	4. # Annual Exams	0	0	0	0
10. Physical Therapy	0	4. # Deaths at Facility	0	5. # Dentures	0	0	0	2
Off-Site Services/Consults					6. # Extractions	3	10	0
					7. # Inmates	35	32	4
					Total # Days Pending Sick Call Appointment			
1. ER Visits	2	PHARMACY			1. # Days pending medical appointment	M.D. APT.		
a. Admitted from ER	0	1. # on Rx	25.35%	217	2. # Days pending dental appointment	7		
2. Ambulance Transports	0	2. # on MCV Rx	0	0	3. # Days pending psychiatric appointment	0		
3. Total # of Hospital Admits	0	3. # on HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	4. # Dx AIDS on Rx	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0		
5. Outpatient Surgeries	0	5. # on INH Meds	0	0	2. # Inmates Receiving Oral Psych Medications	0		
6. Off-Site Referrals	0	6. # Completed INH (for LTB)	0	0	3. # Inmates in Therapeutic Restraining	0		
7. Off-Site Referrals Approved	0	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship	0		
8. Off-Site Referrals ATP	2	8. # on Psych Meds	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	4	9. # on Rx for MRSA	0	0	1. # Informal Confrontations	7	4	4
10. Off-Site Specialty Visits	1	10. # Off-site Pharmacy Rx	0	0	2. # Formal Confrontations	0	5	4
11. # Inmates transported after hours/weekends	0	11. # Missing medication errors	0	0	3. # Glucose Checks	1	0	0
NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau								
COMMUNICABLE/INFECTIOUS DISEASES								
1. # RDC HIV Tests	0	13. # Inmates presented to TBC	0	23. # Hep A Vaccines Given	13			
2. # RDC HIV Tests Positive	0	12. # Approved for MCV Tx	0	24. # Hep B Vaccines Given	19			
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HPV Cases	0			
4. # RDC Hep C Tests	0	14. # TST Given	34	26. # New MRSA Cases	0			
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	0			
6. # RDC Hep C Tests Refused	3	16. # Inmates TST with LTB	0	28. # Chlamydia Cases	0			
7. a. # Clinical HIV Tests	0	17. # Refused LTB Prophylaxis	0	29. # Syphilis Cases	0			
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0					
8. Inmates Dx AIDS	0	19. # of CAR for LTB/TB	0					
9. Inmates Dx HIV	0	20. # Inmate Vaccines Given	0					
10. a. # Clinical Hep C Tests	35	21. # Pneumovax Given	0					
b. # Clinical Hep C Tests Positive	32	22. # DT Boosters Given	0					

Officer Signature:

Date: 10/8/10

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau			
Facility / Level:	RCC LEVEL 2	Month / Year:	Oct-18
NSA Signature:		Date Report Completed:	9-Nov-18
		Average Daily Census:	320

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse	Wound
1. Cardiac/PTN	20	10	1	0	3. Scheduled Clinic Visits Seen	75	0	364
2. Endocrine/Diabetes	10	10	1	0	2. Clinical Visits Not Seen	0	0	0
3. Gastrointestinal	0	0	0	0	0. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Refusals Signed	0	0	0
5. Geriatric/Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	45	10	10	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	100%	100%	100%
8. Infectious Dx/TB	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuromuscular	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	1	0	0	0	6. Intubation Transfers	0	0	16
11. Psychiatry	0	0	0	0	7. Intubation Intakes	47	0	47
12. Respiratory	0	0	0	0	8. Cadet Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake/Ref	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	9	0	109
On-Site Specialty Services					12. Sick Call Visits Not Seen	0	0	0
1. Dialysis	0	0	0	0	13. Sick Call Visits Refused	0	0	0
2. Dermatology	0	0	0	0	14. Discharge/Probe Refused	0	0	10
3. OB/GYN	0	0	0	0	15. Emergent/Admit Seen	0	0	1
4. Laboratory Studies	170	0	0	0	DENTAL SERVICES			
5. Minor Procedures	3	0	0	0	1. Dental Visits	91	72	26
6. Mammograms	0	0	0	0	2. # Dental X-Rays	0	1	0
7. Nephrology	0	0	0	0	3. Fillings/Cleanings	37	32	5
8. Optometry	0	0	0	0	4. # Annual Exams	0	0	0
9. Radiology Studies	0	0	0	0	5. # Dentures	21	19	2
10. Physical Therapy	0	0	0	0	6. Extractions	15	11	2
Off-Site Specialty Services					7. Intakes	37	17	0
1. ER Visits	0	0	0	0	Total # Days Pending Sick Call Appointment			
a. Admitted from ER	0	0	0	0	1. # Days pending medical appointment	M.D. APT	7	7
2. Ambulance Transfers	0	0	0	0	2. # Days pending dental appointment		0	0
3. Total # of Hospital Admits	0	0	0	0	3. # Days pending psychiatry appointment		0	0
4. Inpatient Surgeries	0	0	0	0	PSYCHIATRY PERFORMANCE MEASURES			
5. Outpatient Surgeries	1	0	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)		0	0
6. Off-Site Referrals	0	0	0	0	2. # Inmates Requiring Special Psych Medications		0	0
7. Off-Site Referrals Approved	1	0	0	0	3. # Inmates In Therapeutic Relationship		0	0
8. Off-Site Referrals APT	0	0	0	0	4. # Inmates with Mental Health Treatment Guardianship		0	0
9. Off-Site Diagnostic Studies	0	0	0	0	MISCELLANEOUS			
10. Off-Site Specialty Visits	3	0	0	0	1. # Internal Complaints	1	3	4
11. # Inmates Transported after hours/weekends	0	0	0	0	2. # External Complaints	0	5	4
					3. # Diabetic Diet		0	0
					4. # Gluten Free		0	0

NEW MEXICO CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau COMMUNICABLE/INFECTIOUS DISEASES									
1. # RDC HIV Tests	0	17. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	0	29. # Hep B Vaccines Given	0	35. # HIV Tests Positive	0
2. # RDC HIV Tests Positive	0	32. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	0	30. # HIV Tests Positive	0	36. # HIV Tests Positive	0
3. # RDC Inmates Refused HIV Test	0	33. # Completed HCV Tx	0	25. # New HIV Cases	0	31. # HIV Tests Positive	0	37. # HIV Tests Positive	0
4. # RDC Hep C Tests	0	34. # TST Given	18	26. # New AIDS Cases	0	32. # HIV Tests Positive	0	38. # HIV Tests Positive	0
5. # RDC Hep C Tests Positive	0	35. # Newly On Active TB	0	27. # Gonorrhea Cases	0	33. # HIV Tests Positive	0	39. # HIV Tests Positive	0
6. # RDC Hep C Tests Refused	0	36. # Inmates TST with TB	0	28. # Chlamydia Cases	0	34. # HIV Tests Positive	0	40. # HIV Tests Positive	0
7. a. # Clinical HIV Tests	0	37. # Relapsed TB Prophylaxis	0	29. # Syphilis Cases	0	35. # HIV Tests Positive	0	41. # HIV Tests Positive	0
b. # Clinical HIV Tests Positive	0	38. # TST Converters	0			36. # HIV Tests Positive	0	42. # HIV Tests Positive	0
8. Inmates On AIDS	0	39. # of CAR for TB/TB	0			37. # HIV Tests Positive	0	43. # HIV Tests Positive	0
9. Inmates On HIV	0	40. # Influenza Vaccines Given	0			38. # HIV Tests Positive	0	44. # HIV Tests Positive	0
10. a. # Clinical Hep C Tests	35	41. # Pneumonia Given	0			39. # HIV Tests Positive	0	45. # HIV Tests Positive	0
b. # Clinical Hep C Tests Positive	33	42. # DT Boosters Given	0			40. # HIV Tests Positive	0	46. # HIV Tests Positive	0

NSA Signature: \_\_\_\_\_ Date: 11/9/18


NEW MEXICO CORRECTIONS DEPARTMENT  
Monthly Report To Health Services Bureau

Facility / Level: RCC LEVEL 2 Month / Year: Nov-18

2018 Signature: \_\_\_\_\_ Date Report Completed: 5-Dec-18

Average Daily Census: 180

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	NM Level	Humana
1. Cardiac/HTN	20	34	3	4	1. Scheduled Clinic Visits Seen	80	0	302
2. Endocrine/Diabetes	1	2	3	1	2. Clinical Visits Not Seen	31	0	141
3. Gastrointestinal	13	7	2	4	a. Patient Refused	1	0	1
4. OB/GYN	0	0	0	0	1. Refusals Stated	1	0	1
5. Geriatric/Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	101	34	17	10	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. Y. Rescheduled	100%	100%	100%
8. Infectious Dx/MH	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	3	6	1	0	5. RDC Intake	0	0	0
10. Q-100	0	0	0	0	6. Inmate System Transfers	36	0	16
11. Psychiatry	1	0	0	0	7. Inmate System Intakes	34	0	34
12. Respiratory	1	0	0	0	8. Cadet Physicals	0	0	0
13. Special Needs	10	6	6	2	9. Intake HEP	0	0	0
14. Pain Management	2	0	0	0	10. Annual Health Maintenance	0	0	30
15. Anticoagulants	0	0	0	0	11. Sick Call Visits Seen	0	0	93
On-Site Specialty/Services					INMATE DEATHS			
1. Dental	0	0	0	0	12. Sick Call Visits Not Seen	0	0	0
2. Diagnostics	0	0	0	0	13. Sick Call Visits Refused	0	0	0
3. OB/GYN	0	0	0	0	14. Discharge/Parole Reentry - 2/17	0	0	2-26
4. Laboratory Studies	196	4	0	0	15. Emergent/Urgent Seen	0	0	1
5. Minor Procedures	0	0	0	0	DENTAL SERVICES			
6. Mammograms	0	0	0	0	Scheduled	Seen	Refused	
7. Nephrology	0	0	0	0	1. Dental Visits	87	108	21
8. Optometry	0	0	0	0	2. Dental X-Rays	6	8	0
9. Radiology Studies	0	0	0	0	3. Fillings/Cleanings	50	36	12
10. Physical Therapy	0	0	0	0	4. Annual Exams	10	0	0
					5. Dentures	20	29	5
					6. Refr	2	0	2
					Intakes	41	38	3
Off-Site Services/Consults					Total # Days Pending Sick Call Appointment			
1. ER Visits	2	PREGNANCY			1. # Days pending medical appointment	M.D. APs		
a. Admitted from ER	0	1. # on Rx	33.03%	109	2. # Days pending dental appointment	0		
2. Ambulance Transport	0	2. # on MCY Rx	0	0	3. # Days pending psychiatric appointment	0		
3. Total # of Hospital Admits	0	3. # on HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
4. Inpatient Surgeries	0	4. # on AIDS on Rx	0	0	1. # Suicide Attempts (Wounding, Med Overdose, etc.)	0		
5. Outpatient Surgeries	0	5. # on HIV Meds	0	0	2. # Inmates Receiving forced Psych Medications	0		
6. Off-Site Referrals	16	6. # Completed Intake (for LTBI)	0	0	3. # Inmates in Therapeutic Restraints	0		
7. Off-Site Referrals Approved	5	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guidelines	0		
8. Off-Site Referrals ALP	3	8. # on Psych Meds	0	0	MISCELLANEOUS			
9. Off-Site Diagnostic Studies	6	9. # on Rx for MRSA	0	0	1. # Referral Complaints	0	4. # HTN Diet	0
10. Off-Site Specialty Visits	6	10. # Off-Site Pharmacy Rx	0	0	2. # Formal Grievances	0	5. # Car/Side Diet	0
11. # Inmates Transported after Hours/Weekends	1	11. # Nursing medication errors	0	0	3. # Discharge Diet	0	GLUTEN FREE	

NEW MIXED CORRECTIONS DEPARTMENT Monthly Report To Health Services Bureau						
COMMUNICABLE/INFECTIOUS DISEASES						
1. # RDC HIV Tests	0	13. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	1	
2. # RDC HIV Tests Positive	0	14. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	9	
3. # RDC Inmates Refused HIV Test	0	15. # Completed HIV Tx	0	25. # New HIV Cases	0	
4. # RDC Hep C Tests	0	16. # TST Given	30	26. # New AIDS Cases	0	
5. # RDC Hep C Tests Positive	0	17. # Newly De Active TB	0	27. # Gonorrhea Cases	0	
6. # RDC Hep C Tests Refused	0	18. # Inmates TST with TB	0	28. # Chlamydia Cases	0	
7. # Clinical HIV Tests	0	19. # Refused TB Prophylaxis	0	29. # Syphilis Cases	0	
8. # Clinical HIV Tests Positive	0	20. # TST Conversion	0			
9. Inmates On AIDS	0	21. # of CRH on LTBI/TB	0			
10. Inmates On HIV	0	22. # Inmate Vaccines Given	2			
11. # Clinical Hep C Tests	0	23. # Prescriptions Given	0			
12. # Clinical Hep C Tests Positive	0	24. # DT Boosters Given	0			

HSA Signature: \_\_\_\_\_

32/5/18

NEW MEXICO CORRECTIONS DEPARTMENT  
Monthly Report To Health Services Bureau



Facility / Level: RCC/II Month / Year: Dec-18  
HSA Signature: \_\_\_\_\_ Date Report Completed: 1/7/2019  
Average Daily Census: 390

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/HTN	5	8	101	6	123	3	2	1
2. Endocrine/Diabetes	2	4	2	3	2	0	1	2
3. Gastrointestinal			8		11	3	0	0
4. OB/GYN	0	0	0	0	0	0	0	0
5. Geriatric/Urinary	0	0	2	7	0	0	0	0
6. Hep C	38	43	31	11	0	0	0	0
7. HIV	0	0	0	0	0	0	0	0
8. Infectious Dtl/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	0	2	0	0	0	0	0	0
10. Ortho	1	2	4	0	0	0	0	0
11. Psychiatry	0	0	0	0	0	0	0	0
12. Respiratory	3	3	3	3	0	0	0	0
13. Special Needs		4	6		0	0	0	0
14. Pain Management	0	2	3	0	10	1	6	1
15. Anticoagulant	0	0	0	0	11	0	0	130
<b>On-Site Specialty Services</b>					<b>INFORMALITY/LTCU</b>			
1. Dialysis	0	1	# Observation Status	0	13	Sick Call Visits Refused	0	2
2. Diagnostics	0	2	# Admit Status	0	24	Discharge/Parole Reentry/ITAP	0	10/20/1958
3. OB/GYN	0	3	# Housing Status	0	15	Emergency/Urgent Seen	0	4
4. Laboratory Studies	110	4	# In Geriatric Unit	0	<b>DENTAL SERVICES</b>			
5. Minor Procedures	1	5	# In Hospice Case	0	1	Dental Visits	44	38
6. Mammograms	0			0	2	Dental X-Rays	30	33
7. Nephrology	0	1	Total # of Deaths	0	3	# 30 Day Exams	15	25
8. Optometry	0	2	# Deaths Suicide	0	4	# Annual Exams	0	0
9. Radiology Studies	0	3	# Deaths at Hospital	0	5	# Dentures	9	9
10. Physical Therapy	0	4	# Deaths at Facility	0	7	# Extractions	10	17
11. Podiatry	0			0	8	# Off-Site Visits	0	0
<b>Off-Site Services Consults</b>					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits					1	# Days pending medical appointment		7
2. Admitted from ER	1	1	# on Rx	101	2	# Days pending dental appointment		7
3. Ambulance Transports	0	2	# on HCV Rx	0	3	# Days pending psychiatry appointment		0
4. Total # of Hospital Admits	1	3	# On HIV on Rx	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Inpatient Surgeries	0	4	# On AIDS on Rx	0	1	# Suicide Attempts (Hanging, Med Overdose, etc.)		0
6. Outpatient Surgeries	0	5	# on INH Meds	0	2	# Inmates Receiving Forced Psych Medications		0
7. Off-Site Referrals	6	6	# Completed INH (For LTBI)	0	3	# Inmates in Therapeutic Restraints		0
8. Off-Site Referrals Approved	7	7	# on Rx for Active TB	0	4	# Inmates with Mental Health Treatment Guardianship		0
9. Off-Site Referrals ATP	1	8	# on Psych Meds	0	<b>MISCELLANEOUS</b>			
10. Off-Site Diagnostic Studies	3	9	# on Rx for MRSA	0	1	# Informal Complaints	0	4
11. Off-Site Specialty Visits	4	10	# Off-Site Pharmacy Rx	0	2	# Formal Grievances	0	5
12. Inmates Transported after hours/weekends	0	14	# Nursing medication errors	0	3	# Diabetes	1	0
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>								
1. # RDC HIV Tests	0	31	# Inmates presented to TRC	0	23	# Hep A Vaccines Given		
2. # RDC HIV Tests Positive	0	32	# Approved for HCV Tx	0	24	# Hep B Vaccines Given		
3. # RDC Inmates Refused HIV Test	0	23	# Completed HCV Tx	0	25	# New HPV Cases		
4. # RDC Hep C Tests	0	14	# TST Given	0	26	# New MRSA Cases		0
5. # RDC Hep C Tests Positive	0	15	# Newly Dx Active TB	0	27	# GC Cases		0
6. # RDC Hep C Tests Refused	0	16	# Inmates TST with LTBI	0	28	# Chlamydia Cases		0
7. a. # Clinical HIV Tests	0	17	# Released LTBI Prophylaxis	0	29	# Syphilis Cases		0
b. # Clinical HIV Tests Positive	0	18	# TST Converters	0				
8. Inmates Dx AIDS	0	19	# of CXR for LTBI/TB	0				
9. Inmates Dx HIV	0	20	# Influenza Vaccines Given	0				
10. a. # Clinical Hep C Tests	0	21	# Pneumonia Given	0				
b. # Clinical Hep C Tests Positive	0	22	# DT Boosters Given	1				

ASCA

RN: 21907  
Provider: 293  
TB: 0  
Spec Consults: 8  
Spec Consults: 136  
Emer Health condition: 5

Infection Control Report:  
HepC Tests: 0  
HepC Positive: 0  
HIV Tests: 0  
HIV Positive: 0

HSA Signature

Date: 1/7/19

APPROVED NMCD

Form NM-120, 12/12/18



NEW MEXICO CORRECTIONS DEPARTMENT  
Monthly Report To Health Services Bureau



Facility / Level: RCC / II Month / Year: Jan-19  
HSA Signature: \_\_\_\_\_ Date Report Completed: 2/6/2019  
Average Daily Census: 292

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HTN	1	3	8	3	0	0	0	113
2. Endocrine/Diabetes	1	2	0	3	2	0	0	14
3. Gastrointestinal	5	5	5	8	0	0	0	0
4. OB/GYN	0	0	0	0	0	0	0	0
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	21	19	18	3	0	0	0	0
7. HIV	0	0	0	0	0	0	0	0
8. Infectious Dx/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	0	1	0	2	0	0	0	0
10. Ortho	1	0	0	3	0	0	0	13
11. Psychiatry	0	0	0	0	0	0	0	0
12. Respiratory	2	1	1	0	0	0	0	0
13. Social Needs	8	4	3	1	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	0	145
On-Site Specialty/Services					INPATIENT/ICU			
1. Dialysis	C	1. # Observation Status	0	0	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	0	0	0	0	8/25/14
3. OB/Gyn	0	3. # Housing Status	0	0	0	0	0	21
4. Laboratory Studies	126	4. # In Geriatric Unit	0	0	DENTAL SERVICES			
5. Minor Procedures	1	5. # in Hospice Care	0	0	1. Dental Visits	Scheduled	Seen	Refused
6. Mammograms	0	INMATE DEATHS			2. # Dental X-Rays	62	77	9
7. Nephrology	0	0.1. Total # of Deaths	0	0	3. # 30 Day Exam	0	0	0
8. Optometry	34	0.2. # Deaths Suicide	0	0	4. # Annual Exams	9	9	0
9. Radiology Studies	5	0.3. # Deaths at Hospital	0	0	5. # Dentures	33	33	0
10. Physical Therapy	0	0.4. # Deaths at Facility	0	0	6. # Extractions	26	26	0
11. Audiology	0	0.5. # Deaths at Facility	0	0	7. # Off-Site Visits	0	0	0
Off-Site Specialty Consults					Total # Days Pending Sick Call Appointment			
1. ER Visits	1	PHARMACY			1. # Days pending medical appointment	0	0	7
2. Admitted from ER	0	1. # on Rx	0	0	2. # Days pending dental appointment	0	0	7
3. Ambulance Transports	0	2. # on MCV Rx	0	0	3. # Days pending psychiatry appointment	0	0	0
4. Total # of Hospital Admits	0	3. # On HIV on Rx	0	0	PSYCHIATRY PERFORMANCE MEASURES			
5. Inpatient Surgeries	0	4. # Dr AIDS on Rx	0	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
6. Outpatient Surgeries	0	5. # on INH Meds	0	0	2. # Inmates Receiving forced Psych Medications	0	0	0
7. Off-Site Referrals	3	6. # Completed INH (For LTBI)	0	0	3. # Inmates in Therapeutic Restraints	0	0	0
8. Off-Site Referrals Approved	3	7. # on Rx for Active TB	0	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
9. Off-Site Referrals ATP	2	8. # on Psych Meds	0	0	MISCELLANEOUS			
10. Off-Site Diagnostic Studies	5	9. # on Rx for MRSA	0	0	1. # Informal Complaints	0	4. # Escalation Policy Initiation	0
11. Off-Site Specialty Visits	2	10. # Off-Site Pharmacy Rx	0	0	2. # Formal Grievances	0	5. # Cardiac/HTN Diets for Dx of Cardiac/HTN	0
12. Inmates Transported after hours/weekends	0	11. # Nursing medication errors	0	0	3. # Diabetic Diets for Dx of Diabetes	1	0	0
COMMUNICABLE/INFECTIOUS DISEASES								
1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	0	23. # Hep A Vaccines Given	0	0	0
2. # RDC HIV Tests Positive	0	12. # Approved for MCV Tx	0	0	24. # Hep B Vaccines Given	0	0	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed MCV Tx	0	0	25. # New HPV Cases	0	0	0
4. # RDC Hep C Tests	0	14. # TST Given	18	0	26. # New MRSA Cases	0	0	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	0	27. # GC Cases	0	0	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTBI	0	0	28. # Chlamydia Cases	0	0	0
7. a. # Clinical HIV Tests	0	17. # Refused LTBI Prophylaxis	0	0	29. # Syphilis Cases	0	0	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0	0				
8. Inmates Dx AIDS	0	19. # of CXR for LTBI/TB	0	0				
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0	0				
10. a. # Clinical Hep C Tests	0	21. # Pneumovax Given	0	0				
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	4	0				

ASCA	
RN	111
Provider	41
TB	0
Spec Consults	3
Spec Consults/36	0
Emer Health condition	1

Infection Control Report:	
HepC Tests	0
HepC Positive	0
HIV Tests	0
HIV Positive	0

HSA Signature: \_\_\_\_\_ Date: 2/6/19

APPROVED NMCD

Form NM-120, 9/12/18



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**



Facility / Level: RCC Level II Month / Year: Mar-19  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 4/9/2019  
 Average Daily Census: 268

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HTN	12	4	6	4	0	1	0	332
2. Endocrine/Diabetes	21	1	2	1	0	0	0	68
3. Gastrointestinal	0	0	0	0	0	0	0	0
4. OB/GYN	0	0	0	0	0	0	0	0
5. Genito Urinary	0	0	0	0	0	0	0	0
6. Hep C	24	21	21	4	0	0	0	0
7. HIV	0	0	0	0	0	0	0	0
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	11	0	0	0	0	0	0	19
10. Ortho	3	4	3	1	0	0	0	15
11. Psychiatry	0	0	0	0	0	0	0	36
12. Respiratory	2	2	2	0	0	0	0	0
13. Special Needs	5	6	5	1	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	0	128
<b>On-Site Specialty/Services</b>					<b>INPATIENT/UTCU</b>			
1. Dialysis	0	1	# Observation Status	0	13. Sick Call Visits Refused	0	0	0
2. Diagnostics	0	2	# Admit Status	0	14. Discharge/Parole Reentry/ITAP	0	0	5
3. OB/Gyn	0	3	# Housing Status	0	15. Emergent/Urgent Seen	0	0	14
4. Laboratory Studies	160	4	# In Geriatric Unit	0	<b>DENTAL SERVICES</b>			
5. Minor Procedures	0	5	# In Hospice Care	0	1. Dental Visits	77	78	15
6. Mammograms	0	1	Total # of Deaths	0	2. # Dental X-Rays	0	5	0
7. Nephrology	0	1	# Deaths Suicide	0	3. # Intake Exams	5	5	0
8. Optometry	29	2	# Deaths at Hospital	0	4. # 2 Year Exams	28	19	9
9. Radiology Studies	0	3	# Deaths at Facility	0	5. # Dentures	14	13	0
10. Physical Therapy	0	4	# Deaths at Facility	0	6. # Extractions	20	19	1
11. Audiology	0	0		0	7. # Off-Site Visits	0	0	0
<b>Off-Site Service Consults</b>					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	0	<b>PHARMACY</b>			1. # Days pending medical appointment	0	0	7
2. Ambulance Transports	0	1	# on Rx	0	2. # Days pending dental appointment	0	0	7
3. Total # of Hospital Admits	0	2	# on HCV Rx	0	3. # Days pending psychiatry appointment	0	0	7
4. Inpatient Surgeries	0	3	# On AIDS on Rx	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Outpatient Surgeries	1	5	# on INH Meds	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
6. Off-Site Referrals	5	5	# Completed INH (for LTBI)	0	2. # Inmates Receiving forced Psych Medications	0	0	0
7. Off-Site Referrals Approved	5	7	# on Rx for Active TB	0	3. # Inmates in Therapeutic Restraints	0	0	0
8. Off-Site Referrals ATP	1	1	# on Psych Meds	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
9. Off-Site Diagnostic Studies	5	9	# on Rx for MRSA	0	<b>MISCELLANEOUS</b>			
10. Off-Site Specialty Visits	1	10	# Off-site Pharmacy Rx	0	1. # Informal Complaints	0	4	0
11. # Inmates Transported after hours/weekends	0	11	# Nursing medication errors	0	2. # Formal Grievances	0	5	0
					3. # Diabetic Diets for Dx of Diabetes	0	0	0
					4. # Escalation Policy Initiation	0	0	0
					5. # Cardiac/MTN Diets for Dx of	0	0	0
					6. # Diabetes	0	0	0
					7. # Syphilis Cases	0	0	0
					8. # SC Cases	0	0	0
					9. # Chlamydia Cases	0	0	0
					10. # Gonorrhea Cases	0	0	0
					11. # HIV Cases	0	0	0
					12. # DT Boosters Given	0	0	0
					13. # Hep A Vaccines Given	0	0	0
					14. # Hep B Vaccines Given	0	0	0
					15. # New HPV Cases	0	0	0
					16. # New MRSA Cases	0	0	0
					17. # SC Cases	0	0	0
					18. # Chlamydia Cases	0	0	0
					19. # Syphilis Cases	0	0	0
					20. # HIV Cases	0	0	0
					21. # Pneumovax Given	0	0	0
					22. # DT Boosters Given	0	0	0

ASCA	
RN	535
Provider	122
TB	0
Spec Consults	6
Spec Consults	7
Emer Health condition	15
Infection Control Report	
HepC Tests	1
HepC Positive	0
HIV Tests	1
HIV Positive	0

HSA Signature: \_\_\_\_\_

Date: 4/9/19

APPROVED NMCD

Form NM-120, 12/12/18

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: RCC / H Month / Year: Apr. 19  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 5/6/2019  
 Average Daily Census: 272



Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/HTN	3	3	3	0	1. Scheduled Clinic Visits Seen	47	0	535
2. Endocrine/Diabetes	2	0	0	0	2. Clinical Visits Not Seen	0	0	31
3. Gastrointestinal	0	7	9	0	a. Patient Refused	2	0	2
4. OB/GYN	0	0	0	0	3. Refusals Signed	2	0	2
5. Genito-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	16	13	12	2	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	3	0	20
8. Infectious Dz/INH	0	0	0	0	4. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. RDC Intake	0	0	0
10. Ortho	2	1	2	0	6. Intrasystem Transfers	13	0	0
11. Psychiatry	0	0	0	0	7. Intrasystem Intakes	38	0	0
12. Respiratory	3	2	2	0	8. Codef Physicals	0	0	0
13. Special Needs	3	3	3	0	9. Intake H&P	0	0	0
14. Pain Management	0	0	0	0	10. Physicals	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	0	0	535
<b>On-Site Specialty/Services</b>					<b>INFORMAL/TCU</b>			
1. Dialysis	0	1. # Observation Status	0	13. Sick Call Visits Refused	0	0	0	0
2. Diagnostics	0	2. # Admit Status	0	14. Discharge/Parole Reentry/ITAP	0	0	9,26.74	0
3. OB/Gyn	0	3. # Housing Status	0	15. Emergent/Urgent Seen	0	0	0	0
4. Laboratory Studies	118	4. # In Geriatric Unit	0	<b>DENTAL SERVICES</b>				
5. Minor Procedures	0	5. # In Hospice Care	0	1. Dental Visits	Scheduled	Seen	Refused	
6. Mammograms	0	<b>INMATE DEATHS</b>			2. # Dental X-Rays	3	10	0
7. Nephrology	0	1. Total # of Deaths	0	3. # 30 Day Exams	26	24	0	
8. Optometry	0	2. # Deaths Suicide	0	4. # Annual Exams	10	5	5	
9. Radiology Studies	73	3. # Deaths at Hospital	0	5. # Dentures	0	6	0	
10. Physical Therapy	0	4. # Deaths at Facility	0	6. # Extractions	7	13	2	
11. Audiology	0				7. # Off-Site Visits	0	0	0
<b>On-Site Services Consults</b>				<b>Total # Days Pending Sick Call Appointment</b>				
1. ER Visits	7	<b>PHARMACY</b>			1. # Days pending medical appointment	7		
a. Admitted from ER	1. # on Rx	93	2. # Days pending dental appointment			7		
2. Ambulance Transports	12. # on HCV Rx	0	3. # Days pending psychiatry appointment			0		
3. Total # of Hospital Admits	13. # Dx HIV on Rx	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>					
4. Inpatient Surgeries	14. # Dx AIDS on Rx	0	1. Suicide Attempts (Hanging, Med Overdose, etc.)					
5. Outpatient Surgeries	15. # on INH Meds	0	2. # Inmates Receiving forced Psych Medications					
6. Off-Site Referrals	16. # Completed INH (for LTBI)	0	3. # Inmates in Therapeutic Restraints					
7. Off-Site Referrals Approved	17. # on Rx for Active TB	0	4. # Inmates with Mental Health Treatment Guardianship					
8. Off-Site Referrals ATP	18. # on Psych Meds	0	<b>MISCELLANEOUS</b>					
9. Off-Site Diagnostic Studies	19. # on Rx for MRSA	0	1. # Informal Complaints					
10. Off-Site Specialty Visits	20. # Off-site Pharmacy Rx	0	4. # Escalation Policy Initiation					
11. # Inmates Transported after hours/weekends	21. # Nursing medication errors	0	5. # Cardiac/HTN Diets for Dx of Cardiac/HTN					
					2. # Formal Grievances	0		
					3. # Diabetic Diets for Dx of Diabetes	1		
					3. # Fiber Diet	0		
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>								
1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	20			
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	24			
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HPV Cases	0			
4. # RDC Hep C Tests	0	14. # TST Given	29	26. # New MRSA Cases	0			
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # GC Cases	0			
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTBI	0	28. # Chlamydia Cases	0			
7. a. # Clinical HIV Tests	0	17. # Refused LTBI Prophylaxis	0	29. # Syphilis Cases	0			
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0					
8. Inmates Dx AIDS	0	19. # of CXR for LTBI/TB	0					
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0					
10. a. # Clinical Hep C Tests	0	21. # Pneumovax Given	0					
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0					

ASCA	RN	111
	Provider	41
	TB	0
	Spec Consults	3
	Spec Consults/36	0
	Emer Health condition	1

Infection Control Report:	
HepC Tests	0
HepC Positive	0
HIV Tests	0
HIV Positive	0

HSA Signature: \_\_\_\_\_ Date: 5/6/19

APPROVED MMCD

Form MM-120, 12/12/16

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**



Facility / Level: RCC / II Month / Year: May-19  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 6/5/2019  
 Average Daily Census: 260

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse	Midlevel
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0	0	19	19
11. Psychiatry	0	0	0	0	0	0	19	19
12. Respiratory	4	3	4	0	0	0	0	0
13. Special Needs	6	5	14	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	3	535
1. Cardiac/HTN	6	7	4	10	0	1	47	40
2. Endocrine/Diabetes	4	1	5	1	0	0	0	31
3. Gastrointestinal	0	0	0	0	0	0	2	2
4. OB/GYN	0	0	0	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	26	30	29	2	0	0	0	0
7. HIV	0	0	0	0	0	0	2	20
8. Infectious Dz/INH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	5	4	2	0	0			

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**



Facility / Level: SCCH Month / Year: 10-May  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 6/3/2019  
 Average Daily Census: 326

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	McLavel	Nursing
1. Cardiac/NTN	12	33	3	8	0	0	137	237
2. Endocrine/Diabetes	29	17	1	5	0	0	1	1
3. Gastrointestinal	3	4	4	4	0	0	15	32
4. OB/GYN	1	0	0	0	0	0	15	12
5. Genito-Urinary	0	0	0	1	0	0	0	0
6. Hep C	72	27	27	0	0	0	0	0
7. HIV	0	0	0	0	0	0	0	0
8. Infectious Dz/INH	0	0	0	0	0	0	0	16
9. Neuro/Seizure	6	5	1	1	0	0	0	0
10. Ortho	1	0	0	5	0	0	0	2
11. Psychiatry	136	107	101	0	0	0	0	45
12. Respiratory	28	11	11	0	0	0	0	0
13. Special Needs	16	34	34	0	0	0	0	0
14. Pain Management	1	0	5	0	0	0	0	0
15. Anticoagulant	0	0	0	0	0	0	0	139
<b>On-Site Specialty/Services</b>					12. Sick Call Visits Not Seen	0	0	50
1. Dialysis	0	1	# Observation Status	0	13. Sick Call Visits Refused	0	0	0
2. Diagnostics	0	2	# Admin Status	0	14. Discharge/Parole Reentry/ITAP	26	0	30
3. OB/Gyn	0	3	# Housing Status	0	15. Emergent/Urgent Seen	3	0	378
4. Laboratory Studies	65	4	# In Geriatric Unit	0	<b>DENTAL SERVICES</b>			
5. Minor Procedures	0	5	# In Hospice Care	0	1. Dental Visits	38	23	6
6. Mammograms	0	0		0	2. Dental X-Rays	0	9	0
7. Nephrology	0	1	Total # of Deaths	0	3. # 30 Day Exams	0	8	0
8. Optometry	27	2	# Deaths Suicide	0	4. # Annual Exam	0	0	0
9. Radiology Studies	10	3	# Deaths at Hospital	0	5. # Dentures	0	3	0
10. Physical Therapy	0	4	# Deaths at Facility	0	6. # Extractions	0	5	0
11. Audiology	0	0		0	7. # Off-Site Visits	0	0	0
<b>Off-Site Services/Consults</b>					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	0	<b>PHARMACY</b>			1. # Days pending medical appointment	0	0	1
a. Admitted from ER	0	1	# on Rx	0	2. # Days pending dental appointment	0	0	14
2. Ambulance Transports	0	2	# on HCV Rx	0	3. # Days pending psychiatry appointment	0	0	1
3. Total # of Hospital Admits	0	3	# on HIV on Rx	0	<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
4. Inpatient Surgeries	0	4	# on AIDS on Rx	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0
5. Outpatient Surgeries	0	5	# on INH Meds	0	2. # Inmates Receiving forced Psych Medications	0	0	0
6. Off-Site Referrals	28	6	# Completed INH (For LTBI)	0	3. # Inmates in Therapeutic Restraints	0	0	0
7. Off-Site Referrals Approved	16	7	# on Rx for Active TB	0	4. # Inmates with Mental Health Treatment Guardianship	0	0	0
8. Off-Site Referrals ATP	6	8	# on Psych Meds	113	<b>MISCELLANEOUS</b>			
9. Off-Site Diagnostic Studies	6	9	# on Rx for MRSA	0	1. # Informal Complaints	34	4	0
10. Off-Site Specialty Visits	6	10	# Off-site Pharmacy Rx	2	2. # Formal Grievances	0	0	0
11. # Inmates Transported after hours/weekends	0	11	# Nursing medication errors	0	3. # Diabetic Diets for Dx	0	0	0
<b>COMMUNICABLE/INFECTIOUS DISEASES</b>					4. # Diabetic Diets for Dx of Cardiac/NTN	0	0	0
1. # RDC HIV Tests	0	11	# Inmates pre-treated to TRC	0	23. # Hep A Vaccines Given	0	22	0
2. # RDC HIV Tests Positive	0	12	# Approved for HCV Tx	0	24. # Hep B Vaccines Given	0	26	0
3. # RDC Inmates Refused HIV Test	0	13	# Completed HCV Tx	0	25. # New HPV Cases	0	7	0
4. # RDC Hep C Tests	0	14	# TST Given	45	26. # New MRSA Cases	0	0	0
5. # RDC Hep C Tests Positive	0	15	# Newly Dx Acute TB	0	27. # GC Cases	0	0	0
6. # RDC Hep C Tests Refused	0	16	# Inmates TST with LTBI	0	28. # Chlamydia Cases	0	0	0
7. a. # Clinical HIV Tests	3	17	# Refused LTBI Prophylaxis	0	29. # Syphilis Cases	0	0	0
b. # Clinical HIV Tests Positive	0	18	# TST Converters	0				
8. Inmates Dx AIDS	0	19	# of CFR for LTBI/TB	0				
9. Inmates Dx HIV	0	20	# Influenza Vaccines Given	0				
10. a. # Clinical Hep C Tests	44	21	# Pneumonia Given	12				
b. # Clinical Hep C Tests Positive	0	22	# DT Boosters Given	0				

ASCA		
RN	623	
Provider	443	
TR	0	
Sec Consults	12	
Spec Consults	18	
Emer Health condition	379	
Infection Control Report:		
HepC Tests	44	
HepC Positive	0	
HIV Tests	3	
HIV Positive	0	

HSA Signature: \_\_\_\_\_ Date: 3-Jun

APPROVED NMCD

Form #M-370, 12/12/18

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level:

SECL-II

Month / Year:

Jun-16

HSA Signature:

Date Report Completed:

Jul-16

Average Daily Census

265

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse	Mixing
1. Cardiac/HTN	3	8	8	0	0	1	100	101
2. Endocrine/Diabetes	2	3	1	2	0	2	3	2
3. Gastrointestinal	0	0	0	0	0	0	0	0
4. O/GYN	0	0	0	0	0	0	0	0
5. Genito-Urinary	2	0	0	0	0	0	0	0
6. Hep C	41	34	32	2	0	0	0	0
7. HIV	0	0	0	0	0	100%	0	100%
8. Infectious Dz/MIH	0	0	0	0	0	0	0	0
9. Neuro/Stroke	0	0	0	0	0	0	0	0
10. Otho	3	3	3	0	0	38	0	38
11. Psychiatry	0	0	0	0	0	0	0	0
12. Respiratory	3	12	12	0	0	0	0	0
13. Special Needs	4	7	7	0	0	0	0	0
14. Pain Management	0	0	0	0	0	32	0	32
15. Anticoagulant	0	0	0	0	0	0	0	178
On-Site Specialty/Services					INPATIENT/ICU			
1. Dialysis	0	0	0	0	0	0	0	0
2. Diagnostics	0	0	0	0	0	0	0	0
3. OB/GYN	0	0	0	0	0	0	0	0
4. Laboratory Studies	23	0	0	0	0	0	0	0
5. Minor Procedures	2	0	0	0	0	0	0	0
6. Mammograms	0	0	0	0	0	0	0	0
7. Hematology	0	0	0	0	0	0	0	0
8. Optometry	0	0	0	0	0	0	0	0
9. Radiology Studies	4	0	0	0	0	0	0	0
10. Physical Therapy	0	0	0	0	0	0	0	0
Off-Site Services/Consults					Total # Days Pending Sick Call Appointment			
1. ER Visits	0	0	0	0	0	0	0	0
2. Ambulance Transports	0	0	0	0	0	0	0	0
3. Total # of Hospital Adm	0	0	0	0	0	0	0	0
4. Inpatient Surgeries	0	0	0	0	0	0	0	0
5. Outpatient Surgeries	0	0	0	0	0	0	0	0
6. Off-Site Referrals	0	0	0	0	0	0	0	0
7. Off-Site Referrals Appd	0	0	0	0	0	0	0	0
8. Off-Site Referrals ATP	0	0	0	0	0	0	0	0
9. Off-Site Diagnostic Stu	0	0	0	0	0	0	0	0
10. Off-Site Specialty Visi	0	0	0	0	0	0	0	0
11. Transferred	0	0	0	0	0	0	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RBC HIV Tests	0	11. # Immunes presented to IRC	0	23. # Hep A Vaccines Given	0
2. # RBC HIV Tests Positive	0	12. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	14
3. # RBC Immunes Refused HIV Test	0	13. # Completed HIV Tx	0	25. # New HIV Cases	0
4. # RBC Hep C Tests	0	14. # TST Given	15	26. # New MRSA Cases	0
5. # RBC Hep C Tests Positive	0	15. # Abused/Dejected IB	0	27. # Gonorrhea Cases	0
6. # RBC Hep C Tests Refused	0	16. # Immunes TST with ETR	0	28. # Chlamydia Cases	1
7. a. # Clinical HIV Tests	0	17. # Refused LRI Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Immunes On ARMS	0	19. # of CTR for LRI/TB	0		
9. Immunes On HIV	0	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Given	0		
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	5		

HSA Signature

Date 7/11/16

APPROVAL NMD

Form 900-110-100-001

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: SEC 111 Month / Year: \_\_\_\_\_  
 HSA Signature: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_  
 Average Daily Census: \_\_\_\_\_

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/HIV	3	1	1	0	1. Scheduled Clinic Visits Seen	57	0	111
2. Endocrine/Diabetes	2	2	2	0	2. Clinical Visits Not Seen	1	0	0
3. Gastrointestinal	4	1	1	0	a. Patient Refused	0	0	0
4. OB/GYN	0	0	0	0	1. Refusals Signed	0	0	0
5. Geriatric/Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	33	6	6	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	0	0	0
8. Infectious Dx/UTI	0	0	0	0	d. Segregation Visits	0	0	0
9. Neuro/Seizure	0	0	0	0	5. ADC Intake	0	0	0
10. Ortho	0	0	0	0	6. Antisystem Transfers	0	0	0
11. Psychiatry	0	0	0	0	7. Antisystem Intakes	0	0	0
12. Respiratory	8	1	1	0	8. Cadet Physicals	0	0	0
13. Special Needs	3	0	0	0	9. Intake H&P	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Amicog/Amis	0	0	0	0	11. Sick Call Visits Seen	0	0	0
On-Site Specialty Services		INPATIENT/ICU			12. Sick Call Visits Not Seen	0	0	0
1. Dialysis	0	1. # Observation Status			13. Sick Call Visits Refused	0	0	0
2. Diagnostics	0	2. # Admit Status			14. Discharge/Parole Monthly	0	0	0
3. DM/Cyn	0	3. # Missing Status			15. Emergent/Urgent Seen	1	0	0
4. Laboratory Studies	22	4. # In Geriatric Unit			DENTAL SERVICES			
5. Minor Procedures	2	5. # In Hospice Care			1. Dental Visits	26	26	0
6. Mammograms	0	INMATE DEATHS			2. # Dental X-Rays	0	0	0
7. Nephrology	0	1. Total # of Deaths			3. # 30 Day Exams	15	15	0
8. Optometry	0	2. # Deaths Suicide			4. # Annual Exams	13	13	0
9. Radiology Studies	13	3. # Deaths at Hospital			5. # Biometrics	1	1	0
10. Physical Therapy	0	4. # Deaths at Facility			7. # Extractions	8	8	0
Off-Site Specialty Consults					8. # Off-Site Visits	0	0	0
1. ER Visits	0	PHARMACY			Total # Days Pending Sick Call Appointment			
a. Admitted from ER	0	1. # on Rx			1. # Days pending medical appointment			2
2. Ambulance Transports	0	2. # on HCV Rx			2. # Days pending dental appointment			4
3. Total # of Hospital Adm	0	3. # on HIV on Rx			3. # Days pending psychiatry appointment			0
4. Inpatient Surgeries	0	4. # Rx AIDS on Rx			PSYCHIATRY PERFORMANCE MEASURES			
5. Outpatient Surgeries	0	5. # on BWH Meds			1. # Suicide Attempts (Hanging, Med Overdose, etc.)			0
6. Off-Site Referrals	0	6. # Completed HIV (For LTBI)			2. # Inmates Receiving Forced Psych Medications			0
7. Off-Site Referrals Appro	0	7. # on Rx for Active TB			3. # Inmates in Therapeutic Restraints			0
8. Off-Site Referrals ATP	0	8. # on Psych Meds			4. # Inmates with Adversal Health Transfers/Guardianship			0
9. Off-Site Diagnostic Stu	0	9. # on Rx for MRSA			MISCELLANEOUS			
10. Off-Site Specialty Visit	0	10. # Off-Site Pharmacy Rx			1. # Informal Complaints	0	4. # HIV Tests	0
Transferred	67	11. # Nursing medication errors			2. # Formal Grievances	0	5. # Cardiac Diets	1
					3. # Diabetic Diets			

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

COMMUNICABLE/INFECTIOUS DISEASES			
1. # RBC HIV Tests	0	11. # Inmates prevented to TBC	0
2. # RBC HIV Tests Positive	0	12. # Approved for HCV Tx	0
3. # RBC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0
4. # RBC Hep C Tests	0	14. # TST Given	26
5. # RBC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0
6. # RBC Hep C Tests Refused	0	16. # Inmates TST with LTBI	28
7. a. # Clinical HIV Tests	0	17. # Refused LTBI Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TST Conversions	0
8. Inmates Dx AIDS	0	19. # of CCR for LTBI/TB	0
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0
10. a. # Clinical Hep C Tests	0	21. # Pneumonia Given	0
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0
		23. # Hep A Vaccines Given	0
		24. # Hep B Vaccines Given	0
		25. # New HPV Cases	0
		26. # New MRSA Cases	0
		27. # Gonorrhea Cases	0
		28. # Chlamydia Cases	0
		29. # Syphilis Cases	0

HSA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED:

(Form 111-12-0001)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

SCC III

Month / Year:

Aug 16

HSA Signature:

Date Report Completed:

9/1/2016

Average Daily Census:

75

Chronic Care/Status	# Enrolled	Scheduled	Seen	Refused	Chronic Visits	Physician	MD/Level	Reasoning
1. Cardiac/HFA	3	1	1	1	0	0	0	0
2. Endocrine/Diabetes	1	0	0	0	0	0	0	0
3. Gastrointestinal	0	0	0	0	0	0	0	0
4. HIV/AIDS	0	0	0	0	0	0	0	0
5. Oncology/Thyroid	1	0	0	0	0	0	0	0
6. Hep C	23	0	0	0	0	0	0	0
7. JTD	0	0	0	0	0	0	0	0
8. Infectious/D/HIV	0	0	0	0	0	0	0	0
9. Neuro/Seizure	0	0	0	0	0	0	0	0
10. Otho	0	0	0	0	0	0	0	0
11. Psychiatry	0	0	0	0	0	0	0	0
12. Respiratory	4	0	0	0	0	0	0	0
13. Spinal Health	0	0	0	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anesthesiology	0	0	0	0	0	0	0	0
<b>On-Site Specialty Services</b>								
<b>INTERNAL MEDICINE</b>								
1. Biopsy	0	1. # Observation Status			0	1. # Observation Status	0	0
2. Oncology	0	2. # Admit Status			0	2. # Admit Status	0	0
3. OB/GYN	0	3. # Housing Status			0	3. # Housing Status	0	0
4. Laboratory Studies	1	4. # In Hospice Care			0	4. # In Hospice Care	0	0
5. Admin Procedures	3	5. # In Hospice Unit			0	5. # In Hospice Unit	0	0
6. Endocrinology	0	<b>OBSTETRICS</b>						
7. Hematology	0	1. Total # of Deaths			0	1. Total # of Deaths	0	0
8. Ophthalmology	0	2. # Deaths in Facility			0	2. # Deaths in Facility	0	0
9. Radiology Studies	0	3. # Deaths at Hospital			0	3. # Deaths at Hospital	0	0
10. Physical Therapy	0	4. # Deaths at Facility			0	4. # Deaths at Facility	0	0
<b>On-Site Services/Consults</b>								
1. ER Visits	0	<b>PHARMACY</b>						
2. Admin/Transp	0	1. # on Rx			0	1. # on Rx	0	0
3. Ambulance Transp	0	2. # on HCV Rx			0	2. # on HCV Rx	0	0
4. Inpatient Surgery	0	3. # on HIV Rx			0	3. # on HIV Rx	0	0
5. Outpatient Surgery	0	4. # on AIDS Rx			0	4. # on AIDS Rx	0	0
6. On-Site Referrals	2	5. # on HIV Rx			0	5. # on HIV Rx	0	0
7. On-Site Referrals Approved	2	6. # on HIV Rx			0	6. # on HIV Rx	0	0
8. On-Site Referrals ATP	0	7. # on HIV Rx			0	7. # on HIV Rx	0	0
9. On-Site Diagnostic Studies	0	8. # on HIV Rx			0	8. # on HIV Rx	0	0
10. On-Site Specialty Units	0	9. # on HIV Rx			0	9. # on HIV Rx	0	0
11. On-Site Specialty Units	0	10. # on HIV Rx			0	10. # on HIV Rx	0	0
12. On-Site Specialty Units	0	11. # on HIV Rx			0	11. # on HIV Rx	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Monthly Report To Health Services Bureau**

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # HIV Tests	0	11. # HIV Tests	0	21. # HIV Tests	0
2. # HIV Tests Positive	0	12. # HIV Tests Positive	0	22. # HIV Tests Positive	0
3. # HIV Tests Negative	0	13. # HIV Tests Negative	0	23. # HIV Tests Negative	0
4. # HIV Tests Pending	0	14. # HIV Tests Pending	0	24. # HIV Tests Pending	0
5. # HIV Tests Pending	0	15. # HIV Tests Pending	0	25. # HIV Tests Pending	0
6. # HIV Tests Pending	0	16. # HIV Tests Pending	0	26. # HIV Tests Pending	0
7. # HIV Tests Pending	0	17. # HIV Tests Pending	0	27. # HIV Tests Pending	0
8. # HIV Tests Pending	0	18. # HIV Tests Pending	0	28. # HIV Tests Pending	0
9. # HIV Tests Pending	0	19. # HIV Tests Pending	0	29. # HIV Tests Pending	0
10. # HIV Tests Pending	0	20. # HIV Tests Pending	0	30. # HIV Tests Pending	0

HSA Signature:

Date:

9/5/16

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: SOC 1B Month / Year: September 2016  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 10-3-16  
 Average Daily Census: 50

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/MTN	0	0	0	0	1. Scheduled Clinic Visits Seen	40	0	11
2. Endocrine/Diabetes	0	1	1	1	2. Clinical Visits Not Seen	0	0	0
3. Gastrointestinal	0	1	1	1	a. Patient Refused	1	0	0
4. OB/GYN	0	0	0	0	1. Refusal Signed	1	0	0
5. Genito-Urinary	0	0	0	0	b. Security Issues	0	0	0
6. Hep C	10	10	10	0	c. Other Reasons	0	0	0
7. HIV	0	0	0	0	3. % Rescheduled	1	0	0
8. Infectious Dz/INH	0	0	0	0	4. Segregation Visits	0	0%	0%
9. Neuro/Serious	0	0	0	0	5. RDC Onsite	0	0	0
10. Ortho	0	0	0	0	6. Intra-system Transfers	62	0	62
11. Psychiatry	0	0	0	0	7. Intra-system Intakes	0	0	0
12. Respiratory	1	1	1	0	8. Codeit Physicals	0	0	0
13. Special Needs	0	0	0	0	9. Intake HSP	0	0	0
14. Pain Management	0	0	0	0	10. Annual Health Maintenance	0	0	0
15. Anticoagulant	0	0	0	0	11. Sick Call Visits Seen	9	0	14
<b>On-Site Specialty/Services</b>					12. Sick Call Visits Not Seen	0	0	0
<b>INPATIENT/ICU</b>					13. Sick Call Visits Refused	0	0	0
1. Dialysis	0	1. # Observation Status			14. Discharge/Parole Reentry	0	0	2
2. Diagnostics	0	2. # Admit Status			15. Emergent/Urgent Seen	0	0	0
3. DNR/dm	0	3. # Housing Status			<b>DENTAL SERVICES</b>			
4. Laboratory Studies	0	4. # In Geriatric Unit			Scheduled	Seen	Refused	
5. Minor Procedures	0	5. # In Hospice Care			1. Dental Visits	5	5	0
6. Mammograms	0	<b>INMATE DEATHS</b>			2. # Dental X-Rays	0	0	0
7. Nephrology	0	1. Total # of Deaths			3. # 30 Day Exams	2	2	0
8. Optometry	0	2. # Deaths Suicide			4. # Annual Exams	0	0	0
9. Radiology Studies	0	3. # Deaths at Hospital			5. # Emergencies	0	0	0
10. Physical Therapy	0	4. # Deaths at Facility			6. # Extractions	3	3	0
<b>Off-Site Services/Consults</b>					7. # Off-Site Visits	0	0	0
					<b>Total # Days Pending Sick Call Appointment</b>			
1. ER Visits	0	<b>PHARMACY</b>			1. # Days pending medical appointment			2
a. Admitted from ER	0	1. # on Rx			2. # Days pending dental appointment			6
2. Ambulance Transfers	0	2. # on ICU Rx			3. # Days pending psychiatry appointment			0
3. Total # of Hospital Adm	0	3. # on IV on Rx			<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
4. Inpatient Surgeries	0	4. # on AIDS on Rx			1. # Suicide Attempts (hanging, Med Overdose, etc.)			0
5. Outpatient Surgeries	0	5. # on IMI Meds			2. # Inmates Receiving forced Psych Medications			0
6. Off-Site Referrals	0	6. # Completed INH (for TB)			3. # Inmates in Therapeutic Restraints			0
7. Off-Site Referrals Appn	0	7. # on Rx for Active TB			4. # Inmates with Mental Health Treatment Guardianship			0
8. Off-Site Referrals Adm	0	8. # on Psych Meds			<b>MISCELLANEOUS</b>			
9. Off-Site Diagnostic Stu	0	9. # on Rx for MRSA			1. # Informal Com	0	4. # 11RN Diets	0
10. Off-Site Specialty Vis	0	10. # Off-site Pharmacy Rx			2. # Formal Griev	0	5. # Celiac Diets	0
Transported	0	11. # Nursing medication errors			3. # Biotech Diet	1		

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	11. # Inmates presented to TIC	0	23. # Hep A Vaccines Given	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HIV Tx	0	25. # New HPV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	0	26. # New MRSA Cases	0
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	28. # Chlamydia Cases	0
7. a. # Clinical HIV Tests	0	17. # Refused TB Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of CXR for TB/TB	0		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	0	21. # Pneumovax Given	0		
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0		

HSA Signature: \_\_\_\_\_ Date: 10/3/16

amr/ctb/ncp

Form 100, 05/2013



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level: SOC 111 Month / Year: Nov 2016  
 HSA Signature: \_\_\_\_\_ Date Report Completed: 11/8/2016  
 Average Daily Census: 406

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Chronic Visits	Physician	Midlevel	Nursing
1. Cardiac/HTN	9	30	4	5	0	186	120	162
2. Endocrine/Diabetes	25	13	6	2	0	0	15	3
3. Gastrointestinal	7	7	3	3	0	3	0	4
4. OBGYN	0	0	0	0	0	3	0	0
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	145	15	15	0	0	0	0	0
7. HIV	3	3	3	3	0	100%	100%	100%
8. Infectious Disease	0	0	0	0	0	0%	0%	0%
9. Neuro/Seizure	0	0	0	0	0	0	0	0
10. Ortho	0	0	0	0	0	17	0	17
11. Psychiatry	153	65	32	0	12	245	0	445
12. Respiratory	35	5	5	0	0	1	0	0
13. Special Needs	8	6	6	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	0	0
15. Anticoagulant	3	3	3	3	0	0	0	0
<b>On-Site Specialty Services</b>								
<b>INFIRMARY/ICU</b>								
1. On/Off	0	0	0	0	0	0	0	0
2. Diagnostic	0	0	0	0	0	0	0	0
3. On/Off	0	0	0	0	0	0	0	0
4. Laboratory Studies	196	4	4	4	0	0	0	0
5. Minor Procedures	2	5	5	5	0	0	0	0
6. Mammograms	0	0	0	0	0	0	0	0
7. Nephrology	0	0	0	0	0	0	0	0
8. Optometry	24	2	2	2	0	0	0	0
9. Podiatry Studies	16	3	3	3	0	0	0	0
10. Physical Therapy	0	4	4	4	0	0	0	0
<b>Off-Site Services/Consults</b>								
1. ER Visits	2	2	2	2	0	0	0	0
2. Ambulance Transports	0	0	0	0	0	0	0	0
3. Total # of Hospital Admits	0	0	0	0	0	0	0	0
4. Inpatient Surgeries	0	0	0	0	0	0	0	0
5. Outpatient Surgeries	0	0	0	0	0	0	0	0
6. Off-Site Referrals	4	4	4	4	0	0	0	0
7. Off-Site Referrals Approved	4	4	4	4	0	0	0	0
8. Off-Site Referrals ATP	0	0	0	0	0	0	0	0
9. Off-Site Diagnostic Studies	2	2	2	2	0	0	0	0
10. Off-Site Specialty Visits	0	0	0	0	0	0	0	0
11. Off-Site Pharmacy Rx	2	2	2	2	0	0	0	0
12. Off-Site Pharmacy Rx after hours/weekends	2	2	2	2	0	0	0	0
<b>PHARMACY</b>								
1. # Days pending medical appointment	0	0	0	0	0	0	0	0
2. # Days pending dental appointment	0	0	0	0	0	0	0	0
3. # Days pending psychiatry appointment	0	0	0	0	0	0	0	0
<b>PSYCHIATRY PERFORMANCE MEASURES</b>								
1. # Suicide Attempts (Suicidal, Ideated, etc.)	0	0	0	0	0	0	0	0
2. # Inmates Receiving Special Psych Medications	0	0	0	0	0	0	0	0
3. # Inmates in Therapeutic Relationship	0	0	0	0	0	0	0	0
4. # Inmates with Mental Health Treatment Goal/Outcomes	0	0	0	0	0	0	0	0
<b>MISCELLANEOUS</b>								
1. # Informal Complaints	0	0	0	0	0	0	0	0
2. # Formal Grievances	0	0	0	0	0	0	0	0
3. # Diabetic Cases	0	0	0	0	0	0	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

<b>COMMUNICABLE/INFECTIOUS DISEASES</b>			
1. # RDC HIV Tests	0	11. # Inmates prevented to ETC	0
2. # RDC HIV Tests Positive	0	12. # Approved for HIV Tx	0
3. # RDC Inmates Refused HIV Test	0	13. # Completed HIV Tx	0
4. # RDC Hep C Tests	0	14. # 153 Gluc	0
5. # RDC Hep C Tests Positive	0	15. # Inmate on Acute TB	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TSF with TB	0
7. a. # Clinical HIV Tests	2	17. # Returned TB Prophylaxis	0
b. # Clinical HIV Tests Positive	0	18. # TB Conversion	0
8. Inmates on ARV	0	19. # of CNA for TB/TB	0
9. Inmates on HIV	0	20. # Influenza Vaccines Given	0
10. a. # Clinical Hep C Tests	4	21. # Pneumonia Given	0
b. # Clinical Hep C Tests Positive	2	22. # OT Sessions Given	0
23. # Hep A Vaccines Given	0		
24. # Hep B Vaccines Given	0		
25. # New HIV Cases	0		
26. # New HIV Cases	0		
27. # Gonorrhea Cases	0		
28. # Chlamydia Cases	0		
29. # Syphilis Cases	0		

HSA Signature: \_\_\_\_\_ Date: 11/8/2016

APPROVAL

Signature, LHM/LS

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility/Level:

SCC-B

Month / Year:

November 2016

ISA Signature:

Date Report Completed:

11/5/2016

Average Daily Census:

424

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Misc Level	Nursing
1. Cardiac/CHF	8	31	2	35	2	15	314	299
2. Endocrine/Diabetes	16	14	7	11	0	0	0	5
3. Gastrointestinal	0	0	2	2	0	0	0	2
4. OB/GYN	0	0	0	0	0	0	0	2
5. Geriatric/Hist	0	0	0	0	0	0	0	1
6. Hep C	121	27	27	0	0	0	0	0
7. HIV	3	3	3	0	0	0	0	2
8. Infectious Dx/IM	0	0	0	0	0	0	0	0
9. Neuro/Psych	1	12	0	0	0	0	0	0
10. OSHA	3	3	3	0	0	0	0	1
11. Psychiatry	146	84	84	0	13	32	0	22
12. Respiratory	33	8	8	0	0	0	0	2
13. Special Needs	8	5	5	0	0	0	0	0
14. Pain Management	0	0	0	0	0	11	5	27
15. Anticoagulant	3	2	2	0	11	0	0	387
<b>On-Site Specialty Services</b>								
1. Dialysis	0	1	1	0	0	0	0	0
2. Biopsies	19	2	2	0	0	0	0	2
3. OB/GYN	2	3	3	0	0	0	0	32
4. Laboratory Studies	470	4	4	0	0	0	0	0
5. Home Products	9	9	9	0	0	0	0	0
6. Mammograms	0	0	0	0	0	0	0	0
7. Neurology	0	1	1	0	0	0	0	0
8. Optometry	21	2	2	0	0	0	0	0
9. Radiology Studies	10	3	3	0	0	0	0	0
10. Physical Therapy	0	4	4	0	0	0	0	0
<b>Off-Site Services Counts</b>								
1. ER Visits	3	3	3	0	0	0	0	0
2. Ambulance Transports	12	12	12	0	0	0	0	0
3. Total # of Hospital Admits	0	0	0	0	0	0	0	0
4. Inpatient Surgeries	0	0	0	0	0	0	0	0
5. Outpatient Surgeries	16	16	16	0	0	0	0	0
6. Off-Site Referrals	1	1	1	0	0	0	0	0
7. Off-Site Referrals Approved	0	0	0	0	0	0	0	0
8. Off-Site Referrals ALP	0	0	0	0	0	0	0	0
9. Off-Site Diagnostic Studies	0	0	0	0	0	0	0	0
10. Off-Site Specialty Visits	0	0	0	0	0	0	0	0
11. # Training Prescription errors	2	2	2	0	0	0	0	0
<b>PHARMACY</b>								
1. # Days pending medical appointment	266	266	266	0	0	0	0	0
2. # Days pending dental appointment	0	0	0	0	0	0	0	0
3. # Days pending psychiatry appointment	0	0	0	0	0	0	0	0
<b>PSYCHIATRY PERFORMANCE MEASURES</b>								
1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0	0	0	0	0	0	0	0
2. # Inmates receiving forced Psych Medications	0	0	0	0	0	0	0	0
3. # Inmates w/ Therapeutic Restraints	0	0	0	0	0	0	0	0
4. # Inmates with Mental Health Treatment Guardianship	0	0	0	0	0	0	0	0
<b>MISCELLANEOUS</b>								
1. # Informal Complaints	0	0	0	0	0	0	0	0
2. # Formal Grievances	0	0	0	0	0	0	0	0
3. # Cardiac Deaths	15	15	15	0	0	0	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

<b>COMMUNICABLE/INFECTIOUS DISEASES</b>								
1. # RDC HIV Tests	0	11	11	0	0	0	0	0
2. # RDC HIV Tests Pending	0	12	12	0	0	0	0	0
3. # RDC Inmates Refused HIV Test	0	13	13	0	0	0	0	0
4. # RDC Hep C Tests	0	24	24	0	0	0	0	0
5. # RDC Hep C Tests Positive	0	15	15	0	0	0	0	0
6. # RDC Hep C Tests Refused	0	10	10	0	0	0	0	0
7. # Clinical HIV Tests	0	12	12	0	0	0	0	0
8. # Clinical HIV Tests Positive	0	10	10	0	0	0	0	0
9. # Clinical HIV Tests Pending	0	2	2	0	0	0	0	0
10. # Clinical Hep C Tests	0	21	21	0	0	0	0	0
11. # Clinical Hep C Tests Positive	0	22	22	0	0	0	0	0
12. # Hep A Vaccines Given	0	0	0	0	0	0	0	0
13. # Hep B Vaccines Given	0	0	0	0	0	0	0	0
14. # Hep C Vaccines Given	0	0	0	0	0	0	0	0
15. # Tetanus Shots Given	0	0	0	0	0	0	0	0
16. # Influenza Vaccines Given	0	0	0	0	0	0	0	0
17. # Pneumonia Vaccines Given	0	0	0	0	0	0	0	0
18. # DTaP Shots Given	0	0	0	0	0	0	0	0

ISA Signature:

Date:

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

50614

Month / Year:

December 2016

HSA Signature:

Date Report Completed:

1/5/2017

Average Daily Census:

406

Chronic Care Clinic	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Mid-Level	Nursing
1. Cardiac/HHT	117	20	2	13	0	1. Scheduled Clinic Visits	165	121
2. Endocrine/Diabetes	38	15	3	16	1	2. Clinical Visits Not Seen	8	10
3. Gastrointestinal	6	6	2	2	0	a. Patient Refused	3	6
4. OB/GYN	0	0	0	0	0	1. Refusal Signed	3	8
5. Genito-Urinary	2	2	2	2	0	b. Security Issues	0	0
6. Hep C	117	47	47	47	0	c. Other Reasons	0	0
7. HIV	2	2	2	2	0	3. % Rescheduled	100	100
8. Infectious D/INH	0	0	0	0	0	4. Segregation Visits	0	0%
9. Neuropathic	1	1	1	1	0	5. RDC Intake	0	0
10. Ortho	0	0	0	0	0	6. Inpatient Transfers	11	0
11. Psychiatry	143	107	98	8	7. Inpatient Intakes	35	0	
12. Respiratory	34	17	17	0	8. Code Physicals	1	0	
13. Special Needs	8	5	8	5	9. Inmate H&P	0	15	
14. Pain Management	0	0	0	0	10. Annual Health Admins	8	0	
15. Anticoagulation	2	2	2	2	11. Sick Call Units Seen	0	0	
On-Site Specialty Services					12. Sick Call Units Not Seen	0	0	
INFIRMARY/ICU					13. Sick Call Units Refused	0	0	
1. Dialysis	0	1	0	0	14. Discharge/Parole Recs	0	0	
2. Diagnostics	16	2	2	2	15. Emergent/Urgent See	5	2	
3. OB/GYN	0	3	3	3	DENTAL SERVICES			
4. Laboratory Studies	602	1	1	1	0	Scheduled	Seen	Refused
5. Minor Procedures	2	5	5	5	1. Dental Visits	91	91	0
6. Abnormalities	2	2	2	2	2. Dental X-Rays	0	0	0
7. Nephrology	0	1	1	1	3. 30 Day Exams	28	28	0
8. Ophthalmology	0	2	2	2	4. Annual Exams	33	33	0
9. Radiology Studies	15	3	3	3	5. Dentures	24	24	0
10. Physical Therapy	0	4	4	4	6. Extractions	14	14	0
					7. Off-Site Visits	0	0	0
Off-Site Services/Consults					Total # Days Pending Sick Call Appointment			
PHARMACY					PSYCHIATRY PERFORMANCE MEASURES			
1. ER Visits	0	0	0	0	1. # Days pending medical appointment	8		
a. Admitted from ER	0	1	1	1	2. # Days pending dental appointment	10		
2. Ambulance Transports	0	2	2	2	3. # Days pending psychiatry appointment	4		
3. Total # of Hospital Adm	0	3	3	3	MISCELLANEOUS			
4. Inpatient Surgeries	0	1	1	1	1. # Suicide Attempts (Wounding, Med Overdose, etc.)	0		
5. Outpatient Surgeries	0	5	5	5	2. # Inmates Receiving forced Psych Medications	0		
6. Off-Site Referrals	19	6	6	6	3. # Inmates in Therapeutic Restraints	0		
7. Off-Site Referrals Approved	5	7	7	7	4. # Inmates with Mental Health Treatment Guaranties	0		
8. Off-Site Referrals ATP	0	8	8	8	MISCELLANEOUS			
9. Off-Site Diagnostic Stud	0	2	2	2	1. # Inmate	0		
10. Off-Site Specialty Visit	0	10	10	10	2. # Forms	0		
11. # INMATES	0	11	11	11	3. # Deaths	70		
Transported	0	11	11	11	4. # Nursing medication errors	2		

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	12. # Inmates presented to TIC	0	23. # Hep A Vaccines Given	
2. # RDC HIV Tests Positive	0	13. # Approved for HIV Tx	0	24. # Hep B Vaccines Given	
3. # RDC Inmates Refused HIV Test	0	14. # Completed HIV Tx	0	25. # New HPV Cases	
4. # RDC Hep C Tests	0	15. # TST Given	16	26. # New MRSA Cases	
5. # RDC Hep C Tests Positive	0	16. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	
6. # RDC Hep C Tests Refused	0	17. # Inmates TST with LTB	0	28. # Chlamydia Cases	
7. a. # Clinical HIV Tests	8	18. # Pelvic/ETM Prophylaxis	0	29. # Syphilis Cases	
b. # Clinical HIV Tests Positive	0	19. # TST Converters	0		
8. Inmates Dx AIDS	0	20. # of CAR for LTB/TB	0		
9. Inmates Dx HIV	7	21. # Influenza Vaccine Given	10		
10. a. # Clinical Hep C Tests	13	22. # Pneumovax Given	0		
b. # Clinical Hep C Tests Positive	1	23. # DT Boosters Given	1		

HSA Signature:

Date:

1/5/17

AMN-ED-100-0

Form 100-ED-100-0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

SCCH

Month / Year:

January, 2017

HSA Signature:

Date Report Completed:

2/5/2017

Average Daily Census:

424

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/MTN	0	35	1	16	0	0	71	306
2. Endocrine/Diabetes	18	16	10	10	0	0	0	2
3. Gastrointestinal	4	1	1	1	0	0	0	1
4. OB/GYN	0	0	0	0	0	0	0	1
5. Gender/Urinary	2	0	0	0	0	0	0	0
6. Hep C	111	29	29	29	0	0	0	0
7. HIV	3	2	2	2	0	0	5	0
8. Infectious Df/IDH	0	0	0	0	0	0	0	0
9. Neuro/Seizure	1	0	0	0	0	0	0	0
10. Ortho	3	3	3	3	0	0	0	0
11. Psychiatry	147	27	20	7	0	0	26	26
12. Respiratory	34	14	10	0	0	0	1	0
13. Special Needs	8	3	3	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	18	18
15. Anticoagulant	1	1	1	0	0	0	0	286
<b>On-Site Specialty/Services</b>								
1. Dialysis	0	1. # Observation Status			0	0	0	3
2. Diagnostics	0	2. # Admit Status			0	0	0	46
3. OB/Gyn	0	3. # Housing Status			0	0	6	15
4. Laboratory Studies	561	4. # In Geriatric Unit			0	0	0	0
5. Minor Procedures	25	5. # In Hospice Care			0	0	26	76
6. Mammograms	32	<b>INMATE DEATHS</b>			2. # Dental X-Rays	22	22	0
7. Nephrology	0	1. Total # of Deaths			3. # 30 Day Exams	30	30	0
8. Optometry	26	2. # Deaths Suicide			4. # Annual Exams	6	6	0
9. Radiology Studies	12	3. # Deaths at Hospital			5. # Dentures	22	22	0
10. Physical Therapy	0	4. # Deaths at Facility			6. # Extractions	48	48	0
<b>Off-Site Services Consults</b>								
1. ER Visits	0	<b>PHARMACY</b>			<b>Total # Days Pending Sick Call Appointment</b>			
a. Admitted from ER	0	1. # on Rx			1. # Days pending medical appointment			2
2. Ambulance Transport	0	2. # on HCV Rx			2. # Days pending dental appointment			12
3. Total # of Hospital Adm	0	3. # on HIV an Rx			3. # Days pending psychiatry appointment			3
4. Inpatient Surgeries	0	4. # on AIDS an Rx			<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
5. Outpatient Surgeries	0	5. # on HIV Meds			1. # Suicide Attempts (Hanging, Med Overdose, etc.)			0
6. Off-Site Referrals	15	6. # Completed INH (For TB)			2. # Inmates Requiring Inmate Psych Medications			0
7. Off-Site Referrals Appro	12	7. # on Rx for Active TB			3. # Inmates in Therapeutic Restraints			0
8. Off-Site Referrals ATP	3	8. # on Psych Meds			4. # Inmates with Mental Health Treatment Guardian			0
9. Off-Site Diagnostic Stud	0	9. # on Rx for MRSA			<b>MISCELLANEOUS</b>			
10. Off-Site Specialty Vists	2	10. # Off-Site Pharmacy Rx			1. # Informa	2. # HLN Diets		0
11. # Inmates Transported	0	11. # Nursing Medication errors			3. # Inmate	4. # Formal	5. # Cardiac Diets	1
					3. # Inmate	3. # Inmate		

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	11. # Inmates presented to ITC	0	23. # Hep A Vaccines Given	2
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	8
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	11	26. # New MRSA Cases	1
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	1
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	28. # Chlamydia Cases	1
7. a. # Clinical HIV Tests	4	17. # Refused TB Prophylaxis	0	29. # Syphilis Cases	2
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of Cdx for TB/TB	2		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	8		
10. a. # Clinical Hep C Tests	9	21. # Pneumovax Given	0		
b. # Clinical Hep C Tests Positive	2	22. # DT Boosters Given	0		

HSA Signature

Date 2/6/17

ATTACHED

Form W-120-02/07/15

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level:

SCC & M

Month / Year:

February

2017

HSA Signature:

Date Report Completed:

2/28/2017

Average Daily Census:

396

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Middle Level	Nursing
1. Cardiac/HTN	5	35	0	3	0	0	0	116
2. Endocrine/Diabetes	1	10	1	4	1	4	0	0
3. Gastrointestinal	0	0	0	0	0	0	0	0
4. OBGYN	0	0	0	0	0	0	0	0
5. Geriatric/Urinary	0	0	0	0	0	0	0	0
6. Hep C	112	2	2	2	0	0	0	0
7. HIV	2	1	1	1	0	0	100	100
8. Infectious Dx/HTN	0	0	0	0	0	0	0	0%
9. Neuro/Seizure	13	13	0	3	0	0	0	0
10. Ortho	7	0	0	0	0	0	16	0
11. Psychiatry	350	64	60	4	0	0	65	65
12. Respiratory	35	8	8	0	0	0	1	1
13. Special Needs	8	2	2	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	65	65
15. Anticoagulant	2	1	1	0	0	0	0	301
<b>On-Site Specialty/Services</b>					<b>INPATIENT/ICU</b>			
1. Dialysis	0	1	0	0	0	0	0	2
2. Diagnostics	7	2	2	0	0	0	0	49
3. OB/Gyn	2	3	3	0	0	0	12	8
4. Laboratory Studies	357	4	4	0	0	0	0	36
5. Minor Procedures	6	5	5	0	0	0	32	32
6. Mammograms	0	0	0	0	0	0	2	2
7. Nephrology	0	1	1	0	0	0	0	0
8. Optometry	46	7	7	0	0	0	2	2
9. Radiology Studies	29	3	3	0	0	0	26	26
10. Physical Therapy	0	4	4	0	0	0	22	22
<b>Off-Site Specialty/Services</b>					<b>DENTAL SERVICES</b>			
1. ER Visits	1	0	0	0	0	0	0	0
2. Ambulance Transports	0	2	2	0	0	0	0	0
3. Total # of Hospital Adm	0	3	3	0	0	0	0	0
4. Inpatient Surgeries	0	4	4	0	0	0	0	0
5. Outpatient Surgeries	0	5	5	0	0	0	0	0
6. Off-Site Referrals	19	6	6	0	0	0	0	0
7. Off-Site Referrals Appro	18	7	7	0	0	0	0	0
8. Off-Site Referrals ATP	1	8	8	0	0	0	0	0
9. Off-Site Diagnostic Stu	14	9	9	0	0	0	0	0
10. Off-Site Specialty Visi	1	10	10	0	0	0	0	0
11. # Inmates Transported	1	11	11	0	0	0	0	0
<b>PHARMACY</b>					<b>Total # Days Pending Sick Call Appointment</b>			
a. Admitted from ER	0	1	1	0	0	0	0	0
b. # on Rx	0	290	290	0	0	0	0	0
c. # on HCV Rx	0	2	2	0	0	0	0	0
d. # on HIV on Rx	0	2	2	0	0	0	0	0
e. # on AIDS on Rx	0	0	0	0	0	0	0	0
f. # on INH Meds	0	0	0	0	0	0	0	0
g. # Completed INH (for TB)	0	0	0	0	0	0	0	0
h. # on Rx for Active TB	0	0	0	0	0	0	0	0
i. # on Psych Meds	0	110	110	0	0	0	0	0
j. # on Rx for MRSA	0	2	2	0	0	0	0	0
k. # Off-site Pharmacy Rx	0	1	1	0	0	0	0	0
l. # Nursing medication errors	0	0	0	0	0	0	0	0

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

COMMUNICABLE/INFECTIOUS DISEASES					
1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	41
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	65
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	92	26. # New MRSA Cases	2
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	1
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TB	0	28. # Chlamydia Cases	2
7. a. # Clinical HIV Tests	1	17. # Refused TB Prophylaxis	0	29. # Syphilis Cases	3
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of CNA for TB/TB	2		
9. Inmates Dx HIV	7	20. # Influenza Vaccines Given	19		
10. a. # Clinical Hep C Tests	21	21. # Pneumovax Given	36		
b. # Clinical Hep C Tests Positive	2	22. # DT Boosters Given	70		

HSA Signature:

Date: 3/5/17

APPENDIX 10-1000

Form 1000-10-1000

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

SEC 1 B

Month / Year:

April, 2017

HSA Signature:

Date Report Completed: May 1, 2017

Average Daily Census

415

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Mid-Level	Nursing
1. Cardiac/HTN	17	40	2	14	2	14	0	0
2. Endocrine/Diabetes	32	21	8	9	6	9	0	12
3. Gastrointestinal	11	2	2	2	0	2	1	3
4. OB/GYN	1	0	1	1	0	0	1	3
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	129	35	35	35	0	2	1	3
7. HIV	2	2	2	2	0	100	100	100
8. Infectious Dz/INH	2	1	1	1	0	0	0%	0%
9. Neuro/Stroke	1	16	1	8	0	0	0	0
10. Ortho	5	0	1	1	0	0	0	0
11. Psychiatry	183	42	40	2	0	0	34	34
12. Respiratory	40	9	9	9	0	3	0	3
13. Special Needs	12	0	0	0	0	0	0	0
14. Pain Management	1	0	0	0	0	0	42	42
15. Anticoagulant	1	1	1	1	0	41	41	193
<b>On-Site Specialty/Services</b>								
<b>PRIMARY/ICU</b>								
1. Dialysis	0	1. # Observation Status			0	13	0	4
2. Diagnostics	16	2. # Admit Status			0	14	0	9
3. OB/Gyn	1	3. # Nursing Status			0	15	0	16
4. Laboratory Studies	354	4. # In Geriatric Unit			0	<b>DENTAL SERVICES</b>		
5. Minor Procedures	9	5. # In Hospice Care			0	1. Dental Visits	89	80
6. Mammograms	0	<b>INMATE DEATHS</b>			2. # Dental X-Rays	42	42	0
7. Nephrology	0	0	1. Total # of Deaths		0	3. # 30 Day Exams	60	60
8. Optometry	25	2. # Deaths Suicide			0	4. # Annual Exams	17	17
9. Radiology Studies	153	3. # Deaths at Hospital			0	5. # Dentures	41	41
10. Physical Therapy	1	4. # Deaths at Facility			0	7. # Extractions	47	47
<b>Off-Site Services/Consults</b>								
<b>PHARMACY</b>								
1. ER Visits	4	<b>Total # Days Pending Sick Call Appointment</b>			8. # Off-Site Visits	0	0	0
2. Admitted from ER	1	1. # on Rx			1. # Days pending medical appointment			2
3. Ambulance Transfers	4	2. # on HCV Rx			2. # Days pending dental appointment			6
4. Total # of Hospital Adm	1	3. # on HIV on Rx			3. # Days pending psychiatry appointment			0
5. Inpatient Emergencies	1	4. # Dx AIDS on Rx			<b>PSYCHIATRY PERFORMANCE MEASURES</b>			
6. Outpatient Surgeries	0	5. # on INH Meds			0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)		0
7. Off-Site Referrals	16	6. # Completed INH (For LTBI)			0	2. # Inmates Receiving forced Psych Medications		0
8. Off-Site Referrals Appro	6	7. # on Rx for Active TB			0	3. # Inmates in Therapeutic Restraints		0
9. Off-Site Referrals ATP	0	8. # on Psych Meds			0	4. # Inmates with Mental Health Treatment Guardian		0
10. Off-Site Diagnostic Stu	0	9. # on Rx for MRSA			0	<b>MISCELLANEOUS</b>		
11. Off-Site Specialty Visi	11	10. # Off-site Pharmacy Rx			1. # Informal Complaints	4	# HTN Diets	1
12. # Inmates Transported	4	11. # Nursing medication errors			2. # Formal Grievances	5	# Cardiac Diets	5
					3. # Urinary Decs	15		

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # RDC HIV Tests	0	11. # Inmates presented to TRC	0	23. # Hep A Vaccines Given	10
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	14
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	117	26. # New MRSA Cases	8
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Active TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTBI	0	28. # Chlamydia Cases	0
7. a. # Clinical HIV Tests	2	17. # Refused LTBI Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of Cdx for LTBI/TB	0		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	6	21. # Pneumovax Given	72		
b. # Clinical Hep C Tests Positive	0	22. # Of Boosters Given	11		

HSA Signature

Date 5/9/17

APPROVED BY

Form # 130, 6/20/15

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

SEC-III

Month / Year:

May, 2017

HSA Signature:

Date Report Completed: 6/5/2017

Average Daily Census: 419

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	MidLevel	Nursing
1. Cardiac/HTN	18	10	2	10	0	159	243	467
2. Endocrine/Diabetes	35	9	12	11	0	2	2	2
3. Gas/Gastrointestinal	11	2	2	2	0	2	2	2
4. OB/GYN	1	0	1	0	0	0	2	2
5. Genito-Urinary	0	0	0	0	0	0	0	2
6. Hep C	126	46	44	2	0	0	0	0
7. HIV	2	2	2	0	0	100	100	100
8. Infectious DJ/HTN	0	0	0	0	0	0	0	0
9. Neurol/Seizure	2	17	8	8	0	0	0	0
10. Otol	5	5	5	0	0	0	27	27
11. Psychiatry	183	59	55	4	0	0	52	52
12. Respiratory	42	14	14	0	0	3	0	3
13. Special Needs	13	2	2	1	0	0	0	0
14. Pain Management	1	1	1	0	0	42	0	42
15. Anticoagulation	2	1	1	0	0	0	0	198
On-Site Specialty/Services		INPATIENT/ICU						
1. Dialysis	0	1. # Observation Status	0	0	13 Sick Call Visits Refused	0	0	2
2. Diagnostics	2	2. # Admit Status	0	0	14 Discharge/Parole Room	58	58	58
3. OB/Gyn	1	3. # Housing Status	0	0	15. Emergency/Urgent Sec	12	10	38
4. Laboratory Studies	1025	4. # In Geriatric Unit	0	0	DENTAL SERVICES		Scheduled	Seen
5. Minor Procedures	2	5. # in Hospice Care	0	0	1. Dental Visits	120	120	0
6. Mammograms	0	INMATE DEATHS		2. # Dental X-Rays	96	96	0	
7. Nephrology	0	1. Total # of Deaths	0	0	3. # 30 Day Exams	110	110	110
8. Ophthalmology	26	2. # Deaths Suicide	0	0	4. # Annual Exams	73	73	73
9. Radiology Studies	21	3. # Deaths at Hospital	0	0	5. # Biopsies	26	26	28
10. Physical Therapy	2	4. # Deaths at Facility	0	0	7. # Extractions	54	54	54
Off-Site Services/Consults				8. # Off-Site Visits	0	0	0	
				Total # Days Pending Sick Call Appointment				
1. ER Visits	3	PHARMACY			1. # Days pending medical appointment	0		
a. Admitted from ER	2	1. # on Rx	302	2. # Days pending dental appointment	0			
2. Ambulance Transports	1	2. # on HIV Rx	0	3. # Days pending psychiatric appointment	0			
3. Total # of Hospital Adm	2	3. # on HIV on Rx	2	PSYCHIATRY PERFORMANCE MEASURES				
4. Inpatient Surgeries	24	4. # De AIDS on Rx	0	1. # Suicide Attempts (Hanging, Med Overdose, etc.)	0			
5. Outpatient Surgeries	1	5. # on HIV Meds	0	2. # Inmates Requiring forced Psych Medications	0			
6. Off-Site Referrals	10	6. # Completed INH (for TB)	0	3. # Inmates in Therapeutic Restraints	0			
7. Off-Site Referrals Appro	27	7. # on Rx for Active TB	0	4. # Inmates with Mental Health Treatment Guardian	0			
8. Off-Site Referrals ATP	7	7B. # on Psych Meds	134	MISCELLANEOUS				
9. Off-Site Diagnostic Stu	10	9. # on Rx for MRSA	3	1. # Informa	8	4. # HTN Diets	2	2
10. Off-Site Specialty Visit	3	10. # Off-site Pharmacy Rx	2	2. # Formal	0	5. # Cardiac Diets	5	5
11. # Inmates Transported	2	11. # Nursing medication errors	0	3. # Biobac	0			

**NEW MEXICO CORRECTIONS DEPARTMENT**

Monthly Report To Health Services Bureau

COMMUNICABLE/INFECTIOUS DISEASES

1. # RDC HIV Tests	0	11. # Inmates presented to TAC	0	23. # Hep A Vaccines Given	22
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	0	24. # Hep B Vaccines Given	48
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	25	26. # New MRSA Cases	3
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with TBI	0	28. # Chlamydia Cases	1
7. a. # Clinical HIV Tests	14	17. # Refused LTBI Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of CXR for LTBI/TB	1		
9. Inmates Dx HIV	0	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	60	21. # Pneumovax Given	8		
b. # Clinical Hep C Tests Positive	2	22. # DT Boosters Given	52		

HSA Signature

Date 6/6/17

APPROVED

Form PEX 9.10 11/06/13

**NEW MEXICO CORRECTIONS DEPARTMENT**  
Monthly Report To Health Services Bureau

Facility / Level:

SOC HB

Month / Year:

7/5/2017

HSA Signature:

Date Report Completed:

7/6/2017

Average Daily Census:

399

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Nurse	Nursing
1. Cardiac/HTN	17	39	3	33	0	175	89	509
2. Endocrine/Diabetes	20	16	14	10	0	3	0	0
3. Gastrointestinal	11	3	3	2	1	3	0	0
4. OB/GYN	1	0	1	0	0	1	0	0
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	130	84	82	2	2	0	0	0
7. HIV	2	2	2	0	0	100%	200%	100%
8. Infectious D/PHN	0	0	0	0	0	0	0	0
9. Neuro/Seizure	2	19	0	10	0	0	0	0
10. Onco	2	3	3	0	0	0	0	2
11. Psychiatry	168	72	72	0	2	0	30	30
12. Respiratory	90	12	12	0	0	0	0	0
13. Special Needs	12	2	2	0	0	0	0	0
14. Pain Management	0	0	0	0	0	0	38	38
15. Anticoagulant	1	1	1	0	0	0	0	210
On-Site Specialty Services	INPATIENT/ICU				12. Sick Call Visits Not Sp	0	0	0
1. Dialysis	0	1. # Observation Status			13. Sick Call Visits Refused	0	0	0
2. Diagnostics	19	2. # Admit Status			14. Discharge/Parole Recd	40	0	0
3. OB/Gyn	2	3. # Housing Status			15. Emergency/Urgent See	5	2	38
4. Laboratory Studies	475	4. # In Geriatric Unit			DENTAL SERVICES	Scheduled	Seen	Refused
5. Minor Procedures	2	5. # Hospice Care			1. Dental Visits	195	195	0
6. Mammograms	0	PRIMATE DEATHS			2. # Dental X-Rays	251	251	0
7. Nephrology	0	1. Total # of Deaths			3. # 30 Day Exams	358	358	0
8. Optometry	20	2. # Deaths Suicide			4. # Annual Exams	218	218	0
9. Radiology Studies	22	3. # Deaths at Hospital			5. # Dentures	123	123	0
10. Physical Therapy	0	4. # Deaths at Facility			6. # Extractions	68	68	0
Off-Site Services Consults					7. # Off-Site Visits	0	0	0
1. ER Visits	2	PHARMACY			Total # Days Pending Sick Call Appointment			
a. Admitted from ER	1	1. # on Rx			1. # Days pending medical appointment			2
2. Ambulance Transports	0	2. # on HCV Rx			2. # Days pending dental appointment			6
3. Total # of Hospital Adm	1	3. # on HIV on Rx			3. # Days pending psychiatry appointment			5
4. Inpatient Surgeries	0	4. # on AIDS on Rx			PSYCHIATRY PERFORMANCE MEASURES			
5. Outpatient Surgeries	3	5. # on HIV Meds			1. # Suicide Attempts (Hanging, Med Overdose, etc.)			0
6. Off-Site Referrals	10	6. # Completed HIV (for LTBI)			2. # Inmates Receiving forced Psych Medications			0
7. Off-Site Referrals Appro	11	7. # on Rx for Active TB			3. # Inmates in Therapeutic Restraints			0
8. Off-Site Referrals ATP	0	8. # on Psych Meds			4. # Inmates with Mental Health Treatment Guardian			0
9. Off-Site Diagnostic Stud	6	9. # on Rx for MRSA			MISCELLANEOUS			
10. Off-Site Specialty Visit	0	10. # Off-site Pharmacy Rx			1. # Informa	5	4. # MTN Diets	3
11. # Inmates Transferred	2	11. # Nursing medication errors			2. # Formal	2	5. # Cardiac Diets	2
					3. # Discharge	10		
					4. # Death			

**NEW MEXICO CORRECTIONS DEPARTMENT**

Monthly Report To Health Services Bureau

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # RDC HIV Tests	0	11. # Inmates presented to TBC	2	23. # Hep A Vaccines Given	20
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	2	24. # Hep B Vaccines Given	20
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	1	25. # New HPV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	74	26. # New MRSA Cases	1
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	0	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTBI	0	28. # Chlamydia Cases	1
7. a. # Clinical HIV Tests	12	17. # Refused TB Prevalence	0	29. # Syphilis Cases	1
b. # Clinical HIV Tests Positive	0	18. # TSC Conversions	0		
8. Inmates Dx AIDS	0	19. # of CCR for LTBI/TB	2		
9. Inmates Dx HIV	2	20. # Influenza Vaccines Given	0		
10. a. # Clinical Hep C Tests	39	21. # Pneumovax Given	0		
b. # Clinical Hep C Tests Positive	2	22. # DT Boosters Given	21		

HSA Signature:

Date: 7/26/17

APPROVED:

Form HSA 422-1 (7/2016)



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

Facility / Level:

SCC-141

Month / Year:

July 2017

HSA Signature:

Date Report Completed:

August 2, 2017

Average Daily Census:

395

Chronic Care Clinics	# Enrolled	Scheduled	Seen	Refused	Clinic Visits	Physician	Midlevel	Nursing
1. Cardiac/MTN	18	33	4	7	4	7	0	0
2. Endocrine/Diabetes	32	14	14	10	14	10	0	0
3. Gastrointestinal	13	13	3	3	3	3	0	0
4. HIV/STD	7	0	2	0	2	0	0	0
5. Genito-Urinary	0	0	0	0	0	0	0	0
6. Hep C	144	52	50	2	2	0	0	0
7. HIV	2	2	2	2	2	0	0	0
8. Infectious Disease	0	0	0	0	0	0	0	0
9. Neuro/Seizure	2	21	0	5	0	5	0	0
10. Ortho	3	0	0	0	0	0	0	0
11. Psychiatry	168	77	79	4	7	79	0	29
12. Respiratory	49	12	12	0	0	0	0	0
13. Special Needs	11	1	1	0	0	0	0	0
14. Pain Management	1	0	0	0	0	0	0	0
15. Anticoagulant	2	1	1	0	0	0	0	0
<b>On-Site Specialty Services</b>								
<b>INFORMAL/TCU</b>								
1. Dialysis	0	1. # Observation Status			17. Sick Call Visits Not Seen	0	0	0
2. Diagnostics	8	2. # Admit Status			18. Sick Call Visits Refused	0	0	0
3. OB/Gyn	2	3. # Nursing Status			19. Discharge/Purple Room	0	0	52
4. Laboratory Studies	400	4. # In Custody Unit			20. Emergent/Urgent Seen	8	22	42
5. Minor Procedures	3	5. # In Hospital Care			<b>DENTAL SERVICES</b>			
6. Mammograms	18				Scheduled	Seen	Refused	
7. Nephrology	0	1. Total # of Deaths			1. Dental Visits	153	153	0
8. Optometry	42	2. # Deaths Suicide			2. Dental X-Rays	137	137	0
9. Radiology Studies	93	3. # Deaths at Hospital			3. # 30 Day Exams	167	167	0
10. Physical Therapy	14	4. # Deaths at Facility			4. # Annual Exams	86	86	0
		5. # Deaths			5. # Dentures	94	94	0
		6. # Deaths			6. # Extractions	61	61	0
		7. # Deaths			7. # Off-Site Visits	0	0	0
<b>Off-Site Specialty Consults</b>								
1. ER Visits	4	<b>PHARMACY</b>				<b>Total # Days Pending Sick Call Appointment</b>		
a. Admitted from ER	3	1. # on Rx			263	1. # Days pending medical appointment		2
2. Ambulance Transports	1	2. # on HCV Rx				2. # Days pending dental appointment		6
3. Total # of Hospital Adm	4	3. # on HIV Rx			2	3. # Days pending psychiatry appointment		0
4. Inpatient Surgeries	2	4. # on AIDS Rx				<b>PSYCHIATRY PERFORMANCE MEASURES</b>		
5. Outpatient Surgeries	1	5. # on HIV Meds				1. # Suicide Attempts (hanging, Med Overdose, etc.)		0
6. Off-Site Referrals	36	6. # Completed HIV (for LTB)				2. # Inmates Receiving Forced Psych Medication		0
7. Off-Site Referrals Appen	26	7. # on Rx for Active TB				3. # Inmates in Therapeutic Restraints		0
8. Off-Site Referrals ATP	4	8. # on Psych Meds			121	4. # Inmates with Mental Health Treatment Guardian		0
9. Off-Site Diagnostic Stu	6	9. # on Rx for MRSA				<b>MISCELLANEOUS</b>		
10. Off-Site Specialty Visit	0	10. # Off-Site Pharmacy Rx				1. # Informal	7	4. # MTN Diets
11. # Inmates Transported	12	11. # Nursing medication errors				2. # Formal	0	5. # Cardiac Diets
						3. # Forensic	28	

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Monthly Report To Health Services Bureau**

**COMMUNICABLE/INFECTIOUS DISEASES**

1. # RDC HIV Tests	0	11. # Inmates presented to TBC	2	23. # Hep A Vaccines Given	15
2. # RDC HIV Tests Positive	0	12. # Approved for HCV Tx	2	24. # Hep B Vaccines Given	19
3. # RDC Inmates Refused HIV Test	0	13. # Completed HCV Tx	0	25. # New HIV Cases	0
4. # RDC Hep C Tests	0	14. # TST Given	42	26. # New MRSA Cases	1
5. # RDC Hep C Tests Positive	0	15. # Newly Dx Acute TB	31	27. # Gonorrhea Cases	0
6. # RDC Hep C Tests Refused	0	16. # Inmates TST with LTB	0	28. # Chlamydia Cases	1
7. a. # Clinical HIV Tests	3	17. # Refused TB Prophylaxis	0	29. # Syphilis Cases	0
b. # Clinical HIV Tests Positive	0	18. # TST Converters	0		
8. Inmates Dx AIDS	0	19. # of CXR for LTB/TB	2		
9. Inmates Dx HIV	2	20. # Influenza Vaccines Given	35		
10. a. # Clinical Hep C Tests	9	21. # Pneumovax Given	21		
b. # Clinical Hep C Tests Positive	0	22. # DT Boosters Given	0		

HSA Signature:

Date: 8/3/17

Approved HMO:

Form PH 110 1/2015/16

**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](mailto:Brian.Fitzgeraldt@state.nm.us),  
[Catherine.Ahring@state.nm.us](mailto: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. Â§ 14-2-8 which states in full:

---

<sup>[1]</sup> “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.Â§ 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  
**Sent:** Wednesday, December 9, 2020 10:44 AM  
**To:** Parrish Collins <parrish@collinsattorneys.com>  
**Subject:** FW: Gerald Wilson - Need to set up a call--GRIEVANCES

**From:** Lucero, Andrew <[Andrew.Lucero@corecivic.com](mailto:Andrew.Lucero@corecivic.com)>  
**Sent:** Friday, January 10, 2020 9:24 AM  
**To:** Guy Gambill <[guy@collinsattorneys.com](mailto: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](mailto:guy@collinsattorneys.com)>  
**Sent:** Tuesday, January 07, 2020 3:05 PM  
**To:** Lucero, Andrew <[Andrew.Lucero@corecivic.com](mailto:Andrew.Lucero@corecivic.com)>  
**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](mailto:Andrew.Lucero@corecivic.com)>  
**Sent:** Tuesday, January 7, 2020 2:32 PM  
**To:** Guy Gambill <[guy@collinsattorneys.com](mailto: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](mailto:guy@collinsattorneys.com)>  
**Sent:** Tuesday, January 07, 2020 1:23 PM  
**To:** Lucero, Andrew <[Andrew.Lucero@corecivic.com](mailto:Andrew.Lucero@corecivic.com)>  
**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](mailto:Andrew.Lucero@corecivic.com)>  
**Sent:** Tuesday, January 7, 2020 1:22 PM  
**To:** Guy Gambill <[guy@collinsattorneys.com](mailto:guy@collinsattorneys.com)>  
**Subject:** RE: Gerald Wilson - Need to set up a call

Is the 13<sup>th</sup> 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](mailto:guy@collinsattorneys.com)>  
**Sent:** Tuesday, January 07, 2020 10:24 AM  
**To:** Lucero, Andrew <[Andrew.Lucero@corecivic.com](mailto:Andrew.Lucero@corecivic.com)>  
**Cc:** Kelly Vincioni <[kelly@collinsattorneys.com](mailto: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.

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:

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 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.

A handwritten signature in black ink, appearing to read 'PC' with a stylized flourish.

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 # WW5 N101A Date of Incident: On-going Medical Care

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Unit Manager Kelsey White, Officer Baca, Officer Denise Gonzales, Deputy Warden Vincent Vigil, Warden James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Treneeshia McBride suffers from Sezary Syndrome. She has made repeated requests for treatment of her condition, which was in remission until her transfer to the WNMCF, but which has deteriorated markedly. She is now Stage IV, Aggressive T-Cell Lymphoma. She has filed multiple grievances seeking appropriate medical care. Necessary and appropriate medical care has not been provided. The last grievance she filed was on June 6, 2020. She is requesting to be taken to the University of New Mexico Hospital for appropriate medical care, as well as, to any outside medical service provider as recommended by physician. For the distress and injuries she has suffered she is requesting \$10,000,000 in damages. Ms. McBride has filed grievances on the matters addressed below that have received no recognition or response.

Constituent Signature:  Date: 6.30.20

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_, have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved | ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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:: Treneeshia S. McBride NMCD#: 53698  
Facility: WNMCF HU/Cell # WW5 N101A Date of Incident: On-going Retaliation

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Unit Manager Kelsey White, Officer Baca, Officer Denise Gonzales, Deputy Warden Vincent Vigil, Warden James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Treneeshia McBride suffers from Sezary Syndrome. She has made repeated requests for treatment of her condition. She filed numerous medical grievances for failure to provide necessary medical care. CoreCivic and NMCD have retaliated against Ms. McBride in a number of ways including placing her in segregation on or about May 6, 2020 for 10 days, Ms. McBride has suffered severe physical, psychiatric and emotional injuries related the retaliation against her for filing medical grievances. For the distress and injuries she has suffered she is requesting \$10,000,000 in damages. Ms. McBride has filed grievances on the matters addressed below that have received no recognition or response.

Constituent Signature:  Date: 6.30.20

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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.**

**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, 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 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, 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 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: Joseph Uresti NMCD#: 71431  
Facility: CNMCF HU/Cell # LTCU Date of Incident: On-going Medical Care

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Unit Manager Craig Cole, Deputy Warden Mike Delatorre, Deputy Warden Joe Lytle, Warden Robin Bourne, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Mr. Uresti has made repeated attempts to be seen for an Orthopedic Consultation and an Orthopedic Surgeon. He was recommended to see an Orthopedic Surgeon as early as 2014-15 while an inmate at the Otero County Prison Facility (OCPF) and has made subsequent, repeated requests. The weekend of June 27-28, 2020 he was seen by Dr. Rounceville at CNMCF and referral was made to Dr. Patel. As of date of this filing, 7/8/2020, he has still not been seen by an Orthopedic Surgeon. The long and sustained medical negligence has resulted in irreparable damage to his feet and ankles. He needs to be seen by an Orthopedic Surgeon and appropriate medical care needs to be provided. Due to the injuries he has suffered Mr. Uresti is asking for \$10,000,000 in damages.

Constituent Signature: /s/Parrish Collins Date: July 9, 2020

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved | ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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: Joseph Uresti NMCD#: 71431  
Facility: CNMCF HU/Cell # LTCU Date of Incident: On-going Medical Care

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Summit Food Services Management, LLC, Unit Manager Craig Cole, Deputy Warden Mike Delatorre, Deputy Warden Joe Lytle, Warden Robin Bourne, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: The Diabetic Food trays provided to Mr. Uresti are almost entirely composed of sugar and carbohydrates. The trays put him at great risk due to his severe diabetic condition. The food trays also put him at great risk of COVID due his diabetes, compromised immune system and high blood pressure. Mr. Uresti is requesting to be placed on an appropriate diet for his condition. In the event that a proper diabetic food tray is not provided, he is requesting \$10,000,000 in damages for the injury he has sustained as a result of the Corrections Department's staff and its contractors' negligence and indifference to his medical condition.

Constituent Signature: /s/Parrish Collins Date: July 9, 2020

**Unit Manager/Chief of Security/Designee**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ **Resolved** | ☐ **Unresolved**

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Print / Sign

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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.**

# **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***

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

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***

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).

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:

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 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, 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 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 Folsom NMCD#: 48142  
Facility: WNMCF HU/Cell # \_\_\_\_\_ Date of Incident: Failure to treat HCV

**Name of subject or person to whom the complaint was filed against:** Wexford and its Medical Staff, Unit Manager Kelsey White, Officer Baca, Officer Denise Gonzales, Deputy Warden Vincent Vigil, Warden James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Melissa Folsom was diagnosed with Hepatitis C (HCV) on her entry at WNMCF-RDC almost three years ago. She was subsequently deemed to have a high enough viral load to qualify for chronic care clinic and to be seen by Project ECHO Staff. However, treatment for her HCV was withheld due to disciplinary infractions. She has now not had any infractions for approximately 12 months but still is not being treated. She has repeatedly asked for treatment and continues to be denied. For the distress and injury she has suffered she is requesting \$10,000,000 in damages. Ms. Folsom has filed grievances on the matters addressed and has received no recognition or response.

Constituent Signature:  Date: 7.23.20

**Unit Manager/Chief of Security/Designee**  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved | ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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*

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

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*

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.

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:

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 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: WNMCF HU/Cell # Unit 3/106 Date of Incident: August 19, 2020

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Dr. Sharpton, Deputy Warden Vincent Vigil, Warden James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Sandra Vasquez Garcia has repeatedly requested that her dietary food trays be provided that are commensurate to the management of her Diabetes Mellitus. She has filed informal complaints on this on multiple occasions and still is receiving a dietary allocation that is high in carbohydrates and toxic for any diabetic. This negligence has resulted in permanent damage to her eyesight, diabetic neuropathy and potential damage to her cardiovascular system. Ms. Vasquez is requesting provision of proper dietary allocations appropriate for her condition and is demanding \$10,000,000 in damages for the injuries and pain she has suffered.

Constituent Signature: RA Date: 8.20.20

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved | ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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: Sandra Vasquez Garcia NMCD#: 51063  
Facility: WNMCF HU/Cell # Unit 3/106 Date of Incident: August 19, 2020

Name of subject or person to whom the complaint was filed against: Wexford and its Medical Staff, Dr. Sharpton, Deputy Warden Vincent Vigil, Warden James Yates, NMCD Secretary Alicia Tafoya-Lucero, NMCD Adult Prisons Director John Gay, NMCD Adult Prisons Director Anthony Romero, NMCD Chief Deputy General Counsel Brian Fitzgerald.

Explain your complaint in detail: Sandra Vasquez Garcia has experienced severe headaches and earaches since June, 2020 and she has repeatedly asked for help. She also has experienced severe edema in her legs. She was advised by the doctor that she would be prescribed water pills and it was also mentioned that she might have issues with her heart. Additionally, she was told she had a serious sinus infection and was placed on antibiotics. She was finally seen again by Dr. Sharpton on August 19, 2020. However, the only diagnostics conducted were using a stethoscope to check her breathing and a cursory examination of her ears. Ms. Vasquez Garcia needs to see a heart specialist immediately and for the protracted pain, anxiety and damage to her health she is also requesting \$10,000,000 in damages.

Constituent Signature:  Date: 8.20.20

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved | ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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.**

**COLLINS & COLLINS, P.C.**  
Attorneys at Law  
P. O. Box 506  
Albuquerque, NM 87103  
Telephone: (505) 242-5958 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:

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, 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 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#: 83651  
Facility: CNMCF HU/Cell # LTCU Date of Incident: December 11, 2020

Mr. Dominick Mora-Solis is a long-term resident of the Long-Term Care Facility (LTCU) at the Central New Mexico Correctional Facility (CNMCF). His many underlying co-morbidities are well-known to staff and well-documented, including HCV, recurrent decubitis and sepsis and paraplegia making him highly vulnerable to Covid-19. Due to the failure to follow basic standards of care and the minimum recommendations set in place to protect highly compromised individuals within the New Mexico Department of Corrections (NMCD) Mr. Mora-Solis contracted Covid-19 and other severe infections and had to be evacuated by emergency transport to an outside medical facility. The negligence in provision of appropriate medical care for Mr. Mora-Solis represents deliberate indifference to his health and safety. Mr. Solis requests \$20,000,000 in damages for the pain and suffering he has endured due to NMCD's gross negligence.

Constituent Signature:  Date: 12.15.20

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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, 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 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 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:

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. Derek Duarte 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. Derek Duarte.
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. 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



**COLLINS & COLLINS, P.C.**  
Attorneys at Law  
P. O. Box 506  
Albuquerque, NM 87103  
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*

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

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*

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:

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. 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. Guerra 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





**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*

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

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*

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



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:

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. 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, 2021 and on-going

Mr. Chacon also reports that he suffers severe mental health issues including schizophrenia, bi-polar and PTSD. He states that he has not been allowed access to mental health professionals. He indicates that he 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 punished. He states that he was told by a correctional officer to attempt suicide if he needed psychiatric care. He has made requests to Wexford Health Sources Staff, Unit Manager, Grievance Officer and Correctional Officers working within the LTCU. He is requesting financial compensation in the amount of \$20,000,000 to resolve this matter.

Constituent Signature: /s/Parrish Collins Date: March 18, 2021

**Unit Manager/Chief of Security/Designee**

Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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: Adrian Chacon NMCD#: (NMCD 70426)  
Facility: CNMCF HU/Cell # LTCU Date of Incident: March 18, 2021 and on-going

Adrian Chacon has an ongoing infection in his arm that has persisted due to the actions and inactions of both NMCD and Wexford, and their staff. 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 reports that he has been denied grievance forms and was told that there were no appeals forms. He has filed numerous grievances for his ongoing arm infection, failure to 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. He has made repeated requests for appropriate care for his arm infection to Wexford staff, grievance and correctional officers, as well as, the Unit Manager. Mr. Chacon requests compensation in the amount of \$20,000,000 to resolve this matter.

Constituent Signature: /s/Parrish Collins Date: March 18, 2021

Unit Manager/Chief of Security/Designee  
Date Received: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the above informal complaint and  
Unit Manager/Chief of Security/Designee

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: \_\_\_\_\_

Staff Member: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Acknowledged by the signatures below, this informal complaint is: ☒ Resolved ☐ Unresolved

Unit Mgr/Chief of Security/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Sign

Inmate: \_\_\_\_\_ / \_\_\_\_\_ 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.**

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
05/28/2020 14:16	06/22/2020 15:38	RDB 4BED 439	wellb015	05/28/2020
12/16/2019 15:50	05/28/2020 14:16	RDB 4BED 438	godfs88	12/16/2019
09/10/2019 16:48	12/16/2019 15:50	RDB 5BED 539	godfs88	09/10/2019
09/10/2019 04:53	09/10/2019 16:48	TO PNM	espig333	09/10/2019
08/16/2019 14:22	09/10/2019 04:53	C1B F113 S	martg670	08/16/2019
08/16/2019 08:35	08/16/2019 14:22	TO CENTRAL NMCF	ulibt919	08/16/2019
08/14/2019 15:50	08/16/2019 08:35	S2A J102 S	lopej671	08/14/2019
08/14/2019 15:11	08/14/2019 15:50	TO PNM	wellb015	08/14/2019
06/13/2019 12:19	08/14/2019 15:11	RDA 2BED 232	marta632	06/13/2019
06/13/2019 10:31	06/13/2019 12:19	MEDICAL	marta632	06/13/2019
04/18/2019 12:28	06/13/2019 10:31	RDA 2BED 232	marta632	04/18/2019
04/18/2019 10:11	04/18/2019 12:28	MEDICAL	marta632	04/18/2019
04/17/2019 09:23	04/18/2019 10:11	RDA 2BED 232	marts057	04/17/2019
04/17/2019 07:19	04/17/2019 09:23	MEDICAL	marts057	04/17/2019
03/13/2019 12:15	04/17/2019 07:19	RDA 2BED 232	marta632	03/13/2019
03/13/2019 09:59	03/13/2019 12:15	MEDICAL	marta632	03/13/2019
03/07/2019 12:36	03/13/2019 09:59	RDA 2BED 232	marta632	03/07/2019
03/07/2019 04:42	03/07/2019 12:36	TO PNM	espig333	03/07/2019
02/08/2019 13:16	03/07/2019 04:42	LTC B206 C	jaram88	02/08/2019
02/06/2019 17:27	02/08/2019 13:16	LTC B204 D	romej457	02/06/2019
02/06/2019 15:31	02/06/2019 17:27	TO CENTRAL NMCF	godfs88	02/06/2019
01/02/2019 10:31	02/06/2019 15:31	ST VINCENT HOSP SF	marta632	01/02/2019
10/06/2018 14:25	01/02/2019 10:31	RDB 5BED 504	marta632	10/06/2018
08/10/2018 12:42	10/06/2018 14:25	RDB 5BED 503	soveo040	08/10/2018
08/10/2018 04:53	08/10/2018 12:42	TO PNM	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	gccf0314	02/27/2014

Collins &amp; Collins, P.C.

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	camp88	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	camp88	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

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

Enclosures:

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

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

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. **DO NOT SEND YOUR ONLY COPY.** 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.

---

EDWARD CHAVEZ

---

Date

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

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

Enclosures:

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

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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.

---

FERNANDO AZOFEIFA

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Date

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

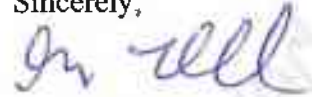
RE: Constitutionality of NMCD Grievance Process

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Sincerely,



Guy Gambill

Paralegal

Enclosures:

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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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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.

---

JAMES PEREZ

---

Date

**COLLINS & COLLINS, P.C.**  
Attorneys at Law  
P. O. Box 506  
Albuquerque, NM 87103  
Telephone: (505) 242-5958 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.

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Sincerely,



Guy Gambill

Paralegal

Enclosures:



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Attorneys at Law  
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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.*

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.

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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

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.

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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.

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JOSEPH TORREZ

---

Date

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

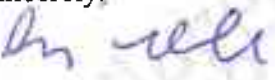
RE: Constitutionality of NMCD Grievance Process

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

Enclosures:

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

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

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

---

JUSTIN CASEY

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Date

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

Thanks, and we look forward to working with you!

Sincerely,



Guy Gambill

Paralegal

Enclosures:

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

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,

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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.

---

LEISHA HENDERSON

---

Date



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

February 2, 2021

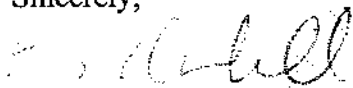
Dominick Mora-Solis (NMCD #83651)  
CNMCF-LTCU  
P.O. Box 1328  
Los Lunas, New Mexico 87031-1328

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.

Sincerely,



Guy Gambill

Paralegal

Enclosures:

**COLLINS & COLLINS, P.C.**  
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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Sincerely,

COLLINS & COLLINS, P.C.

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Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

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DOMINICK MORA-SOLIS

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Date

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

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

February 2, 2021

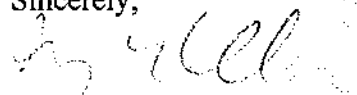
Gerald Wilson (NMCD #80046)  
CoreCivic  
P.O. Box 800  
Grants, New Mexico 87020

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

Enclosures:

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

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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Sincerely,

COLLINS & COLLINS, P.C.

---

Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

---

GERALD WILSON

---

Date

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

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Guy Gambill

Paralegal

Enclosures:

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

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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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. **DO NOT SEND YOUR ONLY COPY.** 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.

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Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

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VINCENT MARTIN

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Date

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

Enclosures:

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

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,

*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 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.

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COLLINS & COLLINS, P.C.

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Parrish Collins

THE ABOVE IS UNDERSTOOD AND AGREED TO BY ME.

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NARENDRA CHAND

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Date

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

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

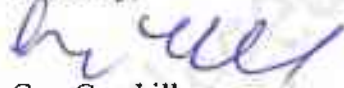
RE: Constitutionality of NMCD Grievance Process

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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P. O. Box 506  
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Telephone: (505) 242-5958 Fax (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,

*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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COLLINS & COLLINS, P.C.

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Parrish Collins

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GABRIEL MIERA

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Date